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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 20-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 East 12th Street, Suite 0300

Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

April 10, 2020

Maureen M. Corcoran, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

RE: State Plan Amendment Transmittal Number 20-0011

Dear Ms. Corcoran:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #20-0011 - Interagency Agreement: Ohio Department of Developmental Disabilities
 - Effective Date: January 1, 2020
 - Approval Date: April 9, 2020

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at christine.davidson@cms.hhs.gov.

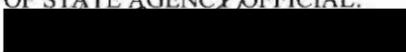
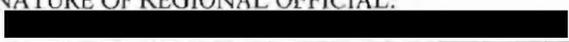
Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Carolyn Humphrey, ODM
Becky Jackson, ODM
Greg Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 20-011	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, 2020	
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: 20 U.S.C. 1431 through 1445; 34 CFR Part 303; 42 CFR 431 Subpart M		7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$0 b. FFY 2021 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.16-O, Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.16-O, Page 1 of 1 (TN 11-019)	
10. SUBJECT OF AMENDMENT: Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees (Ohio Department of Developmental Disabilities; Attachment 4.16-O)			
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: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: MAUREEN M. CORCORAN			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: March 30, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 30, 2020		18. DATE APPROVED: April 9, 2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS:			

Instructions on Back

Cooperative Arrangements with the Ohio Department of Developmental Disabilities

The single state agency listed in Section 1.1(a) of the state plan has a subrecipient relationship with the Ohio Department of Developmental Disabilities (DODD): DODD is the sub-recipient of funds for providing or assisting the single state agency 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: Targeted Case Management (TCM) services, Early Intervention services, Home and Community-Based Services (HCBS) waiver services, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) services delivered in Developmental Centers, and Pre-Admission Screening and Resident Review (PASRR) screening services for individuals with intellectual or other developmental disabilities seeking Nursing Facility (NF) services.

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

The relationship is formalized by Interagency Agreements to implement the provisions of Part C of the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. 1431 through 1445 and 34 CFR part 303, and 42 CFR 431, Subpart M and to transfer of federal funds between the single state agency and DODD for those Medicaid services under CFDA #93.767 and CFDA #93.778.

TN: 20-011
Supersedes:
TN: 11-019

Approval Date: 04/09/2020
Effective Date: 01/01/2020