

SECTION-I

Medicaid

The intent of these standards is that every county meet the minimum Medicaid Standard required by state and federal guidelines, yet recognizes that how the standard is met may vary from county to county based on local practice.

A. General Provisions Standards

- (x2) **I-A.1.** Boards Compliance with State or Federal Medicaid Laws, Rules and Regulations
- (x2) **I-A.2.** Consumers Freedom of Choice in Selecting Service Providers
- (x2) **I-A.3.** Boards Compliance with State and Federal law in taking no action that might limit the amount, duration or scope of service provided
- (x2) **I-A.4.** Boards Adherence to “Guidelines and Operating Principles for Residency Determinations in MACSIS among CMH/ ADAS/ ADAMH Boards”
- (x2) **I-A.5.** “New Member enrollment/ UCI request”
- (x2) **I-A.6.** Employee Education about False Claims Recovery

B. Contracting Standards

- Critical** (x2) **I-B.1.** Boards Compliance with The Standardized Medicaid Provider Payment Contract
- (x2) **I-B.2.** Reimbursed Medicaid services are provided by Department Certified Agencies
- (x2) **I-B.3.** Boards compliance with “Free Choice of Providers”
- (x1) **I-B.4.** Current ODJFS Medicaid Standardized Provider Agreements
- (x2) **I-B.5.** Current Board/ State Department Medicaid Agreements

C. Payment Standards

- Critical** (x2) **I-C.1.** Medicaid Claims are paid at 100% of the Medicaid Approved Rate Prior to seeking reimbursement for FFP
- Critical** (x2) **I-C.2.** Non-federal (public) funds for Medicaid Match
- Critical** (x2) **I-C.3.** Timeframe for Payment for Covered Medicaid Services
- (x2) **I-C.4.** Boards Pays the Provider no more then the Approved Rate up to the Medicaid Ceiling...
- (x2) **I-C.5.** Board Pays Medicaid claims for all residents of the Board’s service district...
- (x2) **I-C.6.** Medicaid claims are processed through the Multi-Agency Community Services Information System (MACSIS)
- (x2) **I-C.7.** Boards procedures for Medicaid Retro eligibility, Held, and Mismatched Reports...
- (x2) **I-C.8.** Board uses the State issued modified Certified Public Expenditure (CPE)

D. Monitoring and Auditing Standards

- (x2) **I-D.1.** Boards Assurance that all Contracted Agencies have an Independent Audit, and a Circular A-133 Audit as required
- (x2) **I-D.2.** Boards Compliance with Record Retention for Costs and Supporting Documentation for Invoices Submitted to Departments

A. General Provision Standards:

Standards I-A.1 – I-A.3	Rationale/ Authority	Documentation/ Evidence
<p>I-A.1 The Board adheres to Federal and State Medicaid laws, rules and regulations in accordance with the Peer Certification Standards of the Ohio Association of County Behavioral Health Authorities.</p>	<ul style="list-style-type: none"> ▪ 42 CFR 431.50 ▪ State Medicaid Plan- Section 1.3 ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ ODMH/ Board Contract 	<ul style="list-style-type: none"> ▪ Assurance Statement
<p>I-A.2 Consumers have freedom of choice in selecting a service provider.</p>	<ul style="list-style-type: none"> ▪ 42 CFR 431.51 ▪ State Medicaid Plan- Section 4.10 ▪ OAC- 5101:3-1-02 (B)(4) ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ ODMH Department/ Board Contract ▪ ODMH Board/Provider Contract ▪ ODADAS Board/Provider Contract 	<ul style="list-style-type: none"> ▪ Consumer Satisfaction Surveys/ Consumer Feedback ▪ Review of Consumer Satisfaction on file at the Board ▪ Any complaints filed by consumers requesting to seek services ▪ Assurance Statement
<p>I-A.3 The Board complies with applicable federal and state law in taking no action that might limit the amount, duration or scope of services provided.</p>	<ul style="list-style-type: none"> ▪ 42 CFR 440.230 ▪ 42 CFR 440.240 ▪ State Medicaid Plan- Section 3.1(a) ▪ OAC 5101:3-1-02 (B)(3) ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ ODMH Department/ Board Contract ▪ ODMH Board Provider Contract ▪ ODADAS Board/ Provider Contract 	<ul style="list-style-type: none"> ▪ Assurance Statement

