

## **Table of Contents**

**State/Territory Name:** **Ohio**

**State Plan Amendment (SPA) #:** **22-0010**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th Street, Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

June 23, 2022

Maureen Corcoran  
Director  
Ohio Department of Medicaid  
50 West Town Street  
Columbus, OH 43215

Re: Approval of State Plan Amendment OH-22-0010

Dear Maureen Corcoran,

On March 31, 2022, the Centers for Medicare and Medicaid Services (CMS) received Ohio State Plan Amendment (SPA) OH-22-0010 to update the description of the Ohio Department of Medicaid organization and the administration of the state's Medicaid program.

We approve Ohio State Plan Amendment (SPA) OH-22-0010 with an effective date(s) of January 01, 2022.

If you have any questions regarding this amendment, please contact Christine Davidson at christine.davidson@cms.hhs.gov

Sincerely,

Director, Division of Program  
Operations  
Center for Medicaid & CHIP Services

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OH2022MS00020 | OH-22-0010

### Package Header

<b>Package ID</b>	OH2022MS00020	<b>SPA ID</b>	OH-22-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/31/2022
<b>Approval Date</b>	6/23/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Ohio

**Medicaid Agency Name:** Ohio Department of Medicaid

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP


# OH - Submission Package - OH2022MS0002O - (OH-22-0010) - Administration

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	OH2022MS0002O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	OH
<b>SPA ID</b>	OH-22-0010	<b>Region</b>	Chicago, IL
<b>Version Number</b>	1	<b>Package Status</b>	Approved
<b>Submitted By</b>	Gregory Niehoff	<b>Submission Date</b>	3/31/2022
<b>Package Disposition</b>		<b>Approval Date</b>	6/23/2022 12:38 PM EDT
<b>Priority Code</b>	P2		

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OH2022MS00020 | OH-22-0010

### Package Header

**Package ID** OH2022MS00020  
**Submission Type** Official  
**Approval Date** 6/23/2022  
**Superseded SPA ID** N/A

**SPA ID** OH-22-0010  
**Initial Submission Date** 3/31/2022  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** OH-22-0010

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	1/1/2022	16-0025
Intergovernmental Cooperation Act Waivers	1/1/2022	16-0025
Eligibility Determinations and Fair Hearings	1/1/2022	16-0025
Organization and Administration	1/1/2022	16-0025
Single State Agency Assurances	1/1/2022	16-0025

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OH2022MS00020 | OH-22-0010

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<b>Superseded SPA ID</b>	N/A		

## Executive Summary

**Summary Description Including Goals and Objectives** This SPA describes the organization of the Ohio Department of Medicaid and the administration of the state's Medicaid program.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$0
Second	2023	\$0

### Federal Statute / Regulation Citation

Section 1634 of the Social Security Act, 42 CFR 431.10, 42 CFR 431.11, 42 CFR 431.12, and 42 CFR 431.50.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OH2022MS00020 | OH-22-0010

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**Superseded SPA ID** N/A

**SPA ID** OH-22-0010  
**Initial Submission Date** 3/31/2022  
**Effective Date** N/A

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** The State Medicaid Director is the Governor's Designee.

# Medicaid State Plan Administration

## Organization

### Designation and Authority

MEDICAID | Medicaid State Plan | Administration | OH2022MS00020 | OH-22-0010

### Package Header

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<b>Superseded SPA ID</b>	16-0025		
	User-Entered		

## A. Single State Agency

1. State Name: Ohio

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:

Ohio Department of Medicaid

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

## B. Attorney General Certification:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
AG certification 11 13 2013 (003)	2/24/2022 2:58 PM EST	

## C. Administration of the Medicaid Program

**The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.**

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.
  - a. The single state agency supervises the administration through counties or local government entities.
  - b. The single state agency supervises the administration through other state agencies. The other state agency implements the state plan through counties and local government entities.
  - c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

## Designation and Authority

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### D. Additional information (optional)



# Medicaid State Plan Administration

## Organization

### Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | OH2022MS0002O | OH-22-0010

#### Package Header

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#### A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

##### View Waiver The Ohio Department of Job and Family Services

**1. Name of state agency to which responsibility is delegated:**

The Ohio Department of Job and Family Services

**2. Date waiver granted:**

7/28/2015

**3. The type of responsibility delegated is (check all that apply):**

- a. Conducting fair hearings
- b. Other

**4. The scope of the delegation (i.e. all fair hearings) includes:**

The Ohio Department of Job and Family Services (ODJFS) Bureau of State Hearings, conducts all Medicaid hearings, which include both service and eligibility issues. The administrative hearing process has two levels of review. The first level of review is called a state hearing and the second level of review is called an administrative appeal. Both the state hearing and administrative appeal decisions are binding on the Ohio Department of Medicaid (ODM) and may only be appealed by the individual. The administrative appeal decision is appealed to courts of common pleas for a judicial review.

