Ohio Department of Medicaid

Ohio Medicaid:Next Generation

Jim Tassie

Deputy Director

Office of Managed Care & Project Management Office

Department of Medicaid

Next Generation Medicaid Brief Updates

- **Next Generation MyCare Vendor Readiness Review is Underway**
  - Full Steam Ahead
  - Desk Reviews
  - Virtual On Sites
- **Transparency and Accountability**
  - Compliance Actions Now Posted Online: https://medicaid.ohio.gov/families-and-individuals/compliance-actions/mco-compliance-actions
  - Dashboards Returning: Coming Early 2026
  - Reminder about External Medical Review
    - Request Form: https://www.gainwelltechnologies.com/wp-content/uploads/2024/06/ODM-MCE-External-Medical-Request-Form_Revision-06.03.24_Fillable-Form.pdf
    - FAQ: https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/Providers/ProviderTypes/Managed Care/External-Medical-Review-FAQ.pdf
- **New MCO Leadership—Next Gen Refreshers**

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Next Generation MyCare Program

Steven Alexander

Section Chief

Integrated Care Policy

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What Is the Next Generation MyCare Program?

The Next Generation MyCare program is an improved healthcare program for Ohioans who have both Medicaid and Medicare. This program helps members get the care they need all in one plan.

One Care Coordinator
One care coordinator for both Medicaid and Medicare benefits.

One Organization
One organization responsible for both Medicaid and Medicare benefits, including long-term care services and behavioral health services.

Streamlined Communication
Only get one set of communications.

Simple Appeals
One organization to contact if a member needs to appeal a denial.

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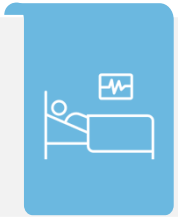
What Are the Next Generation MyCare Program Goals?

Focus on the individual

Help providers keep making care better

Help individuals and communities be healthier



Improve care for individuals with complex needs to help them stay in the community

Give everyone the best care for their needs

Make the program more transparent and responsive

Member Eligibility Criteria

Current MyCare Ohio Program

Today – December 31, 2025

A member will be enrolled if:

- Eligible for both Medicare and Medicaid services
- Age 18 and older
- Reside in one of the 29 demonstration counties

Next Generation MyCare Program

Beginning January 1, 2026

A member will be enrolled if*:

- Have Medicare parts A, B, and D
- Have full Medicaid
- Age 21 and older
- Live in one of the 29 counties where MyCare Ohio is currently available or until the program is available in their county

*If a member is on a Program for All-Inclusive Care for the Elderly (PACE) or a Developmental Disabilities waiver (Individual Options, Self-Empowered Life Funding, or Level One) or have health insurance that covers both inpatient hospital stays and doctor visits, they will not be enrolled in the Next Generation MyCare program.

What Plans Are Available?

Current MyCare Ohio Program

Today – December 31, 2025

MyCare Ohio plans include*:

- Aetna Better Health of Ohio
- Buckeye Health Plan
- CareSource
- Molina HealthCare of Ohio
- United Healthcare Community Plan

Next Generation MyCare Program

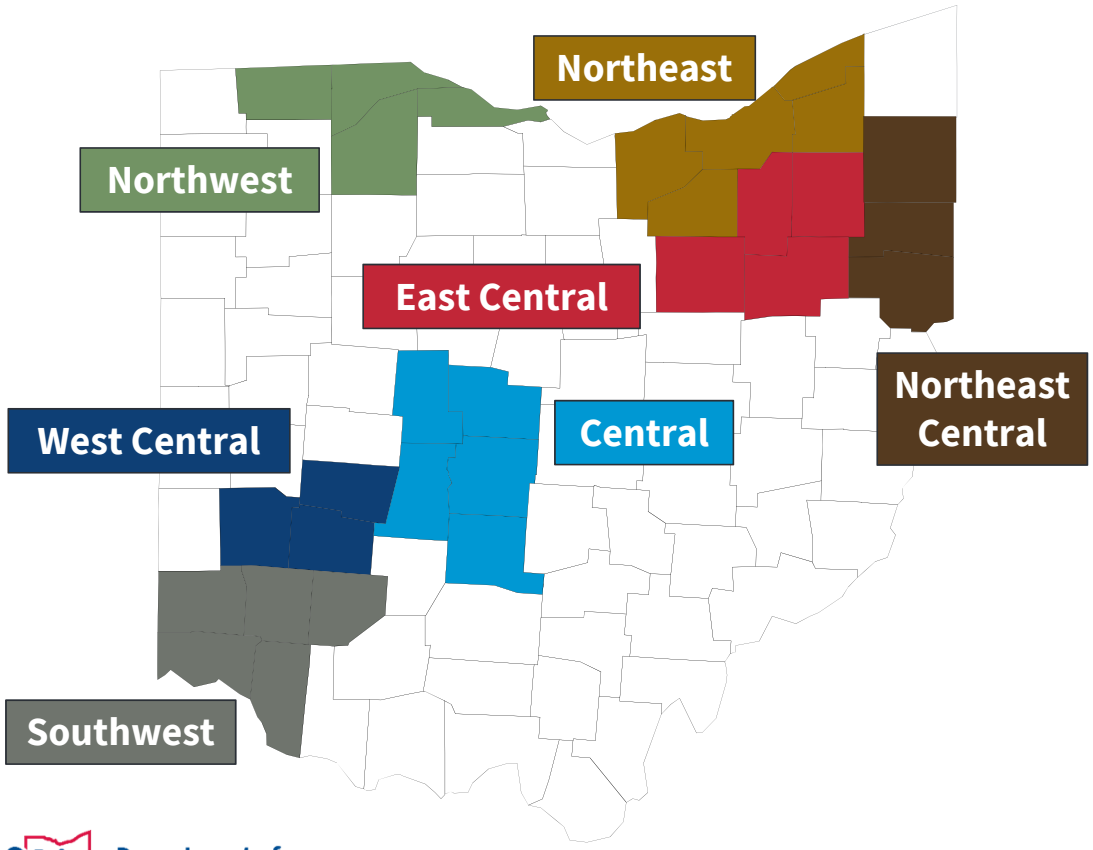
Beginning January 1, 2026

Next Generation MyCare plans include:

- Anthem Blue Cross and Blue Shield
- Buckeye Health Plan
- CareSource
- Molina HealthCare of Ohio

*The MyCare Ohio plans available are based on the county they reside in. Map shown on slide 12.

