

# The Ohio Department of Medicaid

**Purpose:** This document serves as a central repository for Points of Contact (POC) which Care Coordination Entity (CCE) staff and other community care coordinators can reach out to for general questions, and/or begin the process of gaining access to the Managed Care Entity (MCE) care coordination portal(s).

MCEs, please provide at least one POC for the areas below. POCs should understand the program or member population and be able to facilitate the linkage between the member and individual care coordinators. These contacts should be reviewed and updated quarterly in accordance with the Provider Agreement (Appendix P). Email this document to [CareManagement@medicaid.ohio.gov](mailto:CareManagement@medicaid.ohio.gov) for changes to the POCs listed below.

Check out our helpful [resources and information](#) for all things related to the Ohio Medicaid Managed Care program.



**MCE Name:**

**Date:**



## Ohio Homecare Waiver + Managed Care

**Medicaid home- and community-based services**

Name 1:  
Email 1:  
Name 2:  
Email 2:



## ODA Waiver + Managed Care

**Department of Aging home- and community-based services**

Name 1:  
Email 1:  
Name 2:  
Email 2:  
Website:



## Voluntarily Enrolled DODD HCBS Waiver

**Department of Developmental Disabilities Home and Community Based Services**

Name 1:  
Email 1:  
Name 2:  
Email 2:



## SRSP + MCO

**Specialized Recovery Services Program**

Name 1:  
Email 1:  
Name 2:  
Email 2:



## HOME Choice

**Helping Ohioans Move, Expanding Choice**

Name 1:  
Email 1:  
Name 2:  
Email 2:



## IMS Administrators

**Incident Management System**

Name 1:  
Email 1:  
Name 2:  
Email 2:



## Justice-Involved Programs

**Pre-release, community linkage, and the addiction treatment program**

Name 1:  
Email 1:  
Name 2:  
Email 2:



## OhioRISE- Aetna/CMEs

**Resilience through Integrated Systems and Excellence**

Name 1:  
Email 1:  
Name 2:  
Email 2:



## Comprehensive Primary Care

**Patient-centered medical home program**

Name 1:  
Email 1:  
Name 2:  
Email 2:



## PCSA/Title IV-E Court

**Public children services agency**

Name 1:  
Email 1:  
Name 2:  
Email 2: