



# Department of Medicaid

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

**TO:** Contracted Medicaid Managed Care Plans

**FROM:** Roxanne Richardson  
Director, Office of Managed Care

**DATE:** August 7, 2019

**SUBJECT:** Managed Care Plan Nursing Facility Disenrollment Requests

---

On June 17, 2019, ODM sent a memo to Medicaid managed care plans (MCPs) re: Managed Care Plan Nursing Facility Disenrollment Requests. (The entirety of that memo is below, in italics). At this time, we would like to provide further clarification to MCPs on when to appropriately request that ODM disenroll members who are expected to remain in a nursing facility (NF) long-term.

Provided that all criteria outlined in OAC rule 5160-26-02.1 have been met, MCPs should request that ODM disenroll any members with a long-term NF stay who are in the MAGI Group VIII eligibility category when there is a change to the Aged, Blind and Disabled (ABD) eligibility category. The MCP does not need to wait the three months of NF coverage for the ABD member if he/she had already been in the NF long-term at the time of the change in eligibility.

---

*Excluding Adult Extension members, and pursuant to Ohio Administrative Code (OAC) rule 5160-26-02.1, Medicaid managed care plans (MCPs) can request that ODM disenroll members who are expected to remain in a nursing facility (NF) long-term. As a reminder, OAC rule 5160-26-02.1 outlines specific criteria that must be met for ODM to approve these disenrollment requests. The criteria are as follows:*

- (a) The MCP has authorized NF services for no less than the month of NF admission and for two complete consecutive calendar months thereafter;*
- (b) For the entire period in paragraph (B)(4)(a) of this rule, the member has remained in the NF without any admission to an inpatient hospital or long-term acute care facility;*
- (c) The member's discharge plan documents that NF discharge is not expected in the foreseeable future and the member has a need for long-term NF care;*
- (d) For the entire period in paragraph (B)(4)(a) of this rule, the member is not using hospice services; and*
- (e) The MCP has requested disenrollment, and ODM has approved the request.*

**MCPs should take note of paragraph (c) above.** *The Department has recently seen a pattern of plans submitting inappropriate disenrollment requests for members in a NF who are expected to move back into the community very soon after the plan is no longer providing Medicaid services. As a reminder, MCPs are not permitted to submit a NF disenrollment request simply because the MCP has authorized NF services for three consecutive months.*

*Should this pattern continue, ODM reserves the right to request additional documentation from the MCP to ensure that the member requires long-term NF care before approving a disenrollment request.*

50 W. Town Street, Suite 400  
Columbus, Ohio 43215  
medicaid.ohio.gov