

Creating State Adoption Maintenance Subsidy (SAMS) Records



**Department of
Children & Youth**

Knowledge Base Article

Creating State Adoption Maintenance Subsidy Records

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Creating State Adoption Maintenance Subsidy Records

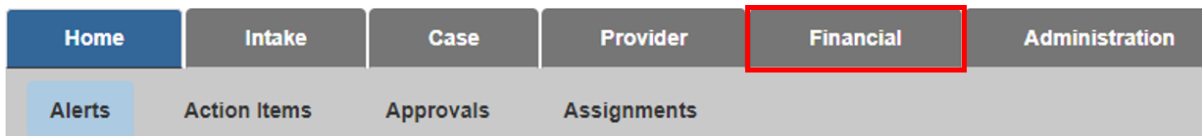
Overview

This Knowledge Base Article discusses the **Adoption Subsidy** functionality detailing the steps for creation of a State Adoption Maintenance (SAMS) subsidy through completion of the approval process.

Navigating to the Adoption Subsidy Screen

From the Ohio SACWIS Home screen:

1. Click the **Financial** tab.



The sub-menu will change to display financial options.

2. Click the **Eligibility** tab.



The left navigation pane appears.

3. Click, **Adoption Subsidy** in the side navigation bar.

Creating State Adoption Maintenance Subsidy Records

Home Intake Case Provider **Financial** Administration

Workload Action Items Services **Eligibility** Payment Benefits

- [CRIS-E/OIES Inquiry](#)
- [Eligibility/Reimbursability](#)
- [Adoption Subsidy](#)**
- [Nonrecurring](#)
- [PASSS](#)
- [KPIP](#)
- [Medicaid Eligibility](#)
- [CRIS-E/OIES Inquiry History](#)
- [Medicaid Mailing Info](#)
- [Medicaid Card History](#)

The **Adoption Subsidy** screen appears, displaying the **Person Selection** grid.

4. Click the **Person Search** button.

Note: For information regarding a Person Search, please see the following Knowledge Base Article: [Using Search Functionality](#).

OR

4. Enter the **Person ID** for the child for which you are creating a subsidy.
5. Click the **Go** button.

Home Intake Case Provider **Financial** Administration

Workload Action Items Services **Eligibility** Payment Benefits

< >

Person Selection

Person Search ~ OR ~ **Go**

Child details and the **Subsidy and Review History** appear.

Adding a Subsidy

Creating State Adoption Maintenance Subsidy Records

1. Verify the child's information for accuracy.
2. In the **Subsidy Type** field, select **SAMS** from the dropdown menu.
3. In the **Adoption Type** field choose the appropriate type of subsidy (see OAC 5101:2-49 for details).
4. Click the **Add Subsidy** button (not active until Subsidy and Adoption Type have been selected).

Person Selection

Person Search ~ OR ~ Person ID: Go

Name / ID: Duck, Louis / 99999999	Age, DOB: Age 3, 05/17/2017	Case ID: 99999999
Assigned Workers: Caseworker, Sally		


Subsidy and Review History

An Adoption Subsidy record does not exist for the selected person.

Add Subsidy

Subsidy Type: Adoption Type: Add Subsidy

Add Review

Review Effective Date: *  Review Type: Add Review

The **Select Provider** screen appears.

Choosing the Provider

1. Verify the **AA Provider Details**, when exists.

Creating State Adoption Maintenance Subsidy Records

OR

1. Choose a provider by clicking on **Provider Search** to locate the appropriate provider or enter the **Provider ID** number, then click **Go**.
2. Click **Continue**.

Financial / Eligibility / Adoption Subsidy

Select Provider

NAME / ID: <i>Jetson, Elroy / 99999999</i>	AGE, DOB: <i>16, 09/13/2004</i>	CASE ID: <i>999999992</i>
---	------------------------------------	------------------------------

Provider Information

AA Provider Name / ID:
An Adoption Assistance Subsidy does not exist

To link a different Provider use Provider Search or enter a Provider ID.