Current MyCare Ohio Program Regions



Region	MyCare Plans
Northwest	Aetna Buckeye
Northeast	Buckeye CareSource United
East Central	CareSource United
Northeast Central	CareSource United
West Central	Buckeye Molina
Southwest	Aetna Molina
Central	Aetna Molina

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How Will the Next Generation MyCare Program Roll Out in 2026?

The Next Generation MyCare program will start on January 1, 2026. It will be available in the 29 counties where MyCare Ohio is available today. Later in 2026, it will be available in the rest of Ohio.

Phase 1: Current MyCare Counties On Jan. 1, 2026, ODM will roll out the Next Generation MyCare program in the 29 counties where MyCare is currently available today.	
Jan. 1, 2026	AAA1: Butler, Warren, Clinton, Hamilton, Clermont AAA2: Montgomery, Clark, Greene AAA6: Franklin, Delaware, Union, Madison, Pickaway AAA4: Lucas, Fulton, Ottawa, Wood AAA10a: Lorain, Cuyahoga, Medina, Lake, Geauga AAA10b: Summit, Portage, Stark, Wayne AAA11: Columbiana, Mahoning, Trumbull
Phase 2*: Remaining Counties Starting on Apr. 1, 2026, and continuing through the year, ODM will roll out the Next Generation MyCare program in the remaining counties.	
Apr. 1, 2026	AAA4: Sandusky, Erie, Henry, Williams, Defiance, Paulding AAA6: Fayette, Fairfield, Licking AAA11: Ashtabula
May 1, 2026	AAA2: Preble, Darke, Miami, Shelby, Champaign, Logan AAA3: Van Wert, Putnam, Hancock, Allen, Mercer, Auglaize, Hardin AAA5: Seneca, Huron, Wyandot, Crawford, Richland, Ashland, Marion, Morrow, Knox
June 1, 2026	AAA7: Ross, Vinton, Highland, Pike, Jackson, Gallia, Brown, Adams, Scioto, Lawrence
July 1, 2026	AAA9: Holmes, Tuscarawas, Carroll, Jefferson, Coshocton, Harrison, Belmont, Guernsey, Muskingum
Aug. 1, 2026	AAA8: Hocking, Perry, Morgan, Noble, Monroe, Washington, Athens, Meigs

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Note: Phase 2 begins by expanding all currently participating AAA regions to bring the counties without MyCare into the program, except for AAA2. Catholic Social Services operates as the PASSPORT Agency Administrator in the non-MyCare Counties within AAA2, so additional time is needed.

How Does the Next Generation MyCare Program Benefit Me?

Easier Contracting

Streamlined credentialing processes with ODM to become an Ohio Medicaid provider. You still need to contract with each of the Next Generation MyCare plans separately.

Shorter Wait Times

Better integration with the Next Generation MyCare plans, leading to shorter turnaround times for prior authorizations.

Network Adequacy

Potential for more waiver providers due to increased network requirements for Next Generation MyCare plans.

More Transportation

Additional transportation requirements for the Next Generation MyCare plans to support members in getting to their medical visits and services.

Waiver Prior Authorizations

Reduced burden for prior authorizations on waiver services in a member's person-centered care plan as well as private duty nursing.

External Medical Review (EMR)

New External Medical Review (EMR), at no cost to you, to review a plan's decision to deny, limit, reduce, suspend, or terminate a covered service for lack of medical necessity, conducted by an independent EMR entity.

More Service Coverage

Enhanced clinical coverage policies for Medicaid primary services, requiring more services to be covered by the Next Generation MyCare plans. Changes to the services you provide will be dependent on your contract with each Next Generation MyCare plan.

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Preparing for Next Generation MyCare Program

Benefits of the Next Generation MyCare Program

Easier Contracting

Streamlined credentialing processes with ODM to become an Ohio Medicaid provider. You still need to contract with each of the Next Generation MyCare plans separately.

Shorter Wait Times

Better integration with the Next Generation MyCare plans, leading to shorter turnaround times for prior authorizations.

Network Adequacy

Potential for more waiver providers due to increased network requirements for Next Generation MyCare plans.

More Transportation

Additional transportation requirements for the Next Generation MyCare plans to support members in getting to their medical visits and services.

Waiver Prior Authorizations

Reduced burden for prior authorizations on waiver services in a member's care plan (same for private duty nursing).

External Medical Review (EMR)

New External Medical Review (EMR), at no cost to you, to review a plan's decision to deny, limit, reduce, suspend, or terminate a covered service for lack of medical necessity, conducted by an independent EMR entity.

More Service Coverage

Enhanced clinical coverage policies for Medicaid primary services, requiring more services to be covered by the Next Generation MyCare plans. Changes to the services you provide will be dependent on your contract with each Next Generation MyCare plan.

The Next Generation MyCare Program Key Provider Topics

The Ohio Department of Medicaid (ODM) designed the Next Generation MyCare program to better benefit you and the services you provide Ohioans. Below summarizes key provider topics that will be addressed in the following slides.

01

Becoming a Provider

A streamlined enrollment and credentialing process with ODM to become an Ohio Medicaid provider.

02

Submitting a Claim

Electronic Data Interchange (EDI) claims will be submitted through the one front door, to the Ohio Medicaid Enterprise System (OMES).

03

Claims Dispute and Prior Authorization Appeals

New External Medical Review (EMR) process with an independent EMR entity available at no cost to you once you have exhausted the provider appeal process.

04

Pharmacy Benefits

Work with the plan's Pharmacy Benefit Manager to administer pharmacy benefits.

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How Does Using OMES Benefit Ohio Medicaid Providers?

01

OMES reduces administrative burden, standardizes Medicaid transactions, and increases transparency and visibility for care and services.

Reduce administrative burden:

- OMES uses a single credentialing process to eliminate the need to work with contracted plan separately.
- OMES uses a single point of entry for claims submission to eliminate the need to establish connections with each contracted plan.

Standardization and minimizing data loss: Claim submission through OMES enables greater consistency in processing outcomes and greater insight into claim status regardless of payor type.

