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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 26-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179 (w/addendum)
- 3) Approved SPA Page

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

July 21, 2026

Scott R. Partika, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, OH 43218

Re: Ohio State Plan Amendment (SPA) - 26-0011

Dear Director Partika:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OH-26-0011. This amendment adds an updated Cooperative Arrangements with the Opportunities for Ohioans with Disabilities Agency (OOD) and the Ohio Department of Developmental Disabilities (DODD).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations, including 42 C.F.R. §431 Subpart M and 34 C.F.R. §361.24(f). This letter informs you that Ohio's Medicaid SPA TN 26-0011 was approved on July 21, 2026, with an effective date of April 1, 2026.

Enclosed are copies of Form CMS-179 (with addendum) and the approved SPA page to be incorporated into the Ohio State Plan.

If you have any questions, please contact Keri Rosenbloom Toback at (312) 353-1754 or via email at keri.toback@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Falecia M. Smith.

Falecia M. Smith
Acting Director, Division of Program Operations

Enclosures

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM

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

1. TRANSMITTAL NUMBER

2 6 — 0 0 1 1

2. STATE

O H3. 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, 2026

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 431 Subpart M and 34 CFR 361.24(f)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026\$ 0b. FFY 2027\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.16-B page 1 of 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 4.16-B page 1 of 1 (TN 19-008)

9. SUBJECT OF AMENDMENT

See addendum

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



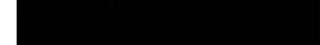
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

The State Medicaid Director is the Governor's designee

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

SCOTT PARTIKA

13. TITLE

STATE MEDICAID DIRECTOR

14. DATE SUBMITTED

4/30/2026

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED

04/30/2026

17. DATE APPROVED

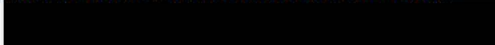
07/21/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

04/01/2026

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

Falecia M. Smith

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

CMS-179 Addendum for TN 26-0011

“OOD-DODD-ODM IAA Summary”

Block 9, Subject of Amendment
Cooperative Arrangements with the Opportunities for Ohioans with Disabilities Agency (OOD) and the Ohio Department of Developmental Disabilities (DODD)

**Cooperative Arrangements with the Opportunities for Ohioans with Disabilities
Agency and the Ohio Department of Developmental Disabilities**

The Ohio Department of Medicaid (ODM) has subrecipient relationships with the Opportunities for Ohioans with Disabilities Agency (OOD) and the Ohio Department of Developmental Disabilities (DODD). DODD is the sub-recipient of funds providing or assisting ODM in providing statewide access for eligible individuals who are covered by the Medicaid program as set forth in Title XIX of the Social Security Act or the State Children's Health Insurance Program (SCHIP) Medicaid expansion as set forth in Title XXI of the Social Security Act for:

- 1) Improving competitive integrated employment outcomes for individuals with developmental disabilities;
- 2) Providing vocational rehabilitation services to working-age adults with developmental disabilities;
- 3) Outlining a collaborative framework for coordinating state and local services and resources; and
- 4) Providing basic guidance for coordinating plans, policies, and procedures developed to facilitate the prioritization of employment of individuals with developmental disabilities.

The relationship is formalized by an Interagency Agreement to implement the provisions of 42 CFR 431, Subpart M and 34 CFR 361.24(f), and to authorize the transfer of federal funds between ODM and DODD for those Medicaid administrative services under CFDA 93.767 and CFDA 93.778.

TN: 26-0011
Supersedes:
TN: 19-008

Approval Date: 07/21/2026
Effective Date: 04/01/2026