

State: Ohio

Citation	Condition or Requirement
42 CFR 438.50(c)(3)	(including subpart (a)(1)(A)) of the Act, for the state's option to limit freedom of choice by requiring recipients to receive their benefits through managed care entities will be met.
1932(a)(1)(A) 42 CFR 431.51 1905(a)(4)(C)	4. <input checked="" type="checkbox"/> The state assures that all the applicable requirements of 42 CFR 431.51 regarding freedom of choice for family planning services and supplies as defined in section 1905(a)(4)(C) will be met.
1932(a)(1)(A) 42 CFR 438 42 CFR 438.50(c)(4) 1903(m)	5. <input checked="" type="checkbox"/> The state assures that all applicable managed care requirements of 42 CFR Part 438 for MCOs and PCCMs will be met.
1932(a)(1)(A) 42 CFR 438.6(c) 42 CFR 438.50(c)(6)	6. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.6(c) for payments under any risk contracts will be met.
1932(a)(1)(A) CFR 447.362 42 CFR 438.50(c)(6)	7. <input type="checkbox"/> The state assures that all applicable requirements of 42 CFR 447.362 for 42 payments under any nonrisk contracts will be met.
45 CFR 74.40	8. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 45 CFR 92.36 for procurement of contracts will be met.

D. Eligible groups

- 1932(a)(1)(A)(i)
1. List all eligible groups that will be enrolled on a mandatory basis.
- The following groups are enrolled on a mandatory basis in selected service areas:*
- * Section 1931 Children and Adults and related poverty level populations, including pregnant women and children (TANF/AFDC);
 - * Title XXI CHIP children;
 - * Adult Aged, blind, or disabled (ABD) individuals; and
 - * SSI children will be enrolled pursuant to approved 1915(b) waiver OH-0013.

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Condition or Requirement

2. Mandatory exempt groups identified in 1932(a)(1)(A)(i) and 42 CFR 438.50.

Use a check mark to affirm if there is voluntary enrollment in any of the following mandatory exempt groups.

1932(a)(2)(B)
42 CFR 438(d)(1)

- i. Recipients who are also eligible for Medicare.

If enrollment is voluntary, describe the circumstances of enrollment.
(Example: Recipients who become Medicare eligible during mid-enrollment, remain eligible for managed care and are not disenrolled into fee-for-service.)

1932(a)(2)(C)

- ii. Indians who are members of Federally recognized Tribes except when 42 CFR 438(d)(2) the MCO or PCCM is operated by the Indian Health Service or an Indian Health program operating under a contract, grant or cooperative agreement with the Indian Health Service pursuant to the Indian Self Determination Act; or an Urban Indian program operating under a contract or grant with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act.

1932(a)(2)(A)(i)
42 CFR 438.50(d)(3)(i)

- iii. Children under the age of 19 years, who are eligible for Supplemental Security Income (SSI) under title XVI.

1932(a)(2)(A)(iii)
42 CFR 438.50(d)(3)(ii)

- iv. Children under the age of 19 years who are eligible under 1902(e)(3) of the Act.

1932(a)(2)(A)(v)
42 CFR 438.50(3)(iii)

- v. Children under the age of 19 years who are in foster care or other out-of-the-home placement.

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1932(a)(2)(A)(iv) 42 CFR 438.50(3)(iv)	vi. <input checked="" type="checkbox"/> Children under the age of 19 years who are receiving foster care or adoption assistance under title IV-E.
1932(a)(2)(A)(ii)	vii. <input checked="" type="checkbox"/> Children under the age of 19 years who are receiving services through 42 CFR 438.50(3)(v) a family-centered, community based, coordinated care system that receives grant funds under section 501(a)(1)(D) of title V, and is defined by the state in terms of either program participation or special health care needs.

E. Identification of Mandatory Exempt Groups

- 1932(a)(2)
42 CFR 438.50(d)
1. Describe how the state defines children who receive services that are funded under section 501(a)(1)(D) of title V. (*Examples: children receiving services at a specific clinic or enrolled in a particular program.*)
- These are children served through the Ohio Department of Health, Bureau of Children with Medical Handicaps (BCMh). BCMh administers Ohio's Title V program.*
- 1932(a)(2)
42 CFR 438.50(d)
2. Place a check mark to affirm if the state's definition of title V children is determined by:
- i. program participation,
 ii. special health care needs, or
 iii. both
- 1932(a)(2)
42 CFR 438.50(d)
3. Place a check mark to affirm if the scope of these title V services is received through a family-centered, community-based, coordinated care system.
- i. yes
 ii. no
- 1932(a)(2)
CFR 438.50 (d)
4. Describe how the state identifies the following groups of children who are exempt 42 from mandatory enrollment: (*Examples: eligibility database, self-identification*)
- i. Children under 19 years of age who are eligible for SSI under title XVI;
- Not applicable.*
- ii. Children under 19 years of age who are eligible under section 1902 (e)(3) of the Act;
- Eligibility database and self-identification.*

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	<p>i. Recipients who are also eligible for Medicare.</p> <p><i>Recipients who are also eligible for Medicare will be identified based on their eligibility category in the state eligibility system.</i></p> <p>ii. Indians who are members of Federally recognized Tribes except when the MCO or PCCM is operated by the Indian Health Service or an Indian Health program operating under a contract, grant or cooperative agreement with the Indian Health Service pursuant to the Indian Self Determination Act; or an Urban Indian program operating under a contract or grant with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act. Indians who are members of Federally recognized Tribes will need to self-identify.</p>
42 CFR 438.50	<p>F. <u>List other eligible groups (not previously mentioned) who will be exempt from mandatory enrollment</u></p> <ul style="list-style-type: none">- Institutionalized individuals.- Individuals who are eligible for Medicaid by spending down their income or resources to a level that meets the Medicaid program's financial eligibility requirements.- Individuals receiving services through HCBS waivers.- Children with cystic fibrosis, hemophilia and cancer receiving services through the Bureau for Children with Medical Handicaps, Ohio Department of Health, are exempt from mandatory enrollment from July 2013 – June 2014.
42 CFR 438.50	<p>G. <u>List all other eligible groups who will be permitted to enroll on a voluntary basis</u></p> <p>H. <u>Enrollment process.</u></p> <p><i>Ohio is committed to statewide mandatory managed care enrollment. However, in service areas with fewer than two MCOs, enrollment may occur on either a voluntary or preferred option basis. In service areas with two or more MCOs, enrollment in managed care is mandatory. ODJFS requested and received approval from CMS to operate a preferred option program in selected Ohio service areas served by only one MCO. Eligible consumers in preferred option service areas choose between FFS and the MCO. Consumers who do not actively choose the FFS option are enrolled in the MCO. Enrollees in preferred option service areas are able to disenroll without cause at any time and choose the FFS option. There are no open enrollment or lock-in restrictions in preferred option service areas.</i></p>
1932(a)(4) 42 CFR 438.50	<p>I. <u>Definitions</u></p> <p>i. An existing provider-recipient relationship is one in which the provider was the main source of Medicaid services for the recipient</p>

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