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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 21-0005

This file contains the following documents in the order listed:

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



April 15, 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) 21-0005

Dear Ms. Corcoran:

We have reviewed the proposed amendment to add section 7.5.A-5, Disaster Relief SPA Rescissions: Telehealth Originating Site Payment, to Ohio's Medicaid state plan, as submitted under transmittal number (TN) 21-0005. 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 telehealth originating site payment prior to the end of the COVID-19 PHE, Medicaid SPA TN 21-0005 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 e-mail at 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: 2021.04.15
09:17:33 -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 STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 21-005	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 5, 2021	
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: Section 1135 of the Act Title XIX of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$ 0 b. FFY 2022 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addendum 7.5.A-5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):	
10. SUBJECT OF AMENDMENT: Section 1135 Disaster Relief Rescissions: Telehealth Originating Site Payment		
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 OFFICER	16. RETURN TO:	
MAUREEN M. CORCORAN	Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME:	14. TITLE: STATE MEDICAID DIRECTOR	
15. DATE SUBMITTED: January 20, 2021		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: January 20, 2021	18. DATE APPROVED: 04/15/2021	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 5, 2021	20. SIGNATURE OF REGIONAL ADMINISTRATOR	
21. TYPED NAME: Alissa Mooney DeBoy	Alissa M. DeBoy Digitally signed by Alissa M. DeBoy -S Date: 2021.04.15 09:18:07 -0400	
22. TITLE: On Behalf of Anne Marie Costello, Acting Director	Center for Medicaid and 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. <i>cd</i>		

Instructions on Back

State/Territory: Ohio

7.5.A-5. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency

Effective January 5, 2021 the agency rescinds the election at E.3.c. of section 7.5 (approved on 05/22/2020 in SPA Number OH-20-0012) of the state plan to temporarily add a billing code for telehealth originating site fee, and and restores the payment methodology for telehealth services as described in Attachment 4.19-B, Item 26 of the state plan.

TN: 21-005
Supersedes:
TN: New

Approval Date: 04/15/2021

Effective Date: 01/05/2021