

MHPAEA FINAL REPORT

July 1, 2018

I. INTRODUCTION

The Centers for Medicare & Medicaid Services (CMS) issued a final rule that applies requirements of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) to coverage provided to enrollees of Medicaid managed care organizations (MCOs) and coverage provided by Medicaid alternative benefit plans (ABPs) and the Children's Health Insurance Program (CHIP). This report addresses the State of Ohio's compliance with the parity requirements that apply to coverage provided to MCO enrollees (found in 42 CFR Part 438). Ohio assessed and assured compliance of its ABP with applicable parity requirements (in 42 CFR 440.395) as part of the ABP state plan amendment process. Ohio's CHIP program is a Medicaid expansion, so the requirements of 42 CFR Part 438 (not 42 CFR 457.496) apply, and Ohio is not required to submit a CHIP state plan amendment to demonstrate parity compliance.

The State of Ohio and its contracted Medicaid/CHIP MCOs (referred to as "plans" in Ohio)¹ were required to be in compliance with the parity requirements in 42 CFR Part 438 on or before October 2, 2017. However, given the timing of the implementation of behavioral health (BH) redesign² and the transition of these services into managed care, the Ohio Department of Medicaid (ODM) requested and received an extension of the deadline to July 1, 2018, which is the implementation date for the carve in of mental health/substance use disorder (MH/SUD) benefits (including the new redesigned benefits) to managed care plans. This report demonstrates Ohio's compliance with the parity requirements in 42 CFR Part 438 as of July 1, 2018.

II. METHODOLOGY

The approach and results of each component of the parity analysis are discussed in greater detail in later sections of this report. In general, ODM's approach to conducting the parity analysis followed CMS guidance as outlined in the CMS parity toolkit, *"Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs"*³ and additional guidance provided in CMS webinars and peer learning sessions. ODM's approach included the following steps:

¹ MCOs/plans participating in Ohio's Medicaid managed care program are referred to as managed care plan (MCPs). MCOs/plans participating in MyCare Ohio, a managed care program designed for Ohioans who receive both Medicaid and Medicare benefits, are referred to as MyCare Ohio Plans (MCOPs).

² Behavioral health redesign is a significant initiative within the state aimed at transforming the behavioral health system in Ohio by offering new MH/SUD services for all Medicaid recipient populations.

³ Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs, <https://www.medicaid.gov/medicaid/benefits/downloads/bhs/parity-toolkit.pdf>

1. Identifying all benefit packages to which parity applies.
2. Determining whether the State or plan is responsible for the parity analysis (by benefit package).
3. Defining MH, SUD, and medical/surgical (M/S) benefits and determining which covered benefits are MH, SUD, and/or M/S benefits.
4. Defining the four benefit classifications (inpatient, outpatient, prescription drugs, and emergency care) and mapping MH, SUD and M/S benefits to these classifications.
5. Determining whether any aggregate lifetime or annual dollar limits (AL/ADLs) apply to MH/SUD benefits.
6. Determining whether any financial requirements (FRs) or quantitative treatment limitations (QTLs) apply to any MH/SUD benefits and testing any applicable FRs or QTLs for compliance with parity.
7. Identifying and analyzing non-quantitative treatment limitations (NQTLs) that apply to any MH/SUD benefits.

III. MEDICAID/CHIP DELIVERY SYSTEM AND BENEFIT PACKAGES

Medicaid/CHIP Delivery System

Ohio requires most Medicaid/CHIP beneficiaries to enroll in capitated managed care. Approximately 89% of Ohio Medicaid/CHIP beneficiaries are enrolled in either the Ohio Medicaid managed care program (MCP) or MyCare Ohio, a managed care program for Medicare-Medicaid dual eligible. This includes 100% of beneficiaries in Ohio's adult expansion (extension adults) who receive the alternative benefit plan (ABP) (which is aligned with the regular State Medicaid plan) and 97% of beneficiaries in Ohio's CHIP program (Healthy Start), which is a Medicaid expansion.

For the Ohio Medicaid managed care program, ODM currently contracts with five managed care plans (MCPs): Buckeye Community Health Plan (Buckeye), CareSource, Molina Healthcare (Molina), Paramount Advantage (Paramount), and UnitedHealthcare (United). For the MyCare Ohio program, ODM contracts with four of those plans (all but Paramount) plus Aetna Better Health of Ohio (Aetna). Most MH/SUD and long term services and support (LTSS) benefits are currently carved out of the MCPs and provided fee-for-service (FFS). However, as of July 1, 2018, all MH/SUD benefits, including BH redesign services, will be provided by the MCPs. The MyCare Ohio plans (MCOPs) provide an integrated benefit package of acute, MH/SUD, and LTSS. MCOPs became responsible for BH redesign services as of January 1, 2018.

Benefit Packages

ODM identified five benefit package (listed in Table 1 below) subject to the requirements in the final Medicaid/CHIP parity rule applicable to MCOs. See Appendix 1 for detailed information on the benefit packages, including a mapping of MH, SUD and M/S benefits by classification for each benefit package by managed care program (MCP and MyCare Ohio). In each benefit package, Ohio covers MH and SUD benefits in each classification in which there is an M/S service (all four benefit classifications).

