

Revision: HCFA-PM-87-4 (BERC)
March 1987

OMB No. 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State/Territory: OHIO

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Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: OHIO

Citation As a condition for receipt of Federal funds under title XIX of the
42 CFR 430.10 Social Security Act, the

Office of Medical Assistance
(Single State Agency)

Submits the following State plan for the medical assistance program,
and hereby agrees to administer the program in accordance with the
provisions of this State plan, the requirements of titles XI and XIX of
the Act, and all applicable Federal regulations and other official
issuances of the Department.

TN: 12-014
Supersedes:
TN: 00-013

Approval Date: 2/6/13

Effective Date: 09/10/2012

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: OHIO

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.10

1.1 Designation and Authority

- (a) The Office of Medical Assistance is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

TN: 12-014
Supersedes:
TN: 00-013

Approval Date: 2/6/13
Effective Date: 09/10/2012

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: OHIO

Citation
Sec. 1902(a)
of the Act

1.1(b) The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which related to blind individuals.

Yes. The State agency so designated is _____.
This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

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TN: 00-013

Approval Date: 2/6/13
Effective Date: 09/10/2012

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: OHIO

Citation
42 CFR 431.10

1.1(d)

- The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.
- Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

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Supersedes:
TN: 76-54

Approval Date: 2/6/13

Effective Date: 09/10/2012

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: OHIO

Citation:
42 CFR 431.11

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
 - (b) Within the State agency, the Medicaid agency itself, named in paragraph 1.1(a), has been designated as the medical assistance unit. ATTACHMENT 1.2-A contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
 - (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
 - (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1 (a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.
- Not applicable. Only staff of the agency named in paragraph 1.1 (a) make such determinations.

TN: 12-014
Supersedes:
TN: 74-15

Approval Date: 2/6/13

Effective Date: 09/10/2012

Revision: HCFA-AT-80-38
May 22, 1980 (BPP)

State: OHIO

Citation
42 CFR
431.50(b)

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

- The plan is State administered.
- The plan is administered by the political subdivisions of the State and is mandatory on them.

TN: 12-014
Supersedes:
TN: 74-15

Approval Date: 2/6/13
Effective Date: 09/10/2012

State/Territory: OHIO

Citation
42 CFR 431.202

4.2 (Continued)

- (A) A previous existing authorization for payment of long term care facility services shall be considered to continue in the following cases:
- 1) When a recipient transfers from one certified long term care facility (LTCF) to another similarly certified LTCF without interruption of service and the documentation for level of care review is submitted to the agency named in paragraph 1.1(a) in accordance with Ohio Administrative Code.
 - 2) When a recipient returns from a hospital to the same or any similarly certified LTCF after exhaustion of his/her reserved bed days, pursuant to 42 CFR 447.40 and the documentation for level of care review is submitted to the agency named in paragraph 1.1(a) in accordance with Ohio Administrative Code.
 - 3) When a recipient returns to the same or similarly certified LTCF from visits with friends or relatives or participation in therapeutic programs within 30 days after exhaustion of his/her reserved bed days, pursuant to 42 CFR 447.40 and the documentation for level of care review is submitted to the agency named in paragraph 1.1(a) in accordance with Ohio Administrative Code.
 - 4) When a recipient is determined by the agency named in paragraph 1.1(a) to no longer be in need of long term care facility services, the recipient, and/or responsible party shall be sent written notice in accordance with 42 CFR 435.919 prior to termination of payment for long term care facility services.
- (B) A completed application for a determination of the need for LTCF services will not be denied by the agency named in paragraph 1.1(a) or its designee until a qualified medical professional, whose qualifications include being a registered nurse, conducts a face to face assessment of the applicant/recipient.

TN: 12-014
Supersedes:
TN: 88-23

Approval Date: 2/6/13Effective Date: 09/10/2012

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No. 0938-

State/Territory: OHIO

Citation 7.4
42 CFR 430.12
(b)

State Governor's Review

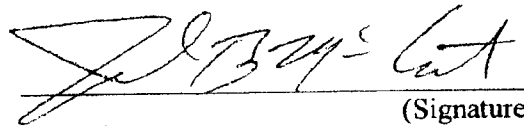
The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services with such documents.

- Not applicable. The Governor --
- Does not wish to review any plan material.
- Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of the

Office of Medical Assistance
(Designated Single State Agency)

Date: 9-26-12



(Signature)

Medicaid Director

(Title)

TN: 12-014
Supersedes:
TN: 91-19

Approval Date: 2/6/13

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State of Ohio

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

The Office of Medical Assistance is the single state agency responsible for:

administering the plan.

The legal authority under which the agency administers the plan on a statewide basis is:

Section 5111.01 and Section 5101.47 of the Ohio Revised Code
(statutory citation)

supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in:

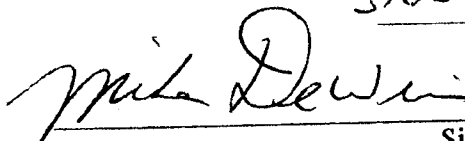
Sections 5111.01 and 5111.02 of the Ohio Revised Code
(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is:

Sections 5111.01 and 5111.02 of the Ohio Revised Code
(statutory citation)

JAN 30, 2013

Date



Signature

Ohio Attorney General
Title

TN: 12-014
Supersedes:
TN: 81-9

Approval Date: 2/6/13

Effective Date: 09/10/2012

State Plan For Title XIX
State of Ohio

Attachment 1.2-A
Page 1

ORGANIZATION AND FUNCTION OF STATE AGENCY
42 CFR 431.11 (c)

The agency named in paragraph 1.1(a) is the single state agency.