Standards I-A.4 – I-A.6	Rationale/ Authority	Documentation/ Evidence
<p>I-A.4 The Board adheres to the requirements of the “Guidelines and Operating Principles for Residency Determinations in MACSIS among CMH/ ADAS/ ADAMH Boards”, as evidenced by a policy.</p>	<ul style="list-style-type: none"> ▪ 42 CFR 435.911 ▪ State Medicaid Plan- Section 2.1(a) ▪ OAC 5101:1-38 (ODJFS eligibility process) ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ ODMH Department/ Board Contract ▪ ODMH Board Provider Contract 	<ul style="list-style-type: none"> ▪ Policy
<p>I-A.5 Board enrolls Medicaid eligible consumers for all residents of the Board service area into MACSIS when a complete and accurate “New Member enrollment/ UCI request” form is received.</p> <p>Clarifier All Medicaid eligible consumers shall be enrolled and a UCI communicated to the provider within 5-10 business days.</p>	<ul style="list-style-type: none"> ▪ 42 CFR 435.911 ▪ State Medicaid Plan- Section 2.1(a) ▪ OAC 5101:1-38 (CDJFS eligibility process) ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ ODMH Department/ Board Contract 	<ul style="list-style-type: none"> ▪ Enrollment Data
<p>I-A.6 The Board complies with the federal requirements within the Deficit Reduction Act of 2005, including apprising staff of prompt reporting requirements for suspected fraud, the means to report, and protections afforded the reporter under the law.</p> <p>Clarifier: This standard applies to all Boards who receive or make annual payments of at least \$5,000,000 under Ohio’s Medicaid Plan.</p>	<ul style="list-style-type: none"> ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ Section 6032 of the Deficit Reduction Act of 2005 	<ul style="list-style-type: none"> ▪ Policy ▪ Signed Acknowledgement ▪ Educational Materials

B. Contracting Standards:

Standards I-B.1 - I-B.5	Rationale/ Authority	Documentation/ Evidence
<p>I-B.1 The Board utilizes only the ODMH and ODADAS issued standardized Medicaid provider payment agreement as written for all Medicaid services.</p> <p style="text-align: right;"><i>Critical</i></p>	<ul style="list-style-type: none"> ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ ODMH Department/ Board Contract ▪ ODMH Board/ Provider Contract ▪ ODADAS Board/ Provider Contract 	<ul style="list-style-type: none"> ▪ Copy of agreement on file from ODMH and/ or ODADAS
<p>I-B.2 All reimbursed Medicaid services are provided by agencies certified by an Ohio Department of Mental Health (ODMH) or Ohio Department of Alcohol and Drug Addiction Services (ODADAS) certified agency.</p>	<ul style="list-style-type: none"> ▪ 42 CFR 431.51 ▪ State Medicaid Plan- Attachment 3.1A Item 13(d)(1) ▪ OAC 5101:3-27-01 ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ ODMH Department/ Board Contract ▪ ODMH Board/ Provider Contract ▪ ODADAS Board/ Provider Contract 	<ul style="list-style-type: none"> ▪ List of all Service Providers that are reimbursed through Medicaid within the Board’s Service Area ▪ Copies of Service Providers, State Department Certifications
<p>I-B.3 Board adheres to 42 CFR 431.51 “Free Choice of Providers” assuring that a Medicaid contract is issued to any requesting agency within the Board service area that is ODMH or ODADAS certified, as evidenced by a policy.</p> <p>Clarifier Boards are required to pay a Medicaid claim from a provider from any county, but must issue contracts to any requesting certified agency within their Board service area.</p>	<ul style="list-style-type: none"> ▪ 42 CFR 431.51 ▪ State Medicaid Plan- Attachment 3.1A Item 13(d)(1) ▪ OAC 5101:3-27-01 ▪ OAC 5101:3-30-01 ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ ODMH Department/ Board Contract ▪ ODMH Board/ Provider Contract ▪ ODADAS Board/ Provider Contract 	<ul style="list-style-type: none"> ▪ Policy

