



Department of Developmental Disabilities

Division of Medicaid Development & Administration

John R. Kasich, Governor
John L. Martin, Director

To: Superintendents, SSA Directors, COG Directors, DCs, Business Managers,
Lori Stanfa, Provider Associations, ICFs

From: Amy Coey

Date: July 29, 2016

Subject: Changes with Ohio Benefits

Ohio Benefits System (OBS)

The Ohio Department of Medicaid (ODM) will begin using its new Medicaid eligibility system, Ohio Benefits, for people receiving long-term services and supports effective 08/01/2016. This means that individuals enrolled in home and community based waivers or residing in intermediate care facilities for individuals with intellectual disabilities (ICFs), including state-operated developmental centers (DCs), will have eligibility records in Ohio Benefits, rather than the current system, CRISE. Below are some things that you should know.

- DODD will not be able to process any waiver or ICF/DC enrollments on July 29 as CRISE and MITS will be shut down on July 28th at 5pm to get ready for the launch.
- Effective 8/1/16, ICFs and DCs will only submit ODM form 09401 to the County Department of Job and Family Services (CDJFS) to report income and death (Section IV). For admissions or discharges, no 09401 is needed. However, facilities must submit either, but not both, an initial level of care or a Notification of Individual Change in Status (NICS) for admissions and discharges. Failure to do so within required timeframes will impact payment to the facility.
- Effective 8/1/16, ODM form 02399 will no longer be required for individuals in need of waiver enrollment that are currently enrolled in Medicaid. County Boards must only submit an initial level of care or a NICS for change of waiver in order for DODD to process the enrollment in Ohio Benefits.
- Individuals, who are currently over the special income limit for long-term services and supports of \$2199/month, will need to have a qualified income trust (QIT) set up prior to Medicaid approval. For those individuals who are already enrolled on the waiver, a QIT will need to be set up prior to their 2017 Medicaid redetermination.

- Individuals who are in a Potential Loss of Medicaid (PLOM) status greater than 90 days from 7/31/2016, (those with a Medicaid end date of 04/30/2016 or earlier), will not have eligibility records moved from CRISE to Ohio Benefits. As a result, they will be disenrolled from the waiver. Individuals will need to re-apply for Medicaid, and boards will need to initiate a new enrollment process. It is important to note that DODD's Waiver Management System (WMS) may not identify all people with PLOM status. Medicaid eligibility is the responsibility of the individual, guardian, and/or the authorized representative. Notifications for the PLOM status is sent to waiver recipients from CDJFS. It is also the responsibility of the waiver provider to ask for a valid Medicaid card monthly, before providing services. Providers cannot be paid when the individual is not enrolled in Medicaid.
- Any initial applications for waiver enrollment that are still pending due to Medicaid eligibility not yet being established will be cancelled. Individuals will need to re-apply for Medicaid, and boards will need to initiate a new waiver enrollment process. This will include the need to request a new waiver allocation and submit a new LOC assessment. Enrollment dates cannot precede the new LOC receipt date.
- From 8/1/16 through 8/12/16, DODD will be unable to process any of the following requests that have effective dates of 9/1/16 or later:
 - Waiver disenrollment
 - ICF discharge
 - Waiver to Waiver transfers
 - Facility to Facility transfers
 - Facility to waiver transfers
 - Waiver to Facility transfers
- The above requests must still be submitted and DODD will process them after 8/12/16.
- Effective 8/1/16, DODD will no longer have the ability to suspend a waiver for short-term admissions to ICFs or nursing facilities. When a person enrolled in a waiver requires a short-term stay, which is defined as 90 days or less, facilities will bill for services using the appropriate revenue code. An individual may only remain enrolled in the waiver and receive services billed through the short-term stay revenue code for up to 90 days per calendar year. No extensions may be granted. After 90 days, the person must either be disenrolled from the waiver and admitted to the facility or discharged from the facility to resume waiver services. Failure to disenroll from the waiver will result in a loss of payment to the facility beginning on day 91. A NICS will be required to disenroll from the waiver.