ODM reviews both state hearing and administrative appeal decisions on an as-needed basis. If, after reviewing a decision, ODM determines that the decision violates law and/or policy, ODM does not have to comply with the decision, but only if not complying would be more favorable to the individual.

**5. Methods for coordinating responsibilities between the agencies include:**

- a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
  - i. A written agreement between the agencies.
  - ii. State statutory and/or regulatory provisions.

**Statutory/regulatory citation(s):**

Ohio Revised Code 5162.35

**6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.**

- Yes
- No

The Medicaid agency only reviews fair hearing decisions issued by the delegated entity with respect to the proper application of federal and state law regulations and policies. The review process is conducted by an impartial official not involved in the initial determination.

**7. Additional methods for coordinating responsibilities among the agencies (optional):**

# Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | OH2022MS00020 | OH-22-0010

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	User-Entered		

## B. Additional information (optional)

# Medicaid State Plan Administration

## Organization

### Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | OH2022MS0002O | OH-22-0010

#### Package Header

<b>Package ID</b>	OH2022MS0002O	<b>SPA ID</b>	OH-22-0010
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<b>Superseded SPA ID</b>	16-0025		
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#### A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency
  - i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
  - ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
  - iii. Other
- c. Local governmental entities

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
  - i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
  - ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
  - iii. The Social Security Administration determines Medicaid eligibility for:
    - (1) SSI beneficiaries
    - (2) Optional state supplement recipients
  - iv. Other
- c. Local governmental entities

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

# Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | OH2022MS0002O | OH-22-0010

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## B. Fair Hearings (including any delegations)

The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.

The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

- a. Medicaid agency
- b. State agency to which fair hearing authority is delegated under an Intergovernmental Cooperation Act waiver.
- c. Local governmental entities
- d. Delegated governmental agency

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

- All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

# Eligibility Determinations and Fair Hearings

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## C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- Yes
- No

## D. Additional information (optional)

# Medicaid State Plan Administration

## Organization

### Organization and Administration

MEDICAID | Medicaid State Plan | Administration | OH2022MS0002O | OH-22-0010

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## A. Description of the Organization and Functions of the Single State Agency

### 1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

**2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)**

#### a. Eligibility Determinations

Per an agreement between the Ohio Department of Medicaid (ODM) and the Ohio Department of Job and Family Services (ODJFS), designated County Department of Job and Family Services (CDJFS) employees conduct eligibility determinations at application and renewal, including obtaining necessary verifications and performing supportive services to ensure access to and receipt of medically necessary health care services. CDJFS employees have responsibility for determinations of eligibility for covered groups, with the exception of the determinations made specifically by ODM as listed below.

The Office of Operations staff are state agency employees within ODM. They are responsible for the determination of eligibility for these specific coverage groups: "Certain Women Needing Treatment for Breast or Cervical Cancer," as described in Section 1902(a)(10)(A)(ii)(XVIII) of the Social Security Act; inmates of the Ohio Department of Rehabilitation and Correction (DRC) who are preparing for release into the community; and individuals who are incarcerated or awaiting adjudication in an Ohio Department of Rehabilitation and Correction (DRC) or Ohio Department of Youth Services (DYS) operated facility and are admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or intermediate care facility for individuals with intellectual disabilities.

The Office of Operations, Central Processing Unit and Eligibility and Special Projects Unit, also assists the CDJFS employees with processing the following: intake applications and renewals, as needed, to assist counties during the COVID-19 public health emergency (PHE) unwinding and moving forward as a mobile team to assist counties that have higher numbers of backlogged applications or renewals; high-touch, specialized populations such as OhioRISE (Resilience through Integrated Systems and Excellence), Specialized Recovery Services (SRS), Statewide Automated Child Welfare Information System (SACWIS) reinstatements, and SSI accretion fallouts; manual corrections (duplicate billing, SSN duplicate processing); and other work, as needed, to relieve CDJFS staff.

Pursuant to a 1634 agreement, the Social Security Administration (SSA) determines Medicaid eligibility for Supplemental Security Income (SSI) recipients.