Standards	Rationale/ Authority	Documentation/ Evidence
<p>I-B.4 Board has current copy of ODJFS Medicaid Standardized provider agreements on file for all certified Medicaid providers within the Board's service area.</p>	<ul style="list-style-type: none"> ▪ 42 CFR 431.107 (b) ▪ State Medicaid Plan- Section 4.13 ▪ OAC 5101:3-27-01 ▪ OAC 5101:3-30-01 ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ ODMH Department/ Board Contract ▪ ODMH Board/ Provider Contract ▪ ODADAS Board/ Provider Contract 	<ul style="list-style-type: none"> ▪ ODJFS Medicaid Standardized Provider Agreements for each Certified Medicaid Provider within the Board's Service Area
<p>I-B.5 The Board has a current ODMH and /or ODADAS Board/ State Department Medicaid agreement on file.</p>	<ul style="list-style-type: none"> ▪ OAC 5101:3-27-01 ▪ OAC 5105:3-30-01 ▪ OAC 5122-24-01 ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ ODMH Department/ Board Contract ▪ ODMH Board/ Provider Contract ▪ ODADAS Board/ Provider Contract 	<ul style="list-style-type: none"> ▪ Board/ State Department Medicaid Agreement

C. Payment Standards:

Standards I-C.1 – I-C.2	Rationale/ Authority	Documentation/ Evidence
<p>I-C.1 Medicaid Claims are always paid at 100% (match +FFP) of the Medicaid approved rate prior to seeking reimbursement for FFP. The Remittance Advice (RA) will be utilized as the source for payment amount.</p> <p style="text-align: right;"><i>Critical</i></p>	<ul style="list-style-type: none"> ▪ 42 CFR 433.50 ▪ 42 CFR 433.51 ▪ 42 CFR 433.53 ▪ State Medicaid Plan- Section 6.3 (a) ▪ OAC 5101:3-1-60 (A) ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ ODMH Department/ Board Contract ▪ ODADAS Department/ Board Contract ▪ ODMH Board/ Provider Contract ▪ ODADAS Board/Provider Contract 	<ul style="list-style-type: none"> • Remittance Advice • Cost Information for providers • CPE
<p>I-C.2 The Board uses only non-federal (public) funds to pay 100% of a Medicaid Claim prior to seeking reimbursement for FFP.</p> <p>Clarifier The requirement in 42 CFR 433.51(C) is that “the public funds are not Federal funds or are Federal funds authorized by Federal law to be used to match other Federal Funds. Donations from private agencies are also not considered proper match.</p> <p style="text-align: right;"><i>Critical</i></p>	<ul style="list-style-type: none"> ▪ 42 CFR 433.51 ▪ State Medicaid Plan- Section 6.3 ▪ OAC 5101:3-27-05 ▪ OAC 5101:3-30-04 ▪ ODMH Interagency Agreement ▪ ODMH Department/ Board Contract ▪ ODMH Board/ Provider Contract ▪ ODADAS Board/ Provider Contract 	<ul style="list-style-type: none"> ▪ Assurance Statement ▪ Fiscal Documentation ▪ CPE

Standards I-C.3 – I-C.4	Rationale/ Authority	Documentation/ Evidence
<p>I-C.3 Payment for covered Medicaid services are made within 30 days of the receipt of a remittance advice which complies with the submission specifications stipulated in rule 5101:3-1-19.3 of the Ohio Administrative Code (OAC).</p> <p>Clarifier Resubmission of claims is paid utilizing the same process as initial submissions.</p> <p>Payment period is calculated by the time the Board sends the claim to the County Auditor, not by when the County Auditor issues the check.</p> <p style="text-align: right;"><i>Critical</i></p>	<ul style="list-style-type: none"> ▪ 42 CFR 447.45 (d)(2) ▪ State Medicaid Plan- Section 4.19 (e) ▪ OAC 5101:3-1-19.7 ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ ODMH Department/ Board Contract ▪ ODMH Board/ Provider Contract ▪ ODADAS Board/ Provider Contract 	<ul style="list-style-type: none"> ▪ Documentation of Reimbursed Claims and Remittance Advice <p>(NOTE- Sometimes remittance advice and payment occurs at the same time)</p>
<p>I-C.4 Board pays the provider no more than the approved rate up to the Medicaid ceiling for Medicaid services, less any third party payments.</p>	<ul style="list-style-type: none"> ▪ 42 CFR 447.15 ▪ State Medicaid Plan- Section 4.19 (f) ▪ OAC 5101:3-1-02 (B)(7) ▪ OAC 5101:3-27-05 ▪ OAC 5101:3-30-04 ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ ODMH Departmental/ Board Contract ▪ ODADAS Department/ Board Contract ▪ ODMH Board Provider Contract 	<ul style="list-style-type: none"> ▪ Approved Rate Sheet ▪ Remittance Advice