~ OR ~

Note: When an AA subsidy exists the **AA Provider Name / ID** and **Payee Details** will auto populate as the selected provider.

The **SAMS Subsidy Summary** screen appears.

Creating State Adoption Maintenance Subsidy Records

Completing the SAMS Subsidy for Public Adoptions

The Eligibility Criteria screen is a summary of the requirements and status of the requirements for the child.

1. Enter the **Child's Social & Medical History Form (JFS01616) Provided Date** when not populated from the Adoption Assistance subsidy.
2. Enter the **Application Received Date**.
3. In the **Anticipated Agreement Date** field, enter the date the SAMS Agreement is expected to be signed.

Adoption Details

Adoptive Placement Date:
10/30/2020

Adoption Finalized Date:

Child's Social & Medical History Form (JFS01616) Provided Date:



State Adoption Maintenance Subsidy (SAMS) Details

Application Received Date: *



Anticipated Agreement Date: *



Note: The Adoption Details will display from the Adoption Assistance subsidy when exists.

4. Click the **Eligibility Requirements** link.

Creating State Adoption Maintenance Subsidy Records

State Adoption Maintenance Subsidy (SAMS) Details

Application Received Date: *

Anticipated Agreement Date: *

Eligibility Requirements

View / Update [Eligibility Requirements.](#)

1. Child was denied for Adoption Assistance.	INCOMPLETE
2. Child is free for adoption.	INCOMPLETE
3. Child has Special Needs Factors.	INCOMPLETE
4. Child meets maximum Age Requirement.	INCOMPLETE
5. Provider meets Eligibility Requirements.	INCOMPLETE
6. Provider meets SAMS Income Requirement.	INCOMPLETE

Determine Eligibility

Eligible: Not Determined

The **Eligibility Requirements** screen will appear.

Note: When there is an existing Adoption Assistance Subsidy for a child all details from that subsidy will pull into the requirements of the Nonrecurring Subsidy.

Completing the Eligibility Requirements for Public Adoptions

Child was denied for Adoption Assistance.

The system will determine **Has the selected provider and child been denied for Adoption Assistance?** as **Yes** or **No** and pull forward the **Adoption Assistance Denial Date** from the denied AA subsidy for the selected child and provider.

Creating State Adoption Maintenance Subsidy Records

Eligibility Requirements

1. Child was denied for Adoption Assistance.

Has the selected provider and child been denied for Adoption Assistance?	Yes
Adoption Assistance Denial Date:	11/09/2020

Child is free for adoption.

1. Verify the information is correct, if updates are necessary, they can be completed within **Legal Actions** or the parent's **Person Profile** of Ohio SACWIS.

2. Child is free for adoption.

Is the Child in the Permanent Custody / Permanent Surrender of the Agency, and either parent's rights have been terminated or they are deceased?	Yes
Legal Status:	Permanent Custody
Mother's Termination of Parental Rights (TPR) Ruling Date:	09/23/2019
Father's Termination of Parental Rights (TPR) Ruling Date:	09/23/2019

Note: If parent(s) have a **Deceased Date** and it is prior to any **Termination of Parental Rights Ruling**, that parent's Deceased Date will display.

Child has Special Needs Factors.

1. Clinically Diagnosed Characteristics that are active as of the Anticipated Agreement Date will display. Verify the information is correct, if updates are necessary, use the **Update Characteristics** button to complete in the Characteristics tab of the person record.

Creating State Adoption Maintenance Subsidy Records

4. Child has Special Needs Factors. a

In order to be eligible, a child must have at least one Clinically Diagnosed Special Needs Factor supported by one or more Person Characteristic(s) OR at least one Other Special Needs Factor.

[Person Characteristics](#) ^

Displaying only clinically diagnosed person characteristics.

