

Ohio's Children with Medical Handicaps Program Frequently Asked Questions

The Fiscal Year 2018-19 Executive Budget establishes a new Children with Medical Handicaps program under the Ohio Department of Medicaid that maximizes existing state resources to ensure long-term program sustainability, minimizes disruption to those currently receiving services by allowing non-Medicaid eligible participants to stay in the existing program, and continues to provide all medically necessary services and quality care coordination for all who are on Medicaid or enroll in the Ohio Department of Medicaid's CMH program in the future.

Below are frequently asked questions about proposed program changes. Additional questions may be sent to: CMHquestions@ohio.gov

GENERAL QUESTIONS

How is Ohio's BCMH program changing?

The Executive Budget creates a new Children with Medical Handicaps program at Ohio Medicaid that will ensure there is a sustainable program available to support Ohio's most vulnerable children and their families into the future. All individuals – both Medicaid and non-Medicaid eligible – who apply for the Children with Medical Handicaps program on or after July 1, 2017, will be transitioned into Medicaid or the new Medicaid CMH program effective January 1, 2018.

Why is this change necessary?

While the current BCMH program has income guidelines set in the Ohio Administrative Code at 185 percent of the federal poverty level (FPL), a complex system has developed since the program's inception that has essentially eliminated any financial eligibility limit. This has led to an \$11 million unfunded liability within the current BCMH program, threatening the program's long-term sustainability and putting at risk the state's ability to support CMH individuals in the future. The Executive Budget creates a new Children with Medical Handicaps program at Ohio Medicaid that will ensure there is a sustainable program available to support Ohio's most vulnerable children and their families into the future.

Will children in the current BCMH program lose services under this proposal?

The Executive Budget proposal minimizes disruption for those currently enrolled in the existing BCMH program. Anyone currently enrolled or who applies for the existing BCMH program through June 30, 2017, and is not currently eligible for Medicaid, will be grandfathered into the existing BCMH program at the Ohio Department of Health until they age out, or their financial or medical eligibility changes

What happens to those in the program who are currently Medicaid eligible?

Any Medicaid eligible children currently enrolled in the existing BCMH program, or who apply for BCMH through June 30, 2017, will transition into Medicaid beginning January 1, 2018.

What happens to those who apply for CMH services after on or after July 1, 2017?

Any child applying on or after July 1, 2017, will transition to the Medicaid CMH program on January 1, 2018, assuming they meet eligibility requirements.

ELIGIBILITY

At what level will financial eligibility be set for the Medicaid CMH program? Will Medicaid establish medical criteria?

The complex methodology for determining financial eligibility under the existing BCMH program will be simplified. Under the new Medicaid CMH program, financial eligibility will be set at 225% of federal poverty. The Medicaid CMH program will continue to use the medical eligibility criteria established by the Ohio Department of Health's BCMH program.

How does the proposal address children whose Medicaid eligibility fluctuates? What will happen to families who have Medicaid temporarily for reasons such as a layoff or injury?

The Ohio Department of Medicaid understands the importance of minimizing disruptions in care, so once existing BCMH clients enroll in Medicaid, they will remain in the Medicaid CMH program to avoid additional transitioning between the programs. BCMH clients who are grandfathered into the Ohio Department of Health program will remain in that program until they age out of the program, or their financial or medical eligibility changes.

If a child in the existing BCMH program becomes eligible for Institutional Medicaid due to a hospital stay, do they remain in the Ohio Department of Health BCMH program or will they be enrolled in the new Medicaid CMH program once their Institutional Medicaid coverage ends?

The Ohio Department of Medicaid understands the importance of minimizing disruptions in care, so once existing BCMH clients enroll in Medicaid, they will remain in the Medicaid CMH program to avoid additional transitioning between the programs. BCMH clients who are grandfathered into the Ohio Department of Health program will remain in that program until they age out of the program, or their financial or medical eligibility changes.

What will happen to infants in the NICU on Institutionalized Medicaid who will no longer be eligible for Medicaid in a year?

There are no proposed changes to current Medicaid eligibility levels, but the Medicaid CMH program will be available as a safety net for individuals who apply and meet those eligibility guidelines.

What will happen to families who become eligible for Medicaid temporarily due to changes in income, employment, or disability status?

Transitioning the CMH program to the Ohio Department of Medicaid will minimize potential disruptions in care for Ohioans that have changes in income, employment or disability status. Individuals eligible for Medicaid will be enrolled in the Ohio Medicaid program, and individuals who are not eligible for Medicaid will be enrolled in the new safety net program that is also administered by the Ohio Department of Medicaid, if eligible.

Currently, eligibility in the existing BCMH program is determined on an annual basis. Will eligibility at the Ohio Department of Medicaid be determined monthly?

Eligibility for the new Medicaid CMH program will be revalidated annually, but families are expected to report any changes in their financial eligibility status.

What will happen to families if they do not submit their financial or medical eligibility information on time to renew eligibility? Will they be terminated from the program?