Standards I-C.5 – I-C.8	Rationale/ Authority	Documentation/ Evidence
<p>I-C.5 The Board pays Medicaid claims for all residents of the Board’s service district whether these services are provided by contract agencies within the Board service area, or in another Board service area.</p>	<ul style="list-style-type: none"> ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ ODMH Department/ Board Contract ▪ ODMH Board/ Provider Contract 	<ul style="list-style-type: none"> ▪ Documented Evidence of Payment ▪ MACSIS generated report of Medicaid Claims by Provider ▪ Procedures designed to show how the Board pays Medicaid claims for all residents of the Board’s service district.
<p>I-C.6 All Medicaid claims are processed through the Multi-Agency Community Services Information System (MACSIS). (Medicaid/ Medicare crossover claims are the exception).</p>	<ul style="list-style-type: none"> ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ ODMH Department/ Board Contract ▪ ODMH Board/ Provider Contract 	<ul style="list-style-type: none"> ▪ Board Claims data to determine which Board/ State funded providers are not using MACSIS
<p>I-C.7 Board has a procedure to work the Medicaid RETRO eligibility, Held, and mismatched reports to assure that the correct source of payment is used, and prompt payment occurs for Medicaid eligible services.</p>	<ul style="list-style-type: none"> ▪ 42 CFR 435.911 ▪ State Medicaid Plan- Section 4.19 (e) ▪ OAC 5101:3-27-05 ▪ OAC 5101:3-30-04 ▪ ODMH Interagency Agreement ▪ ODMH Department/ Board Contract ▪ ODMH Board/ Provider contract 	<ul style="list-style-type: none"> ▪ Policies and Procedures
<p>I-C.8 The Board uses the state issued modified Certified Public Expenditure (CPE) process to demonstrate the source of funds used to pay for Medicaid covered behavioral health services delivered by providers of alcohol and other drug treatment and/ or mental health services.</p>	<ul style="list-style-type: none"> ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement 	<ul style="list-style-type: none"> ▪ CPE Screenshot ▪ Shadow Report

D. Monitoring and Auditing Standards

Standards I-D.1 – I-D.2	Rationale/ Authority	Documentation/ Evidence
<p>I-D.1 The Board ensures that all contracted CMH/ AOD agencies have an independent audit in accordance with ODMH/ ODADAS Financial and Compliance Audit Guidelines, and Auditor of State rules pursuant to ORC 117.20. The Board ensures that a Circular A-133 audit is completed as required.</p>	<ul style="list-style-type: none"> ▪ 42 CFR 447.201 ▪ 42 CFR 447.202 ▪ Medicaid State Plan- Section 4.19 (g) and Attachment 4.19B Item 13(d)(1)(a) ▪ OAC 5101:3-27-05 (F)(2) ▪ OAC 5101:3-30-04 ▪ ODMH Interagency Agreement ▪ ODMH Department/ Board Contract ▪ ODMH Board/ Provider Contract ▪ ODADAS Board Provider Contract 	<ul style="list-style-type: none"> ▪ Records of Contracted CMH/ AOD agencies’ independent audits ▪ Records of Circular A-133 audits
<p>I-D.2 The Board retains all records relating to costs, and supporting documentation for invoices submitted to ODJFS by ODMH or ODADAS for a minimum of 6 years after final payment or if an audit has been started, records shall be retained until the audit is complete past the six year time period.</p>	<ul style="list-style-type: none"> ▪ 42 CFR 431.17 (c) ▪ Medicaid State Plan- Section 4.19B Item 13 (d)(1)(a) ▪ OAC 5101:3-17.2 (D) ▪ ODMH Interagency Agreement ▪ ODADAS Interagency Agreement ▪ ODMH Department/ Board Contract ▪ ODMH Board/ Provider Contract ▪ ODADAS Board/ Provider Contract 	<ul style="list-style-type: none"> • Cost Records • Policies and Procedures