

Ohio SACWIS Medicaid 101

Ohio Department of Job and Family Services - Office of Families and Children Ohio Department of Medicaid September 2021

Agenda

- Medicaid Eligibility in Ohio SACWIS
- ODM 01958 Form and How to Use It
- Determining Medicaid Eligibility The Basics
- Example Scenarios
- Managed Care Enrollment and Identifying Medicaid Spans
- Reconciling Duplicate Medicaid Eligibility and MCO Enrollment Spans
- Foster Care Maintenance (FCM)
- IV-E Adoption Assistance (AA), SAMS, & Adoption Assistance Connections (AAC)
- Ending Ohio SACWIS Medicaid: Waiver Recipients in Custody or Placement in a NF or ICF-IID
- Ending Ohio SACWIS Medicaid Benefit Categories Appropriately and Timely
- Common Ohio SACWIS Medicaid or Ohio SACWIS MCO Issues
- Resources and Contacts for Questions

Medicaid Eligibility Determined in Ohio SACWIS



Medicaid Eligibility Determined in Ohio SACWIS

- When a PCSA caseworker, PCSA personnel, or related entity enters information in Ohio SACWIS that prompts initial selection of a Managed Care Organization (MCO) for a youth, a Medicaid eligibility determination is made in Ohio SACWIS.
- Ohio SACWIS sends the eligibility determination to MITS.
- Ohio Medicaid relies on Ohio SACWIS to communicate whether <u>children or youth in custody</u> AND <u>children or youth in receipt of adoption assistance</u> are eligible for Medicaid.



Medicaid Eligibility Determined in Ohio SACWIS Continued...

- When a PCSA closes an Ohio SACWIS case, the Medicaid eligibility closes.
- Since SACWIS Medicaid will no longer be the Medicaid Eligibility System on record, Medicaid needs to be explored in Ohio Benefits (OB).
- In order to make the connection to OB, for any child or youth who has Medicaid eligibility determined through SACWIS, the ODM 01958 form must be completed and sent to the local county CDJFS to explore Medicaid eligibility in OB.
- Complete as part of closing out an Ohio SACWIS case.
- Does not matter how long the child has been in custody.

Key Abbreviations:

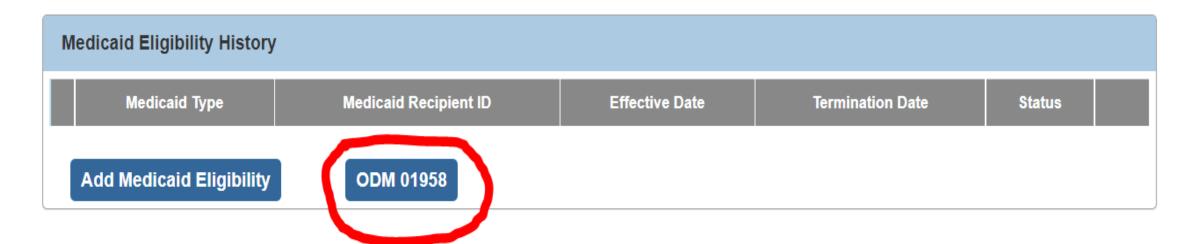
- 1958: ODM 01958 form
- CDJFS: County Department of Job and Family Services
- CE: Continuous Eligibility
- DOB: Date of birth
- ICAMA: Interstate Compact on Adoption and Medical Assistance
- ICF-IID: Intermediate Care Facility for Individuals with Intellectual Disabilities
- ICPC: Interstate Compact on the Placement of Children
- MCO: Managed Care Organization
- MITS: Medicaid Information Technology System
- OBWP: Ohio Benefits Worker Portal (OB)
- PTR: Pre-Termination Review
- SSN: Social Security Number
- Ohio SACWIS: Ohio Statewide Automated Child Welfare Information System

ODM 01958 Form and How to Use It



ODM 01958 – the Key to Keeping Medicaid Open when the Case Closes

- Federal Medicaid regulations require that when Medicaid coverage closes, there must be a review to see if that individual is eligible for another type of Medicaid.
- To fulfill this requirement, the ODM 01958 must be completed and sent to the local CDJFS office every time any youth covered in Ohio SACWIS loses the Medicaid Benefit.
- Ohio SACWIS makes it easy to fill out the 01958. Just click the button and print. SACWIS will fill in much of the youth's information on the form.





