

## **Table of Contents**

**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 21-0001**

This file contains the following documents in the order listed:

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

March 31, 2021

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

Re: Ohio State Plan Amendment (SPA) 21-0001

Dear Ms. Corcoran:

We have reviewed the proposed amendment to add section 7.5.A-1, Disaster Relief SPA Rescissions: Copayments, to Ohio's Medicaid state plan, as submitted under transmittal number (TN) 21-0001. This amendment proposes to rescind a temporary policy previously approved in section 7.5 of the Medicaid State Plan through the submission of a Medicaid Disaster Relief SPA.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. Section 7.5 of the Medicaid state plan provides temporary authority for this provision and is intended to be in effect only for the duration of the COVID-19 public health emergency (PHE). Due to the temporary nature of this provision and because Ohio has elected to rescind the suspension of copayments and other cost sharing prior to the end of the COVID-19 PHE, Medicaid SPA TN 21-0001 is approved effective January 5, 2021.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Christine Davidson at (312) 886-3642 or by email at [Christine.davidson@cms.hhs.gov](mailto:Christine.davidson@cms.hhs.gov) if you have any questions about this approval.


Sincerely,

Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2021.03.31  
10:12:49 -04'00'

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Acting Director  
Center for Medicaid & CHIP Services

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>21-001</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	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 <b>January 5, 2021</b>	
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"/> <b>AMENDMENT</b>		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )		
6. FEDERAL STATUTE/REGULATION CITATION: <del>Section 1135 of the Act</del> Title XIX of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2021 (\$ -2,625 thousands) b. FFY 2022 (\$ -2,625 thousands)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Addendum 7.5.A-1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):	
10. SUBJECT OF AMENDMENT: <del>Section 1135</del> Disaster Relief Rescissions: Copayments		
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: <b>The State Medicaid Director is the Governor's designee</b>
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO:	
13. TYPED NAME: <b>MAUREEN M. CORCORAN</b>	<b>Carolyn Humphrey</b> <b>Ohio Department of Medicaid</b> <b>P.O. BOX 182709</b> <b>Columbus, Ohio 43218</b>	
14. TITLE: <b>STATE MEDICAID DIRECTOR</b>		
15. DATE SUBMITTED: January 12, 2021		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED: January 12, 2021	18. DATE APPROVED: March 31, 2021	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 5, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: Alissa M. DeBoy -S <small>Digitally signed by Alissa M. DeBoy -S Date: 2021.03.31 10:13:12 -0400</small>	
21. TYPED NAME: Alissa Mooney DeBoy	22. TITLE: On Behalf of Anne Marie Costello, Acting Director	
23. REMARKS:  The state agreed to remove references to Section 1135 in Box 6 & Box 10 which are not applicable to this SPA. <i>ed</i>		

**Instructions on Back**

State/Territory: Ohio

### **7.5.A-1. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency**

Effective January 5, 2021 the agency rescinds the election at C.1. of section 7.5 (approved on 05/22/2020 in SPA Number OH-20-0012) of the state plan to suspend all deductibles, copayments, coinsurance, and other cost sharing charges as described in section 4.18 of the state plan. As required in the FFCRA, the state will continue to waive cost-sharing for testing services (including in vitro diagnostic products), testing-related services, and treatments for COVID-19, including vaccines, specialized equipment and therapies, for any quarter in which the temporary increased FMAP is claimed.