CENTERS FOR MEDICARE & MEDICAID SERVICES
EXPENDITURE AUTHORITY

NUMBER: **11-W-00282/5**

TITLE: **Ohio/MetroHealth Care Plus**

AWARDEE: **Ohio Office of Medical Assistance**

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by Ohio for the items identified below, which are not otherwise included as expenditures under section 1903 of the Act, incurred during the period of this demonstration beginning the date of the approval letter through December 31, 2013, shall be regarded as expenditures under the state's title XIX plan.

The following expenditure authority may only be implemented consistent with the approved Special Terms and Conditions (STCs) and shall enable the state to operate its Ohio/MetroHealth Care Plus section 1115 demonstration.

Demonstration Population Expenditures

MetroHealth Care Plus Demonstration Population. Expenditures for health care-related costs for adults, ages 19 through 64 years, who are not otherwise eligible for comprehensive benefits under the Medicaid state plan or Medicare, who reside in Cuyahoga County, and have family income at or below 133 percent of the Federal Poverty Line (FPL), or an equivalent standard using a modified adjusted gross income-based (MAGI-based) income determination methodology.

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly identified as not applicable in the list below, shall apply to the demonstration population beginning as of the date of the approval letter through December 31, 2013.

Title XIX Requirements Not Applicable to the Demonstration Population:

1. Statewideness **Section 1902(a)(1)**

To the extent necessary to enable the state to limit the demonstration population to residents of Cuyahoga County.

2. Reasonable Promptness **Section 1902(a)(8)**

To the extent necessary to enable the state to limit enrollment for the demonstration-eligible population and maintain a waiting list for applicants as outlined in STC 21.

3. Amount, Duration and Scope **Section 1902(a)(10)(B)**

To the extent necessary to enable the state to provide benefit packages to demonstration-eligible individuals that are more limited in amount, duration and scope of services than the benefit packages available under the Medicaid state plan.

4. Income Standard Comparability **Section 1902(a)(17)**

To the extent necessary to enable the state to use the modified adjusted gross income eligibility determination methods as described in section 1902(e)(14) to the extent the methodology does not disadvantage an individual and to the extent that such methodologies and standards are not otherwise used under the Medicaid state plan.

5. Annual Redeterminations **Section 1902(a)(17) and 1902(a)(19)**

To the extent necessary to enable the state to not conduct a 12 month redetermination during the demonstration period that is not related to a specific change in the individuals' circumstances.

6. Freedom of Choice **Section 1902(a)(23)(A)**

To the extent necessary to enable the state to restrict freedom of choice of provider by using a limited delivery system consisting of the MetroHealth System and networked community partners.

7. Retroactive Eligibility **Section 1902(a)(34)**

To the extent necessary to enable the state to not provide medical assistance to the demonstration population for any time prior to when an application for the demonstration is made.

8. Early Periodic Screening, Diagnosis and Treatment (EPSDT) **Section 1902(a)(43)**

To the extent necessary to exempt the state from furnishing or arranging for EPSDT services for demonstration eligibles ages 19 and 20.

9. Income & Eligibility Verification **1902(a)(46)**

To the extent necessary to allow the state to use alternate methods, other than through electronic data matches, for verifying social security numbers and income.