TN: 12-014
Supersedes:
TN: 80-27

Approval Date: 2/6/13

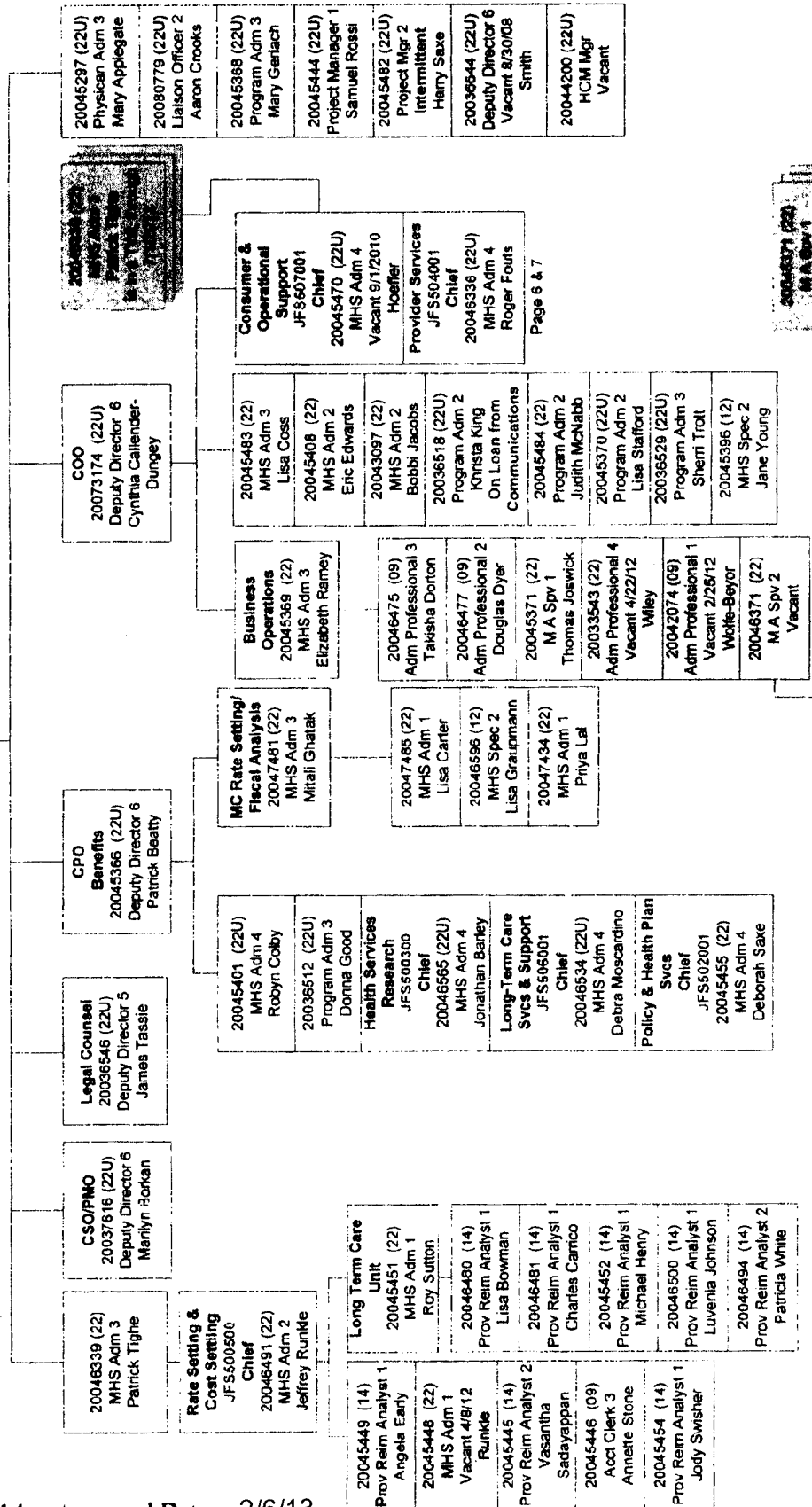
Effective Date: 09/10/2012

As Of 8/27/2012

TABLE OF ORGANIZATION

DIRECTOR'S OFFICE
JFS500002

Legend	
Internal Inbrim	
External Inbrim	
Vacant Position	
TWLS	



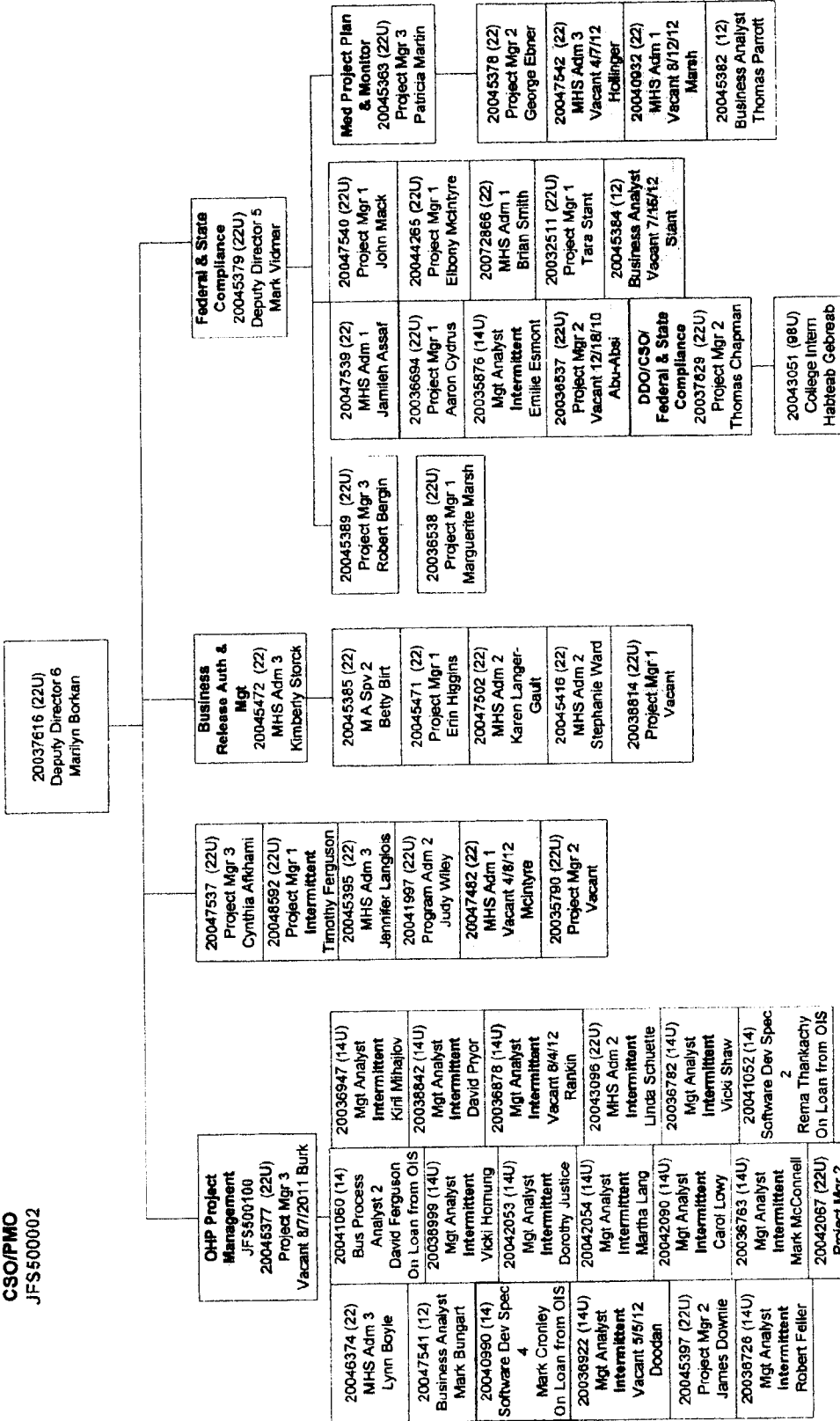
APPROVED BY: Carolyn Borden-Collins, Deputy Director, Employee & Business Services

TN: 12-014 Approval Date: 2/6/13
Supersedes:
TN: 80-27 Effective Date: 09/10/2012

As Of 8/27/2012

TABLE OF ORGANIZATION

DIRECTOR'S OFFICE
CSO/PMO
JFS500002



APPROVED BY: Carolyn Borden-Collins, Deputy Director, Employee & Business Services

TN: 12-014
Supersedes:
TN: 80-27

Approval Date: 2/6/13

Effective Date: 09/10/2012

TABLE OF ORGANIZATION
DIRECTOR'S OFFICE
LEGAL COUNSEL
JFS500002

Legal Counsel 20036546 (22U) Deputy Director 5 James Tassie	20036556 (22U) Attorney 5 Jennifer Adair	20036553 (22U) Attorney 5 Martyn Brodnik	20036554 (22U) Attorney 6 Bonnie Clevenger	20036581 (22U) Attorney 5 David Dokko	20036557 (22U) Attorney 5 David Esproza	20036547 (22U) Attorney 5 Karen Lazonishak	20036551 (22U) Attorney 5 Joel Lodge	20036550 (22U) Attorney 6 Monalynne Weibl
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TN: 12-014
Supersedes:
TN: 80-27

