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## State/Territory Name: Ohio

## State Plan Amendment (SPA) #: 21-0003

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) 21-0003

Dear Ms. Corcoran:

We have reviewed the proposed amendment to add section 7.5.A-3, Disaster Relief SPA Rescissions: Prior Authorizations for Medications, to Ohio's Medicaid State Plan, as submitted under transmittal number (TN) 21-0003. 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). Since Ohio elected not to implement the approved PE flexibilities and does not plan to do so at any time in the future, Medicaid SPA TN 21-0003 is approved effective January 1, 2021.

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

Please contact Christine Davidson at (312) 886-3642 or by email at <u>Christine.davidson@cms.hhs.gov</u> if you have any questions about this approval.

Sincerely,

Alissa M. Deboy -S Digitally signed by Alissa M. Deboy -S Date: 2021.03.31 10:15:59 -04'00'

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	21-0003	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, 2021	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☑ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: Section 1135 of the Act Title XIX of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2021 (\$ -78,750 thousands) b. FFY 2022 (\$ -78,750 thousands)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI OR ATTACHMENT (If Applicable):	EDED PLAN SECTION
Addendum 7.5.A-3		
10. SUBJECT OF AMENDMENT: Section 1135 Disaster Relief Rescissions: Prior Authorization for Medications		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The State Medicaid Director is the Governor's designee	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICI	16. RETURN TO:	
13. TYPED NAME: MAUREEN M. CORC	Carolyn Humphrey	
15. I I FED NAME. MAUKEEN M. CORC	Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: STATE MEDICAID DIRECTOR		
15. DATE SUBMITTED: January 19, 2021		

FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: January 19, 2021	18. DATE APPROVED: 03/31/2021	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2021	20. SIGNATURE OF REGIONAL OFFIC Public signed by Alissa M. Deboy Alissa M. Deboy -S S Date: 2021.03.31 10:16:24-04'00'	
21. TYPED NAME: Alissa Mooney DeBoy	22. TITLE: On Behalf of Anne Marie Costello, Acting Director	
23 REMARKS	Center for Medicaid & CHIP Services	

23. REMARKS:

The state agreed to remove references to Section 1135 in Box 6 & Box 10 which are not applicable to this SPA. ed

## 7.5.A-3. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency

Effective January 1, 2021 the agency rescinds the election at D.7. of section 7.5 (approved on 05/22/2020 in SPA Number OH-20-0012) of the state plan, which allowed for the expansion of prior authorization for medications by automatic renewal without clinical review, or time/quantity extensions.