ODM 01958

Ohio Department of Medicaid REFERRAL FOR MEDICAID CONTINUING ELIGIBILITY REVIEW

Public Children Services Agency (PCSA) to County Department of Job and Family Services (CDJFS)

Section 1 – Information Regarding the Referred Individual														
First Name	M	I.I. Last Name				D		ate of Birth			Was this Individual Receiving			
											AA FCM			
Social Security Number		Gender				Is this Individual Pregnar			gnant?					
		Ma	ale [Fema	ile	Ye	s	No				No No		
Street Address			City			State	- 1	Zip Code	0	ounty	Но	ome Phone	Number	
Dates of PCSA Custody (if applicable)					Date Me	Date Medicaid in SACWIS Began Date Medicaid in SACWI					in SACWIS I	Ended		
						alified Non-Citizen Date of Last Annual Reason for Termin								
id the Individual Age Out of Foster Has Citizenship or						- 1				Rea	son for Te	rmination		
Care in Ohio at Age 18 or Older?		Status Been Verified b			by the PCSA? Reasonable i			ole Effo	orts					
Yes No Yes No														
		_	_			ter care, skip sections 2 and 3, continue to section 4. ioster care, please complete all sections below.								
Section 2 – Parent(s) or Care	taker(s) Info	ormati	on										
I Parent or Caretaker Name (First, MI, Last)					2 Parent or Caretaker Name (First, MI, Last)									
Social Security Number (if know	1)				Social Se	ecurity N	Numb	er (if knov	wn)					
Date of Birth	Phone	Numb	per		Date of	Date of Birth			P	Phone Number		r		
Address	City		State	Zip	Address				ci	ity		State	Zip	
Relationship to Referred Individual					Relationship to Referred Individual									
Receives Medicaid, OWF, or SNA	P?				Receives Medicaid, OWF, or SNAP?									
Case Number (if known)				Case Number (if known)										
Section 3 – Income Informati	on. If		_							vidual a				
Name	\rightarrow	EI	mploye	r or Inco	me Source Gross Amoun			ount	nt How Often Received					
1.														
2.														
3.														
Section 4 – Other Health Insu	irance	e Info	rmatio	n. If kno	own, list o	ther he	alth ir	nsurance (or med	dical sup	port o	rder inforn	nation.	
				Policy Number				Monthly Premium						
By signing this document, the	PCSA	affirr	ns it h	as verifi	ied and d	locume	nted	I U.S. Citiz	zenshi	ip in ac	corda	nce with C	OAC	
5160:1-2-11 or Qualified Non	-Citize	en sta	tus in a	accorda	nce with	OAC 5	160:1	1-2-12. TI	he PC	SA also	affirm	s the indi	vidual is	
no longer eligible for a Medicaid category identified in OAC 5160:1-4-06 and has issued proper notice and hearing rights, in accordance with Division 5101:6 of the Administrative Code, to the affected individual identified on this form. Upon														
receipt of this form, the CDJFS is responsible for completing a Pre-Termination Review (PTR) to determine whether the referred individual qualifies for Continuous Eligibility (CE) or has eligibility under another Medicaid category.														
Signature of PCSA Representative/Title										il Address Date Signe			igned	
no.											_			

OAC 5101:2-47-08



ODM 01958 Section 1

Ohio Department of Medicaid REFERRAL FOR MEDICAID CONTINUING ELIGIBILITY REVIEW

Public Children Services Agency (PCSA) to County Department of Job and Family Services (CDJFS)

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Section 1 – Information Regarding the Referred Individual									
First Name	M.I.	M.I. Last Name			Date of Birth			this Individual Receiving	
							AA FCM		
Social Security Number	Gend	Gender			ndividual Pregna	Is thi	Is this Individual Disabled?		
	M	Male Female			No		Yes No		
Street Address	·	City		State	Zip Code	County		Home Phone Number	
			•						
Dates of PCSA Custody (if applicable)			Date Medicaid in SACWIS Bega			Date Medicaid in SACWIS Ended			
Did the Individual Age Out of Foster Has Citizenship or Qu			ualified N	on-Citizen	Date of Last	Annual	Reason for Termination		
Care in Ohio at Age 18 or Older?	at Age 18 or Older? Status Been Verified			CSA?	Reasonable Efforts				
Yes No	Ye	s No							
If the individual listed is aging out of foster care, skip sections 2 and 3, continue to section 4.									
If the individual is not aging out of foster care, please complete all sections below.									