Characteristics	Category	Begin Date	End Date
ADHD	Mental Health/Substance Abuse	08/26/2016	
Adjustment Disorder	Mental Health/Substance Abuse	04/04/2016	
Anxiety Disorder	Mental Health/Substance Abuse	08/26/2016	
Depression	Mental Health/Substance Abuse	08/26/2016	

[Update Characteristics](#)

- Place a checkmark(s) in the check box(es) beside applicable special needs that apply to the child under the **Clinically Diagnosed Special Needs Factors** and **Other Special Needs Factors**.

Note: Any factors that were selected in the child's AA subsidy will display.

[View child's Case Services](#)

[View child's Medical History](#)

Clinically Diagnosed Special Needs Factors *(Check all that apply to the child):*

- | | |
|--|---|
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Mental or psychological impairment (such as intellectual disability, emotional mental illness, or a learning disability) |
| <input type="checkbox"/> Physical impairment limiting 1 or more major life activity | <input type="checkbox"/> Medical condition causing distress, pain, dysfunction or social problems requiring ongoing treatment |
| <input type="checkbox"/> Mental impairment limiting 1 or more major life activity | |
| <input type="checkbox"/> Physiological impairment, cosmetic disfigurement, or anatomical loss affecting 1 or more body systems | |

Other Special Needs Factors *(Check all that apply to the child):*

- | | |
|--|--|
| <input type="checkbox"/> Child or their biological family has a social or medical history establishing a substantial risk for developing a Clinically Diagnosed Special Needs Factor | <input type="checkbox"/> 6 years old or older |
| <input type="checkbox"/> Part of a sibling group being adopted together or is placed in the same adoptive placement of a sibling previously adopted | <input type="checkbox"/> Remained in Permanent Custody for more than 1 year before an adoptive placement |
| <input type="checkbox"/> Over 12 months and is a member of a minority, racial, or ethnic group making it difficult to place the child for adoption | <input type="checkbox"/> Been in the prospective adoptive parent's home for at least 6 months directly preceding the adoptive placement and would experience severe separation and loss if removed from the home |
| | <input type="checkbox"/> Experienced a previous adoption disruption or 3 or more placements |

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Note: To assist in selecting the special needs and negotiating the Subsidy Amount the hyperlink **View child's Case Services** and **View child's Medical History** allows the user to access the child's medical history.

3. Complete the **How were Special Needs verified** textbox.

How were Special Needs verified: [\(expand full screen\)](#)

Child meets maximum Age Requirement.

Note: The system will populate the following fields using the child's **Date of Birth** from the **Person Profile** and the **Anticipated Agreement Date** entered on the **SAMS Subsidy Summary** screen:

- **Is the Agreement Date on or before the end of the month of the child's 18th birthday?**
- **Anticipated Agreement Date**
- **Child age as of Agreement Date**

4. Child meets maximum Age Requirement.	
Is the Agreement Date on or before the end of the month of the child's 18th birthday?	Yes
Anticipated Agreement Date:	01/05/2021
Child's age as of Agreement Date:	17 years
Is the child mentally or physically disabled as diagnosed by a qualified professional?	<input type="text"/>

1. Select **Yes** or **No** for the question **Is the child mentally or physically disabled as diagnosed by a qualified professional?**

Creating State Adoption Maintenance Subsidy Records

Note: Will only display when the child is 18 years or older.

2. Ensure **Clinically Diagnosed Characteristics** are recorded if **Is the child mentally or physically disabled as diagnosed by a qualified professional?** is answered **Yes**.

Is the child mentally or physically disabled as diagnosed by a qualified professional?

Yes

[Person Characteristics](#) ^

Displaying only clinically diagnosed person characteristics.

Characteristics	Category	Begin Date	End Date
ADHD	Mental Health/Substance Abuse	08/02/2017	
Autism Spectrum Disorder	Mental Health/Substance Abuse	08/02/2017	

[Update Characteristics](#)

3. Complete the **How verified** text box.

How verified: [\(expand full screen\)](#)

[✓ ABC](#)

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Provider meets Eligibility Requirements.

