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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 26-0016

This file contains the following documents in the order listed:

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



Medicaid and CHIP Operations Group

October 6, 2026

Scott 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) - 26-0016

Dear Director Partika:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OH-26-0016. This amendment updates the summary of the Ohio Department of Medicaid's interagency agreement with the Ohio Department of Health (ODH) in Attachment 4.16-A.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act, including sections 1902(a)(11) and (a)(22), and implementing regulations at 42 CFR 431 Subpart M. This letter informs you that Ohio's Medicaid SPA TN 26-0016 was approved on October 5, 2026, with an effective date of July 1, 2026.

Enclosed are copies of Form CMS-179 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 black rectangular box redacting the signature of Mandy L. Strom.

Mandy L. Strom
Acting Deputy Director, Division of Program Operations

Enclosures

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Kandi McCoy, ODM
Keri Rosenbloom Toback, CMCS
Christine Davidson, CMCS

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

1. TRANSMITTAL NUMBER

2 6 — 0 0 1 6

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

July 1, 2026

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 2026 \$ 0b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.16-A, 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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 24-006)

9. SUBJECT OF AMENDMENT

Summary of IAA: Ohio Department of Health (ODH)

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
September 11, 2026

15. RETURN TO

Greg Niehoff
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218**FOR CMS USE ONLY**16. DATE RECEIVED
September 11, 202617. DATE APPROVED
October 5, 2026**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

Mandy L. Strom

21. TITLE OF APPROVING OFFICIAL

Acting Deputy 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 Complex Medical Help (CMH) Program.
- 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.