TABLE 1 — MEMBER BENEFIT PACKAGES

Benefit Packages

- 1) MCP Adults (other than Extension Adults) (21 and over)
 - 2) MCP Extension Adults (21 and over)
 - 3) MCP Children (under 21)
 - 4) MyCare Ohio Adults (dual eligibles 21 and over)
 - 5) MyCare Ohio Children (dual eligibles 18–21)
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IV. DEFINITION OF MH/SUD AND M/S SERVICES

For purposes of the parity analysis, ODM adopted the International Classification of Diseases, 10th revision, Clinical Modification (the ICD-10-CM), as its standard for defining MH, SUD and M/S benefits. ICD-10-CM is the current version of the ICD, which is identified in the final Medicaid/CHIP parity rule as an example of a “generally recognized independent standard of current medical practice” for defining M/S, MH and SUD conditions.

For purposes of the parity analysis, ODM defined MH/SUD benefits as services for the conditions listed in ICD-10-CM, Chapter 5 “Mental, Behavioral, and Neurodevelopmental Disorders” with the exception of:

- Subchapter 1, “Mental disorders due to known physiological conditions” (F01 to F09)
- Subchapter 8, “Intellectual disabilities” (F70 to F79)
- Subchapter 9, “Pervasive and specific developmental disorders” (F80 to F89)

Thus, MH/SUD conditions include those listed in the following subchapters:

- Subchapter 2, “Mental and behavioral disorders due to psychoactive substance use” (F10-F19)
- Subchapter 3, “Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders” (F20-F29)
- Subchapter 4, “Mood [affective] disorders” (F30-F39)
- Subchapter 5, “Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders” (F40-F48)
- Subchapter 6, “Behavioral syndromes associated with physiological disturbances and physical factors” (F50-F59)
- Subchapter 7, “Disorders of adult personality and behavior” (F60-F69)
- Subchapter 10, “Behavioral and emotional disorders with onset usually occurring in childhood and adolescence” (F90-F98)
- Subchapter 11, “Unspecified mental disorder” (F99-F99)

ODM defined M/S benefits as services for the conditions listed in ICD-10-CM Chapters 1-4, subchapters 1, 8 and 9 of Chapter 5, and Chapters 6-20.

ODM excluded subchapter 1 from the definition of MH/SUD because these mental disorders are due to known physiological conditions (e.g., vascular dementia and delirium due to known physiological condition) and all but one require that the physiological condition is coded first, indicating that the physiological (rather than the mental health) condition is the focus of services. ODM based this exclusion on the content of the ICD-10-CM (i.e., requiring that the physiological condition is coded first) and that benefits for these conditions would not be identifiable as MH if the primary diagnosis was a physiological condition.

ODM excluded subchapters 8 (intellectual disabilities) and 9 (developmental disorders) from the definition of MH/SUD consistent with the structure and content of the ICD-10-CM. Chapter 5 of the ICD-10-CM is entitled *Mental, Behavioral, and Neurodevelopmental Disorders* and is divided into three subsets of disorders; distinguishing Neurodevelopmental Disorders from Mental and Behavioral Disorders. In addition, not including Neurodevelopmental disorders as MH/SUD disorders is consistent with CMS' definition of "mental disease," in the State Medicaid Manual (SMM) Section 4390.D, which provides: "...the term 'mental disease' includes diseases listed as mental disorders in the [ICD-9-CM], with the exception of mental retardation, senility, and organic brain syndrome."⁴ Also, this definition is consistent with the definition of "Persons with related conditions" in 42 CFR 435.1010: "Persons with related conditions means individuals who have a severe, chronic disability that meets all of the following conditions: (a) It is attributable to (1) Cerebral palsy or epilepsy; or (2) Any other condition, other than mental illness, found to be closely related to Intellectual Disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons..." (Sections (b) through (d) omitted; emphasis supplied).⁵

Given the exclusion of subchapters 8 (intellectual disabilities) and 9 (developmental disorders) from the definition of MH/SUD, ODM determined that, for purposes of the parity analysis, services in the 1915(c) waivers for individuals who meet ICF/IID level of care are M/S benefits. Also, given the exclusion of subchapter 1 (mental disorders due to known physiological conditions) from the definition of MH/SUD and the fact that over 90% of services in the 1915(c) waivers for individuals who meet nursing facility level of care are provided due to a M/S condition, ODM classified these services as M/S benefits. (Note that this approach is consistent with CMS' response to Question 4 in CMS' MH/SUD Parity Frequently Asked Questions dated October 11, 2017, which allows the state to define LTSS benefits as MH/SUD or M/S using a reasonable method such as whether the service is most commonly or frequently provided due to a MH/SUD or M/S condition). Thus, for purposes of the parity analysis, all 1915(c) services were classified as M/S benefits.

V. BENEFIT CLASSIFICATIONS

ODM defined each of the four benefit classifications identified in the Medicaid/CHIP parity rule as described below.

⁴ State Medicaid Manual – Part 4 Services, <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R74SMM.pdf>

⁵ 42 CFR § 435.1010 - DEFINITIONS RELATING TO INSTITUTIONAL STATUS, <https://www.gpo.gov/fdsys/pkg/CFR-2015-title42-vol4/xml/CFR-2015-title42-vol4-sec435-1010.xml>

Inpatient (IP): All covered services or items (including medications) provided to a member in a setting that requires an overnight stay.

Outpatient (OP): All covered services or items (including medications) provided to a member in a setting that does not require an overnight stay, which do not otherwise meet the definition of inpatient, prescription drug or emergency care.

Emergency Care (EC): All covered services or items delivered in an emergency department (ED) setting.

Prescription Drugs (PD): Covered medications, drugs and associated supplies and services that require a prescription to be dispensed. Includes drugs claimed using National Council for Prescription Drug Programs (NCPDP) claims forms.

