



AETNA BETTER HEALTH® OF OHIO  
MyCare Ohio

### **Ohio Continuity of Care/Transition of Care Requirements**

During the transition period, change from the existing provider can only occur in the following circumstances:

1. When a member requests a change;
2. The Provider chooses to discontinue providing services to a member as currently allowed by Medicare or Medicaid; or
3. Aetna Better Health of Ohio, CMS, or the Ohio Department of Medicaid (ODM) identified provider performance issues that affect a member's health and welfare.

### **Medicare-Medicaid (Duals) Waiver Members**

Service	Services the member was receiving from a non-network provider at the time of their enrollment in the MyCare Ohio program will be covered from the first date of enrollment for:
<ul style="list-style-type: none"><li>• Physician</li><li>• Community Mental Health</li><li>• Addiction Treatment Centers</li></ul>	365 days except if the member is identified for high risk care management then their physician must be covered for 90 days.
Dialysis Treatment	90 days (or more if authorized by plan)
<ul style="list-style-type: none"><li>• Ohio Medicaid Prior authorized Durable Medical Equipment, Vision and Dental</li><li>• Scheduled Surgery</li><li>• Chemotherapy/Radiation</li><li>• Organ/Bone Marrow/Hematopoietic Stem Cell Transplant</li></ul>	Until the planned or authorized services are received.
Medicaid Home Health and Private Duty Nursing	365 days unless a change is required due to a health or other life event that changes



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Service	Services the member was receiving from a non-network provider at the time of their enrollment in the MyCare Ohio program will be covered from the first date of enrollment for:
	the member's needs.
Waiver Services –Direct Care including: <ul style="list-style-type: none"><li>• Personal Care</li><li>• Waiver Nursing</li><li>• Home Care Attendant</li><li>• Choice Home Care Attendant</li><li>• Out of Home Respite</li><li>• Enhanced Community Living</li><li>• Adult Day Health</li><li>• Social Work Counseling</li><li>• Independent Living Assistance</li></ul>	365 days unless a change is required due to a health or other life event that changes the member's needs.
All other waiver services	90 days and only after an in-home assessment is completed to transition the member's services to a new provider. (The services amount is maintained for 365 days)

### Medicare-Medicaid (Duals) Non-Waiver Members

Service	Services the member was receiving from a non-network provider at the time of their enrollment in the MyCare Ohio program will be covered from the first date of enrollment for:
• Physician	365 days except if the member is identified for high risk care management then their



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• Community Mental Health • Addiction Treatment Centers	physician must be covered for 90 days.
Dialysis Treatment	90 days (or more if authorized by plan)
• Ohio Medicaid Prior authorized Durable Medical Equipment, Vision and Dental • Scheduled Surgery • Chemotherapy/Radiation • Organ/Bone Marrow/Hematopoietic Stem Cell Transplant	Until the planned or authorized services are received.
Medicaid Home Health and Private Duty Nursing	90 days
Assisted Living or Medicaid Nursing Facility	Unlimited period if lived in the facility on the day the member enrolled in the MyCare Ohio program and the service continues to be medically necessary.

### **Medicaid-only Members**

Medicaid-only non-Waiver Members TOC	
Service	Services the member was receiving from a non-network provider at the time of their enrollment in the MyCare Ohio program will be covered from the first date of enrollment for:
-Community Mental Health -Addiction Treatment Centers	At least 365 days
-Ohio Medicaid prior authorized Durable Medical Equipment, Vision and Dental-	Until the authorized services are received.



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#### Medicaid-only non-Waiver Members TOC

Service	Services the member was receiving from a non-network provider at the time of their enrollment in the MyCare Ohio program will be covered from the first date of enrollment for:
Medicaid Home Health and Private Duty Nursing	90 days
Assisted Living or Medicaid Nursing Facility	Unlimited period if lived in the facility on the day the member enrolled in the MyCare Ohio program and the service continues to be medically necessary.

#### Medicaid-only Waiver Members

Service	Services the member was receiving from a non-network provider at the time of their enrollment in the MyCare Ohio program will be covered from the first date of enrollment for:
-Community Mental Health -Addiction Treatment Centers	At least 365 days
-Ohio Medicaid Prior authorized Durable Medical Equipment, Vision and Dental	Until the authorized services are received.
Medicaid Home Health and Private Duty Nursing	365 days unless a change is required due to a health or other life event that changes the member's needs.
<u>Waiver Services –Direct Care including:</u> -Personal Care -Waiver Nursing -Home Care Attendant -Choice Home Care Attendant -Out of Home Respite -Enhanced Community Living -Adult Day Health	365 days unless a change is required due to a health or other life event that changes the member's needs.



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Medicaid-only Waiver Members	
Service	Services the member was receiving from a non-network provider at the time of their enrollment in the MyCare Ohio program will be covered from the first date of enrollment for:
-Social Work Counseling -Independent Living Assistance	
All other waiver services	90 days and only after an in-home assessment is completed to transition the member's services to a new provider. (The services amount is maintained for 365 days)