ODM 01958 Section 2

Section 2 – Parent(s) or Caretaker(s) Information									
1 Parent or Caretaker Name (F	2 Parent or Caretaker Name (First, MI, Last)								
Social Security Number (if known)			Social Security Number (if known)						
Date of Birth	Phone Number		Date of Birth		Phone Number				
Address	City	State	Zip	Address		City	State	Zip	
Relationship to Referred Individual			Relationship to Referred Individual						
Receives Medicaid, OWF, or SNAP?				Receives Medicaid, OWF, or SNAP?					
Case Number (if known)				Case Number (if known)					

ODM 01958 Sections 3 and 4

Section 3 – Income Information. If known, list earned or unearned income of the referred individual and parent(s)/caretaker(s).									
Name	E	mployer or Inco	ome Source	Gross Amount		How Often Received			
1.									
2.									
3.									
Section 4 – Other Health Insurance Information. If known, list other health insurance or medical support order information.									
Insurance Company			Policy Number			Monthly Premium			
By signing this document, the PCSA affirms it has verified and documented U.S. Citizenship in accordance with OAC									
5160:1-2-11 or Qualified Non-Citizen status in accordance with OAC 5160:1-2-12. The PCSA also affirms the individual									
no longer eligible for a Medicaid category identified in OAC 5160:1-4-06 and has issued proper notice and hearing rights,									
in accordance with Division 5101:6 of the Administrative Code, to the affected individual identified on this form. Upon									
receipt of this form, the CDJFS is responsible for completing a Pre-Termination Review (PTR) to determine whether t							mine whether the		
referred individual qualifies for Continuous Eligibility (CE) or has eligibility under another Medicaid category.									
Signature of PCSA Representative/Titl	Phone Num		Email Addı		Date Signed				
200									

ODM 01958 - Completed, Printed and Signed - Now what?

- ODM 01958 is completed, printed and signed.
- Where does it go? CDJFS Contact List.
- ODM can also reach out if there is an issue with CDJFS receiving or processing the form.

ODM 01958 Review – When to Fill it Out

- Every time any child or youth covered in Ohio SACWIS loses the Medicaid benefit.
- Examples:
 - » Children in Custody (CIC) aging out at either 18 or 21.
 - » Child returns to parent, caretaker relative, or guardian.
 - » Adopted child's adoption disrupts or her adoption assistance ends.

Determining Medicaid Eligibility - The Basics

Medicaid Conditions of Eligibility

OAC 5160:1-2-10

- Provide or apply for a Social Security Number (SSN).
 - » In the case of a newborn, please obtain the SSN as soon as possible.
- Be a resident of Ohio.
- Be a U.S. citizen or in a satisfactory immigration status.

Continuous Eligibility (CE) for Children & Youth Under Age 19 OAC 5160:1-2-14

- Once determined eligible for Medicaid, a child under 19 remains eligible for coverage for a period of 12 months.
 - » This does not apply to children found eligible under the Presumptive Eligibility, Alien Emergency Medical Assistance (AEMA), or Refugee Medical Assistance (RMA) categories.
- Continuous eligibility begins on the date Medicaid eligibility began as a result of an initial determination or redetermination.

Intake application 04/10/21

CE period = 4/1/21 through 03/31/22



Deemed Newborns

OAC 5160:1-4-02

- Eligibility criteria for coverage because a newborn child was born to a Medicaideligible woman is referred to as a Deemed Newborn.
 - » In accordance with 42 C.F.R. 435.117 (as in effect October 1, 2020), a child is automatically eligible for medical assistance as of the child's date of birth and remains eligible until the child reaches the age of one, provided the birth mother has applied for, been determined eligible for, and is receiving medical assistance on the date of the child's birth.
- Regardless of the system of eligibility the mother is active in (Ohio SACWIS or OBWP),
 the newborn is automatically eligible through the end of the month in which the
 child turns age one.

Pre-Termination Review (PTR)

OAC 5160:1-1-01

If an individual is no longer eligible for a category of Medicaid and termination is being considered, eligibility must be explored for all other categories of Medicaid by completing a Pre-Termination Review per OAC 5160:1-1-01.

Eligibility is reviewed for each individual by:

- » Data Exchange, Federal Hub and OBWP information, SACWIS programs.
- » Relationships and Tax Information.
- » Any other information relevant to the individual's eligibility.

If any other eligibility exists, the worker (whether it be PCSA or CDJFS) terminates the current Medicaid category and authorizes coverage for the individual in the new category.

As part of the PTR review, case notes must indicate that a PTR was completed.

PTR - Exceptions

Pregnant Women and Children

• A pregnant woman remains eligible through her pregnancy and postpartum period.

• A child remains eligible for a period of 12 months (Continuous Eligibility).

Medicaid Demographic Information

OAC 5160:1-2-10

- Demographic Information
 - » Use legal name, not nickname (Daniel vs Danny)
 - » Social Security Number (SSN)
 - » Date of birth (DOB)
 - » U.S. Citizenship or Satisfactory Immigration status

Why is this important for Ohio SACWIS?





