

Table of Contents

State/Territory Name: Ohio

State Plan Amendment (SPA) #: 14-009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



August 4, 2014

John McCarthy, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

RE: TN 14-009

Dear Mr. McCarthy:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #14-009 Inclusion of MyCare Ohio eligibles under Managed Care,
effective May 1, 2014.



Please contact Christine Davidson, of my staff, at (312) 886-3642 or christine.davidson@cms.hhs.gov if you have any questions.

Sincerely,

/s/
Alan Freund
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Debbie Saxe, ODM
Andy Jones, ODM
Becky Jackson, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14 - 009	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE May 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(10)(A)(i)(VIII) of the Social Security Act 1932(a) of the Social Security Act 42 CFR 435.119		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$904,551 thousands b. FFY 2015 \$2,083,612 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F, Page 3 Attachment 3.1-F, Page 4 Attachment 3.1-F, Page 8		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-F, Page 3 (TN 09-023) Attachment 3.1-F, Page 4 (TN 13-033) Attachment 3.1-F, Page 8 (TN 13-033)	
10. SUBJECT OF AMENDMENT: Inclusion of MyCare Ohio Eligibles under Managed Care			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Becky Jackson Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: JOHN B. MCCARTHY			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 6/4/2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: 08/04/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 05/01/14		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Alan Freund		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

State: Ohio

Citation	Condition or Requirement
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prudent layperson standard, and the implementation of the Balanced Budget Act. Depending on the topic, attendees of these meetings are associations and managed care organizations with the goals of sharing concerns and identifying best practices.

Other forums for stakeholder involvement include meetings with the Ohio Department of Health, Bureau of Children with Medical Handicaps; meetings with provider associations, and technical assistance sessions with MCOs and county departments of job and family services.

1932(a)(1)(A)

5. The state plan program will X /will not ___ implement mandatory enrollment into managed care on a statewide basis. If not statewide, mandatory ___ / voluntary ___ enrollment will be implemented in the following county/area(s): _____

- i. county/counties (mandatory) _____
- ii. county/counties (voluntary) _____
- iii. area/areas (mandatory) _____
- iv. area/areas (voluntary) _____

Note: Mandatory enrollment is required in only seven service areas (regions) within Ohio for the MyCare Ohio program (pursuant to CMS-approved Integrated Care Delivery Systems (ICDS) OH-14.R00.00, 1915(b) and OH.1035.R00, 1915(c) waivers).

C. State Assurances and Compliance with the Statute and Regulations.

If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.

1932(a)(1)(A)(i)(I)
1903(m)
42 CFR 438.50(c)(1)

1. X The state assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met.

1932(a)(1)(A)(i)(I)
1905(t)
42 CFR 438.50(c)(2)
1902(a)(23)(A)

2. ___ The state assures that all the applicable requirements of section 1905(t) of the Act for PCCMs and PCCM contracts will be met.

1932(a)(1)(A)

3. X The state assures that all the applicable requirements of section 1932

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. <u>X</u> 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. <u>X</u> 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. <u>X</u> 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) 42 CFR 447.362 42 CFR 438.50(c)(6)	7. <u> </u> The state assures that all applicable requirements of 42 CFR 447.362 for payments under any nonrisk contracts will be met.
45 CFR 74.40	8. <u>X</u> 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;*

**SSI children will be enrolled pursuant to approved 1915(b) waiver OH-0013;*

**Adult Group as described at 42 CFR 435.119 [1902(a)(10)(A)(i)(viii)]; and*

**Medicare/Medicaid dual eligibles in MyCare Ohio plans pursuant to CMS-approved Integrated Care Delivery Systems (ICDS) OH-14.R00.00, 1915(b) and OH.1035.R00, 1915(c) waivers.*

State: Ohio

Citation

Condition or Requirement

i. Recipients who are also eligible for Medicare.

Recipients who are also eligible for Medicare will be identified based on their eligibility category in the state eligibility system.

- 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.

42 CFR 438.50 F. List other eligible groups (not previously mentioned) who will be exempt from enrollment

- Institutionalized individuals in nursing facilities (NFs), except for nursing facility (NF) residents who are eligible for the Adult Group as described in 42 CFR 435.119 [1902(a)(10)(A)(i)(VIII)] or MyCare Ohio eligibles institutionalized in NFs.
- Institutionalized individuals in intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs).
- 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, except for eligibles with a recurring spenddown covered under MyCare Ohio.
- Individuals receiving services through HCBS waivers, except for Medicare/Medicaid dual eligibles covered under MyCare Ohio.
- 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.
- Individuals enrolled in the program of all inclusive care for the elderly (PACE).
- Individuals participating in the CMS Independence At Home (IAH) demonstration.
- Other Medicare/Medicaid duals not eligible for MyCare Ohio, including individuals who have other third party creditable health care coverage, except Medicare coverage, as authorized by 42 U.S.C. 1395.

42 CFR 438.50 G. List all other eligible groups who will be permitted to enroll on a voluntary basis

H. Enrollment process.

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. ODM 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.

1932(a)(4)
42 CFR 438.50

1. Definitions

- i. An existing provider-recipient relationship is one in which the provider was the main source of Medicaid services for the recipient

TN: 14-009
Supersedes:
TN: 13-033

Approval Date: 08/04/14

Effective Date: 05/01/2014