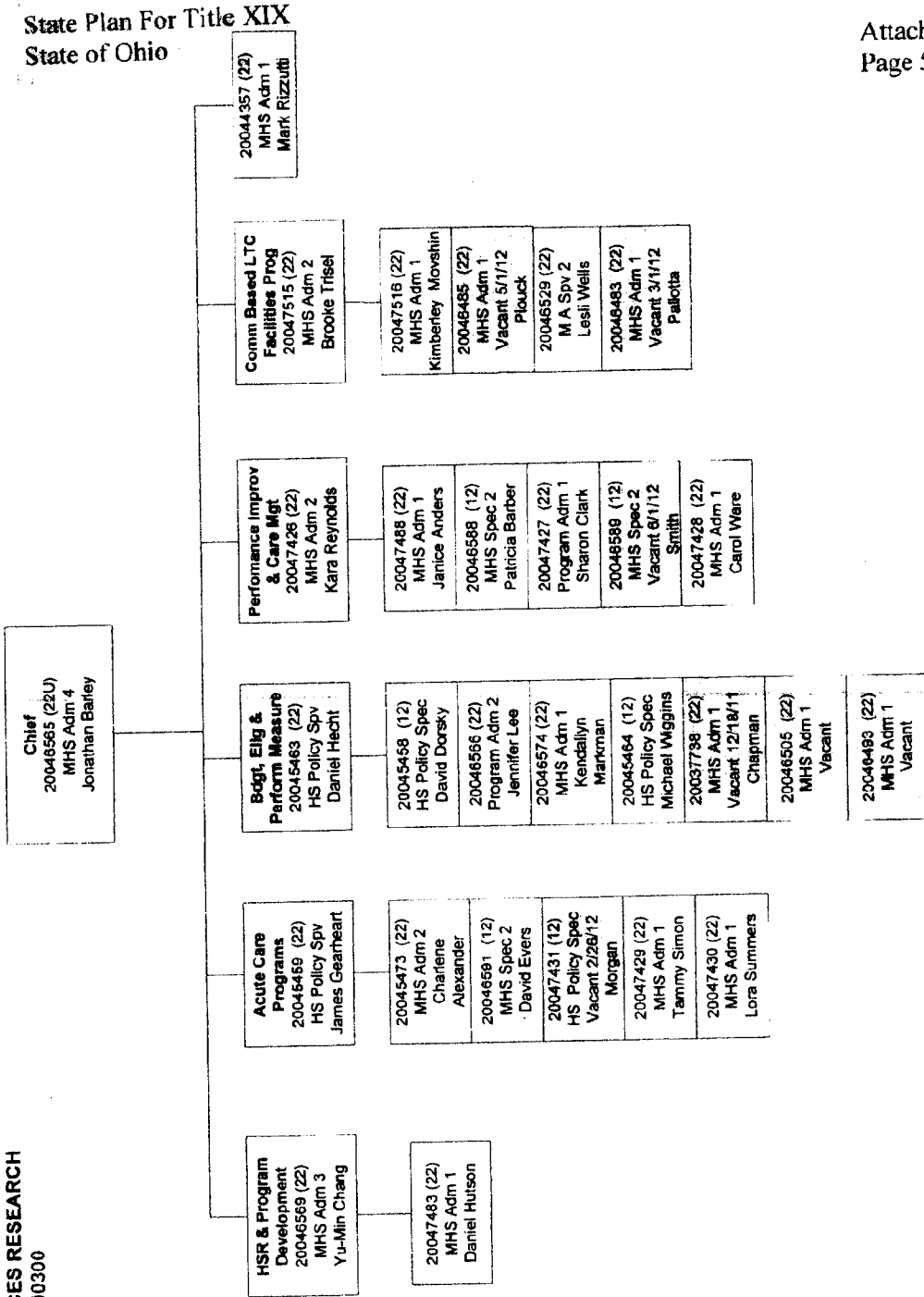
Approval Date: 2/6/13
Effective Date: 09/10/2012

APPROVED BY: Carolyn Borden-Collins, Deputy Director, Employee & Business Services

TABLE OF ORGANIZATION

HEALTH SERVICES RESEARCH
JFS500300

State Plan For Title XIX
State of Ohio



TN: 12-014
Supersedes:
TN: 80-27

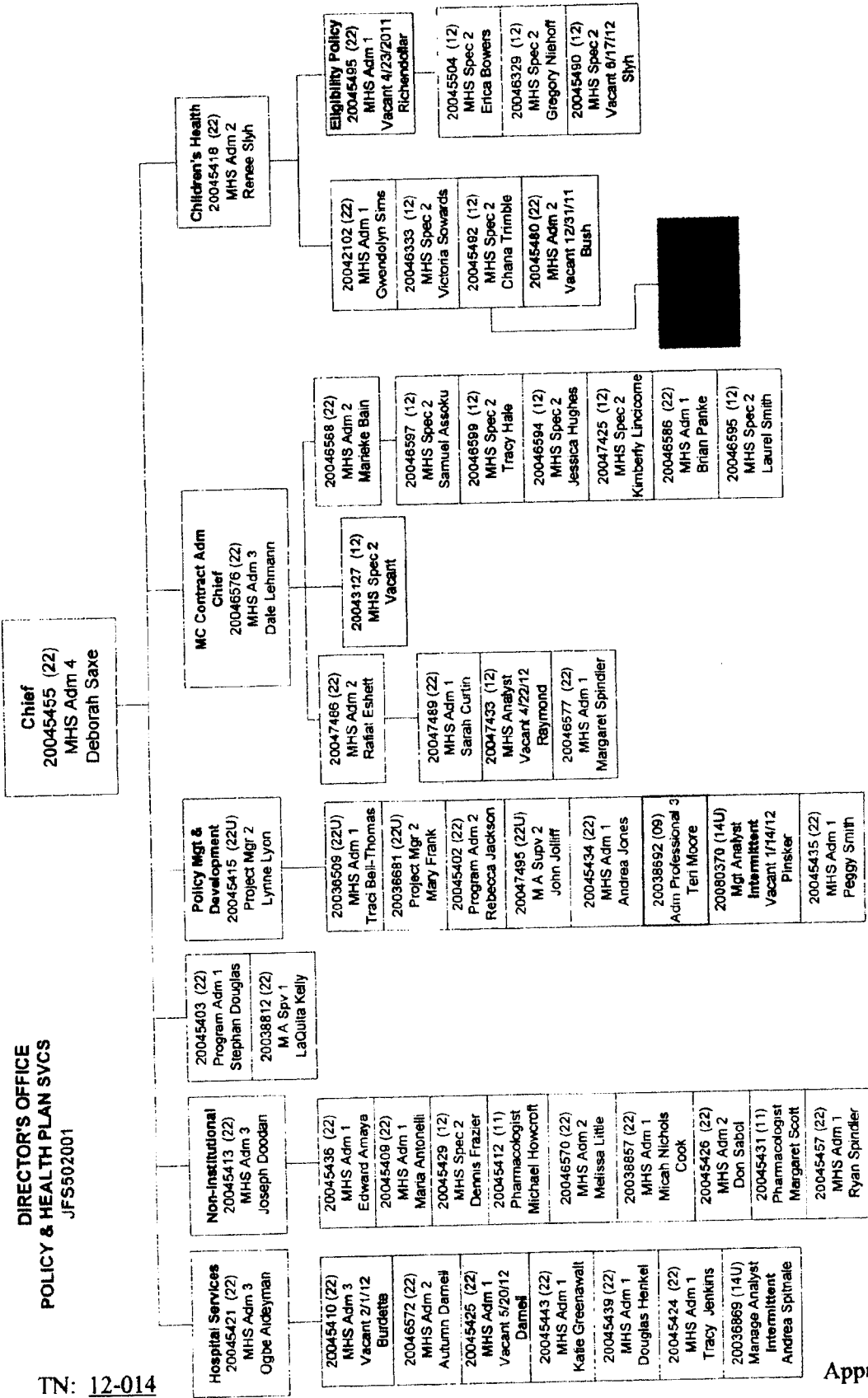
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As Of 8/27/2012