VI. AGGREGATE LIFETIME AND ANNUAL DOLLAR LIMITS (AL/ADLS)

No aggregate lifetime or annual dollar limits apply to Medicaid/CHIP MH/SUD benefits in any benefit package.

VII. FINANCIAL REQUIREMENTS (FRS) AND QUANTITATIVE TREATMENT LIMITATIONS (QTLS)

Financial Requirements

No financial requirements (FRs) apply to MH/SUD benefits in any benefit package in the inpatient, outpatient or emergency care classifications. Ohio's Medicaid state plan includes copay requirements for prescription drugs; however, none of the plans apply copay requirements for prescription drugs. As part of ongoing compliance, ODM will require plans to notify ODM if they intend to apply a copay to prescription drugs. ODM will ensure a parity compliance analysis done for any changes to copay requirements.

Quantitative Treatment Limitations

No quantitative treatment limitations (QTLs) apply to MH/SUD benefits that cannot be exceeded based on medical necessity. These limitations were considered "soft" limits and analyzed as non-quantitative treatment limitations (NQTLs) (see Section VIII of this report).

VIII. NON-QUANTITATIVE TREATMENT LIMITATIONS (NQTLS)

Identifying NQTLs and Information Collection

Based on the illustrative list of NQTLs in the final Medicaid/parity rule, the parity toolkit, written guidance from the Department of Labor regarding the commercial parity rule, information from the State's consultant, and review of State requirements for MH/SUD benefits, ODM identified a list of potential NQTLs. This list included, but was not limited to, NQTLs related to medical management, benefits coverage, and provider network admission. ODM developed a request for information (RFI) for each plan to complete with information needed to conduct the NQTL analysis. The RFI included the list of NQTLs identified by ODM and also asked each plan to identify any additional NQTLs that the plan intended to apply to MH/SUD benefits once behavioral health redesign services were carved in. The RFI requested information on the processes, strategies, evidentiary standards, and other factors in writing and operation from a comparability and stringency perspective for each of the NQTLs applicable to MH/SUD benefits, broken

down by classification and benefit package. The RFI included prompts to help identify the type of information relevant to the parity analysis. Separate sets of prompts were provided for processes, strategies, and evidentiary standards for each component of the NQTL analysis (comparability and stringency). In addition, for the two NQTLs specified by ODM for certain MH/SUD benefits (prior authorization and medical necessity criteria), the RFI included information on the State's processes, strategies, and evidentiary standards. The information provided by the plans was reviewed by the ODM, and ODM conducted follow-up with the plans. This included both written follow up and conference calls to discuss each plan's NQTL documentation.

While there is some variation in covered services by benefit package, the plans did not indicate any differences in the way the NQTLs were applied across benefit packages.

Conducting the NQTL Analysis

ODM conducted a side-by-side analysis of the RFI responses, including applicable State information, and compared the processes, strategies, evidentiary standards and other factors for each MH/SUD NQTL as it applied to MH/SUD benefits and M/S benefits. These factors were reviewed for comparability and stringency, in writing and in operation.

The NQTL analysis consisted of the following steps:

- Consolidation of the NQTL information from the State and the plans into a side-by-side structure by NQTL, plan, and classification. The information included the MH/SUD and M/S benefits to which the NQTL applied and a summary of the NQTL's processes, strategies, and evidentiary standards. For certain NQTLs, this included both State and plan information because certain requirements (e.g., prior authorization of certain BH redesign services and medical necessity criteria for certain MH/SUD and M/S benefits) were prescribed by the State, or the plan based its requirements on State standards (e.g., provider reimbursement).
- Analysis of the side-by-side information to develop a preliminary determination for each MH/SUD NQTL, by plan and classification.
- Review and revision of the side-by-side information and preliminary determinations.
- Plan review of the side-by-side information and preliminary determinations.
- ODM review of the side-by-side information and preliminary determinations and final determinations of compliance.

List of MH/SUD NQTLs

ODM and the plans identified nine NQTLs that apply to MH/SUD benefits. Based on the information provided by the plans and the relevant State information, ODM determined that each NQTL, by plan, benefit package, and classification, met parity requirements.

Tables 2 through 10 list each NQTL, the plans that apply the NQTL and the applicable classifications. (As noted above, the NQTLs are applied in the same manner across benefit packages.) In the tables below, a "✓" indicates the NQTL applies to that plan and classification. Grayed out sections in the tables indicate the NQTL does not apply to that plan or in that classification. For reference regarding applicable

classifications: IP = inpatient classification, OP = outpatient classification, EC = emergency care classification and PD = prescription drugs classification.

A description of each NQTL and the list of the MH/SUD benefits to which each NQTL applies is included in Appendix 2.

TABLE 2 — NQTL 1			
UTILIZATION MANAGEMENT (PRIOR AUTHORIZATION, CONCURRENT REVIEW, RETROSPECTIVE REVIEW, AND/OR OUTLIER REVIEW)			
Applies to all Benefit Packages			
Plan	Applicable Classifications		
	IP	OP	EC
Aetna*	✓	✓	
Buckeye	✓	✓	
CareSource	✓	✓	
Molina	✓	✓	
Paramount**	✓	✓	
United	✓	✓	

*Aetna only serves MyCare Ohio members and does not manage Medicaid prescription drugs. ** Paramount does not participate in MyCare Ohio.

