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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 19-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
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TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 19-008	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2019	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1902(a)(11) and (a)(22) of the Social Security Act; 42 CFR 431 Subpart M		7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$ 0 b. FFY 2020 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.16-B, page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): (new)	
10. SUBJECT OF AMENDMENT: Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees (Opportunities for Ohioans with Disabilities Agency and the Ohio Department of Developmental Disabilities; Attachment 4.16-B)			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: MAUREEN M. CORCORAN		Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: <i>March 12, 2019</i>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 12, 2019		18. DATE APPROVED: March 29, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Celestine Curry		22. TITLE: Acting Deputy Director	
23. REMARKS:			

Instructions on Back

**Cooperative Arrangements with the Opportunities for Ohioans with Disabilities
Agency and the Ohio Department of Developmental Disabilities**

The Ohio Department of Medicaid (ODM) has subrecipient relationships with the Opportunities for Ohioans with Disabilities Agency (OOD) and the Ohio Department of Developmental Disabilities (DODD): OOD and DODD are the sub-recipient of funds providing or assisting ODM in providing statewide access for eligible individuals who are covered by the Medicaid program as set forth in Title XIX of the Social Security Act or the State Children's Health Insurance Program (SCHIP) Medicaid expansion as set forth in Title XXI of the Social Security Act for:

- 1) Improving competitive integrated employment outcomes for individuals with developmental disabilities;
- 2) Providing vocational rehabilitation counseling and employment services to working-age adults with developmental disabilities to assist with the transition to competitive, integrated employment;
- 3) Outlining a collaborative framework for coordinating state and local services and resources; and
- 4) Providing basic guidance for coordinating plans, policies, and procedures developed to facilitate the prioritization of competitive integrated community employment of individuals with developmental disabilities.

The relationship provides for statewide access to medically necessary covered services comparable in amount, scope and duration, with the exception of PASRR, in accordance with federal compliance requirements including statewideness, recipient free choice of provider, comparability of services and reasonable promptness.

The relationship is formalized by an Interagency Agreement to implement the provisions of 42 CFR 431, Subpart M, and to authorize the transfer of federal funds between ODM and OOD and DODD for those Medicaid administrative services under CFDA 93.767 and CFDA 93.778.

TN: 19-008
Supersedes:
TN: New

Approval Date: 3/29/19
Effective Date: 01/01/2019