



Department of Medicaid

John R. Kasich, Governor
Barbara R. Sears, Director

Managed Care Plan Policy Guidance Letter No. 3-18-07

To: MyCare Ohio Plans

**From: Roxanne Richardson, Chief
Office of Managed Care, Program and Policy Development Section**

Date: July 5, 2018

Subject: Restricted Medicaid Coverage Period (RMCP)

A Restricted Medicaid Coverage Period (RMCP) is a specified period of time that Medicaid, including MyCare Ohio Plans (MCOPs), are unable to pay for long-term care services. This restriction applies to care received both in an institutional setting and through home and community-based waivers.

RMCPs are imposed due to improper transfer of resources, the amount of which can impact the length of the RMCP. Members are informed of the RMCP via a "Notice of Action" (NOA) letter. If all other Medicaid eligibility criteria are met, Medicaid/MCOPs will pay for long-term care services once the restricted coverage period is over.

If a member disagrees with the RMCP, he/she may request a state hearing to appeal the decision; instructions for requesting a state hearing are outlined in the NOA. Individuals residing in an institutional setting are also eligible to request an undue hardship. An undue hardship is requested through the local County Department of Job and Family Services (CDJFS).

If the member requests a state hearing within the specified timeframe, the plan must continue to provide previously authorized services until a decision has been rendered by ODJFS' Bureau of State Hearings. To determine if a member has requested a state hearing, the MCOP should access HATS X. All MCOPs have identified a user(s) who has access.

MCOPs are responsible for informing care managers/waiver service coordinators if an RMCP is identified. Once the RMCP is identified, the care manager/waiver service coordinator is responsible for contacting the member and discussing the RMCP and the member's state hearing options. If the member elects to request a state hearing within the specified timeframe, the care manager shall ensure that services continue until a determination has been made.

If the member does not elect to request a state hearing, the care manager should discuss the need to activate the member's back up plan. A review of the member's risk stratification, assessed needs, linkage to community resources, etc. should all be completed and documented in the clinical case record. The MCOP is also responsible for notifying all waiver service providers that services cannot be reimbursed until the RMCP has concluded.

The member should be directed to the local CDJFS for further eligibility questions.

Please review the following Ohio Administrative Code citations for further guidance:

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5160:1-6-01.1 Medicaid: definitions relating to eligibility for long-term care services.

5160:1-6-06 Medicaid: transfer of assets.

5160:1-6-06.5 Medicaid: restricted medicaid coverage period.

5160:1-6-06.6 Medicaid: undue hardship exemption.