#### b. Fair Hearings (including expedited fair hearings)

ODM contracts with ODJFS to conduct all Medicaid hearings and perform designated eligibility functions; however, the ODM Office of Legal Counsel does serve as the liaison between ODM and the ODJFS Bureau of State Hearings. Although ODM does not routinely review hearing or administrative appeal decisions before they are final, ODM staff charged with the responsibility for eligibility and services functions may review the decisions, and where there's disagreement with an ODJFS decision, elevates the issue to the Office of Legal Counsel.

#### c. Health Care Delivery, including benefits and services, managed care (if applicable)

The Office of Managed Care is responsible for policy (rules and contracts), member operations, compliance, and network adequacy related to the state's managed care programs. In this work, the Office manages the contracts (provider agreements) with the managed care organizations, the three-way contract for Ohio's financial alignment demonstration, 1915(b) and 1915(c) waivers, and pre-prints. The Office oversees the enrollment hotline and the enrollment and capitation payment system. In addition, the Office has a team dedicated to monitoring the managed care organizations' compliance with ODM contracts, rules, and network adequacy.

The Health Innovation and Quality Office, under the direction of the State Medicaid Medical Director, is responsible for overseeing the clinical components of the Medicaid program, including oversight over ODM's clinical staff. This includes providing clinical direction to policy staff regarding coverage and limitations of medical services, managing the prior authorization process, managing clinical improvement projects, providing clinical direction to the contracted managed care organizations, and managing grants that have been awarded to ODM designed to improve practice and outcomes for Ohio's most vulnerable citizens.

The Strategic Initiatives Office oversees OhioRISE which is a specialized managed care program for youth with complex behavioral health and multi-system needs.

#### d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

The Policy Office is primarily responsible for creating and maintaining Ohio Administrative Code for the Medicaid program, and is responsible for the supervision of activities in the following four areas:

- The Bureau of Health Plan Policy which governs payment policy, coverage policy, and eligibility policy.



- The Bureau of Behavioral Health Policy.
- The Bureau of Long-Term Services and Supports which operates all institutional and Section 1915 waiver program matters, and manages the components of the Medicaid program operated by other agencies including the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Developmental Disabilities, the Ohio Department of Aging, the Ohio Department of Health, and the Ohio Department of Education.
- The CMS Liaison SPA and Waiver Management Unit which involves the negotiation and establishment of state plan amendments, waiver applications, and the submission process.

#### **e. Administration, including budget, legal counsel**

The Executive Branch of Ohio government includes the Governor; Lieutenant Governor; Attorney General; Auditor of State; Secretary of State; Treasurer of State; State Board of Education; and State Agencies, Departments, Boards, and Commissions whose members were appointed by the Governor. Under the Attorney General, the Health and Human Services Section represents ODM and ODJFS. Unit attorneys defend ODM decisions regarding eligibility determinations and disciplining Medicaid providers. They also defend ODM in a wide variety of original actions brought in state and federal court.

ODM is Ohio's first Executive-Level Medicaid agency and is the Single State Medicaid Agency responsible for the administration and oversight of the Medicaid program in Ohio. ODM works closely with fellow state agencies under the direction of the Governor.

The ODM Office of Legal Counsel provides legal advice and counsel to the Director's Office, Medicaid program areas, and support offices within the agency. The Office's primary responsibility is to ensure that implementation of the Ohio Medicaid program meets the requirements of both federal and state law. In addition, the Office of Legal Counsel is responsible for the following:

- Overseeing the Ohio Attorney General's Office on all litigation matters in both state and federal court including, but not limited to, judicial reviews of administrative appeal decisions and Chapter 119 Administrative Hearings, and acting as liaison with the ODJFS Bureau of State Hearings.
- Providing oversight of the agency's Ohio Administrative Code rule filing process, including filing rules with the Common Sense Initiative Office (CSIO), the Joint Committee on Agency Rule Review (JCARR), and requesting approval of emergency rules from the Governor.
- Advising the human resources office and providing advice and counsel on ethics issues as needed.
- Providing legal review of contracts and oversight and management of the agency's procurement processes.
- Administering the agency's public records request and response processes and ensuring that records are released in accordance with federal and state confidentiality laws.
- Managing the agency's Bureau of Program Integrity, which conducts internal reviews to prevent and detect instances of fraud, waste, and abuse and works closely with the Auditor of State's Office and the Ohio Attorney General to do the same.
- Managing the agency's Privacy Office, which ensures compliance with federal and state confidentiality laws.
- Ensuring that the agency's legal obligations are met.