TABLE OF ORGANIZATION

DIRECTOR'S OFFICE
POLICY & HEALTH PLAN SVCS
JFS502001



TN: 12-014
Supersedes:
TN: 80-27

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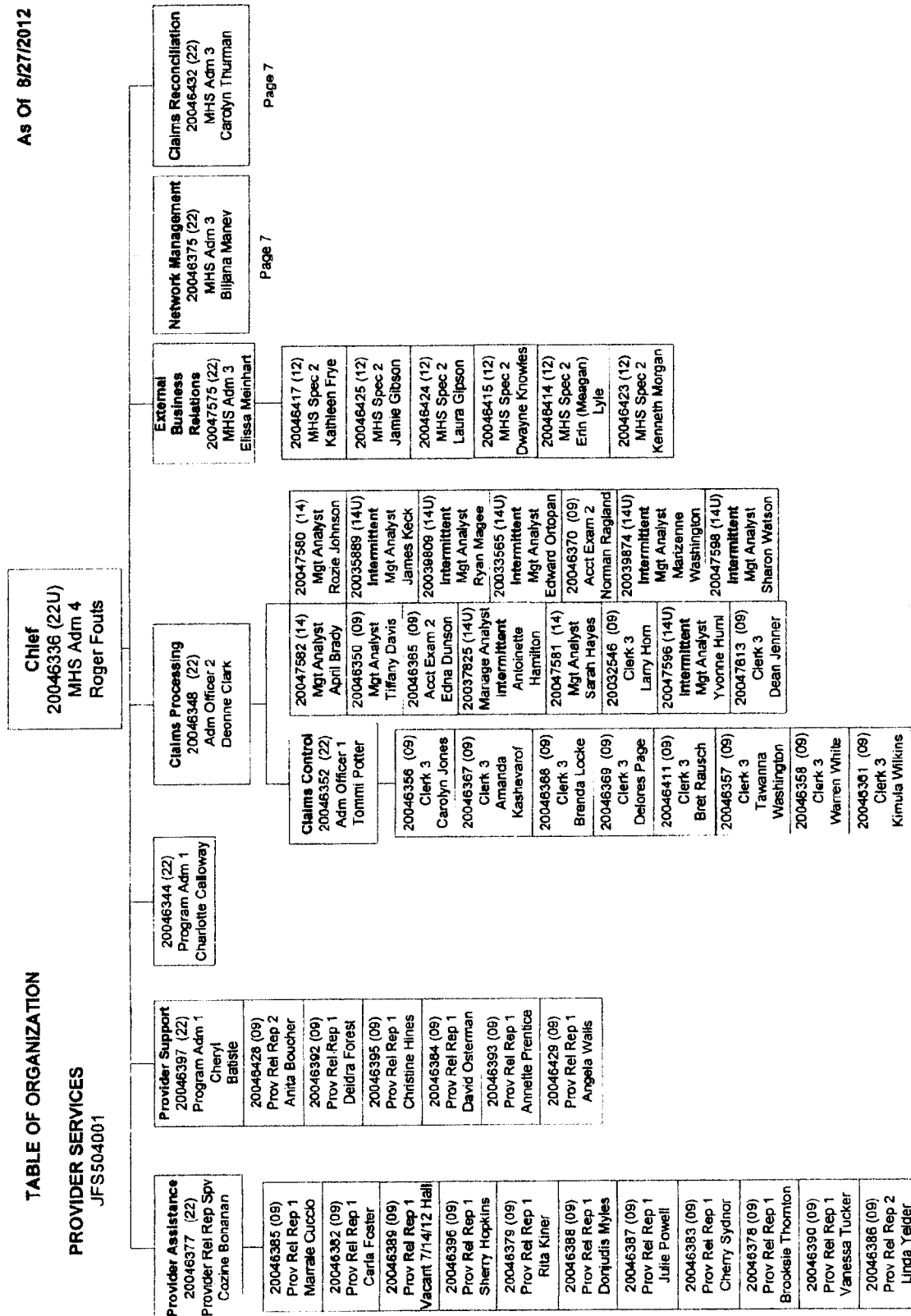
APPROVED BY: Carolyn Borden-Collins, Deputy Director, Employee & Business Services