Transparency and consistency: Moving claims, prior authorization, and member eligibility requests into a streamlined process that is consistent regardless of the plan involved.

Increased ODM oversight: ODM can identify and address trends with consistent access to claims and prior authorization request data.

What Do I Need To Know About External Medical Review (EMR)?

01 What

External Medical Review (EMR) is the review process conducted by an independent, EMR entity.

02 How

Any provider may initiate an EMR as no cost. You will submit EMR requests and provide documentation via the EMR entity's portal. After receiving written notification of the internal appeal for a claim or prior authorization dispute, you have 30 calendar days to request EMR through the online portal along with submission of required documentation.

03 Why

You may request an EMR if you disagree with a Next Generation MyCare plan's decision to deny, limit, reduce, suspend, or terminate a covered service for lack of medical necessity. Once you have completed the provider claim dispute resolution process (PCDR), if the decision to deny is upheld, you can request an EMR. Providers are required to exhaust the provider appeal process prior to requesting EMR.

Becoming a Next Generation MyCare Provider

1 Enroll with ODM

Enroll with ODM by visiting the Medicaid Provider Portal and completing the online application (credentialing, if required, will occur automatically during application processing).

2 Contract with the plans

Contract with the Next Generation MyCare plans by contacting each of the plans you wish to contract with.

- Anthem Blue Cross and Blue Shield: 833-727-2170
- Buckeye Health Plan: 833-998-4892
- CareSource: 800-488-0134
- Molina HealthCare of Ohio: 855-322-4079

Refer to the Credentialing Guide and Requirements Document for more information.

Pharmacy Benefits in the Next Generation MyCare Program

In the Next Generation MyCare program, you will **work with the Next Generation MyCare plan's Pharmacy Benefit Manager** to administer pharmacy benefits for MyCare members. Refer to the MyCare Ohio Pharmacy Billing Reference Guide for more information.

Medicaid-only MyCare members will have a **separate Medicare plan** that will administer their Part D drug benefit with the Next Generation MyCare plan paying for the non-Part D drugs (i.e. cough and cold products, over-the-counter drugs, prescription vitamins, and more).

Due to a **Medicare federal policy change**, members may see **costs for prescriptions they** did not in the past. This change was not made by ODM or the Next Generation MyCare plans.

Next Generation MyCare Member ID Card

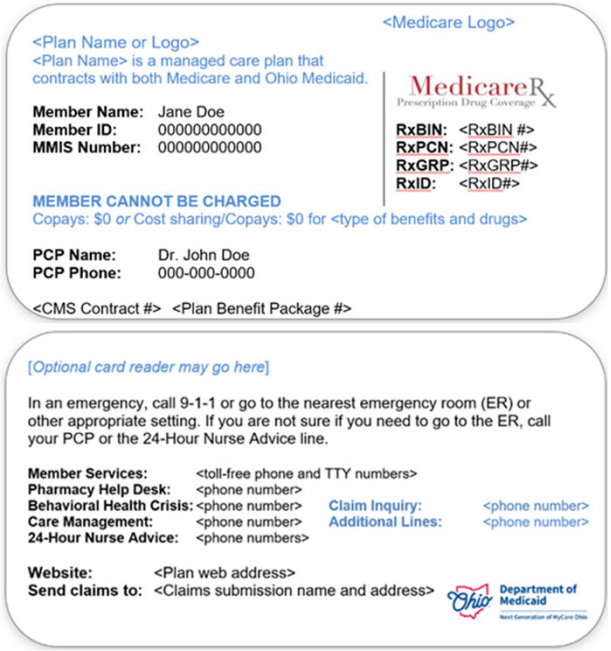
Members will receive a Next Generation MyCare ID card from their Next Generation MyCare plan as part of their member materials. If a member's MyCare Ohio plan covers both their Medicaid and Medicare benefits, they will have one card. If their MyCare Ohio plan covers only their Medicaid benefits, they will have multiple cards for their benefits, up to three.

The front of your member ID card incudes:

- A member's Next Generation MyCare plan name so they and their doctors know which plan is providing their care.
- A member's name, Next Generation MyCare member ID number, and Medicaid Management Information System (MMIS) ID number to help doctors identify them.
- Pharmacy benefit information, used by pharmacies to help them get their medications.
- A member's Primary Care Provider (PCP) name and phone number, so they can easily contact their doctor.

The back of your member ID card includes:

- Information for what to do in an emergency.
- Contact information to help them get answers to questions about their plan, pharmacy benefits, care team, and more.
- The Next Generation MyCare logo showing that they are in the program.



If a member needs to replace their ID card, they can call their plan's member services department or sign up in their plan's member services portal. They can print a copy of your ID card at any time from their plan portal. If they order a card by telephone, it should arrive in the mail in 7-10 business days from the date of their request.

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Thank you for your time!

To Learn More About the Program:

- ☑ **For provider education and training resources**
  Review the PSE Provider Registration Portal - Resources webpage
- ☑ **To know which help desk to contact for different kinds of questions or issues**
  Review the MyCare Ohio Provider Help Desk One-Pager.
- ☑ **To clarify, supplement, and further define specific data content requirements**
  Review the Companion Guides.
- ☑ **For an overview of OMES**
  Review the Resources for Providers webpage.
- ☑ **For more resources about the program**
  Visit the MyCare Ohio Provider Webpage on medicaid.ohio.gov. ODM regularly updates this page.
- ☑ **For common questions about the program**
  Read the MyCare Ohio Frequently Asked Questions document.
- ☑ **For a general overview of the program at a glance**
  Review the MyCare One-Pager document.

