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State/Territory Name: OH

State Plan Amendment (SPA) #: 09-009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

January 15, 2015

John McCarthy, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

RE: TN 09-009

Dear Mr. McCarthy:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #09-009 -Update interagency agreements with State Health Agencies, State
 Vocational Rehabilitation Agencies, and Title V Grantees
 -Effective October 1, 2009

Please contact Christine Davidson, of my staff, at (312) 886-3642 or christine.davidson@cms.hhs.gov
if you have any questions.


Sincerely,

/s/

Alan Freund
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sarah Curtin, ODM
Becky Jackson, ODM
Greg Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-009 (REVISED)	2. STATE OHIO
FOR: CENTERS FOR MEDICAID AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2009	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(11) and (22)(C) of the Social Security Act 42 CFR 431.615		7. FEDERAL BUDGET IMPACT: a. FFY 2008 \$ 0 b. FFY 2009 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.16-A Cooperative Arrangements with State health and State Vocational Rehabilitation Agencies and with Title V Grantees, Page 1 (NEW)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.16 A The Ohio Department of Health Division of Family and Community Health Services and The Ohio Department of Human Services Office of Medicaid For Coordination of Maternal and Child health Services, the Women, Infants, and Children Program, and Ohio Medicaid Program Interagency Agreement A-00-07-380, Pages 1 through 9 of 9 (TN 99-014) [DELETE] Attachment 4.16-A Interagency Agreement Amendment No. 1 A-00-07-380, Pages 1 and 2 of 2 (TN 00-007) [DELETE] Attachment 4.16-Q A-94-07-180 Interagency Agreement between The Ohio Department of health and The Ohio Department of Human Services Medicaid Program for Coordination with the Women, Infants, and Children Program (TN 93-028) [DELETE]	
10. SUBJECT OF AMENDMENT: Cooperative Arrangements with State health and State Vocational Rehabilitation Agencies and with Title V Grantees.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The State Medicaid Director is the Governor's designee <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Becky Jackson Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPE NAME: John B. McCarthy			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: November 24, 2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: November 24, 2009		18. DATE APPROVED: 1/15/15	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2009		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Alan Freund		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

**Cooperative Arrangements with State health and State Vocational Rehabilitation
Agencies and with Title V Grantees:
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 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), and performing environmental lead risk assessments for Medicaid eligible children identified as having elevated blood lead levels. 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.

TN: 09-009

Supersedes:

TN: NEW

Approval Date: 1/15/15

Effective Date: 10/01/2009