TABLE 3 — NQTL 2			
MEDICAL NECESSITY CRITERIA DEVELOPMENT			
Applies to all Benefit Packages			
Plan	Applicable Classifications		
	IP	OP	EC
Aetna*	✓	✓	
Buckeye	✓	✓	
CareSource	✓	✓	
Molina	✓	✓	
Paramount**	✓	✓	
United	✓	✓	

*Aetna only serves MyCare Ohio members and does not manage Medicaid prescription drugs. ** Paramount does not participate in MyCare Ohio.

TABLE 4 — NQTL 3				
IN-NETWORK PROVIDER ENROLLMENT AND CREDENTIALING REQUIREMENTS				
Applies to all Benefit Packages				
Plan	Applicable Classifications			
	IP	OP	EC	PD
Aetna*	✓	✓	✓	
Buckeye	✓	✓	✓	✓
CareSource	✓	✓	✓	✓
Molina	✓	✓	✓	✓
Paramount**	✓	✓	✓	✓
United	✓	✓	✓	✓

* Aetna only serves MyCare Ohio members and does not manage Medicaid prescription drugs. ** Paramount does not participate in MyCare Ohio.

TABLE 5 — NQTL 4			
IN-NETWORK PROVIDER REIMBURSEMENT			
Applies to all Benefit Packages			
Plan	Applicable Classifications		
	IP	OP	EC
Aetna*	✓	✓	✓
Buckeye	✓	✓	✓
CareSource	✓	✓	✓
Molina	✓	✓	✓
Paramount**	✓	✓	✓
United	✓	✓	✓

*Aetna only serves MyCare Ohio members and does not manage Medicaid prescription drugs. ** Paramount does not participate in MyCare Ohio.

TABLE 6 — NQTL 5			
OUT-OF-NETWORK REQUIREMENTS			
Applies to all Benefit Packages			
Plan	Applicable Classifications		
	IP	OP	EC
Aetna*	✓	✓	
Buckeye	✓	✓	
CareSource	✓	✓	
Molina	✓	✓	
Paramount**	✓	✓	
United	✓	✓	

*Aetna only serves MyCare Ohio members and does not manage Medicaid prescription drugs. ** Paramount does not participate in MyCare Ohio.

TABLE 7 — NQTL 6	
IN-NETWORK PROVIDER REIMBURSEMENT FOR PRESCRIPTION DRUGS	
Applies to all Benefit Packages	
Plan	Applicable Classifications
	PD
Aetna*	
Buckeye	✓
CareSource	✓
Molina	✓
Paramount**	✓
United	✓

* Aetna only serves MyCare Ohio members and does not manage Medicaid prescription drugs. ** Paramount does not participate in MyCare Ohio.

TABLE 8 — NQTL 7	
PREFERRED DRUG LIST (PDL) DEVELOPMENT	
Applies to all Benefit Packages	
Plan	Applicable Classifications
	PD
Aetna*	
Buckeye	✓
CareSource	✓
Molina	✓
Paramount**	✓
United	✓

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TABLE 9 — NQTL 8	
PRIOR AUTHORIZATION OF PRESCRIPTION DRUGS	
Applies to all Benefit Packages	
Plan	Applicable Classifications
	PD
Aetna*	
Buckeye	✓
CareSource	✓
Molina	✓
Paramount**	✓
United	✓

* Aetna only serves MyCare Ohio members and does not manage Medicaid prescription drugs. ** Paramount does not participate in MyCare Ohio.

TABLE 10 — NQTL 9	
STEP THERAPY FOR PRESCRIPTION DRUGS	
Applies to all Benefit Packages	
Plan	Applicable Classifications
	PD
Aetna*	
Buckeye	
CareSource	✓
Molina	
Paramount**	✓
United	

* Aetna only serves MyCare Ohio members and does not manage Medicaid prescription drugs. ** Paramount does not participate in MyCare Ohio.

IX. CONCLUSION

Following the comprehensive review of the State’s Medicaid/CHIP delivery system, ODM has determined that it is in compliance with the parity requirements in 42 CFR Part 438. ODM will post a public report online documenting compliance with the Medicaid/CHIP rule. ODM will monitor compliance with the final Medicaid/CHIP parity rule as part of its ongoing monitoring program.