Impacts of Duplicate Medicaid Eligibility Spans in OB & Ohio SACWIS

- Per the Code of Federal Regulations (CFR), a single individual should only have open and active Medicaid coverage under ONE Medicaid ID on any given date.
- It is imperative that the potential for duplicate Medicaid coverage for a single person is managed as proactively as possible.
- The existence of these duplicates creates concerns from program integrity and financial perspectives; and greatly increases the potential for fraud, waste and abuse.



Impacts of Duplicate Medicaid Eligibility Spans in OB & Ohio SACWIS

- Monthly managed care capitation rates being paid twice for same child.
- Access to care issue Ohio SACWIS eligibility overrides OBWP eligibility. Waiver child may not get appropriate services until fixed.
- Confusion for families, providers, and PCSA staff if billing issues arise.

Scenarios

Scenario 1 of Duplicate Medicaid Eligibility Spans – Newborn Coming into PCSA Custody

Ann is receiving Medicaid as a MAGI Pregnant individual. Ann gives birth to Dusty on February 16th, 2021. Dusty is added to Ann's Medicaid case as a deemed newborn effective February 16th, 2021 and is enrolled in managed care effective DOB. Dusty is taken into custody by the local PCSA on February 27th, 2021.

What the PCSA does:

- » PCSA enters all necessary case data in Ohio SACWIS and SACWIS generates a Medicaid eligibility span for Dusty back to DOB
- » Reminder, eligibility will always go back to the date of birth for a newborn

What the CDJFS does:

- » OB worker receives the alert and discontinues Dusty's Medicaid effective the come-up month to allow for adverse action (April 1, 2021)
- » The eligibility discontinuance triggers disenrollment from managed care on 03/31/2021

The end result:

- » Duplicate eligibility in MITS for Ohio SACWIS and OBWP for February and March 2021
 - » Duplicate managed care enrollment and duplicate capitations paid for March 2021

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What the PCSA does: PCSA enters timely all necessary case data in SACWIS:

- » SSN
- » Legal name
- » DOB
- » Custody start date
- » Placement start date
- » Citizenship
- » Address with state
- » SACWIS generates a Medicaid eligibility span for Dusty back to DOB only when all data is complete
- » PCSA chooses an MCO on the Medicaid eligibility screen
- » Reminder, eligibility will always go back to the date of birth for a newborn



Scenario 1 of Duplicate Medicaid Eligibility – Newborn Coming into PCSA Custody cont.

Ann is receiving Medicaid as a MAGI Pregnant individual. Ann gives birth to Dusty on February 16th, 2021. Dusty is added to Ann's Medicaid case as a deemed newborn effective February 16th, 2021 and is enrolled in managed care effective DOB. Dusty is taken into custody by the local PCSA on February 27th, 2021.

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The end result:

- » Duplicate eligibility in MITS for Ohio SACWIS and OBWP for February and March 2021
 - » Duplicate managed care enrollment and duplicate capitations paid for March 2021

Scenario 2 of Duplicate Medicaid Eligibility Spans – Child already on Medicaid to PCSA Custody

As of March 5, 2021, Ashley and her three children are receiving Medicaid in Ohio Benefits. The CDJFS gets an alert that the PCSA has taken custody of all three children. By entering the necessary data for a temporary custody case in SACWIS, Medicaid eligibility will now be determined for the children in SACWIS.

What the PCSA does:

- » PCSA enters all necessary case data in Ohio SACWIS and SACWIS generates a Medicaid eligibility span
- » Based on the custody start date entered in SACWIS, eligibility will always go back to the first of that month (03/01/2021 for this example)

What the CDJFS does:

» OBWP worker discontinues the three children's Medicaid effective the come-up month to allow for adverse action (April 1, 2021)

The end result:

- » Duplicate eligibility in MITS for Ohio SACWIS and OBWP for March 2021
- » Duplicate managed care enrollment for all three children for March 2021



Scenario 2 of Duplicate Medicaid Eligibility Spans – Child already on Medicaid to PCSA Custody

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What the PCSA does: PCSA enters timely all necessary case data in Ohio SACWIS:

- » SSN
- » Legal name
- » DOB
- » Custody start date
- » Placement start date
- » Citizenship
- » Address with state

Ohio SACWIS generates a Medicaid eligibility span based on the custody start date entered in SACWIS. Eligibility will always go back to the first of that month (03/01/2021 for this example).



Scenario 2 of Duplicate Medicaid Eligibility – Child already on Medicaid to PCSA Custody cont.

