

**Public Notice Summary: Ohio Home Care Waiver
Integrated Care Delivery System (My Care Ohio) Waiver Amendment and
Conversion from a 209(b) State to a Section 1634 State**

Introduction

As a result of the new single disability determination process for Medicaid and SSI, Ohio is seeking a Medicaid state plan amendment to adopt criteria authorized in section 1634 of the Social Security Act. The income standard will be raised from 64 percent of the federal poverty level (FPL) to 75 percent FPL, the resource limits will be raised from \$1,500 to \$2,000. People on SSI will automatically become eligible for Medicaid and the spend down process will be eliminated.

The Integrated Care Delivery System (My Care Ohio) application must be updated to reflect the State's conversion to section 1634, and it must identify the Medicaid eligibility groups included under a section 1634, and include a plan for continued access to services for individuals who have income over the eligibility threshold but otherwise meet the requirements for Medicaid.

The proposed effective date of the waiver renewal application is July 1, 2016.

Waiver Amendment Summary

Major changes contained in the waiver amendment include:

- Appendix B-4 specifies the Medicaid eligibility groups served in the waiver, under a section 1634 authority
- Appendix B-5 describes the post-eligibility treatment of income calculation process, including the spousal impoverishment rules, to determine the amount that the waiver participant is liable to pay for the cost of waiver services.
- Main 8, Attachment #1 describes the plan to ensure every individual enrolled on the waiver who is potentially impacted by the conversion receives adequate notice of the conversion and potential impact on his/her Medicaid eligibility, is educated on his/her options, and has access to assistance with establishing a Qualified Income Trust (QIT) also called a Miller Trust.

In addition, the following key changes are contained in the amendment application:

- Updated Public Input description in Main 6-I.
- Appendix B-6 makes revisions to changes to Ohio's Medicaid level of care determination process.
- Appendix G-1 makes revisions to refine incident types and investigation of suspicious and non-suspicious deaths.

- Adds language to Appendix C-5 pertaining to settings that meet federal HCB Settings requirements.
- The amendment also modifies Appendix G-2-c information on the state's oversight of this policy. This does not reflect a change to the state's policy.