The Office of Fiscal Operations assists with the establishment of Medicaid's long- and short-term fiscal goals and objectives. The Office provides the agency with overall fiscal administration support through its various unit operations including accounting, purchasing, budgeting, receivables and grants servicing. The Office oversees the agency's biennial budget process, provides technical assistance to agency decision-makers and provides monitoring and analysis of agency spending trends. Fiscal Operations consists of Accounting and Reporting Services; Budget; and Rate Setting and Cost Settling.

The Chief of Staff oversees the central administration of the agency. Responsibilities include external business relations, business services, and oversight of the Office of Human Resources including recruitment, payroll, benefits, and employee relations.

#### **f. Financial management, including processing of provider claims and other health care financing**

The Office of Operations provides management and oversight of the operational aspects of the Medicaid program. This includes claims reconciliation, claims processing, claims control, cost avoidance, and buy-in.

The Office of Fiscal Operations assists with the establishment of Medicaid's long- and short-term fiscal goals and objectives. The Office provides the agency with overall fiscal administration support through its various unit operations including accounting, purchasing, budgeting, receivables and grants servicing. The Office oversees the agency's biennial budget process, provides technical assistance to agency decision-makers and provides monitoring and analysis of agency spending trends. Fiscal Operations consists of Accounting and Reporting Services; Budget; and Rate Setting and Cost Settling.

#### **g. Systems administration, including MMIS, eligibility systems**

The Office of Operations oversees the Medicaid Information Technology System (MITS), which is the state's Medicaid Management Information System (MMIS), and the Ohio Benefits Eligibility System.

The Office of Information & Technology Services provides centralized information technology support for ODM. This structure allows Information Technology staff to provide coordinated support for ODM and its various stakeholders. While providing support in a centralized structure, the Office of Information & Technology Services has organized applications development, infrastructure, and information technology help functions to support Medicaid program areas.

#### **h. Other functions, e.g., TPL, utilization management (optional)**

The Data Governance and Analysis (DGA) Office oversees the ODM data management plan and provides analytic and technical assistance to internal and external stakeholders. Through a standardized data governance process, DGA tracks all agency-wide report requests and applies appropriate statistical and visualization techniques to model eligibility, health outcomes and cost trends for the agency. DGA assists all agency analysts with producing consistent and validated information and protecting the agency's informational assets. DGA promotes the development of mature data and reporting systems to meet the informational needs of the agency. DGA consists of three bureaus as listed below. This structure allows DGA staff to provide coordinated support for Medicaid and its various stakeholders giving both internal and external stakeholders unprecedented transparency, oversight and insight into the business of Medicaid through effective management and use of all of the agency's strategic data assets.

- Performance Analytics: provides data modeling for clinical improvement projects; provides analytic support regarding clinical questions used to provide direction to the contracted managed care organizations; helps monitor outcomes of Medicaid awarded grants to improve outcomes for Ohio's most vulnerable citizens.
- Strategic Analytics: provides standardized reports to a variety of local, state, and federal partners with a focus on predictive and visualization analytics. Past trends are used as baselines to anticipate outcomes of policy changes and to develop visual representations that aid in the dissemination and correct interpretation of the data.
- Data Governance: process management and data integrity. The governance unit tracks all agency requests and oversees the analytics output for consistency. Governance also works closely with Legal Counsel to monitor and update data use and data sharing agreements. The Data Integrity unit works closely with the Office of Information & Technology Services to ensure consistent, accurate, and validated data are available for the analytic units.

The Project Management Office facilitates and tracks various long-term initiatives undertaken by ODM. The Project Management Office includes Governance and Standards, Project Quality Assurance, Vendor/Acquisition Services, Project Performance Center, and the Execution Services Team.

The Legislative Office responds to questions regarding Medicaid policies, represents ODM at Joint Committee on Agency Rule Review (JCARR) hearings, Controlling Board hearings, and helps coordinate the Medicaid Director's and Governor's Office objectives.

The Communications Office shares ODM's story with the public. Communications staff are often engaged with reporters across the state or country who wish to learn more about the various reforms, programs, and news coming out of the department. Communications facilitates the ODM website and assists the respective bureaus with stakeholder, consumer, and provider messaging. Agency staff can rely on ODM Communications to assist with event planning, informational materials, fact sheets, presentations, public inquiries, graphic design needs and message planning.

