

**PEER TO PEER ADOPTION ASSISTANCE (AA) COMMUNITY RESOURCE SERIES INFORMATION SESSIONS:  
OFFICE OF FAMILIES AND CHILDREN (OFC) / OHIO DEPARTMENT OF MEDICAID (ODM)  
QUESTION AND ANSWER (Q&A)  
JULY 13, 2021**

<b>QUESTION</b>	<b>ANSWER</b>
Is there a limit to the number of trips allowable per year by Managed Care Plans (MCP)?	If the individual must travel using ambulance or wheelchair van there is no limit, because it is required transportation. If the individual is ambulatory and needs transportation, then they can contact their Managed Care Organization (MCO) and schedule. The MCO transportation benefit consists of 30 one-way or 15 round trips per year, but the MCOs can provide more trips as a value added benefit. If the benefit is exhausted, the individual may contact the county JFS to arrange the trip. Remember that even if the limit is met more trips can be requested and are often granted by the MCO. Also, we have attached a chart to help identify the available services by MCO.
Can a foster parent change the Managed Care Organization, or can this only be changed after the adoption is finalized?	Foster parents cannot change the managed care plan. After the adoption is finalized, they can change the plan by calling the hotline 800-324-8680.
When an adoptive family changes from AA to Adoption Assistance Connections (AAC) to 21 subsidy programs, does the Statewide Automated Child Welfare Information System (SACWIS) automatically keep their managed care plan the same unless they choose to change it? Like in the switch from foster care to adoption? Or do they have to pick one specifically?	The SACWIS team indicated, "With AAC, the Medicaid and MCP is already on the post adopted ID as they have to be finalized between 16 and 17 and eligible for AA in order to receive AAC." The fact that the post adopted ID has both the Medicaid and MCP recorded means that the parents don't have to worry about the plan changing or choosing a plan with AAC eligibility. At the same time, if an AAC parent(s) wants to change the youth's plan, they can, by calling 1-800-324-8680.
Who can initiate Ohio Home care Waiver? The adopted parent or the agency. Or is it a team effort?	Before the child is adopted, the PCSA would fill out the request for waiver services. After the child finalizes, the adopted parent is required to make the request. Custody is not a barrier to waiver services.
How do we enroll a child in OhioRISE (Resilience Through Integrated Excellence)?	OhioRISE begins 1/1/22. More information on enrollment will be coming soon to the ODM website and webinar trainings are being scheduled for Ohio Department of Job and Family Services (ODJFS) staff.
Why do Post Adoption Special Services Subsidy (PASSS) funds have to be used and exhausted prior to using Multisystem Youth (MSY) dollars?	MSY is considered the payor of last resort and all other funding sources must be exhausted before MSY funds can be used.
Families often need respite services after children return back to the home.	Families can contact the managed care plan for respite services, and MSY funds can be requested for respite services after PASSS funds have been exhausted.

When a child is not IV-E eligible, will the family still qualify for medicaid for the child that the adoptive family is going to be responsible for their medical issues?

When a child is not IV-E eligible, the adoption worker must determine if the child is eligible for SAMS Medicaid. The following rule must be followed: 5101:2-44-12 | State adoption maintenance subsidy records, section (F)(2) states:

(F)(2) If the individual receives state adoption assistance, has special needs for medical or rehabilitative care, and meets the eligibility criteria under this paragraph, there is no income or resource test required to be eligible for medical assistance.