As of March 5, 2021, Ashley and her three children are receiving Medicaid in Ohio Benefits. The CDJFS gets an alert that the PCSA has taken custody of all three children. By entering the necessary data for a temporary custody case in Ohio SACWIS, Medicaid eligibility will now be determined for the children in SACWIS.

What the CDJFS does:

» OBWP worker discontinues the three children's Medicaid effective the come-up month to allow for adverse action (April 1, 2021)

The end result:

- » Duplicate eligibility in MITS for Ohio SACWIS and OBWP for March 2021
- » Duplicate managed care enrollment for all three children for March 2021



Scenario 3 of Duplicate Medicaid Eligibility Spans – Child Leaves PCSA Custody and Returns Home

Donny was on a Medicaid case in OBWP with his father. The PCSA took custody in June 2020 and Medicaid for Donny was opened in Ohio SACWIS. On February 18, 2021, the PCSA returned Donny to the custody of his father, generating a SACWIS alert to the CDJFS.

What the PCSA does:

- » PCSA worker enters the custody episode end date in SACWIS to terminate Medicaid and disenroll from managed care
- » PCSA worker should initiate the 1958 form (most of which is completed automatically) and forward to the CDJFS of residence for Donny

What the CDJFS does:

- » OBWP worker re-evaluates Medicaid eligibility without requiring a new application
 - » If Donny's father has active eligibility, the OBWP worker will add Donny to his father's case and open Donny's Medicaid effective February 1, 2021
 - » If Donny's father is not actively receiving Medicaid, the OBWP worker will open a new case for Donny, giving him the remainder of his CE period



Scenario 3 of Duplicate Medicaid Eligibility Spans – Child Leaves PCSA Custody and Returns Home

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What the PCSA does:

- » PCSA worker enters the custody episode end date *timely* in SACWIS to terminate Medicaid and disenroll from managed care
- » PCSA worker should initiate the ODM 01958 form (most of which is completed automatically in Ohio SACWIS) and forward to the county CDJFS of residence for Donny



Scenario 3 of Duplicate Medicaid Eligibility – Child Leaves PCSA Custody and Returns Home cont.

Donny was on a Medicaid case in OBWP with his father. The PCSA took custody in June 2020 and Medicaid for Donny was opened in Ohio SACWIS. On February 18, 2021, the PCSA returned Donny to the custody of his father, generating a SACWIS alert to the CDJFS.

What the CDJFS does:

- » OBWP worker re-evaluates Medicaid eligibility without requiring a new application.
 - » If Donny's father has active eligibility, the OBWP worker will add Donny to his father's case and open Donny's Medicaid effective February 1, 2021.
 - » If Donny's father is not actively receiving Medicaid, the OBWP worker will open a new case for Donny, giving him the remainder of his CE period.

Managed Care Enrollment and Identifying Medicaid Spans



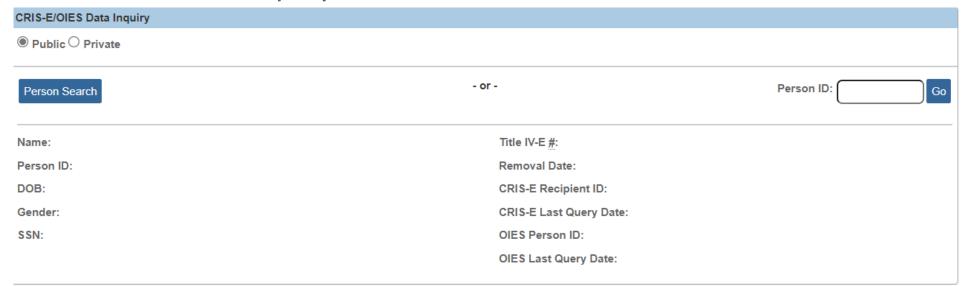
MCO Selection for Children in Foster Care

- PCSA workers are responsible for MCO selection for children in foster care.
- They have been asked to take the following steps:
 - » Determine if there is Medicaid eligibility in OB.
 - If no, proceed with MCO selection
 - If yes,
 - Determine if child is currently enrolled with an MCO related to their Medicaid coverage through OB.
 - If no, proceed with MCO selection.
 - If yes, consider selecting that same plan in Ohio SACWIS to help facilitate continuity of care.
 - Notify CDJFS that child is in custody and request that Medicaid eligibility in OB be terminated.