XI. APPENDICES

APPENDIX 1 — BENEFIT PACKAGE AND BENEFITS GRID FOR MCP AND MYCARE OHIO

APPENDIX 2 — LIST OF NQTLS AND MH/SUD BENEFITS BY CLASSIFICATION AND BENEFIT PACKAGE

APPENDIX 1 — BENEFIT PACKAGE AND BENEFITS GRID FOR MCP AND MYCARE OHIO

As of 7/1/18 - OH Benefit Packages for Parity Analysis				Key					
Services Types: MH/SUD = Mental Health / Substance Use Disorder, M/S = Medical / Surgical				Covered for the specified population ✓					
Benefit Classifications: IP = Inpatient, OP = Outpatient, ES = Emergency Care, RX = Prescription Drugs				Not covered for the specified population NA					
				Covered if beneficiary meets additional eligibility criteria EC					
	Benefit	MH/SUD or M/S	Benefit Class. (IP, OP, ES, RX)	MCP Adults (other than Extension Adults) (21 and over)	MCP Extension Adults (21 and over)	MCP Children (Under age 21)	MyCare Ohio (21 and over)	MyCare Ohio (18-20)	Note(s)
A	Capitated Benefit Package - as of 7/1/18								
A.1	Certified Pediatric or Family Nurse Practitioners' Services	M/S	OP	✓	✓	✓	✓	✓	
A.2	Clinic Services	M/S	OP	✓	✓	✓	✓	✓	
A.3	Dental Services	M/S	OP	✓	✓	✓	✓	✓	
A.4	Diagnostic Services	M/S	OP	✓	✓	✓	✓	✓	
A.5	Durable Medical Equipment and Medical Supplies	M/S	OP	✓	✓	✓	✓	✓	
A.6	Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT)	Both	OP	NA	NA	✓	NA	✓	
A.7	Extended Services for Pregnant Women: TCM	M/S	OP	✓	✓	NA	✓	NA	
A.8	Family Planning Services and Supports	M/S	OP	✓	✓	✓	✓	✓	
A.9	Federally Qualified Health Centers (FQHCs)	Both	OP	✓	✓	✓	✓	✓	
A.10	Free Standing Birth Center Services	M/S	OP	✓	✓	✓	✓	✓	
A.11	Home Health Services - Home Health Services	M/S	OP	✓	✓	✓	✓	✓	
A.12	Home Health Services - Medical Supplies, Equipment and Appliances	M/S	OP	✓	✓	✓	✓	✓	
A.13	Hospice Care	M/S	IP,OP	✓	✓	✓	✓	✓	
A.14	Immunizations	M/S	OP	NA	NA	✓	NA	✓	
A.15	Inpatient Behavioral Health Services	MH/SUD	IP	✓	✓	✓	✓	✓	
A.16	Inpatient Hospital Services	M/S	IP	✓	✓	✓	✓	✓	
A.17	Inpatient Psychiatric Services for Individuals Under 22	MH/SUD	OP	✓	✓	✓	✓	✓	
A.18	Licensed or Otherwise State-Approved Freestanding Birth Centers	M/S	OP	✓	✓	✓	✓	✓	
A.19	Nurse-Midwife, Certified Family Nurse Practitioner, and Certified Pediatric Nurse Practitioner Services	M/S	IP,OP	✓	✓	✓	✓	✓	
A.20	Nursing Facility Services for Individuals Age 21 and Older	M/S	IP	EC*	EC	EC*	EC*	EC*	*Month of admission and next two consecutive months
A.21	OLP: Advanced Practice Nurses' (APN) Services	Both	OP	✓	✓	✓	✓	✓	
A.22	OLP: Chiropractic Services	M/S	OP	✓	✓	✓	✓	✓	
A.23	OLP: Mechanotherapists' Services	M/S	OP	✓	✓	✓	✓	✓	
A.24	OLP: Non-Physician Licensed Behavioral Health Practitioners	MH/SUD	OP	✓	✓	✓	✓	✓	
A.25	OLP: Physician Assistants' Services	Both	OP	✓	✓	✓	✓	✓	
A.26	OLP: Podiatrists' Services	M/S	OP	✓	✓	✓	✓	✓	
A.27	Other Laboratory and X-Ray Services: Lab	Both	OP	✓	✓	✓	✓	✓	
A.28	Other Laboratory and X-Ray Services: X-ray	M/S	OP	✓	✓	✓	✓	✓	
A.29	Other Medical Services: Emergency Hospital Services	Both	ES	✓	✓	✓	✓	✓	
A.30	Other Medical Services: Transportation/Ambulance	Both	OP	✓	✓	✓	✓	✓	
A.31	Other Services: 1915(i) Services	Both	OP	FFS	FFS	NA	✓	NA	Includes Recovery Management (RM), Peer Support, and Individual Placement and Support-Supported Employment (IPS-SE).
A.32	Outpatient Hospital Services	Both	OP	✓	✓	✓	✓	✓	
A.33	Physical therapy and related services: OT	M/S	OP	✓	✓	✓	✓	✓	
A.34	Physical therapy and related services: PT	M/S	OP	✓	✓	✓	✓	✓	
A.35	Physical therapy and related services: ST	M/S	OP	✓	✓	✓	✓	✓	
A.36	Physicians' Services	Both	IP,OP	✓	✓	✓	✓	✓	
A.37	Physicians' Services: Routine Eye Exams	M/S	OP	✓	✓	✓	✓	✓	
A.38	Prescription Drugs	Both	RX	✓	✓	✓	✓	✓	
A.39	Preventive Services	M/S	OP	✓	✓	✓	✓	✓	
A.40	Private Duty Nursing Services	M/S	OP	✓	✓	✓	✓	✓	
A.41	Rehabilitative Services - Behavioral Health Rehabilitative Services: Psychosocial Rehabilitation (PSR)	MH/SUD	OP	✓	✓	✓	✓	✓	
A.42	Rehabilitative Services - Behavioral Health Rehabilitative Services: Therapeutic Behavioral Services (TBS)	MH/SUD	OP	✓	✓	✓	✓	✓	