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Population Health Initiatives

Dr. Jacqueline Morse

Assistant Medical Director

Ohio Department of Medicaid

Population Health & Quality Strategy

Three-Year Vision 2026-2028

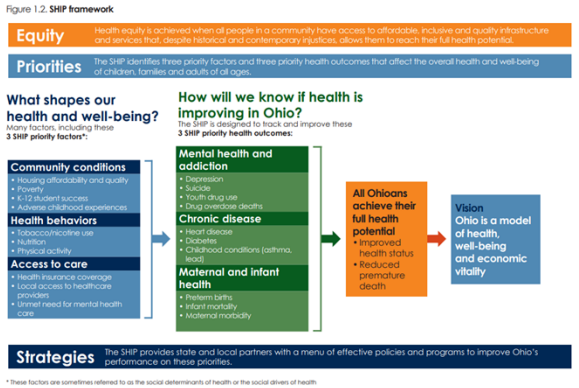
Further Next Generation Managed Care Quality Goals

- Provide a comprehensive roadmap for ODM and its MCEs to align and collaborate for collective impact to advance Next Gen goals through population health management and quality improvement

- Align with
  - Centers for Medicare and Medicaid Services' (CMS') National Quality Strategy
  - Ohio's State Health Improvement Plan (SHIP)

- Ensures all managed care program activities are aligned to meet ODM's quality goals

- Implement quality improvement strategies and monitoring to ensure Medicaid beneficiary experience of care is positive, appropriate, and timely



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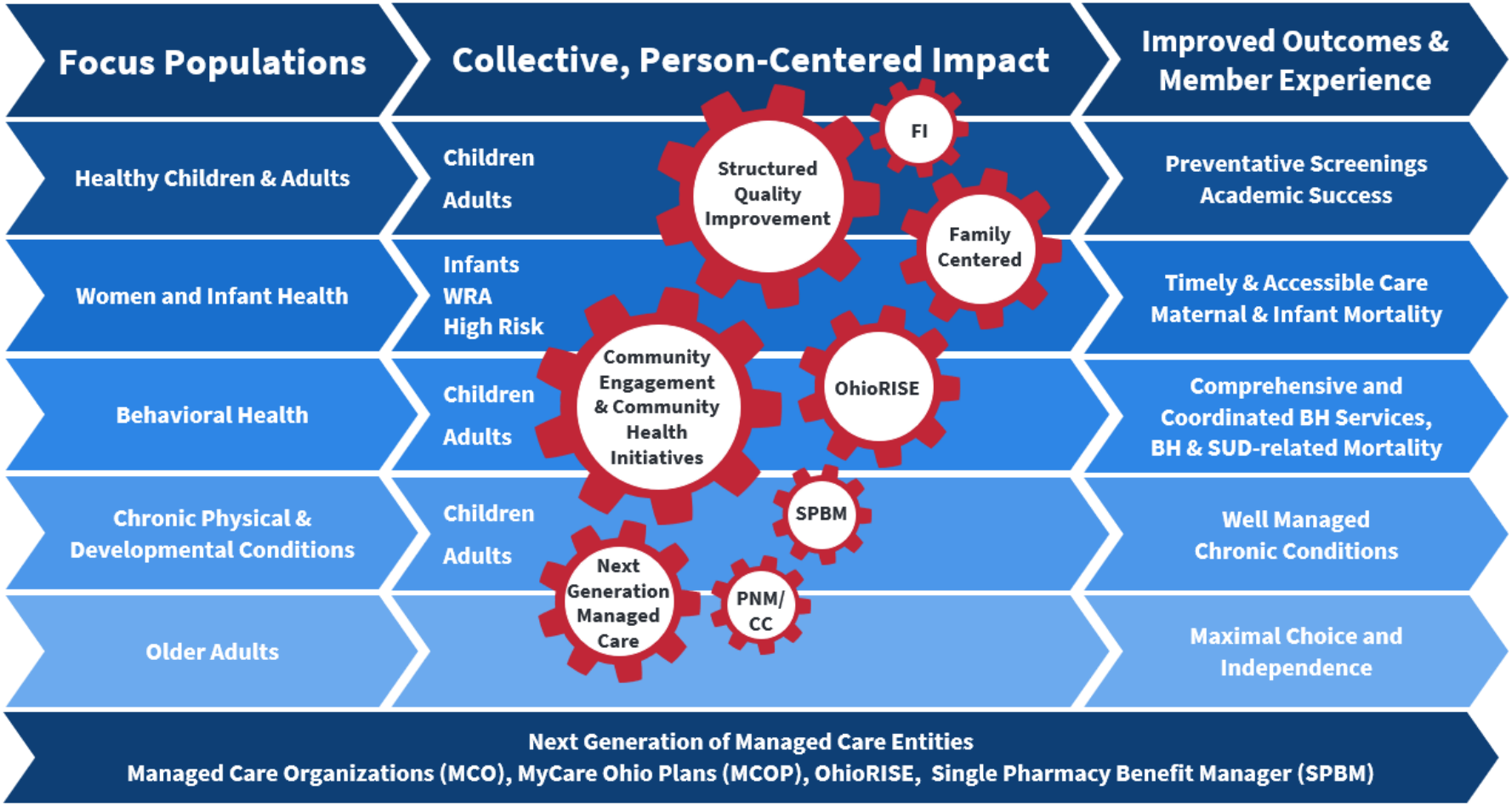
Ohio Medicaid's Population Health and Quality Strategy



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Population Health & Quality Strategy Draft Organization
(Following CMS Requirements)

Step 1

ODM Overarching Programmatic Goals for All Populations
(Next Generation Goals)

→ **Prioritized Strategies** To Achieve Overarching Programmatic Goals for All Populations

→ **Demonstrate how Prioritized Strategies Align** with CMS National Strategy

Step 2

- **Healthy Children & Adults** Goals & Objectives
- **Women & Infants** Goals & Objectives
- **Behavioral Health Children & Adults** Goals & Objectives
- **Chronic Physical & Developmental Conditions Children & Adults** Goals & Objectives

→ **Prioritized Strategies** to Achieve Population-Specific Goals

Population-Specific

Improved Outcomes for Medicaid Beneficiaries

→ **Priority Measures with Baselines & Targets** (e.g., HEDIS, CAHPS, ODM Developed)

- Population-Specific
- Targeted Improvement
- Monitor & Track
- Continuous Quality Improvement

Older Adults
*Note: ODM will develop its Older Adults Strategy in 2026 for 2027

**ODM's Quality Withhold Program is a key strategy in our Population Health and Quality Strategy to improve the health of Medicaid Members in Ohio*

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Managed Care Quality Withhold (QW) Projects 2025

ODM focuses on a collective impact approach with MCOs, leveraging QW to incentivize action, and using quality improvement (QI) science to build the approach, recently expanding to include population health management.

