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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 22-0019

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



July 29, 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 22-0019

Dear Ms. Corcoran:

We have reviewed the proposed amendment to add section 7.5.A-6 Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to Ohio's Medicaid state plan, as submitted under transmittal number (TN) 22-0019. This amendment proposes to rescind temporary policies, in section 7.5 Medicaid Disaster Relief for the National Emergency.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.5 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 22-0019 is approved effective June 6, 2022.

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 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: 2022.07.29
07:47:07 -04'00'

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

Enclosure

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Tiffany Williams, ODM
Fredrick Sebree, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0</u> <u>1 9</u>	2. STATE <u>OH</u>
	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 <p style="text-align: center;">June 6, 2022</p>	
5. FEDERAL STATUTE/REGULATION CITATION Title XIX of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>(49,084)</u> b. FFY _____ \$ _____	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Addendum 7.5.A-6	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	

9. SUBJECT OF AMENDMENT

Disaster Relief Rescission: Health Care Isolation Centers (HCIC) Ending

10. 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

11. SIGNATURE OF SOCIAL 	15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218
12. TYPED NAME MAUREEN M. CORCORAN	
13. TITLE STATE MEDICAID DIRECTOR	
14. DATE SUBMITTED June 30, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED June 30, 2022	17. DATE APPROVED <p style="text-align: center;">07/29/2022</p>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL June 6, 2022	19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy - <small>Digitally signed by Alissa M. Deboy - S Date: 2022.07.29 07:47:39 -04'00'</small> S
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy	21. TITLE OF APPROVING OFFICIAL Center for Medicaid & CHIP Services On Behalf of Anne Marie Costello, Deputy Director

22. REMARKS

State/Territory: Ohio

7.5.A-6. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency

Effective June 6, 2022 the agency rescinds the election at D.2. of section 7.5 of the state plan and payment for Health Care Isolation Centers (HCICs) described in section E.2.a. of section 7.5 of the state plan (approved on 05/22/2020 in SPA Number OH-20-0012) to modify the NF benefit and reimburse HCICs to provide COVID-related care for individuals that cannot safely receive those services where they live.