

Ohio Department of Medicaid

Governor Kasich's Jobs Budget 2.0 creates a new cabinet-level Department of Medicaid. The Ohio Revised Code summarizes the basic authority of the new department in sections 5162.05-07 and 5163.03. These sections consolidate existing authority to manage the Medicaid program in one place, under the auspices of the new Department.

5162.05

The medicaid program shall be implemented in accordance with all of the following:

- (A) The medicaid state plan approved by the United States secretary of health and human services, including amendments to the plan approved by the United States secretary;
- (B) Federal medicaid waivers granted by the United States secretary, including amendments to waivers approved by the United States secretary;
- (C) Other types of federal approval, including demonstration grants, that establish requirements for components of the medicaid program;
- (D) Except as otherwise authorized by a federal medicaid waiver granted by the United States secretary, all applicable federal statutes, regulations, and policy guidances;
- (E) All applicable state statutes.

5162.06

- (A) Notwithstanding any other state statute, no component, or aspect of a component, of the medicaid program shall be implemented without all of the following: (1) Subject to division (B) of this section, if the component, or aspect of the component, requires federal approval, receipt of federal approval; (2) Sufficient federal financial participation for the component or aspect of the component; (3) Sufficient nonfederal funds for the component or aspect of the component that qualify as funds needed to obtain the federal financial participation.
- (B) A component, or aspect of a component, of the medicaid program that requires federal approval may begin to be implemented before receipt of the federal approval if federal law authorizes implementation to begin before receipt of the

federal approval. Implementation shall cease if the federal approval is ultimately denied.

5162.07

The medicaid director shall seek federal approval for all components, and aspects of components, of the medicaid program for which federal approval is needed, except that the director is permitted rather than required to seek federal approval for components, and aspects of components, that state statutes permit rather than require be implemented. Federal approval shall be sought in the following forms as appropriate:

- (A) The medicaid state plan;
- (B) Amendments to the medicaid state plan;
- (C) Federal medicaid waivers;
- (D) Amendments to federal medicaid waivers;
- (E) Other types of federal approval, including demonstration grants.

5163.03

- (A) The medicaid program shall cover all mandatory eligibility groups, subject to section 5163.05 of the Revised Code [which allows eligibility requirements for aged, blind, and disabled individuals to be more restrictive than the eligibility requirements for the supplemental security income program].
- (B) The medicaid program shall cover all of the optional eligibility groups that state statutes require the medicaid program to cover.
- (C) The medicaid program may cover any of the optional eligibility groups to which either of the following applies: (1) State statutes expressly permit the medicaid program to cover the optional eligibility group. (2) State statutes do not address whether the medicaid program may cover the optional eligibility group.
- (D) The medicaid program shall not cover any eligibility group that state statutes prohibit the medicaid program from covering.