



To: Aetna Better Health of Ohio, the OhioRISE Plan
OhioRISE Care Management Entities

From: Dawn Puster, Deputy Director of OhioRISE

Date: September 19, 2022

Subject: Clarification on care coordination referrals and timeframes outlined in 5160-59-03.2

OhioRISE Care Management Entities (CME) asked the Ohio Department of Medicaid for additional information on some of the requirements outlined in OAC [5160-59-03.2](#), OhioRISE Care Coordination. This memo clarifies the following information about care coordination referrals and required care coordination activity timelines.

Referrals

- The OhioRISE plan's initial referral for intensive care coordination (ICC) and moderate care coordination (MCC) services delivered by CMEs is based on the child or youth's recommended level of care from an Ohio Children's Initiative Child and Adolescent Needs and Strengths (CANS) assessment, and/or other documentation or knowledge of the child's needs, as described in OAC 5160-59-03.2 paragraph (A).
- The OhioRISE plan's referral for children and youth who met the first day eligibility requirements described in OAC [5160-59-02.1](#) was based on the children and youth's history of behavioral health services, per OAC 5160-03.2 paragraph (A)(5).
- Referral for ICC and MCC services occurs on the date the CME receives a referral for the services from the OhioRISE plan. Typically, the OhioRISE plan sends ICC and MCC referrals to the CMEs electronically.

Timelines

- Care coordination activity timelines described in OAC 5160-59-03.2 paragraphs (B) and (C) begin after the CME receives a referral from ICC and MCC services from the OhioRISE Plan.
- Per OAC 5160-59-03.2 paragraph (M), the timeframe requirements found in paragraphs (B) and (C) do not apply to any children and youth who were referred for ICC or MCC between July 1, 2022 and September 29, 2022 (i.e., within the first ninety days following the effective date of the rule, which was July 1, 2022.)