

## **Table of Contents**

**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 23-0041**

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  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 12, 2023

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 23-0041

Dear Director Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 23-0041. Pursuant to state legislation that rescinds Medicaid coverage and payment provisions for outpatient health facilities (OHF), this SPA proposes to remove the obsolete Attachment 3.1-A and 4.19-B pages from the Medicaid State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Ohio Medicaid SPA 23-0041 was approved on December 12, 2023, with an effective date of February 1, 2024.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at [christine.davidson@cms.hhs.gov](mailto:christine.davidson@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosure

cc: Rebecca Jackson, ODM  
Gregory Niehoff, ODM  
Tamara Edwards, ODM  
Deborah Benson, CMCS  
Brandon Smith, CMCS

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

1. TRANSMITTAL NUMBER

2 3 — 0 4 1

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

February 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.90

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Pages to be deleted:  
Atch 3.1-A, Item 9-b, Pages 1-2 (TN 09-035)  
Atch 4.19-B, Item 9-b, Page 1 (TN 12-005)  
Atch 4.19-B, Item 9-b, Pages 2-8 (TN 90-38)  
Atch 4.19-B, Item 9-b, Page 9 (TN 13-005)

9. SUBJECT OF AMENDMENT

Clinic services: Outpatient Health Facilities (OHFs) Rescission

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  
November 17, 2023

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED  
November 17, 2023

17. DATE APPROVED  
12/12/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL  
February 1, 2024

19. SIGNATURE OF

20. TYPED NAME OF APPROVING OFFICIAL  
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL  
Acting Director, Division of Program Operations

22. REMARKS