As Of 8/27/2012

TABLE OF ORGANIZATION

PROVIDER SERVICES

JFS504D01



TN: 12-014
Supersedes:
TN: 80-27

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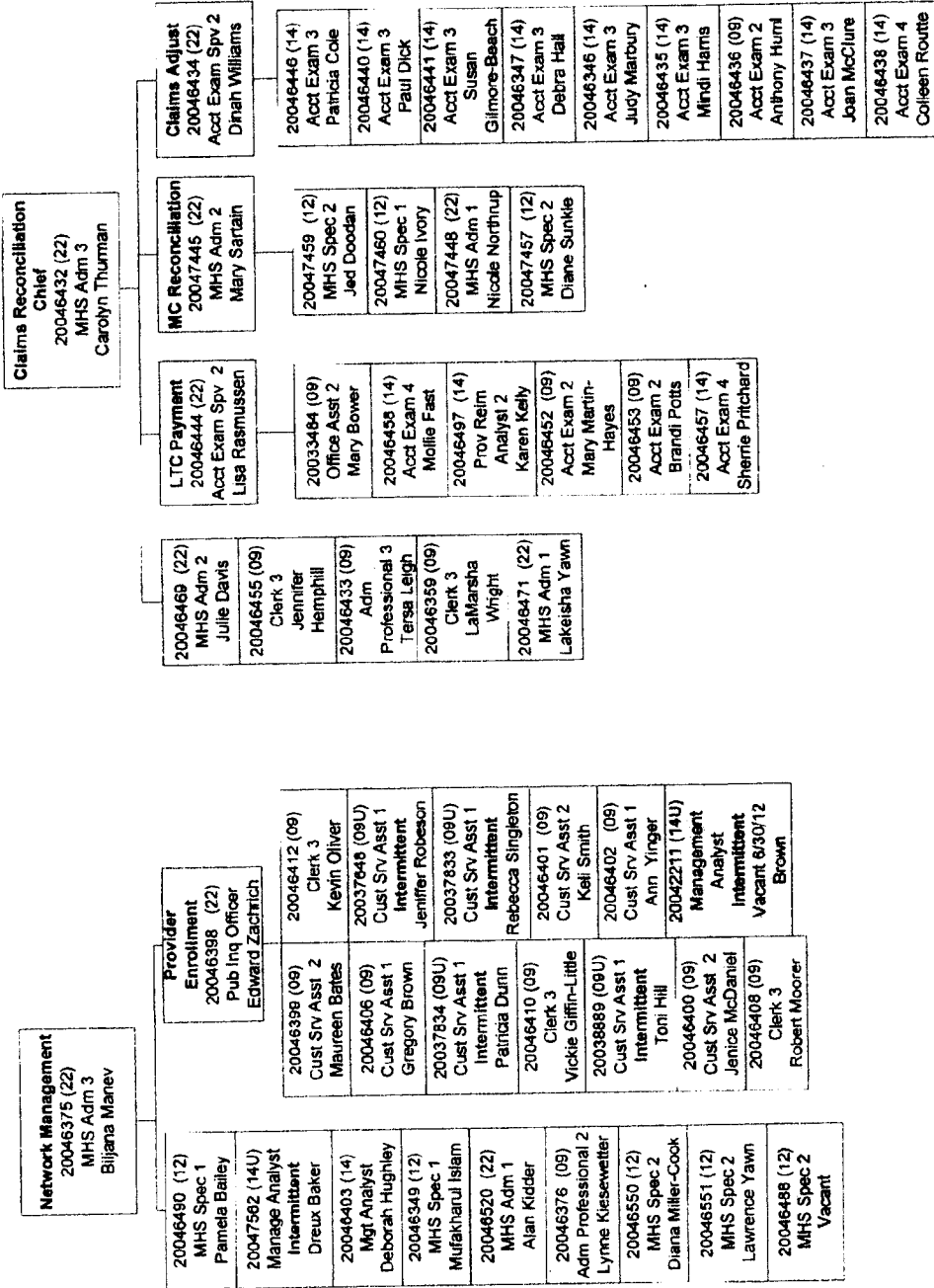
Effective Date: 09/10/2012

APPROVED BY: Carolyn Barden-Collins, Deputy Director, Employee & Business Services