**3. An organizational chart of the Medicaid agency has been uploaded:**

Name	Date Created	
<a href="#">ODM Table of Organization 01-2022</a>	3/24/2022 7:13 AM EDT	



# Organization and Administration

MEDICAID | Medicaid State Plan | Administration | OH2022MS00020 | OH-22-0010

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## B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title	Description of the functions the delegated entity performs in carrying out its responsibilities:
Single state agency under Title IV-A (TANF)	<p>Per an agreement between ODM and ODJFS, designated County Department of Job and Family Services (CDJFS) employees conduct eligibility determinations at application and renewal, including obtaining necessary verifications, and perform supportive services to ensure access to and receipt of medically necessary health care services.</p> <p>ODM contracts with ODJFS to conduct all Medicaid hearings and perform designated eligibility functions; however, the ODM Office of Legal Counsel does serve as the liaison between ODM and the ODJFS Bureau of State Hearings. Although ODM does not routinely review hearing or administrative appeal decisions before they are final, ODM staff charged with the responsibility for eligibility and services functions may review the decisions, and where there's disagreement with an ODJFS decision, elevates the issue to the Office of Legal Counsel.</p>
The Social Security Administration	Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

## Organization and Administration

MEDICAID | Medicaid State Plan | Administration | OH2022MS0002O | OH-22-0010

### Package Header

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### C. Supervision of the Administration of the State Plan through a State Agency Other Than the Medicaid Agency

The following state agencies administer the state plan under the supervision of the Medicaid agency:

**Name of other state agency:**

The Ohio Department of Job and Family Services (ODJFS)

**Description of the functions the staff of the state agency and counties or local entities perform in carrying out their responsibilities:**

- Eligibility Determinations
- Fair Hearings
- Other

## Organization and Administration

MEDICAID | Medicaid State Plan | Administration | OH2022MS0002O | OH-22-0010

### Package Header

<b>Package ID</b>	OH2022MS0002O	<b>SPA ID</b>	OH-22-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/31/2022
<b>Approval Date</b>	6/23/2022	<b>Effective Date</b>	1/1/2022
<b>Superseded SPA ID</b>	16-0025		
	User-Entered		

## D. Supervision of the Administration of the State Plan through Local Government Entities

1. The types of the local government entities that administer the state plan under the supervision of the Medicaid agency are:

- a. Counties
- b. Parishes
- c. Other

### a. Counties

2. Are all of the local government entities selected used to administer the state plan?

- Yes
- No

3. The number used to administer the state plan is:

88

4. The functions staff perform in carrying out the entity's responsibilities are described below:

- a. Eligibility Determinations
- b. Fair Hearings
- c. Other

# Organization and Administration

MEDICAID | Medicaid State Plan | Administration | OH2022MS0002O | OH-22-0010

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## E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):

- Yes
- No

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
The Ohio Department of Aging (ODA)	ODM contracts with ODA to administer certain waiver components of the Medicaid program in compliance with the terms of those contracts and any rules adopted by the Medicaid Director. ODA administers the Assisted Living Waiver Program and the PASSPORT Waiver Program.
The Ohio Department of Developmental Disabilities (DoDD)	ODM contracts with DODD to administer certain waiver components of the Medicaid program in compliance with the terms of those contracts and any rules adopted by the Medicaid Director. DODD administers the Individual Options Waiver Program, Level One Waiver Program, and the SELF Waiver Program.
The Ohio Department of Mental Health and Addiction Services (MHAS)	MHAS receives and screens application for the Residential State Supplement (RSS) Program. Once the application is screened, and if all non-financial criteria have been met, MHAS will forward the information to the CDJFS for eligibility determination.
The Ohio Department of Education (ODE)	ODE coordinates with ODM to administer the Medicaid School Program (MSP) to provide medically necessary therapy services, certain administrative activities, and specialized transportation associated with accessing therapy services.

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
The Ohio Department of Health (ODH)	ODM operates the Breast and Cervical Cancer Project (BCCP) in tandem with ODH. BCCP is available to certain women diagnosed with breast or cervical cancer. ODH provides breast and cervical cancer screening and diagnostic services (no treatment), case management services to assist women receiving needed diagnostic tests and treatment services, and a network of 600 screening providers statewide.

## Organization and Administration

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### F. Additional information (optional)

# Medicaid State Plan Administration

## Organization

### Single State Agency Assurances

MEDICAID | Medicaid State Plan | Administration | OH2022MS00020 | OH-22-0010

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#### A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.
- 7. The plan is locally administered and state supervised. The requirements of 42 CFR 432.10 are met with respect to local agency administration.

#### B. Additional information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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