Governor's Priority Areas

- **Adult Behavioral Health**
  Quality Improvement SMART Aims
- **Preterm Birth**
  *Population Health and **QI SMART** Aims*
- **Outcomes Acceleration for Kids**
  Quality Improvement SMART Aims

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Improving Follow up after Emergency Department Visit for Mental Health and Substance Use Disorder, Ages 18+

Behavioral Health Adults → **Comprehensive and Coordinated BH Services, BH & SUD-related Mortality**

Managed Care Organization (MCO) Improvement Work occurring in the **Northwest** and **Central Regions** of Ohio

MCOs have focused on **partnerships** with providers, health systems, county boards, community organizations among others to co-design interventions

Ohio Medicaid ***SURE* Advisory Council** (**S**ubstance **U**se **R**esponse and **E**ngagement) launched by MCOs, to get ongoing input and collaboration from stakeholders

Example interventions currently being tested: Provider partnerships for expedited follow up, Peers in the Emergency Department, Provider Incentives, CBO partnerships and cell phones provided by MCOS

Improving Preterm Birth Rates

Population Health Work and Understanding the System for QI

Women and Infant Health → **Timely & Accessible Care Maternal & Infant Mortality**

Examples of MCO 2025 Work:

Step 0. Preparation & Understanding the Population.	Analyze data, review current literature, identify and recruit partners
Step 1. Develop the System.	Increasing the CPC and CMC Network
Step 2. Get/Keep Individuals in the System.	Report of Pregnancy (ROP) and PRAF
Step 3. Identify Higher Risk (sub) Populations.	Shared Risk Stratification for Women who are at high risk for Preterm Birth
Step 4. Provide Best-Evidence Care & Enhanced Services.	Community Health Workers & Doulas Group Prenatal Care
Step 5. Maintain & Support Life Course Continuity.	Community needs such as Transportation Value-Added Benefits

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Outcomes Acceleration for Kids

Healthy Children → Preventative Screenings Academic Success → Behavioral Health Children → Comprehensive and Coordinated BH Services, BH & SUD-related Mortality → Chronic Physical & Developmental Conditions Children → Well Managed Chronic Conditions

Global Aim:
To deliver the highest quality care to Ohio's pediatric Medicaid population to achieve superior outcomes and ensure whole children health

Strategic Aim:
Improved pediatric outcomes for children with Ohio Medicaid in four focus areas

Population:
Ohio Children with Ohio Medicaid

Asthma Domain
Improve Asthma Medication Ratio: Ages 5-11 and Age 12-18

- Community Health workers→ school-based health
- Telehealth

Behavioral Health Domain
Increase the 7-day Follow-Up After ED Visit for Substance Use And Mental Health

- Standardization of discharge/ follow up protocol across health systems
- Broadening use of HIE/Clinisync

Sickle Cell Disease Domain
Increase the Transcranial Ultrasound completion rate of children with sickle cell disease

- Care coordination/ streamlining of TCD appointments, to include supports such as meal vouchers
- Patient recall lists (unscheduled appts) + addressing barriers

Well Child Care Domain
Improve Well-Care Visits: Children 0-15 Months, 12-17 years

- Conversion of PCP BH/med check appointments to Well-child visits
- Outreach protocols for overdue appts

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Core Structure of OAK

OAK divides Ohio into six regions. Teams of Children's Hospitals, Managed Care Entities, and families are collaborating to deliver improved outcomes in priority focus areas:

Mobile Response & Stabilization Services

Bridget Harrison
Deputy Director,
Strategic Initiatives

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“One of the biggest complaints I hear in my travels around Ohio is from families who don’t know where to turn for help when their child is in a mental health crisis. And so, we are increasing the availability of immediate behavioral health care in the right place at the right time through the expansion of what we call “Mobile Response Stabilization Services.”

These services are similar to what first responders do when they show up for a physical health emergency in the community. Our mobile crisis response units will deploy within 60 minutes directly to the youth experiencing distress. A team of trained professionals will conduct safety assessments, de-escalate situations, and offer peer support, among other services.

When I took office, 13 Ohio counties had Mobile Response Stabilization Services. Today, with support from the General Assembly, we are now in 38 Ohio counties. I intend to take this model to all 88 counties, so no matter where you live, if your child is In crisis, that child will get immediate care.”

Governor Mike DeWine
State of the State Address
April 10, 2024

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MOBILE RESPONSE AND STABILIZATION SERVICES (MRSS)

What Is MRSS?

Mobile Response and Stabilization Services (MRSS) is a community-based intervention that provides immediate support to young people, aged 20 and under, who are experiencing mental, emotional or behavioral distress or any other traumatic circumstances that has impacted their ability to function within their family, school, or community.