APPENDIX 1 — BENEFIT PACKAGE AND BENEFITS GRID FOR MCP AND MYCARE OHIO

	Benefit	MH/SUD or M/S	Benefit Class. (IP, OP, ES, RX)	MCP Adults (other than Extension Adults) (21 and over)	MCP Extension Adults (21 and over)	MCP Children (Under age 21)	MyCare Ohio (21 and over)	MyCare Ohio (18-20)	Note(s)
A.43	Rehabilitative Services - Physical Health	M/S	OP	✓	✓	✓	✓	✓	
A.44	Rehabilitative Services: Substance Use Disorder (SUD) Services: Outpatient SUD Services	MH/SUD	OP	✓	✓	✓	✓	✓	
A.45	Rehabilitative Services: Substance Use Disorder (SUD) Services: Residential SUD Services	MH/SUD	IP	✓	✓	✓	✓	✓	
A.46	Rural Health Clinics	Both	OP	✓	✓	✓	✓	✓	
A.47	Tobacco Cessation	MH/SUD	OP	✓	✓	✓	✓	✓	
A.48	Value-Added Services	M/S	OP	✓	✓	✓	✓	✓	
A.49	Vision Care Services, Including Eyeglasses	M/S	OP	✓	✓	✓	✓	✓	
A.50	Integrated Care Delivery System (ICDS) Waiver	M/S	OP	NA	NA	NA	✓	✓	Individuals must meet NF LOC requirements and be physically disabled 18-64 and/or aged 65 plus. Services include: homemaker; personal care; adult day health; emergency response; home delivered meals; alternative meals; home modifications, maintenance and repair; home medical equipment and supplemental adaptive and assistive devices; waiver transportation; out-of-home respite; waiver nursing; home care attendant; chore; community transition; enhanced community living; independent living assistance; nutritional consultation; social work counseling; Choices home care attendant; pest control; and assisted living services.
B	FFS								
B.1	Medicaid school program								Source: Chapter 5160-35 Medicaid School Program
B.1.1	Assessments/evaluations	Both	OP	NA	NA	EC	NA	EC	
B.1.2	Audiology services	M/S	OP	NA	NA	EC	NA	EC	
B.1.3	Mental Health services	MH/SUD	OP	NA	NA	EC	NA	EC	
B.1.4	Medical supplies and equipment	M/S	OP	NA	NA	EC	NA	EC	
B.1.5	Nursing services	M/S	OP	NA	NA	EC	NA	EC	
B.1.6	Occupational therapy services	M/S	OP	NA	NA	EC	NA	EC	
B.1.7	Physical therapy services	M/S	OP	NA	NA	EC	NA	EC	
B.1.8	Speech-language pathology services	M/S	OP	NA	NA	EC	NA	EC	
B.1.9	Targeted case management	Both	OP	NA	NA	EC	NA	EC	
B.1.10	Transportation	Both	OP	NA	NA	EC	NA	EC	
B.3	1915(c): Ohio Home Care Waiver								Nursing Facility Level of Care, Age 59 or younger Except for Extension Adults, MCP enrollees are disenrolled the end of the month prior to waiver begin date
B.3.1	Adult day health center	M/S	OP	NA	EC	NA	NA	NA	
B.3.2	Emergency response	M/S	OP	NA	EC	NA	NA	NA	
B.3.3	Home care attendant	M/S	OP	NA	EC	NA	NA	NA	
B.3.4	Home delivered meals	M/S	OP	NA	EC	NA	NA	NA	
B.3.5	Home modifications	M/S	OP	NA	EC	NA	NA	NA	
B.3.6	Out-of-home respite	M/S	IP	NA	EC	NA	NA	NA	
B.3.7	Personal care aide	M/S	OP	NA	EC	NA	NA	NA	
B.3.8	Supplemental adaptive and assistive devices	M/S	OP	NA	EC	NA	NA	NA	
B.3.9	Supplemental transportation	M/S	OP	NA	EC	NA	NA	NA	
B.3.10	Waiver nursing	M/S	OP	NA	EC	NA	NA	NA	
B.4	1915(c): Passport Waiver								Nursing Facility Level of Care, Ages 60 + Except for Extension Adults, MCP enrollees are disenrolled the end of the month prior to waiver begin date
B.4.1	Adult day	M/S	OP	NA	EC	NA	NA	NA	
B.4.2	Alternative meal service	M/S	OP	NA	EC	NA	NA	NA	
B.4.3	Choices home care attendant	M/S	OP	NA	EC	NA	NA	NA	