Identifying in Ohio SACWIS the Child's OB MCO and Duplicate Span

CRIS-E/OIES Data Inquiry



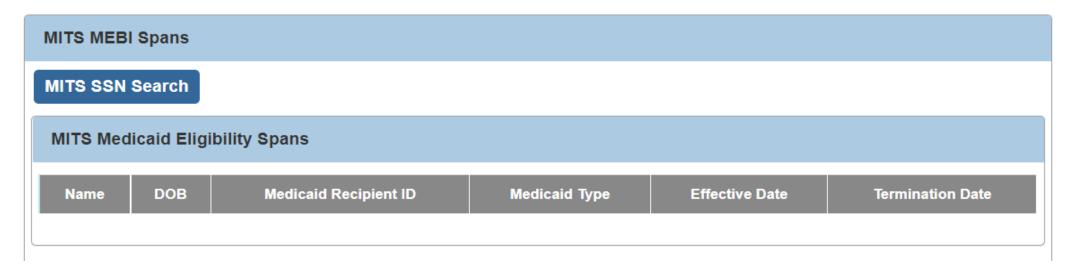
 SACWIS Knowledge Base - Navigating the CRIS-E and OIES Data Inquiry Screen (jfskb.com)

9/21/2021



Identifying in Ohio SACWIS the Child's OB MCO

• Medicaid Eligibility Batch Interface (MEBI) on the Medicaid Eligibility Screen

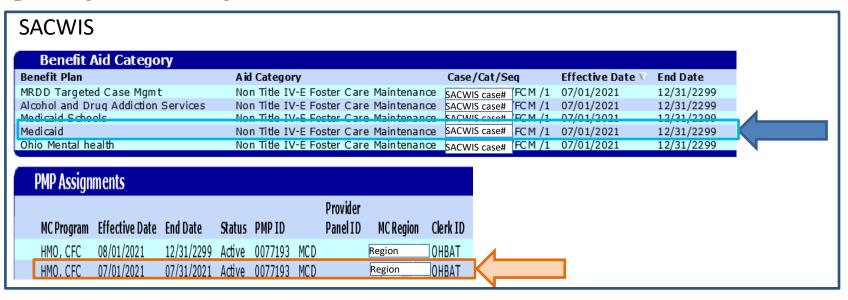


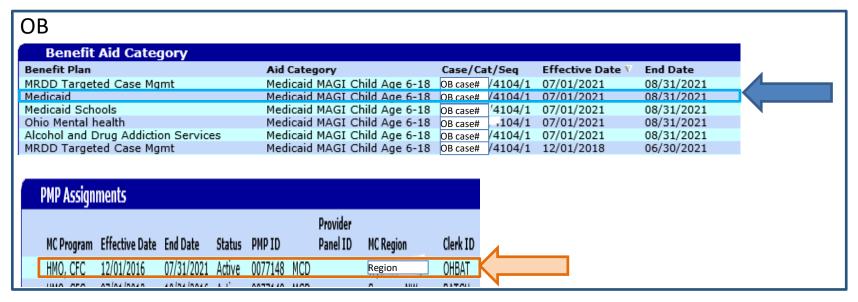
• https://jfskb.com/sacwis/index.php/financial/104-eligibility/483-verifying-medicaid-spans-in-mits-through-the-sacwis-mits-mebi-interface

9/21/2021



Identifying Duplicate Spans with MITS Access







Medicaid Eligibility Categories in MITS vs. Ohio SACWIS

• The Ohio SACWIS system sends information to MITS and MITS translates the information sent from SACWIS to determine a specific Medicaid Aid Code for the child.

• PCSAs who have access to MITS will notice that some of these Medicaid Aid Codes appear only in MITS.



MITS Access

- MITS Access is granted by ODM through the JFS 7078 process.
- https://jfskb.com/sacwis/index.php/intake/810-mits-training for a screen by screen walk through of MITS.
- If PCSA staff have questions about choosing an MCO or identifying a duplicate span, email JFS Medicaid TA@jfs.ohio.gov
- What happens if a PCSA does not contact the local CDJFS with a duplicate span?

Reconciling Duplicate Medicaid Eligibility and MCO Enrollment Spans



Communication between Agencies - CDJFS and PCSA

- If the PCSA does not contact the CDJFS, for whatever reason, the duplicate spans will remain open.
- PCSA and CDJFS workers need to establish strong communication lines to ensure each child only has one open and active Medicaid eligibility span in one system on any given date.
- As children move in and out of custody arrangements, workers must interact to open and close eligibility accordingly in each of the systems in a timely manner.
- To support this process, ODM runs a bi-weekly report in MITS to identify duplicate spans and sends it to OFC's Medicaid TA section.

Communication between Agencies - CDJFS and PCSA cont.