TABLE OF ORGANIZATION

PROVIDER SERVICES
CLAIMS SERVICES
NETWORK MANAGEMENT

JFS504001



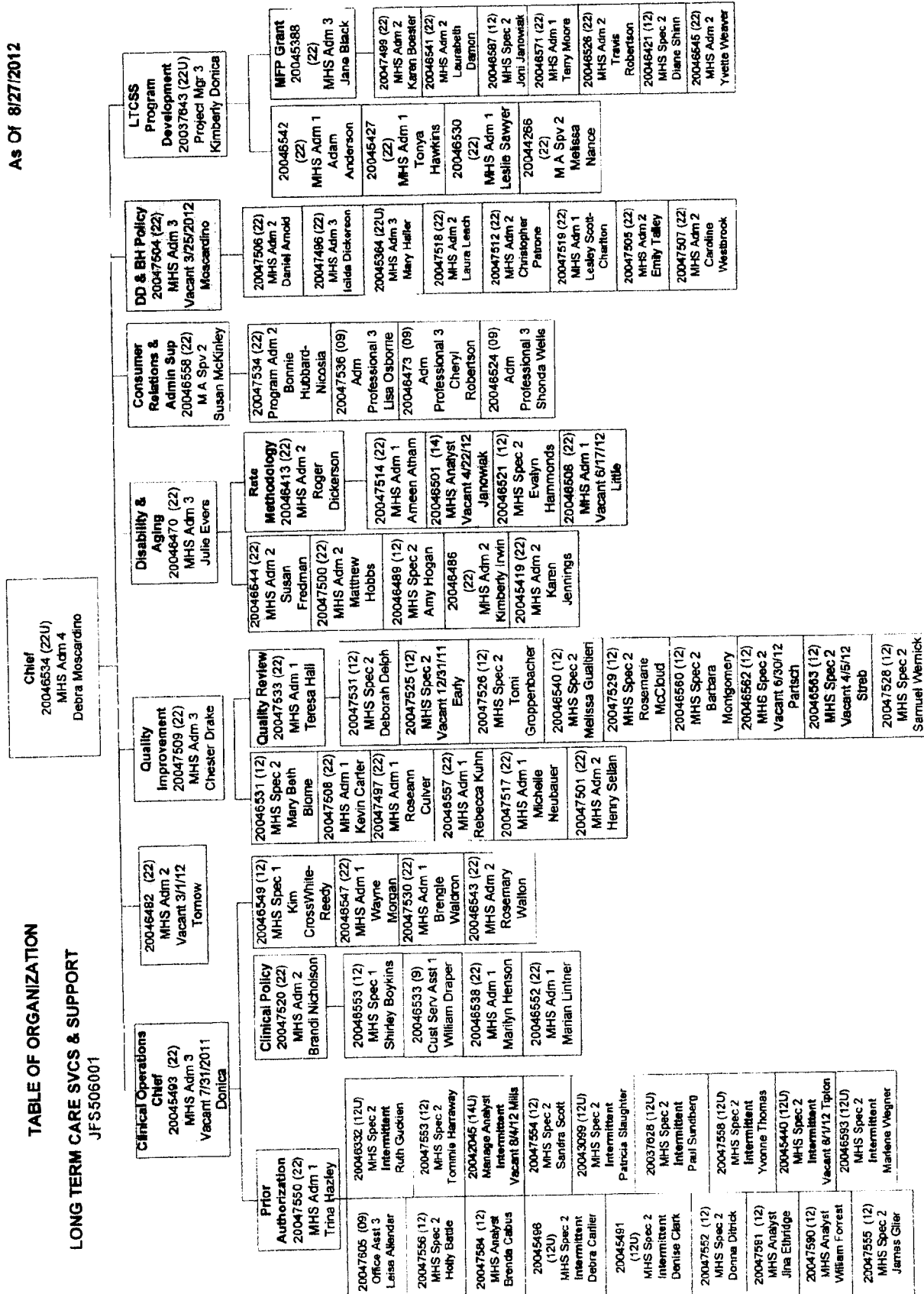
APPROVED BY: Carolyn Borden-Collins, Deputy Director, Employee & Business Services