APPENDIX 1 — BENEFIT PACKAGE AND BENEFITS GRID FOR MCP AND MYCARE OHIO

	Benefit	MH/SUD or M/S	Benefit Class. (IP, OP, ES, RX)	MCP Adults (other than Extension Adults) (21 and over)	MCP Extension Adults (21 and over)	MCP Children (Under age 21)	MyCare Ohio (21 and over)	MyCare Ohio (18-20)	Note(s)
B.4.4	Chore	M/S	OP	NA	EC	NA	NA	NA	
B.4.5	Community transition	M/S	OP	NA	EC	NA	NA	NA	
B.4.6	Emergency response systems	M/S	OP	NA	EC	NA	NA	NA	
B.4.7	Enhanced community living	M/S	OP	NA	EC	NA	NA	NA	
B.4.8	Environmental accessibility adaptation	M/S	OP	NA	EC	NA	NA	NA	
B.4.9	Home care attendant	M/S	OP	NA	EC	NA	NA	NA	
B.4.10	Home delivered meals	M/S	OP	NA	EC	NA	NA	NA	
B.4.11	Home medical equipment, supplies and vehicle modifications	M/S	OP	NA	EC	NA	NA	NA	
B.4.12	Independent living assistance	M/S	OP	NA	EC	NA	NA	NA	
B.4.13	Minor home modification, maintenance and repair	M/S	OP	NA	EC	NA	NA	NA	
B.4.14	Non-medical transportation	M/S	OP	NA	EC	NA	NA	NA	
B.4.15	Nutritional consultation	M/S	OP	NA	EC	NA	NA	NA	
B.4.16	Out-of-home respite	M/S	IP	NA	EC	NA	NA	NA	
B.4.17	Personal care	M/S	OP	NA	EC	NA	NA	NA	
B.4.18	Pest control	M/S	OP	NA	EC	NA	NA	NA	
B.4.19	Social work and counseling	M/S	OP	NA	EC	NA	NA	NA	
B.4.20	Transportation	M/S	OP	NA	EC	NA	NA	NA	
B.4.21	Waiver nursing	M/S	OP	NA	EC	NA	NA	NA	
B.5	1915(c): Assisted Living Waiver								Nursing Facility Level of Care; Age 21 or older Except for Extension Adults, MCP enrollees are disenrolled the end of the month prior to waiver begin date
B.5.1	Assisted living services	M/S	IP	EC	EC	NA	NA	NA	
B.5.2	Community transition (for nursing home residents only)	M/S	OP	EC	EC	NA	NA	NA	
B.6	DoDD 1915(c): Individual Options Waiver								ICF/IID Level of Care; All Ages Waiver participants may voluntarily enroll in MCPs
B.6.1	Adaptive and assistive equipment	M/S	OP	EC	EC	EC	NA	NA	
B.6.2	Adult family living	M/S	OP	EC	EC	EC	NA	NA	
B.6.3	Adult foster care	M/S	OP	EC	EC	EC	NA	NA	
B.6.4	Community respite	M/S	OP	EC	EC	EC	NA	NA	
B.6.5	Environmental accessibility adaptations	M/S	OP	EC	EC	EC	NA	NA	
B.6.6	Habilitation - adult day support	M/S	OP	EC	EC	EC	NA	NA	
B.6.7	Habilitation - vocational habilitation	M/S	OP	EC	EC	EC	NA	NA	
B.6.8	Home-delivered meals	M/S	OP	EC	EC	EC	NA	NA	
B.6.9	Homemaker/personal care	M/S	OP	EC	EC	EC	NA	NA	
B.6.10	Interpreter	M/S	OP	EC	EC	EC	NA	NA	
B.6.11	Non-medical transportation	M/S	OP	EC	EC	EC	NA	NA	
B.6.12	Nutrition	M/S	OP	EC	EC	EC	NA	NA	
B.6.13	Remote monitoring and equipment	M/S	OP	EC	EC	EC	NA	NA	
B.6.14	Residential respite	M/S	IP,OP	EC	EC	EC	NA	NA	
B.6.15	Social work	M/S	OP	EC	EC	EC	NA	NA	
B.6.16	Supported employment - community	M/S	OP	EC	EC	EC	NA	NA	
B.6.17	Supported employment - enclave	M/S	OP	EC	EC	EC	NA	NA	
B.6.18	Transportation	M/S	OP	EC	EC	EC	NA	NA	
B.6.19	Waiver nursing	M/S	OP	EC	EC	EC	NA	NA	
B.7	DoDD 1915(c): Transitions DD Waiver								ICF/IID Level of Care; All Ages Waiver participants may voluntarily enroll in MCPs
B.7.1	Adult day health center	M/S	OP	EC	EC	EC	NA	NA	
B.7.2	Emergency response	M/S	OP	EC	EC	EC	NA	NA	
B.7.3	Home modification	M/S	OP	EC	EC	EC	NA	NA	

