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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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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,

A large black rectangular redaction box covers the signature area of the letter.

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**

1. TRANSMITTAL NUMBER 2 2 — 0 0 1 6	2. STATE OH
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
**Attachment 3.1-A page 8 (TN 94-16)
Attachment 3.1-A Item 20 Page 1 of 1 (TN 90-38)**


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

OTHER, AS SPECIFIED:
The State Medicaid Director is the Governor's designee

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**

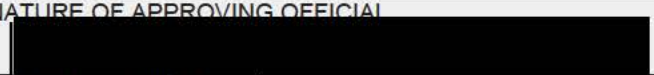
FOR CMS USE ONLY

16. DATE RECEIVED
May 20, 2022

17. DATE APPROVED
08/16/2022

PLAN APPROVED - ONE COPY ATTACHED

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

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

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.