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As Of 8/27/2012

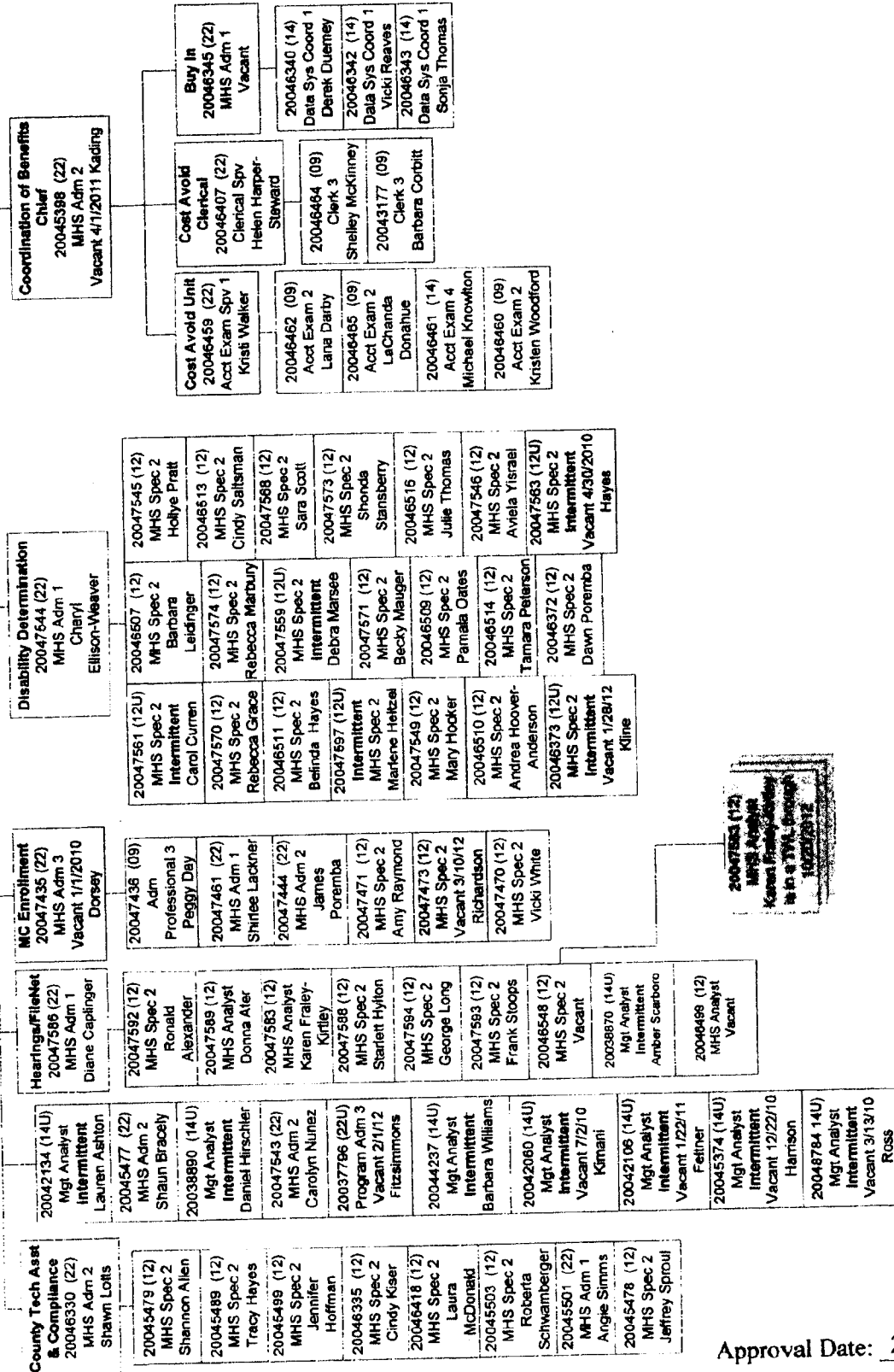


APPROVED BY: Carolyn Borden-Collins, Deputy Director, Employee & Business Services

TN: 12-014 Approval Date: 2/6/13
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TN: 80-27 Effective Date: 09/10/2012

As Of 8/27/2012

TABLE OF ORGANIZATION
CONSUMER & OPERATIONAL SUPPORT
JFS507001



TN: 12-014
Supersedes:
TN: 80-27

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APPROVED BY: Carolyn Borden-Collins, Deputy Director, Employee & Business Services

ORGANIZATION AND FUNCTION OF MEDICAL ASSISTANCE UNIT

42 CFR 431.11(c)

The agency named in paragraph 1.1(a) is the medical assistance unit responsible for developing Medicaid program policy. Within the agency, the Bureau of Policy and Health Plan Services is responsible for maintaining the State Plan.

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PROFESSIONAL MEDICAL AND SUPPORTING STAFF

The Medicaid agency includes professional medical, other skilled health care personnel (e.g., physician, nurses, pharmacologists, and others with professional education and training in the field of health care), and support staff whose activities are directly necessary to carry out the functions of the Office.

All professional medical expertise is used to provide meaningful information for appropriate program planning and efficient operational services compatible with state and federal expectations.

TN: 12-014
Supersedes:
TN: 81-4

Approval Date: 2/6/13

Effective Date: 09/10/2012

Description of Staff Making Eligibility Determinations

County Departments of Job and Family Services (CDsJFS)

Per agreements between the single state agency and each CDJFS, the single state agency designates CDsJFS employees to perform eligibility functions. They review applications and verifications provided by the consumers, determine eligibility based on Medicaid eligibility requirements, and perform supportive services to assure access to and receipt of medically necessary health care services. They have responsibility for determinations for eligibility for covered groups identified in Attachment 2.2-A, "Groups Covered and Agencies Responsible for Eligibility Determination," with the exception of "Certain Women Needing Treatment for Breast or Cervical Cancer," as described under Attachment 2.2-A, Page 23b and referred to as "Breast and Cervical Cancer Program (BCCP) Medicaid." The county-based operations are not responsible for the determination of eligibility for BCCP Medicaid.

Everyone enrolled in Medicaid has access to a caseworker. Caseworkers answer questions that beneficiaries have about the Medicaid application and reapplication process.

The Medicaid Agency (The Single state agency named in paragraph 1.1(a))

Designated staff within the agency named in paragraph 1.1(a) are responsible for determination of eligibility for BCCP Medicaid, in accordance with Section 1902(a)(10)(A)(ii)(XVIII) of the Social Security Act and as described on Attachment 2.2-A, Page 23b.

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TN: NEW

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August 1991

(BPD)

ATTACHMENT 2.2-A

Page 1

OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OHIO

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY
DETERMINATIONS

Agency*

County Departments of Job and Family Services determine eligibility for all covered groups except Breast and Cervical Cancer Program (BCCP) Medicaid

The Single state agency named in paragraph 1.1(a) determines eligibility for BCCP Medicaid, in accordance with Section 1902(a)(10)(A)(ii)(XVIII) of the Social Security Act and as described on Attachment 2.2-A, Page 23b)

Citation(s) Groups Covered

The following groups are covered under this plan.

A. Mandatory Coverage – Categorically Needy and Other Required Special Groups

42 CFR 435.110

1. Recipients of AFDC

The approved State AFDC plan includes:

- Families with an unemployed parent for the mandatory 6-month period and an optional extension of N/A months. No time limit.
- Pregnant women with no other eligible children.
- AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

42 CFR 435.115

2. Deemed Recipients of AFDC

- a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

*Agency that determines eligibility for coverage

TN: 12-014

Supersedes:

TN: 91-25

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