- OFC's Medicaid TA section reviews the file for spans that have closed since the report was pulled.
- OFC's Medicaid TA section emails the county's financial contact with a file of open duplicate spans.
- After receiving the file of duplicate spans, the appropriate PCSA worker will determine which span should close.
 - » If the child is no longer in custody, SACWIS should close.
 - » If the child is still in custody, OB should close.
- If OB needs to close, the PCSA must contact the CDJFS and let them know that OB Medicaid for that child needs to terminate.

What Can You Do to Minimize Duplicate Medicaid Spans?

- Keep up a strong relationship with the local CDJFS.
- Process the cases timely.
- Fill out and send the ODM 01958 to the CDJFS when Ohio SACWIS Medicaid ends.



Foster Care Maintenance (FCM)



IV-E & Non-IV-E Foster Care Maintenance (FCM) OAC 5101:2-42-66.1

- In Ohio, children in the custody of a Title IV-E agency who receive foster care maintenance are eligible for Medicaid without regard to income.
- FCM Medicaid can be either IV-E or Non-IV-E based on the PCSA's IV-E eligibility determination.
- Managed care coverage is required for the majority of children in custody per OAC 5160-26-02.
- A managed care organization must be chosen in Ohio SACWIS for the Medicaid span to cross over to MITS.



IV-E & Non-IV-E Foster Care Maintenance (FCM) continued

- FCM Medicaid is reviewed annually through the Annual Reasonable Efforts process.
- Failure to complete the Annual Reasonable Efforts screen timely will terminate the child's Medicaid span in Ohio SACWIS.
- If the case closes and the youth returns to the family or guardian, regardless of age, the ODM 01958 must be completed and sent to the local CDJFS office.
- Depending on the timing of the SACWIS termination, children who are under age 19 may have one or more months of CE coverage remaining.
- Remaining months of the continuous eligibility period should be reflected in Ohio Benefits (OB) and determined by the local CDJFS.

IV-E Adoption Assistance (AA), SAMS, & Adoption Assistance Connections (AAC)

Title IV-E Adoption Assistance (AA)

OAC 5101:2-49-10

- Title IV-E AA provides financial assistance to families based on the child's special needs at the time of adoptive placement. Families may receive a monthly payment and/or Medicaid until the youth reaches age 18 or, in some cases, age 21.
- Title IV-E AA is reviewed annually with the <u>JFS 01451</u>-B "Title IV-E Adoption Assistance annual assurance of legal responsibility, school attendance and eligibility for continued Medicaid coverage".
- If the youth and family are found ineligible at any time and the case terminates (Ohio SACWIS closes), the ODM 01958 must be completed and sent to the local CDJFS office.
- Depending on the timing of the SACWIS termination, children who are under age 19 may have one or more months of CE coverage remaining.
- Remaining months of the continuous eligibility period should be reflected in Ohio Benefits (OB) and determined by the local CDJFS.

State Adoption Maintenance Subsidy (SAMS)

OAC 5101:2-44-09

- SAMS provides financial assistance to families based on the child's special needs at the time of adoptive placement. To be eligible for SAMS, the adoptive family's gross income must not exceed 120% of the median income of a family of the same size.
- SAMS eligible families receive monthly payment and/or Medicaid until the youth reaches age 18.
- SAMS is reviewed yearly.
- If the youth and family are found ineligible at any time and the case terminates, the ODM 01958 must be completed and sent to the local CDJFS.
- Medicaid eligible children or youth who are under age 19 are granted a full 12 months of coverage. Remaining months of the continuous eligibility period should be reflected in Ohio Benefits (OB) and determined by the local CDJFS.



Adoption Assistance Connections (AAC) to Age 21

OAC 5101:2-51-01

- AAC provides financial assistance to eligible families who adopt children at ages 16 or 17 and then continue to support them as they transition into adulthood. Families may receive monthly payments and/or Medicaid until the youth reaches age 21.
- AAC eligibility is reviewed every six months.
- If the youth and family are found ineligible and the case the terminated, the ODM 01958 must be completed and sent to the local CDJFS office.

Ending Ohio SACWIS Medicaid: Waiver Recipients in Custody or Placement in a Nursing Facility (NF) or ICF-IID

PCSA Terminates in Ohio SACWIS & JFS Opens in OB for the Following:

• Fairly common:

- » Waiver recipients Child's eligibility should be reflected in OB.
- » ICF-IID placement Child's eligibility should be reflected in OB.
- » A child in an out-of-state residential placement (NOT a PRTF) is covered by that state's Medicaid.