The Ohio Department of Medicaid is committed to working with families to ensure continuity of care. To make this easier on families, Ohio Medicaid will notify individuals prior to the time they need to renew their eligibility. Individuals who do not submit information on time will be notified of their proposed termination from the program, but will still have an opportunity to seek reconsideration by the Ohio Department of Medicaid within the timelines set forth in the new program. After that timeline has expired, an individual would then need to reapply if they have not sought reconsideration.

What will happen to children who are uninsured?

Children who are enrolled or apply for the Ohio Department of Health's BCMH program through June 30, 2017, and not eligible for Medicaid, will be grandfathered into the existing BCMH program until they age out, or their medical or financial eligibility changes. Any child applying on or after July 1, 2017, will transition to the Medicaid CMH program on January 1, 2018, assuming they meet eligibility requirements.

SERVICE PACKAGE

How will the Medicaid service package compare to the current Ohio Department of Health BCMH service package? Once a child moves to Medicaid, will he or she receive all of the same services?

The Executive Budget preserves medically necessary services for every child currently enrolled in the BCMH program, but reforms the program and clarifies income and benefit limits for any child applying to or entering the program on or after July 1, 2017. For all children applying for or entering the program on or after July 1, 2017, the Ohio Department of Medicaid will cover the same medically necessary services that were covered through the Ohio Department of Health's BCMH program. The Ohio Department of Medicaid is required by law to cover medically necessary services and is committed to ensuring access to comparable services for CMH families, while also ensuring that the program is sustainable for all families enrolled.

What does comparable services mean?

The Ohio Department of Medicaid's Medical Director and Assistant Medical Director – both pediatricians – and Ohio Department of Medicaid clinical staff have completed a thorough review of approximately 170 pages of services and codes paid for by BCMH. That review confirmed that, while some codes or services may be known under a different name or classification, Ohio Medicaid will cover all medically necessary CMH services currently covered by the existing BCMH program. The Ohio Department of Medicaid is committed to ensuring access to comparable services, while also ensuring that the program is sustainable.

Services	Covered	Not Covered
Care coordination	✓	
Nutrition therapy consults	✓	
Continuous glucose monitors	✓	
Diabetes supplies	✓	
Durable medical equipment	✓	
Formula thickeners	✓	
Inpatient medical care	✓	
Medical nutrition therapy	✓	
Metabolic formula	✓	
Nutritional supplements	✓	
Nutrition services	✓	
Pharmaceuticals	✓	
Therapies (Speech/PT/OT)	✓	
Wheelchair (extra chair)	✓	

**NOTE: The services listed above represent a sample of what will continue to be provided under the new Medicaid CMH program. This is not a comprehensive list of services to be covered.*

Will the Ohio Medicaid CMH program cover metabolic formula in the new program?

Yes, Ohio Medicaid currently covers medically necessary metabolic formula and will cover medically necessary metabolic formula in its new CMH program.

Which services were duplicative for Ohioans receiving coverage through both Medicaid and the Ohio Department of Health's BCMH program?

All services that Medicaid eligible Ohioans currently receive through the existing BCMH program at the Ohio Department of Health are duplicative of Medicaid-covered services because Medicaid covers all medically necessary services for individuals enrolled in the Medicaid program.

BCMH currently covers Medical Nutrition Therapy provided by a licensed dietician, and Medicaid does not. Will Medicaid cover that service in the new program?

Actually, Ohio Medicaid has covered nutritional consultation since May 2016 and will ensure access to comparable services for all children in the new Medicaid CMH program. The Ohio Department of Health will continue to provide this service to clients who remain in the BCMH program after January 1, 2018.

What will happen to the services that BCMH provides, beyond Medicaid coverage, such as an extra pair of glasses, wheelchairs, hinged shoes, orthodontia, etc.?

The Ohio Department of Health and the Ohio Department of Medicaid have worked closely over the past year to align service packages and address issues where the BCMH program historically covered medically necessary services that Medicaid did not cover. As a result of this work, all medically necessary services covered by BCMH are also covered by Ohio Medicaid, and access to comparable services for all children in the new Medicaid CMH program will be ensured.

In the past, BCMH has covered therapies beyond the maximum allowable by Medicaid. Will the new Medicaid CMH program expand coverage?

The Ohio Department of Medicaid is committed to ensuring all medically necessary needs are met for children enrolled in the program and, in fact, is required by law to cover all medically necessary services for individuals on Medicaid. As such, there is no maximum allowable limit as long as the services are medically necessary.

Is Medicaid going to expedite the process of prior authorization for medically necessary equipment, medications, etc.?

The Ohio Department of Medicaid understands the importance of speed and efficiency in meeting the needs of this particular population. There are improved processes in place to

ensure timely access to medically necessary medications, equipment, and services for Medicaid-eligible children and children in the new Medicaid CMH program.

CARE & SERVICE COORDINATION

What will happen to the care and service coordination program?

