

FEDERAL MEDICAID NOTICE
OHIO DEPARTMENT OF MEDICAID

Pursuant to 42 CFR 447.205, the director of the Ohio Department of Medicaid (department) gives notice of the department's intent to change its methods and standards for Medicaid payment for Program of All-Inclusive Care for the Elderly (PACE).

For counties within the boundaries of the MyCare program, the Dual Eligible amount that would otherwise have been paid (AWOP) and capitation rate developments will follow similar methodology to the Medicaid-Only capitation rate development, but will instead utilize managed care claims data as the base data. In counties where Dual Eligible individuals are enrolled in Medicaid fee-for-service (FFS), or where managed care encounter data is not sufficiently complete to support use as the base data, AWOP and capitation rate methodologies need developed. In these counties, the Ohio Department of Medicaid (ODM) shall apply the same AWOP and rate development methodologies utilized for the Medicaid-Only population in the development of the capitation rates until sufficient managed care claims data is available.

Implementation of this change is expected to have no impact on annual aggregate expenditures for the PACE Program.

Any person may examine and obtain a copy of the changes, without charge, at the following locations:

Ohio Department of Medicaid, 50 West Town Street, Fourth Floor, Columbus, Ohio 43215;
or
Any county department of job and family services.

Written comments regarding these changes may be sent to:

The Ohio Department of Medicaid,
Attn.: Bureau Long-Term Services and Supports, HCBS Policy Section,
50 West Town Street, Fourth Floor,
Columbus, Ohio 43215-3414

Comments may be reviewed at the same location. Comments may also be provided by e-mail at the following address: HCBSPolicy@medicaid.ohio.gov. Comments must be received by June 30, 2025.

ODM is committed to providing access and inclusion and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, Section 1557 of the Affordable Care Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (braille, large print, audio, accessible electronic formats, other formats), or a reasonable accommodation due to a disability, please contact ODM's Civil Rights/ADA Coordinator at 614-995-9981/TTY 711, Fax 1-614-644-1434, or Email: ODM_EEO_EmployeeRelations@medicaid.ohio.gov. If you believe ODM has failed to provide these services or discriminated in another way, you can file a grievance with ODM's Civil Rights Coordinator or Section 1557 Coordinator and/or file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Further information on these processes and ODM's compliance with civil rights and other applicable laws can be found here: [Notice of Nondiscrimination](#).