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State/Territory Name:  Ohio

State Plan Amendment (SPA) #: 22-0016

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Summary Page
3) Approved SPA Pages
August 17, 2022

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) Transmittal Number 22-0016

Dear Ms. Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 22-0016. This amendment updates the state plan language in Attachment 3.1-A to temporarily extend Medicaid coverage of services to pregnant women for 12 months postpartum in accordance with section 9812 of the American Rescue Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Ohio Medicaid SPA 22-0016 was approved on August 16, 2022, with an effective date of April 1, 2022.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at christine.davidson@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosure

cc: Rebecca Jackson, ODM
     Gregory Niehoff, ODM
     Myla Adams, CMCS
TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
4/1/2022

5. FEDERAL STATUTE/REGULATION CITATION
American Rescue Plan Act § 9812 and SSA § 1902(e)(16)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 $ 528,379
b. FFY 2023 $ 805,453

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A page 8
Attachment 3.1-A Item 20 Page 1 of 1

9. SUBJECT OF AMENDMENT
Coverage and Limitations: Extended Services to Pregnant Women for 12-months Postpartum

10. GOVERNOR’S REVIEW (Check One)
○ GOVERNOR’S OFFICE REPORTED NO COMMENT
○ COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
○ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
MAUREEN M. CORCORAN

13. TITLE
STATE MEDICAID DIRECTOR

14. DATE SUBMITTED
May 20, 2022

15. RETURN TO
Greg Niehoff
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218

16. DATE RECEIVED
May 20, 2022

17. DATE APPROVED
08/16/2022

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Instructions on Back
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OHIO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

a. Case management services as defined in, and to the group
specified in, Supplement 1 to ATTACHMENT 3.1-A (in
accordance with section 1905(a) (19 or section 1915(g) of
the Act).

___X__ Provided: _____With limitations

_____Not provided.

b. Special tuberculosis (TB) related services under section
1902(z)(2)(F) of the Act.

_____Provided: _____With limitations

__X__ Not provided.

20. Extended services for pregnant women

a. Pregnancy-related and postpartum services for a 365-day
period after the pregnancy ends and any remaining days in
the month in which the 365th day falls.

__X__ Additional coverage ++

b. Services for any other medical conditions that may
complicate pregnancy.

__X__ Additional coverage ++

++ Attached is a description of increases in covered
services beyond limitations for all groups described in
this attachment and/or any additional services provided
to pregnant women only.

*Description provided on attachment. ___X__

TN: 22-016 Approval Date: 08/16/2022
Supersedes
Effective Date: 04/01/2022
TN: 94-16
20. **Extended services to pregnant women**

Pregnant women are covered for all Ohio Medicaid services, without limitations, including the 12-month period after pregnancy ends. The 12-month postpartum period begins on the last day of a beneficiary’s pregnancy and extends through the end of the month in which the 12-month period ends.

20-a. Additional pregnancy-related and postpartum services for the 12-month postpartum period are provided if indicated by the pregnant woman’s physician. These services include case management (see Supplement 1 to Attachment 3.1-A, page 1), extensive counseling and education, and nutritional counseling.

20-b. Additional services for any other medical conditions that may complicate pregnancy include nutritional intervention which may be provided if indicated by the pregnant woman's physician.