Care and service coordination will be available to all children under the new Medicaid CMH program. Individuals who have applied for or are enrolled in the existing BCMH program by June 30, 2017, and who are not Medicaid-eligible, will continue to receive services exactly as they do today, including access to service coordination, until they age out of the program or are no longer financially or medically eligible.

Will hospital-based service coordination be included in the new Medicaid CMH program?

In the Medicaid CMH program, service coordination will be available for both Medicaid and non-Medicaid clients.

Is the care coordination provided by managed care organizations the same as that provided by the existing BCMH program through public health nurses? Will public health nurses be utilized in the new program?

The Ohio Department of Medicaid has a robust service delivery model around care coordination for individuals enrolled in the Medicaid program. Care coordination will be available to children enrolled in the Medicaid CMH program, and public health nurses will be given the opportunity to be considered for that role.

Does this mean that public health nurses will not receive any new clients after June 30, 2017?

Individuals who have applied for or are enrolled in the BCMH program by June 30, 2017, and who are not Medicaid-eligible, will continue to receive services exactly as they do today, including care coordination through public health nurses, until they age out of the program, or are no longer financially or medically eligible. The Ohio Department of Health's BCMH program will serve individuals who apply or enroll from July 1, 2017 through December 31, 2017, including care coordination by public health nurses. Beginning January 1, 2018, those individuals will transition to the new Medicaid CMH program. Care coordination will be available through a contractual arrangement for clients enrolled in the Medicaid CMH program, and public health nurses will be given the opportunity to be considered for that role.

Public health nurses know the full spectrum of services available in each county. Will the Ohio Department of Medicaid be able to provide the same knowledge of resources that are available each county?

Yes, Ohio Medicaid managed care plans currently provide care coordination for Ohioans with special healthcare needs in every county, securing access to the health care services that they need.

Coordination by a local public health nurse provides for face-to-face relationships and conversations. Will managed care plans be readily available to assist Ohioans?

Yes, managed care plans are required, with oversight by the Ohio Department of Medicaid, to be responsive to the needs of the individuals they serve. Designated care teams, including nurses, are available to individuals and are patient-specific based on acuity levels. There are processes in place for the Ohio Department of Medicaid to address issues with the managed care plans if an individual's needs are not being met.

DIAGNOSTIC PROGRAM

What will happen to the diagnostics program? Will Medicaid cover diagnostics for individuals who are not yet enrolled for treatment?

Once determined to be eligible for the new Ohio Medicaid CMH program, individuals will automatically be covered for all medically necessary treatments, including diagnostic services. Children who are grandfathered into the existing BCMH program at the Department of Health will continue in the treatment program since they have already been diagnosed.

What will happen to the Help Me Grow referrals local public health nurses receive in order to help the family get a diagnosis for their child?

Ohio Medicaid's CMH program will provide for medically necessary diagnostic testing in order to support eligibility determinations for the program. The specific process for enrolling in the Medicaid CMH program has not yet been determined. Once that work is completed, the Ohio Department of Medicaid will share the process for enrolling in the new program with providers (including children's hospitals and pediatricians) and public health programs that serve children (such as WIC and Early Intervention).

ADULT POPULATION

Will the Ohio Department of Medicaid pay insurance premiums, as opposed to direct care services, for adults with hemophilia who enroll on or after July 1, 2017?

Yes, the Ohio Department of Medicaid will provide premium assistance to adults with hemophilia who are ineligible for Medicaid up to 225% of federal poverty. Additionally, some of

these individuals may be eligible for Ohio Medicaid's 1915 (i) state plan option (Specialized Recovery Services Program). Under that option, individuals receive the full Medicaid array of services, plus (1) Recovery Management; (2) Peer Recovery Support; and (3) Individualized Placement and Support-Supported Employment (IPS-SE).

What will happen to the adult cystic fibrosis program?

Adults who apply for the BCMH program through June 30, who are not Medicaid-eligible, will be grandfathered into the existing Ohio Department of Health program until their financial or medical eligibility changes. Individuals who apply on or after July 1, 2017, will transition to the Medicaid CMH program on January 1, 2018.

TRANSITION PROCESS

What will the transition process look like for families and local health districts?

The Ohio Department of Health and the Ohio Department of Medicaid will communicate with current enrollees and future applicants who will be impacted by the proposed changes to ensure a smooth transition on January 1, 2018. Information about the transition process will be shared with local health districts, providers, and other appropriate stakeholders.

What are local health departments to do with phone calls that local public health nurses receive requesting services locally?

Local health districts should continue to process these requests as they currently do. The Ohio Department of Health and the Ohio Department of Medicaid will communicate with current enrollees and future applicants who will be impacted by the proposed changes to ensure a smooth transition on January 1, 2018. Information about the transition process will be shared with local health districts, providers, and other appropriate stakeholders.

How does the proposal address families with multiple children who have one child in the existing Ohio Department of Health BCMH program and one in the new Ohio Medicaid CMH program?

Families who wish to enroll multiple children in the same CMH program have the option to submit all applications for enrollment in the new Medicaid CMH program.