Centers for Medicare and Medicaid
Waiver Summary
April 14, 2020

Ohio | Department of Medicaid

Mike DeWine, Governor
Jon Husted, Lt. Governor
Maureen Corcoran, Director

1135 Medicaid Waiver Submission

1	1135 State Plan Amendment and Waiver effective date during the first calendar quarter of 2020
2	Waiver of public notice for SPAs
3	Extension of time for applicants to certain eligibility related documents
4	Hospitals conducting *Presumptive Eligibility* enrollment for Special Income level (Nursing Facility/Waiver) applicants
5	ODM designated as qualitified entity to do presumptive eligibility enrollment
6	Suspending copays (Applies to Fee-For-Service (FFS) only- Managed Care Organizations (MCO) already do not charge copays)
7	Telehealth enhanced to make reimbursement consistent with present FFS policies
8	Prior authorizations for medication granted auto renewal without clinical review
9	Exceptions to the published Preferred Drug List (PDL) if there are drug shortages
10	Isolation facility reimbursement
11	Waiver of bed hold days limit for long-term care facility patients
12	Waiver of prior authorization requirements
13	Waiver requirement for in person Pre-Admission Screening and Resident Review (PASRR) evaluations and assessments
14	Suspension of provider enrollment application requirements
15	Waiver to allow facilities, hospitals, and individual practitioners to provide services in alternative settings
16	Suspension of provider revalidation/renewal
17	Suspension of terminations, eligibility renewals, redeterminations, and the processing of certain changes in circumstances, including the processing of alerts
18	Defer any state plan required face-to-face visits for the state plan Home Health benefits, including Durable Medical Equipment (DME)
19	Waive penalties under EMTALA to allow emergency department screening in other locations and by electronic means (video etc.)
20	Waive Third Party Liability (TPL) requirements for telehealth
21	Waive unit of service limits for home health and private duty nursing
22	Allow verbal authorization in lieu of actual signature for Medicaid forms
23	Allow self-attestation for eligibility enrollment until documentation can be obtained
24	Suspend face-to-face requirement, physician's order, and new medical necessity documentation for replacement of durable medical equipment (DME)
25	Waive limitations on who can prescribe specified Medicaid benefits
26	Waive signature requirements for DME.
27	Waive signature requirements for verification of delivery of hospice services
28	Allow remote technology for assessments for wheelchairs and accessories
29	Waive face-to-face requirements for any state plan service assessments
30	Waive signature requirements for Home Health and Private Duty Nursing
31	Waive requirements for an on-site RN for weaning services if NF has a respiratory care therapist or professional

DODD waiver: Medicaid Appendix K Submission	
Exceed service limits	Exceeding service limitations with regards to current funding limitations under the Individual Options and Level One waiver, limitations on respite services, and waiving prior authorizations under the IO waiver.
Add service settings ADS/Voc Rehab	Expanding service settings to allow adult day services (ADS) and vocational habilitation (voc. hab) providers to furnish services in residential settings and remotely. ADS and Voc. Hab. may also provide activities on behalf of an individual.
Provider of family care	Permitting payment for direct services rendered to minor children by family caregivers or legally responsible guardians who are employed by an agency.
Faster provider enrollment/providers across waivers/waive background checks	Modifying provider qualifications to allow for training and onboarding; allowing providers an active Medicaid ID to furnish waiver services across delivery systems; and waiving background checks for new providers.
ADS/Voc Rehab providers can do HPC and respite	Modifying provider types to allow ADS and Voc. Hab. providers to receive certification in: • homemaker/personal care (HPC) • participant-directed HPC • respite
Alternative service site delivery authority	Modify licensure or other requirement for setting where waiver services are furnished; permit flexibility with pre-certification and on-site visits; and to add flexibility with corrective action plan timelines contingent upon availability supporting documentation.
Waive face-to-face for LOC	Allow over-the-phone or emails to manage level of care evaluations and reevaluations. Verification results will be requested within 120-days of expiration of Appendix K using a face-to-face method.
Service authorization over phone	Modifying person-centered service plan developments to allow for over-the-phone or email authorization; authorize flexibility with face-to-face monitoring as outlined in a service plan while ensuring health and welfare through other means.
Miscellaneous	Other necessary changes include waiving HCBS regulations regarding visitations whenever an individual chooses and allowing flexibility with service sequencing during this time period

ODA and ODM waivers: Medicaid Appendix K Submission	
Alternative service setting	Expanding service settings where services may be furnished including but not limited to personal care, adult day, and out-of-home respite. Propose the use of previously unapproved living units in Ohio Department of Aging-certified Assisted Living facilities during the approved K.
Provider of family care	Permitting payment for direct care services rendered by family caregivers and legally responsible individuals when not already approved in the waiver.
Providers serving across waivers	Modifying provider qualifications to allow providers with an active Medicaid ID to furnish waiver services across delivery systems, and temporarily waiving background checks for new providers.
Face-to-face waived for LOC	Modifying process for level of care evaluations and reevaluations to allow flexibility with required timelines and to replace face-to-face assessments with telephonic contact or desk reviews. Assessments must be validated at the next face-to-face visit.
Telephonic service planning	Allowing flexibility with the service planning process to include allowing telephonic assessments, service authorizations to occur over the phone (with the exception of home maintenance/chore and home mods) suspending new or expediting service authorizations based on the priority level of the individual and obtaining signature requirements at the next face-to-face.
Incident reporting flexibility	Allowing flexibility with the required reporting timelines for incident reporting so long as the rationale for the delay is documented in the incident narrative.
Miscellaneous	Other necessary changes including modifying the processes for contact schedules to allow for telephonic contact, to use contracted entities including but not limited to provider recruitment and emergency provider enrollment activities, verbal verification of service delivery, and flexibility with payor sequencing.