1. Verify the details populated on the screen.

Creating State Adoption Maintenance Subsidy Records

5. Provider meets Eligibility Requirements.

Home Study Details:

Approval Date:

03/18/2020

Subsidy Details:

Parent 1:	BCI Received Date:	FBI Received Date:
	10/01/2020	11/02/2020
Parent 2:	BCI Received Date:	FBI Received Date:
	11/01/2020	10/04/2020

Note: The **Approval Date** will populate from the provider's most recent Home Study as of the Adoptive Placement Date. If the provider's home study is not in Ohio SACWIS, the **Approval Date** will need to be entered.

Note: The **BCI and FBI Received Date(s)** will populate from the Adoption Assistance subsidy when exists. If they do not exist, these will need to be entered.

Provider meets SAMS Income Requirement.

1. Enter the number of household members to the **Family size including adopted children**.

Note: The **120% Medicaid Income for a family the same size** will populate when the user clicks off the **Family size including adopted children** field.

2. Enter the **Provider's Annal Gross Income**.
3. Click **Save**.

Creating State Adoption Maintenance Subsidy Records

6. Provider meets SAMS Income Requirement.

Family size including adopted children:

120% Median Income for a family of the same size:

Provider's Annual Gross Income:

The **SAMS Subsidy Summary** screen will appear.

Completing the SAMS Subsidy for Private and Independent Adoptions

The Eligibility Criteria screen is a summary of the requirements and status of the requirements for the child.

1. Enter the **Child's Social & Medical History Form (JFS01616) Provided Date** when not populated from the Adoption Assistance subsidy.
2. Enter the **Application Received Date**.
3. In the **Anticipated Agreement Date** field, enter the date the SAMS Agreement is expected to be signed.

Adoption Details

Adoptive Placement Date:

Adoption Finalized Date:

Child's Social & Medical History Form (JFS01616) Provided Date:

Completing the Eligibility Requirements for Private and Independent Adoptions

Creating State Adoption Maintenance Subsidy Records

Child was denied for Adoption Assistance.

The system will determine **Has the selected provider and child been denied for Adoption Assistance?** as **Yes** or **No** and pull forward the **Adoption Assistance Denial Date** from the denied AA subsidy for the selected child and provider.

Eligibility Requirements

1. Child was denied for Adoption Assistance.

Has the selected provider and child been denied for Adoption Assistance?	Yes
Adoption Assistance Denial Date:	11/09/2020





Child is free for adoption.

1. Select the child's current Legal Status from the **Legal Status** dropdown menu.
2. Select where the child was adopted from in the **Child Adopted From** dropdown menu.
3. Entered either the **Parent 1 Termination of Parental Rights (TPR) Ruling Date** or **Parent 1 Deceased Date**, whichever occurred first.
4. Entered either the **Parent 2 Termination of Parental Rights (TPR) Ruling Date** or **Parent 2 Deceased Date**, whichever occurred first.

Creating State Adoption Maintenance Subsidy Records

Eligibility Requirements

1. Child is free for adoption.

Legal Status:	Permanent Surrender	▼
Child Adopted From:	Within the State of Ohio	▼
Parent 1 Termination of Parental Rights (TPR) Ruling Date:	04/29/2019	
Parent 1 Deceased Date:	03/08/2019	
Parent 2 Termination of Parental Rights (TPR) Ruling Date:	04/29/2019	
Parent 2 Deceased Date:	03/04/2019	

Note: If parent(s) have a **Deceased Date** and it is prior to any **Termination of Parental Rights Ruling**, that parent's Deceased Date will display.

Child has Special Needs Factors.

1. Clinically Diagnosed Characteristics that are active as of the Anticipated Agreement Date will display. Verify the information is correct, if updates are necessary, use the **Update Characteristics** button to complete in the Characteristics tab of the person record.