MRSS
Mobile Response & Stabilization Services

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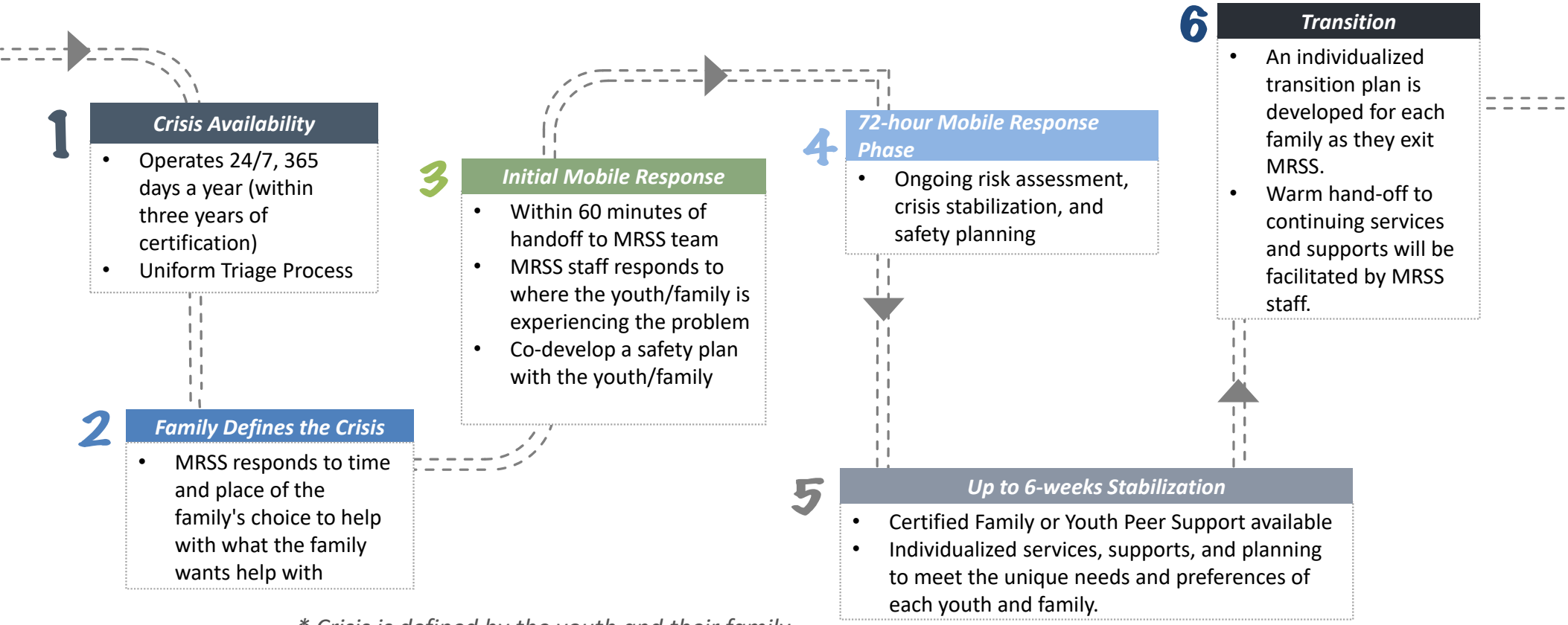
- **It's mobile, so youth and parent or caregiver don't have** to go anywhere. Trained professionals come directly to the home or to another agreed upon safe location, such as a school, within 60 minutes of contacting MRSS.
- **With MRSS, the family/caller defines the crisis** - if it's a crisis to the youth and/or their family, MRSS will be there to respond. Some common issues that MRSS teams can help with include, but not limited to:

MRSS Core Components

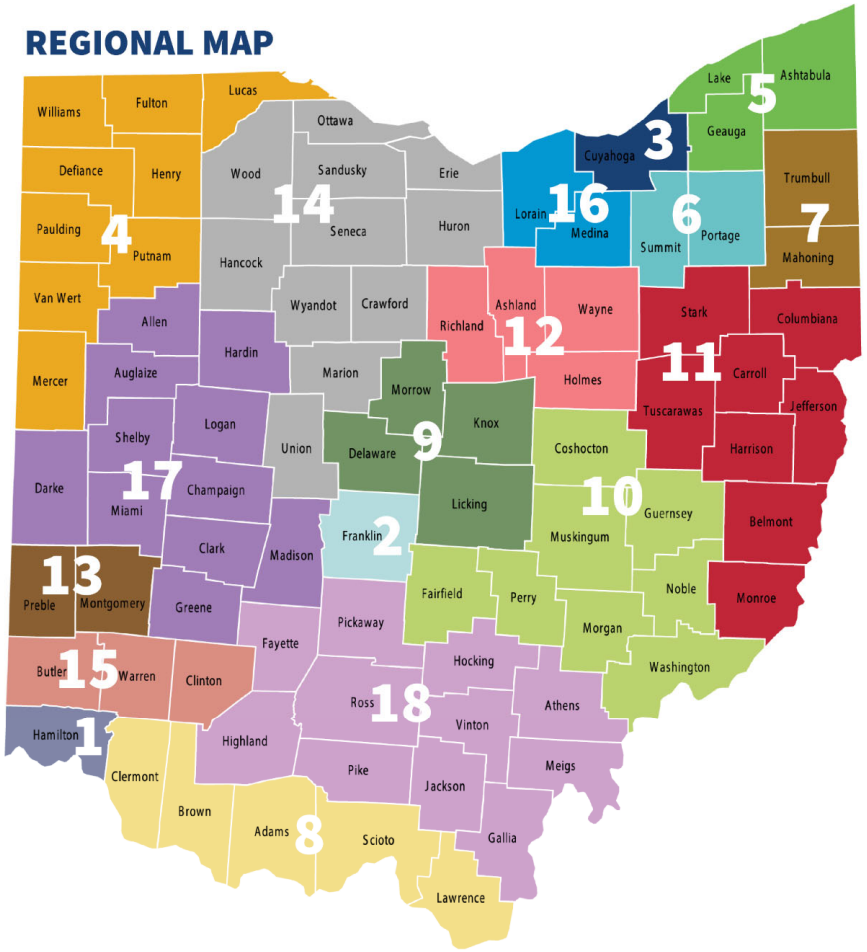


** Crisis is defined by the youth and their family*

*** Telehealth acceptable in certain limited situations*

Ohio's Regional MRSS Model Counties and Providers

Map of MRSS providers by region and county.



12 PROVIDERS BY REGION

- **Allwell Behavioral Health** region 10
- **Alta Care Group** region 7
- **Applewood Centers** region 16
- **Coleman Health Services** regions 6, 14, 17, 18
- **The Counseling Center of Wayne and Holmes** region 12
- **Nationwide Children's Hospital** region 2
- **Butler Behavioral Health** regions 1,15
- **Child Focus** region 8
- **Choices Coordinated Care Solutions** region 13
- **Ohio Guidestone** regions 3, 9, 11
- **Ravenwood** region 5
- **Unison Health** region 4

Justice-Involved Youth Changes

Patrick Beatty

Deputy Director,

Chief Policy Officer

Ohio Department of Medicaid

Consolidated Appropriations Act (CAA) of 2023: Overview of sections 5121 & 5122 for incarcerated youth

- Section 5121 is *mandatory* and requires states to have a plan in place to cover the following for eligible juveniles who are post-adjudication in a public institution:
  - **Coverage of certain screening or diagnostic services**, including behavioral health - 30 days prior to release (or no later than one week or soon as practical following release); and
  - **Coverage of targeted case management services**, including referrals to appropriate care and services in the geographic region of Applies to **all correctional settings where eligible juveniles** may be detained, including state prisons, jails, detention facilities, etc.
- Section 5122 is *optional* and allows states to provide Medicaid coverage (of all services to which an eligible individual would be entitled absent the inmate exclusion) to eligible juveniles in a pre-adjudication status (or pending disposition of charges)
- Effective on January 1, 2025. Federal guidance released on July 23, 2024.
- Federal match is available for both 5121 & 5122
- Eligible juvenile (defined in section 1902(nn) of the Social Security Act) includes:
  - A Medicaid eligible individual under 21 years of age; and
  - An individual between the ages of 18 and 26 who is eligible for Medicaid under the mandatory former foster care children group