APPENDIX 1 — BENEFIT PACKAGE AND BENEFITS GRID FOR MCP AND MYCARE OHIO

	Benefit	MH/SUD or M/S	Benefit Class. (IP, OP, ES, RX)	MCP Adults (other than Extension Adults) (21 and over)	MCP Extension Adults (21 and over)	MCP Children (Under age 21)	MyCare Ohio (21 and over)	MyCare Ohio (18-20)	Note(s)
B.7.4	Home-delivered meals	M/S	OP	EC	EC	EC	NA	NA	
B.7.5	Out-of-home respite	M/S	IP	EC	EC	EC	NA	NA	
B.7.6	Personal care aide	M/S	OP	EC	EC	EC	NA	NA	
B.7.7	Supplemental adaptive and assistive devices	M/S	OP	EC	EC	EC	NA	NA	
B.7.8	Supplemental transportation	M/S	OP	EC	EC	EC	NA	NA	
B.7.9	Waiver nursing	M/S	OP	EC	EC	EC	NA	NA	
B.8	DoDD 1915(c): Self Empowered Life Funding (S.E.L.F) Waiver								ICF/IID Level of Care; All Ages Waiver participants may voluntarily enroll in MCPs
B.8.1	Clinical/therapeutic intervention	M/S	OP	EC	EC	EC	NA	NA	
B.8.2	Community inclusion	M/S	OP	EC	EC	EC	NA	NA	
B.8.3	Community respite	M/S	OP	EC	EC	EC	NA	NA	
B.8.4	Functional behavioral assessment	M/S	OP	EC	EC	EC	NA	NA	
B.8.5	Habilitation - adult day support	M/S	OP	EC	EC	EC	NA	NA	
B.8.6	Habilitation - vocational habilitation	M/S	OP	EC	EC	EC	NA	NA	
B.8.7	Integrated employment	M/S	OP	EC	EC	EC	NA	NA	
B.8.8	Non-medical transportation	M/S	OP	EC	EC	EC	NA	NA	
B.8.9	Participant/family stability assistance	M/S	OP	EC	EC	EC	NA	NA	
B.8.10	Participant-directed goods and services	M/S	OP	EC	EC	EC	NA	NA	
B.8.11	Remote monitoring	M/S	OP	EC	EC	EC	NA	NA	
B.8.12	Remote monitoring equipment	M/S	OP	EC	EC	EC	NA	NA	
B.8.13	Residential respite	M/S	OP	EC	EC	EC	NA	NA	
B.8.14	Support brokerage	M/S	OP	EC	EC	EC	NA	NA	
B.8.15	Supported employment - enclave	M/S	OP	EC	EC	EC	NA	NA	
B.9	DoDD 1915(c): Level One Waiver								ICF/IID Level of Care; All Ages Waiver participants may voluntarily enroll in MCPs
B.9.1	Community respite	M/S	OP	EC	EC	EC	NA	NA	
B.9.2	Environmental accessibility adaptations	M/S	OP	EC	EC	EC	NA	NA	
B.9.3	Group employment support	M/S	OP	EC	EC	EC	NA	NA	
B.9.4	Habilitation - adult day	M/S	OP	EC	EC	EC	NA	NA	
B.9.5	Habilitation - vocational habilitation	M/S	OP	EC	EC	EC	NA	NA	
B.9.6	Home-delivered meals	M/S	OP	EC	EC	EC	NA	NA	
B.9.7	Homemaker/personal care	M/S	OP	EC	EC	EC	NA	NA	
B.9.8	Individual employment support	M/S	OP	EC	EC	EC	NA	NA	
B.9.9	Informal respite	M/S	OP	EC	EC	EC	NA	NA	
B.9.10	Money management	M/S	OP	EC	EC	EC	NA	NA	
B.9.11	Non-medical transportation	M/S	OP	EC	EC	EC	NA	NA	
B.9.12	Personal emergency response system	M/S	OP	EC	EC	EC	NA	NA	
B.9.13	Remote monitoring	M/S	OP	EC	EC	EC	NA	NA	
B.9.14	Remote monitoring equipment	M/S	OP	EC	EC	EC	NA	NA	
B.9.15	Residential respite	M/S	IP,OP	EC	EC	EC	NA	NA	
B.9.16	Specialized medical equipment and supplies	M/S	OP	EC	EC	EC	NA	NA	
B.9.17	Supported employment - community	M/S	OP	EC	EC	EC	NA	NA	
B.9.18	Supported employment - enclave	M/S	OP	EC	EC	EC	NA	NA	
B.9.19	Transportation	M/S	OP	EC	EC	EC	NA	NA	

APPENDIX 2 – LIST OF NQTLS AND MH/SUD BENEFITS BY CLASSIFICATION AND BENEFIT PACKAGE

NQTL	MH/SUD Benefits
Utilization Management (Prior Authorization, Concurrent Review, Retrospective Review, and/or Outlier Review)	Inpatient classification (All Benefit Packages)
	<ul style="list-style-type: none"> • Inpatient Acute • Electro-convulsive Therapy (ECT), Inpatient • Inpatient Subacute • Substance Use Disorder (SUD) Residential • Out-of-Network
	Outpatient classification (All Benefit Packages)
	<ul style="list-style-type: none"> • Assertive Community Treatment (ACT) • Intensive Home Based Treatment (IHBT) • SUD Partial Hospitalization • Psychiatric Diagnostic Evaluations • Psychological Testing • Screening Brief Intervention and Referral to Treatment (SBIRT) • Alcohol or Drug Assessment • BH Respite Service • Recovery Management (Specialized Recovery Services) • Electro-convulsive Therapy (ECT), Outpatient • Transcranial Magnetic Stimulation (TMS) • Out-of-Network
Medical Necessity Criteria Development	Inpatient and Outpatient classifications (All Benefit Packages)
	<ul style="list-style-type: none"> • Assertive Community Treatment (ACT) • Intensive Home Based Treatment (IHBT) • BH Respite Service • Experimental/Investigational/Unproven Services • Drug Testing • Inpatient Detox • TMS • SUD Residential • SUD Partial Hospitalization

APPENDIX 2 – LIST OF NQTLS AND MH/SUD BENEFITS BY CLASSIFICATION AND BENEFIT PACKAGE

Page 2

NQTL	MH/SUD Benefits
In-Network Provider Enrollment and Credentialing Requirements	Inpatient, Outpatient, Emergency Care and Prescription Drug classifications (All Benefit Packages)
	<ul style="list-style-type: none"> • All in-network inpatient, outpatient, emergency care and prescription drug MH/SUD providers
In-Network Provider Reimbursement	Inpatient, Outpatient, and Emergency Care classifications (All Benefit Packages)
	<ul style="list-style-type: none"> • All in-network inpatient, outpatient and emergency care MH/SUD providers
Out-of-Network Requirements	Inpatient and Outpatient classifications (All Benefit Packages)
	<ul style="list-style-type: none"> • All out-of-network inpatient and outpatient MH/SUD benefits
In-Network Reimbursement for Prescription Drugs	Prescription Drug classification (All Benefit Packages except MyCare)
	<ul style="list-style-type: none"> • All in-network pharmacies
PDL Development	Prescription Drug classification (All Benefit Packages except MyCare)
	<ul style="list-style-type: none"> • MH/SUD prescription drugs
Prior Authorization for Prescription Drugs	Prescription Drug classification (All Benefit Packages except MyCare)
	<ul style="list-style-type: none"> • Certain MH/SUD prescription drugs
Step Therapy for Prescription Drugs	Prescription Drug classification (All Benefit Packages except MyCare)
	<ul style="list-style-type: none"> • Certain MH/SUD prescription drugs