Creating State Adoption Maintenance Subsidy Records

4. Child has Special Needs Factors. ^(a)

In order to be eligible, a child must have at least one Clinically Diagnosed Special Needs Factor supported by one or more Person Characteristic(s) OR at least one Other Special Needs Factor.

[Person Characteristics](#) ^

Displaying only clinically diagnosed person characteristics.

Characteristics	Category	Begin Date	End Date
ADHD	Mental Health/Substance Abuse	08/26/2016	
Adjustment Disorder	Mental Health/Substance Abuse	04/04/2016	
Anxiety Disorder	Mental Health/Substance Abuse	08/26/2016	
Depression	Mental Health/Substance Abuse	08/26/2016	

[Update Characteristics](#)

- Place a checkmark(s) in the check box(es) beside applicable issues that apply to the child under the **Clinically Diagnosed Special Needs Factors** and **Other Special Needs Factors**.

Note: Any factors that were selected in the child's AA subsidy will display.

[View child's Medical History](#)

Clinically Diagnosed Special Needs Factors *(Check all that apply to the child):*

- Developmental disability
- Physical impairment limiting 1 or more major life activity
- Mental impairment limiting 1 or more major life activity
- Physiological impairment, cosmetic disfigurement, or anatomical loss affecting 1 or more body systems
- Mental or psychological impairment (such as intellectual disability, emotional mental illness, or a learning disability)
- Medical condition causing distress, pain, dysfunction or social problems requiring ongoing treatment

Creating State Adoption Maintenance Subsidy Records

Other Special Needs Factors *(Check all that apply to the child):*

- Child or their biological family has a social or medical history establishing a substantial risk for developing a Clinically Diagnosed Special Needs Factor
- Part of a sibling group being adopted together or is placed in the same adoptive placement of a sibling previously adopted
- Over 12 months and is a member of a minority, racial, or ethnic group making it difficult to place the child for adoption
- 6 years old or older
- Remained in Permanent Custody for more than 1 year before an adoptive placement**
- Been in the prospective adoptive parent's home for at least 6 months directly preceding the adoptive placement and would experience severe separation and loss if removed from the home
- Experienced a previous adoption disruption or 3 or more placements**

Note: To assist in selecting the special needs and negotiating the Subsidy Amount the hyperlink **View child's Medical History** allows the user to access the child's medical history.

4. Complete the **How were Special Needs verified** textbox.

How were Special Needs verified: [\(expand full screen\)](#)

Child meets maximum Age Requirement.

Note: The following fields will be system populated using the child's **Date of Birth** from the **Person Profile** and the **Anticipated Agreement Date** entered on the **SAMS Subsidy Summary** screen:

- **Is the Agreement Date on or before the end of the month of the child's 18th birthday?**
- **Anticipated Agreement Date**
- **Child age as of Agreement Date**

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4. Child meets maximum Age Requirement.

Is the Agreement Date on or before the end of the month of the child's 18th birthday? Yes

Anticipated Agreement Date: 01/05/2021

Child's age as of Agreement Date: 17 years

Is the child mentally or physically disabled as diagnosed by a qualified professional?

1. Select **Yes** or **No** for the question **Is the child mentally or physically disabled as diagnosed by a qualified professional?**

Note: Will only display when the child is 18 years or older.

2. Ensure **Clinically Diagnosed Characteristics** are recorded if **Is the child mentally or physically disabled as diagnosed by a qualified professional?** is answered **Yes**.

Is the child mentally or physically disabled as diagnosed by a qualified professional?

[Person Characteristics](#) ^

Displaying only clinically diagnosed person characteristics.

Characteristics	Category	Begin Date	End Date
ADHD	Mental Health/Substance Abuse	08/02/2017	
Autism Spectrum Disorder	Mental Health/Substance Abuse	08/02/2017	

3. Complete the **How verified** text box.

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How verified: [\(expand full screen\)](#)

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Provider meets Eligibility Requirements.