Community Corrections Facilities (CCFs)

Facility Type Overview

- 11 facilities
- Houses felony youth under 21 on suspended DYS commitment; post-adjudication status

Survey Results

- 50% of facilities responded.
- Average length of incarceration is 8.7 months.
- Average number of youth released per month from each CCF is 2.
- Most facilities do not have current processes to assist a youth with enrolling in Medicaid. These facilities reported implementing procedures to assist with this process would be moderate to easy.
- All facilities reported completing various screenings and diagnostic assessments.
- Most facilities reported they could accommodate on-site providers or telehealth appointments with minimal changes.

Meeting Feedback

- Lack of parental involvement is an issue when Medicaid eligibility is being explored.
- Relationships with CDJFS agencies will need to be built; those do not currently exist.
- Requested ODM to create communications for youth and families outlining how to get connected with full Medicaid and services when a youth has an unexpected release date with short notice.

Juvenile Detention Centers (JDCs)

Facility Type Overview

- 34 facilities
- Felony youth under 21; pre- and post-adjudication status (per survey results, majority of youth are in a pre-adjudication status)

Survey Results

- 40% of facilities responded.
- Average length of incarceration for youth in a post-adjudication status is 18 days.
- Most facilities do not have current processes to assist a youth with enrolling in Medicaid. These facilities reported implementing procedures to assist with this process would be difficult.
- All facilities reported completing various screenings and diagnostic assessments.
- Some facilities do not track or are not given adjudication status.
- Facilities that track adjudication status reported wide range of releases per month for youth in a post-adjudication status (some facilities reported 1-2 releases per month while others reported as many as 24 releases per month). Average releases per month is 10.

Meeting Feedback

- Youth can serve short sentences (i.e., a few days) or their sentences might be unknown; not enough time to connect to services, etc.
- No access to youth's family; parole officers and/or courts would be more appropriate to manage this work.
- Some facilities are unaware of the adjudication status of a youth.

Jails

Facility Type Overview

- 89 full service or minimum facility jails; 44 12-day jails
- Youth and adults; pre- and post-adjudication status.

Survey Results

- 12% of facilities responded.
- Average length of incarceration for an individual under 21 years of age and in a post-adjudication status is 41 days.
- Approximately half of the facilities reported they have current processes to assist youth with enrolling in Medicaid. The remaining facilities reported implementing procedures to assist with this process would be moderately difficult.
- Most facilities reported completing various screenings and diagnostic assessments.
- Average number of individuals under 21 years old in a post-adjudication status is less than 1%.
- Most facilities reported they could accommodate on-site providers or telehealth appointments with minimal changes; however, the remaining facilities reported significant changes are needed to allow for this type of service delivery.

Meeting Feedback

- Short stays; difficult to pinpoint who might be eligible.
- Small population of youth under the age of 21 (less than 19% for 2024; number of youth in a post-adjudication status is unknown).
- Not enough resources or staffing; pre-release portion would be a burden.

Community Based Correctional Facilities (CBCFs)

Facility Type Overview

- 19 facilities
- Prison diversion residential programs; pre- and post-adjudication status (per survey results, majority of individuals are in a post-adjudication status)

Survey Results

- 50% of facilities responded.
- Average length of incarceration for individuals in a post-adjudication status is 120 days.
- Slightly less than 5% of individuals are under age 21; 20% are between ages 21 and 26 (FFC population within this age group is likely small).
- Many facilities have current processes to assist individuals with enrolling in Medicaid.
- All facilities reported completing various screenings and diagnostic assessments.
- Most facilities reported they could accommodate on-site providers or telehealth appointments with minimal changes.

Meeting Feedback

- Facilities seemed mostly receptive to being responsible for linking a youth through an MCO or the OhioRISE plan to receive TCM.
- Some facilities advised they already provide case management; ODM advised TCM will complement this service, not replace.
- Having a “clearinghouse” to identify individuals in the Former Foster Care Medicaid category would be preferred.
- Scripts/written communications, checklist(s) for required steps, and/or training documents would be helpful to ensure correct implementation.

Stakeholder Feedback

Proposed Process for CAA Section 5121 Implementation Workflow

90 Days Prior to Release (if possible)

- Facility staff work with ODM (state) or a CDJFS (local) to have full Medicaid explored for eligible juveniles.
- A Child and Adolescent Needs and Strengths (CANS) is completed to determine OhioRISE eligibility for youth under 21 years of age.

30 Days Prior to Release

- Facility staff/alternate contact confirms an eligible juvenile's managed care enrollment and connects with a designated point of contact at OhioRISE plan or the MCO (if not eligible for OhioRISE) to provide targeted case management (TCM) through telehealth.

First Day of Month Prior to Release

- Full Medicaid (if eligible) is approved effective first day of the month prior to the youth's release.
- Youth is enrolled in an MCO and/or the OhioRISE plan.

Release – 30 Days After Release

- TCM continues for at least 30 days after release, which includes creating a care plan and referring to services (e.g., screenings and diagnostic assessments), resources, and supports.

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Feedback from Local Facilities

- CCFs and CBCFs provided generally favorable responses on proposed processes to implement Section 5121.
- JDCs and jails reported multiple concerns with the proposed processes and suggested courts could be an appropriate entity to assist with implementing the provisions.
- Below are several challenges identified through the surveys and meeting feedback by all local facilities:

Difficulties with identifying population	Lack of family participation	Low population of eligible juveniles	Lack of staffing and resources	Short-term sentences and unexpected release dates
• Some facilities do not consistently track/are not aware of adjudication status. • Individuals 21 to 26 years of age and eligible for the Former Foster Medicaid category are difficult to identify (self-reporting required for local facilities).	• Parent/caregiver participation is needed for minors related to activities such as exploring full Medicaid eligibility.	• Some facilities report having low numbers of individuals who would be considered eligible juveniles. • Example: Slightly less than 5% of individuals incarcerated in CBCFs are under 21 years of age.	• Many facilities have limited staff and resources to accommodate identifying eligible juveniles and taking steps to ensure the provision of services.	• Youth in facilities such as JDCs and jails often have short-term sentences or unexpected release dates. • These circumstances will cause difficulty with ensuring services are provided pre-release.

