

Table of Contents

State/Territory Name: Ohio

State Plan Amendment (SPA) #: 24-0006

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355 (300)
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 22, 2024

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) 24-0006

Dear Director Corcoran:

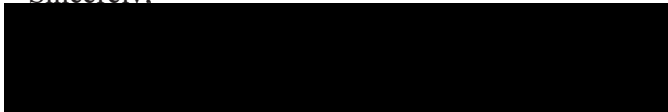
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0006. This amendment revises the state plan to update the interagency agreement summaries with the Ohio Department of Health and the Ohio Department of Aging.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Ohio's Medicaid SPA TN 24-0006 was approved on May 21, 2024, with an effective date of April 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Ohio State Plan.

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

Enclosures

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Tamara Edwards, ODM

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 4 — 0 0 6 2. STATE OH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

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

4. PROPOSED EFFECTIVE DATE
April 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
Sections 1902(a)(11) and (a)(22) of the Act; 42 CFR 431 Subpart M

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT


Attachment 4.16-A page 1 of 1
Attachment 4.16-N page 1 of 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.16-A page 1 of 1 (TN 19-007)
Attachment 4.16-N page 1 of 1 (TN 21-012)

9. SUBJECT OF AMENDMENT


Summary of IAAs: Ohio Departments of Health (ODH) and Aging (ODA)

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 3, 2024

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

FOR CMS USE ONLY
16. DATE RECEIVED **May 3, 2024** 17. DATE APPROVED **05/21/2024**

PLAN APPROVED - ONE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2024
19. SIGN 
20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott
21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Cooperative Arrangements with the Ohio Department of Health

The Single State Agency has a subrecipient relationship with the Ohio Department of Health (ODH) in regard to:

- 1) Coordination of health services, conducting outreach, program eligibility, payment for services for Ohio citizens (as defined and specified in 42 USC 701, *et seq.*, and 7 CFR Part 246);
- 2) Performing environmental lead risk assessments for Medicaid eligible children identified as having elevated blood lead levels;
- 3) Performing lead hazard abatement activities in the homes of low-income children and pregnant women;
- 4) Reimbursement of ODH bureaus and/or local public health departments (LPHDs) for Medicaid administrative activities provided by them, pursuant to the provisions of 42 CFR 431, Subpart M;
- 5) Maintaining and enhancing the statewide automated Immunization Information System (Impact/SIIS) including the Vaccines For Children Program (VFC) through a collaborative exchange of electronic data from ODM to ODH;
- 6) Reimbursing ODH the cost of operating the Ohio Tobacco Quit Line to the extent it complies with the State Medicaid Letter (SMDL #11-007) dated June 24, 2011, 1903(a)(7) of the Social Security Act, 42 CFR 433.15(b)(7) and 2 CFR Part 200, Subpart E; and
- 7) Defining the relationships and responsibilities between the parties for the conduct of desk reviews, interim settlements, field audits, and final settlements for ODH's Bureau for Children with Medical Handicaps (BCMh).
- 8) Data exchange;
- 9) Ordering, distributing, and paying for specialized metabolic formula for babies born with metabolic disorders identified through Ohio's Newborn Screening Program;
- 10) Enhancing the Special Supplemental Nutrition Program for Women, Infants and Children (the "WIC Program");
- 11) Violent death reporting system;
- 12) Quality improvement.

The relationship is formalized by Interagency Agreements to implement the provisions of Title 42, Section 431, Subpart M of the Code of Federal Regulations (CFR) and to authorize the transfer of federal funds between the Single State Agency and ODH for Medicaid administrative services.

Cooperative Arrangements with the Ohio Department of Aging

The Ohio Department of Medicaid (ODM) has a subrecipient relationship with the Ohio Department of Aging (ODA): ODA is the sub-recipient of funds for or assisting the single state agency in:

- 1) Providing statewide access, for eligible individuals who are covered by the Medicaid program as set forth in Title XIX of the Social Security Act, to the PASSPORT and Assisted Living Home and Community-Based Services (HCBS) waivers;
- 2) Performing Level of Care (LOC) determinations and conducting Pre-Admission Screening and Resident Review (PASRR) screening services for individuals seeking Nursing Facility (NF) services;
- 3) Administering the Program of All-inclusive Care for the Elderly (PACE);
- 4) Administering, implementing and providing oversight of the Ohio Benefits Long-Term Services and Supports Program;
- 5) Developing the State's comprehensive assessment and level of care tools for individuals enrolled or seeking enrollment in Medicaid programs requiring a nursing facility (NF) LOC;
- 6) Delivering the community living specialist service for residents in long-term care facilities, collaborating with HOME Choice transition coordinators to authorize waiver community transition services, and completing HOME Choice assessments for individuals applying for the HOME Choice program;
- 7) Administering the Ohio Medicaid Electronic Visit Verification (EVV) program as it relates to services provided through the PASSPORT program administered by ODA; and

The relationship provides for statewide access to medically necessary covered services comparable in amount, scope and duration, with the exception of PASRR, in accordance with federal compliance requirements including statewideness, recipient free choice of provider, comparability of services and reasonable promptness.

The relationship is formalized by an Interagency Agreement to implement the provisions of 42 CFR 431, Subpart M, and to authorize the transfer of federal funds between ODM and ODA for those Medicaid administrative services under CFDA 93.778.

TN: 24-006

Supersedes:

TN: 21-012

Approval Date: 05/21/2024

Effective Date: 04/01/2024