1. Verify the details populated on the screen.

5. Provider meets Eligibility Requirements.

Home Study Details:

Approval Date:

03/18/2020

Subsidy Details:

Parent 1:	BCI Received Date: 10/01/2020	FBI Received Date: 11/02/2020
Parent 2:	BCI Received Date: 11/01/2020	FBI Received Date: 10/04/2020

Note: The **Approval Date** will populate from the provider's most recent Home Study as of the Adoptive Placement Date. If the provider's home study is not in Ohio SACWIS, the **Approval Date** will need to be entered.

Note: The **BCI and FBI Received Date(s)** will populate from the Adoption Assistance subsidy when exists. If they do not exist, these will need to be entered.

Provider meets SAMS Income Requirement.

1. Enter the number of household members to the **Family size including adopted children**.

Note: The **120% Medicaid Income for a family the same size** will populate when the user clicks off the **Family size including adopted children** field.

Creating State Adoption Maintenance Subsidy Records

2. Enter the **Provider's Annual Gross Income**.
3. Click **Save**.

6. Provider meets SAMS Income Requirement.

Family size including adopted children:

120% Median Income for a family of the same size:

Provider's Annual Gross Income:

The **SAMS Subsidy Summary** screen will appear.

Determining Eligibility

Under the **Eligibility Requirements** section of the **SAMS Subsidy Summary** screen.

1. Click **Determine Eligibility**.
2. Enter any **Comments**.

Note: If you have failed to complete any required information used in determining eligibility, validation messages will display at the top of the **SAMS Subsidy Summary** screen.

Creating State Adoption Maintenance Subsidy Records

Eligibility Requirements	
View / Update Eligibility Requirements .	
1. Child was denied for Adoption Assistance.	INCOMPLETE
2. Child is free for adoption.	INCOMPLETE
3. Child has Special Needs Factors.	INCOMPLETE
4. Child meets maximum Age Requirement.	INCOMPLETE
5. Provider meets Eligibility Requirements.	INCOMPLETE
6. Provider meets SAMS Income Requirement.	INCOMPLETE

Determine Eligibility

Eligible: Not Determined

Comments: [\(expand full screen\)](#)

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3. Once Eligibility is determined, the screen will expand to show the **Subsidy Details**.

When **Eligible** is **No**, the screen will expand to show the **Subsidy Details**.

4. Enter the **Denial Date**.

Creating State Adoption Maintenance Subsidy Records

Determine Eligibility

Eligible: **NO**

Comments: [\(expand full screen\)](#)

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Subsidy Details

Denial Date:



When **Eligible** is **Yes**, the screen will expand to show the **Medicaid Eligibility** and **Subsidy Details** section.

5. Verify the **Medicaid Eligibility**.

Determine Eligibility

Eligible: **YES**

Comments: [\(expand full screen\)](#)

✓ ABC

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Medicaid Eligibility

Is the child eligible under SAMS Medicaid?

Yes ▾

Please refer to 5101:2-44-05.1 Medicaid Eligibility for Children with special needs.

6. Enter the **Approval Date**.
7. Enter the **Agreement Date**.

Creating State Adoption Maintenance Subsidy Records

8. Enter the **Subsidy Effective Date**.
9. Enter the **Subsidy Amount**.

Subsidy Details

Approval Date:	Agreement Date:
<input type="text"/>	<input type="text"/>
Subsidy Effective Date:	End Date:
<input type="text"/>	
Subsidy Amount:	
<input type="text"/>	

Note: When the **Subsidy Details** section is complete, click the **Process for Approval** button. If you have failed to complete any required information for the SAMS Subsidy, validation messages will display at the top of the **SAMS Subsidy Summary** screen with any incomplete fields.

Processing for Approval

1. If all requirements for the SAMS Subsidy have been completed, the **Process Approval** screen appears.
2. Select from the **Action** dropdown menu.
3. If you do not have approval access rights, select from the **Reviewers/Approvers** dropdown menu.
4. Click **Save**.