Very Rare:

- » Nursing Facility (NF) placement for more than 3 months NF or OFC's Medicaid TA section will notify the PCSA.
- » DRC Incarcerated: one Ohio youth per year OFC's Medicaid TA section will notify the PCSA.
- » Dual eligible individuals or individuals in receipt of both Medicare and Medicaid:
 - There are about 12- 15 youth who are on an Ohio SACWIS number who fall into this category.
 - Most are adopted and over 17 years of age
 - OFC's Medicaid TA section will notify the county



How the PCSA Terminates the Ohio SACWIS Medicaid in an Open Case

- When the child's Ohio SACWIS Medicaid should end—please use the SACWIS "Stop Span" functionality on the Medicaid eligibility screen.
- The Stop Span allows PCSAs to easily restart the child's Medicaid when necessary.
- When the child is no longer in the ICF, on waiver, etc., remember to end-date the Stop Span.
- SACWIS adds the Medicaid *span end date once a month* at SACWIS cut-off the 15th of every month.
- If the PCSA closes Medicaid in Ohio SACWIS and the CDJFS immediately opens eligibility in OB or an OB eligibility span is already open, the ODM 01958 process is still needed even if OB is already open.

Ending Ohio SACWIS Medicaid Benefit Categories Appropriately and Timely

Ending Medicaid Spans Timely in Ohio SACWIS

- Foster Care Maintenance (FCM) Medicaid ends when the custody episode ends.
- Please enter the custody end date timely to close Medicaid appropriately in Ohio SACWIS.
- IV-E Adoption Assistance Medicaid ends when the subsidy ends.
- SAMS Medicaid ends when the SAMS case terminates.
- Please terminate SAMS cases timely.

Common Ohio SACWIS Medicaid or Ohio SACWIS MCO Issues

Medicaid or MCO Closes "Unexpectedly" in Ohio SACWIS

- Is there a stop span in use?
- Has the PCSA completed the child's annual reasonable efforts?
- Has the AA extension to 21 screen been completed before the youth's 18th birthday?
- Has the child moved to a placement out-of-state? The out-of-state address closes the MCO.
- If either the MCO span or the Medicaid span closes, please contact the Medicaid TA mailbox: JFS Medicaid TA@jfs.ohio.gov

Resources and Contacts for Questions

Contact Information for Ohio Department of Medicaid

- Contact Us Form on the ODM website https://medicaid.ohio.gov/wps/portal/gov/medicaid/home/contact-us
- Ohio Medicaid **members** can call our Consumer Hotline:
 - » 1-800-324-8680
- Ohio Providers can contact the Provider Hotline:
 - » 1-800-686-1516

PCSA Staff Only Contacts at the Managed Care Organizations

ODM compiles a chart that lists MCO contacts for PCSA questions about care management, finding services, or other PCSA-specific needs.

The chart is updated quarterly for potential changes.

Contact either mailbox for a copy: <u>JFS Medicaid TA@jfs.ohio.gov</u> or CiCTATeam@medicaid.ohio.gov

Do not share the contacts with placement providers, parents, or medical providers.

How to Contact the MCOs

• Each plan has a website and customer service number

Buckeye Health Plan	CareSource	Molina Healthcare of Ohio, Inc.
24-Hour Nurse Advice Line	24-Hour Nurse Advice Line	24-Hour Nurse Advice Line
1-866-246-4358	1-866-206-0554	1-888-275-8750
Member Services	Member Services	Member Services
1-866-246-4358	1-800-488-0134 or 711	1-800-642-4168
Mon-Fr, 7am -7pm	Mon-Fr, 7am - 7pm	Mon-Fr, 7am - 7pm
https://www.buckeyehealthplan.com/	https://www.caresource.com/	https://www.molinahealthcare.com/me mbers/oh/en-US/Pages/home.aspx

Paramount Advantage	United Health Care Community Plan
24-Hour Nurse Advice Line	24-Hour Nurse Advice Line
1-800-234-8773	1-800-542-8630
Member Services	Member Services
1-800-462-3589	1-800-895-2017 Mon-Fr, 7am - 7pm
Mon-Fr, 8am - 5pm	
	https://www.uhccommunityplan.com/oh/
http://www.paramountadvantage.org/	medicaid/community-plan.html



Questions or Comments?

Additional Medicaid specific policy and services comments or concerns can be sent to

<u>CiCTATeam@medicaid.ohio.gov</u>

Any technical issues or questions about Medicaid eligibility in Ohio SACWIS and OFC-specific Medicaid policy

JFS Medicaid TA@jfs.ohio.gov

Thank you for attending!
Stay tuned for Ohio SACWIS Medicaid 102 - coming soon!