Table of Contents

State/Territory Name: Ohio

State Plan Amendment (SPA) #: 25-0011

This file contains the following documents in the order listed:

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

October 15, 2025

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) 25-0011

Dear Director Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0011. This amendment establishes coverage and payment provisions for an evidence-based home visiting model entitled "Family Connects" that provides treatment, education, home visits, and training to postpartum individuals to facilitate better birth outcomes and to improve child health and development.

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 25-0011 was approved on October 15, 2025, effective July 1, 2025.

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,

[redacted]

Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Tamara Edwards, ODM
Robert Bromwell, CMCS
Brandon Smith, CMCS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0011

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
July 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
Section 1905(a)(6); 42 CFR 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 $ ~~355,000~~ 350,000
b. FFY 2026 $ 700,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A ,Item 6-d-10, page 1
Attachment 4.19-B, Item 6-d- (10), page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-A, Item 6-d-10, page 1 (TN 24-017)
Attachment 4.19-B, Item 6-d-(10), page 1 (TN 24-017)

9. SUBJECT OF AMENDMENT

Coverage and payment of Other Licensed Practitioner services (Family Connects)

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
[redacted]

12. TYPED NAME
MAUREEN M. CORCORAN

13. TITLE
STATE MEDICAID DIRECTOR

14. DATE SUBMITTED
July 28 2025

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED
July 28, 2025

17. DATE APPROVED
October 15, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL
On Behalf of Courtney Miller, Medicaid & CHIP Operations Group Director

22. REMARKS

9/22/25-The state requested the pen & ink change in Box 6, line a. *(cd)*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

d. Other practitioners' services

(10) Licensed registered nurses' (RN) services provided within their scope of practice under State law.

Licensed RNs certified by the Ohio Department of Children and Youth as nurse home visitors may render nurse home visiting services. Any RN providing nurse home visiting services must operate within an entity that is certified by Nurse Family Partnership or Family Connects Ohio or a provider agency licensed, certified or designated by ODM or its designee.

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

d. Other practitioners' services

(10) Licensed registered nurses' (RN) services provided within their scope of practice under State law.

Payment for licensed RN services for home visiting services is made to the practitioner's employer or designated provider entity and is the lesser of the provider's submitted charge or the Medicaid maximum payment amount listed on Ohio Medicaid's Medicine, Surgery, Radiology and Imaging, and Additional Procedures (MSRIAP) payment schedule. The payment amounts were set as of July 1, 2025, and are effective for services provided on or after that date.

Payment schedules are published on Ohio Medicaid's website at: https://medicaid.ohio.gov/resources-for-providers/billing/fee-schedule-and-rates/fee-schedule-and-rates.

Except as otherwise noted in the state plan, State-developed fee schedules and rates are the same for both governmental and private practitioners.