Creating State Adoption Maintenance Subsidy Records

Process Approval

Work Item

ID: Type: ADOPTPERSON Reference:
Task ID: Task Type: Adoption Assistance Task Reference:
Task Status:

Routing/Approval Action

Action: *

Comments:

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Agency:

Reviewers/ Approvers:

The **Adoption Subsidy History** screen appears, displaying the status of the subsidy.

Stopping/Starting Medicaid Spans for SAMS Youth

This section reviews how to stop and start a Medicaid Span for a SAMS Youth.

1. From the Ohio SACWIS **Home** screen, click the **Financial** tab.
2. Click the **Eligibility** tab.
3. Select the **Medicaid Eligibility** link. The **Child Selection** screen appears.
4. Click the **Person Search** button to locate the appropriate child.
5. Or, if you know the child's Person ID, you can enter the number in the **Person ID** field and click the **Go** button.

Creating State Adoption Maintenance Subsidy Records

Home	Intake	Case	Provider	Financial	Administration
Services	Eligibility	Payment	Benefits		

< >

CRIS-E/OIES Inquiry

Eligibility/Reimbursability

Adoption Subsidy

Nonrecurring

PASSS

KGAP

KPIP

Medicaid Eligibility

CRIS-E/OIES Inquiry History

Medicaid Mailing Info

Child Selection

Person Search - or - Person ID: **Go**

Person ID: _____ DOB: _____

Person Name: _____ Title IV-E # / Medicaid Recipient ID: _____ Child has private insurance

Personal Representative: _____

The **Child Selection** screen appears displaying the child's Medicaid history information.

CRIS-E/OIES Inquiry

Eligibility/Reimbursability

Prevention Services

Adoption Subsidy

Nonrecurring

PASSS

KGAP

KPIP

Medicaid Eligibility

CRIS-E/OIES Inquiry History

Medicaid Mailing Info

Child Selection

Person Search - or - Person ID: **Go**

Person ID: 123456 DOB: 07/03/2009

Person Name: Sacwis, Susie Title IV-E # / Medicaid Recipient ID: _____ Child has private insurance

Personal Representative: _____

Personal Representative: **Test County Children Services Board**

Placement Provider Details

Provider ID: 121212 Provider Name: **Test Provider**

Address: 123 Test Rd
Test Oh 12345

Current Medicaid Card Mailing Details

Origin of Information: _____ Provider Primary Address ⓘ

C/O Name: **Test County Children Services** Address: _____

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Stopping a Medicaid Span

To stop a Medicaid Span, complete the following steps:

1. Click the **Add Stop Span** button.

Managed Care Plan (MCP) Enrollment History				
	MCP Name	Enrollment Date	Disenrollment Date	Enrollment Sent to MCEC
edit	Molina Healthcare of Ohio Inc.	06/01/2022		Yes
edit	Molina Healthcare of Ohio Inc.	05/01/2022	05/31/2022	Yes
edit	CareSource	03/01/2017	04/30/2022	

Add MCP Enrollment/Disenrollment

Stop Span History		
Stop Span Effective Date	Stop Span End Date	Comments
Add Stop Span	Restart Span	

The **Stop IV-E Medicaid Eligibility Span Details** screen appears. The **Stop Span Effective Date** field populates with the system date and **cannot be changed**.

7. Provide the **Stop Span End Date**. (Optional)
8. Enter a Narrative in the **Comments** field.
9. Click the **Save** button. This is required to save the record.

Stop IV-E Medicaid Eligibility Span Details	
Stop Span Effective Date: *	07/10/2024
Stop Span End Date:	
Comments: *	
Spell Check	Clear 4000

Save **Cancel**

Creating State Adoption Maintenance Subsidy Records

Important: If a Stop Span is added to Ohio SACWIS after the cutoff date (Close of Business [COB] on the 14th of the month) and a start span is entered prior to the next month's cutoff date, then the Medicaid span never terminates. The system automatically changes the status from **Terminated – SACWIS** to **Active – SACWIS**.