Halfway Houses

- Halfway houses (HWHs) provided positive feedback regarding the proposed processes to implement Section 5121.
  - ODM provided a comprehensive overview of the process, but noted the main responsibility of the HWHs are for individuals at release and continuing for 30 days post-release.
  - Will be our primary vehicle for identifying individuals released from federal facilities based on their contracts with Bureau of Prisons (BOP).

Communication of Eligible Juveniles	Coordination with the MCOs and OhioRISE plan
• Requested the Ohio Department of Rehabilitation and Correction (ODRC) to communicate eligible juveniles being released to HWHs.	• Asked for the MCOs and the OhioRISE plan to coordinate with the HWHs to ensure services are not delayed at release.

MCOs and OhioRISE Plan

Feedback from the MCOs

- Time will be needed to have adequate staff in place and ensure they are trained.
- Specific direction is preferred on required processes, roles, and responsibilities (e.g., who will be responsible for completing a CANS in local facilities and which comprehensive assessment should be used for TCM).
  - Information will be included in the *ODM's Expectations for Managed Care Organizations to Support Justice-Involved Individuals* document.

Feedback from the OhioRISE plan

- Process to complete a CANS assessment for youth in local facilities will need to be determined.
  - Consent will need to be provided; family/caregiver will need to be involved.
  - Need to confirm who is the legal entity/person/guardian who is responsible for providing consent for minor youth to receive TCM.
- Concern regarding strain on CMEs to provide TCM.
- Team of individuals at Aetna can assist with reviewing process and determining the best way to move forward.

Overview of “Readiness” Activities

CMS Readiness Framework

-Self assigned a "partially ready" status based on DRC & DYS facility readiness

-CMS agreed with status and clarified that states must claim FFP in 25 in order to receive partially ready status

Not ready

State is not prepared to operationalize 5121 requirements and services are not being provided in carceral facilities.

Partially Ready

State is ready to operationalize 5121 requirements but: only a limited number of carceral facilities are prepared to participate starting 1/1/25; services are being delivered by qualified and enrolled providers but not claimed for infrastructure reasons; or carceral providers are not ready and services are not being provided.

Fully ready

State is prepared to operationalize 5121 requirements and has worked with all carceral facilities in the state to ensure they are prepared to participate.

State Plan Amendment Submissions to CMS

- ODM submitted state plan amendment (SPA) templates to CMS on March 5, 2025 related to CAA Section 5121. CMS provided feedback was incorporated into the templates
- SPA templates are under review by CMS:

General SPA

- Identify a date will be fully ready to implement requirements of CAA Section 5121; this date becomes sunset date for partial readiness. Date is finalized after discussions with CMS.
- Provide a high-level list of activities necessary for full readiness.
- Add language to revised SPA if we anticipate: 1) it's not feasible for pre-release services to be furnished during pre-release period (facilities and/or circumstances); and 2) that any facility will furnish services but not bill and also not enroll in Medicaid
  - Maintain details in operational plan available upon CMS request.

–TCM SPA

- Remove language around the MCEs ensuring that care managers meet the requirements outlined in the SPA; only list the provider qualifications of the case manager.
- Provide more detail around qualifications regarding case managers, such as specific credentials.
- Remove references to onboarding and ongoing training regarding health equity and cultural competency.

Rule Changes

– Several Ohio Administrative Code rules are being updated due to CAA Section 5121:

5160-1-14 (Healthchek)	5160:1-1-03 (Medicaid: restrictions on payment for services)	5160-1-18 (Telehealth)
• Updating rule to allow for screening and diagnostic services to be covered for eligible juveniles within 30 days prior to release. • Proposed effective date is TBD.	• Updating rule to allow for eligible juveniles to receive services under Section 5121 within 30 days prior to release. • Latest proposed effective date is 08/01/2025.	• Updating rule to allow for telehealth to be an available option for service delivery for eligible juveniles. • Proposed effective date is 11/01/2025.

Technical Assistance Documents

- ODM is creating/updating technical assistance documents to support implementation for Section 5121:

Local Facilities

- Technical assistance guide for local facility staff and or an alternative contact (e.g., court).
  - Document will outline specific steps and details that are needed to ensure eligible juveniles have full Medicaid eligibility and are linked to TCM.
- Checklist for local facility staff with required steps.
- Scripts for facility staff to use to explain services under Section 5121 and required actions.
- Flyer for youth with short or unexpected release dates to ensure linkage to services after release.

Providers

- Billing guidelines, including the Telehealth Billing Guidance, will include applicable updates that result from Section 5121 (e.g., telehealth being an available option for service delivery for eligible juveniles prior to release).

CDJFS Agencies

- Desk aid with step-by-step processes to assist with CDJFS agencies with exploring full Medicaid for eligible juveniles in local facilities.

Communication Plan for Implementation

– ODM anticipates using the below communication plan to further engage and train facilities, the MCEs (e.g., MCOs and the OhioRISE plan), and other related stakeholders (e.g., courts and CDJFS agencies) on CAA Section 5121 provisions:

Create/Finalize Guidance Documents

- Examples includes TA guide for local facilities and the companion document for the MCOs and OhioRISE plan.*
- Requires collaboration with multiple areas of ODM (e.g., Communications, Managed Care Policy, and the OhioRISE Team).

Conduct Training Sessions with Facilities, MCEs, and Stakeholders

- Communicate go-live dates.
- Introduce guidance documents.
- Train on final process for implementation and respond to outstanding questions.

Hold Ongoing TA Calls

- After launch, ODM will offer ongoing TA calls to specific parties as needed.
- Focus will be on troubleshooting, clarifying guidance, and fielding questions.
- Assistance will also be available by contacting JIInitiatives@medicaid.ohio.gov.

Department of Medicaid

*Creation of documents for local facilities will require a longer runway for development due to them including step-by-step processes for multiple scenarios (e.g., unexpected release dates).

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