The **Child Selection** screen appears displaying the child's Medicaid history information. The **Stopped Medicaid Span** is saved here.

Stop Span History			
	Stop Span Effective Date	Stop Span End Date	Comments
view	07/10/2024		Test

[Add Stop Span](#)
[Restart Span](#)

As shown in this **example**, after saving the Add Stopped Span record but **Prior** to the daily Medicaid batch job being run, the **Stop Span History** section populates with the new Stopped Span, but the **Medicaid Eligibility History** section hasn't changed. The Medicaid Eligibility History still shows Active – SACWIS.

Medicaid Eligibility History						
	Medicaid Type	Medicaid Recipient ID	Effective Date	Termination Date	Status	
view card	NON-IV-EFCM	00001234567	05/01/2022		Active - SACWIS	
view card	IV-EADA	0000123456677	01/01/2017	04/30/2022	Terminated - SACWIS	

[ODM 01958](#)

Managed Care Plan (MCP) Enrollment History				
	MCP Name	Enrollment Date	Disenrollment Date	Enrollment Sent to MCEC
edit	Molina Healthcare of Ohio Inc.	06/01/2022		Yes
edit	Molina Healthcare of Ohio Inc.	05/01/2022	05/31/2022	Yes
edit	CareSource	03/01/2017	04/30/2022	

[Add MCP Enrollment/Disenrollment](#)

Creating State Adoption Maintenance Subsidy Records

Stop Span History			
	Stop Span Effective Date	Stop Span End Date	Comments
view	07/10/2024		Testing
view	07/10/2024	07/10/2024	Test

[Add Stop Span](#)
[Restart Span](#)

This example shows the **Medicaid Eligibility History** section **after the daily batch job has run**. The **Medicaid Eligibility History** now shows Terminated – SACWIS to reflect the Stopped Medicaid Span record.

Medicaid Eligibility History					
	Medicaid Type	Medicaid Recipient ID	Effective Date	Termination Date	Status
view card	NON-IV-EFCM	00001234567	05/01/2022	07/31/2024	Terminated - SACWIS
view card	IV-EADA	0000123456677	01/01/2017	04/30/2022	Terminated - SACWIS

[ODM 01958](#)

Restarting a Medicaid Span

To Restart a Medicaid Span that has been previously stopped, complete the following steps:

1. Navigate to the **Child Selection** screen using the steps discussed earlier in this Knowledge Base Article.
2. Click the **Restart Span** button.

Stop Span History			
	Stop Span Effective Date	Stop Span End Date	Comments
view	07/10/2024		Test

[Add Stop Span](#)
[Restart Span](#)

Creating State Adoption Maintenance Subsidy Records

The **Stop IV-E Medicaid Eligibility Span Details** screen appears. As shown in red below, the **Stop Span End Date** field populates with the system date and **cannot be changed**.

3. If needed, enter a narrative in the **Comments** field.
4. Click the **Save** button.

Stop IV-E Medicaid Eligibility Span Details

Stop Span Effective Date: * 07/10/2024 Stop Span End Date: * 07/10/2024

Comments: *

Test

Spell Check Clear 4000

Save Cancel

The **Child Selection** screen appears displaying the child's Medicaid history information. The **End Dated Stopped Medicaid Span** is saved here.

Stop Span History

	Stop Span Effective Date	Stop Span End Date	Comments
view	07/10/2024	07/10/2024	Test

Add Stop Span Restart Span

For further guidance on starting/stopping Medicaid within the Ohio SACWIS system please refer to the following articles:

[Stopping and Starting a Medicaid Span](#)

[Stopping and Starting Medicaid Card](#)

If you have additional questions pertaining to this Deployment Communication, please contact the [Customer Care Center](#).

Creating State Adoption Maintenance Subsidy Records