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## **State/Territory Name: Ohio**

## State Plan Amendment (SPA) #: 11-015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)



September 13, 2017

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

RE: State Plan Amendment Transmittal Number 11-015

Dear Ms. Sears:

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

Transmittal #11-015	- Removal of obsolete pages (interagency agreements): Attachments 4.16-B, 4.16-C, 4.16-D, 4.16-H, 4.16-Z
	- Effective Date: July 1, 2011
	- Approval Date: September 13, 2017

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at christine.davidson@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes Associate Regional Administrator Division of Medicaid and Children's Health Operations

Enclosure

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11 - 015	2. STATE OHIO	
STATE PLAN MATERIAL	-		
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE & MEDICAID SERVICES	July 1, 2011		
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):			
5. THE OFFLAN MATERIAL (Check One).			
🗌 NEW STATE PLAN 🔹 AMENDMENT TO BE CONSIDERED AS NEW PLAN 🖾 AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
Sections 1902(a)(11) 1902(a)(22) of the Social Security Act	a. FFY 2011 \$ 0 (in thousands) b. FFY 2012 \$ 0 (in thousands)		
42 CFR 431.615	$\begin{bmatrix} 0.171 & 2012 & 50 \text{ (III thousands)} \end{bmatrix}$		
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPER	SEDED PLAN	
ATTACHMENT: SECTION OR ATTACHMENT (If Applicable):			
	Attachment 4.16-B Interagency Agreement for the Certification of		
	Outpatient Health Facilities (TN 85-23) [DELETE] Attachment 4.16-C, Interagency Agreement A-98-07-384		
	[DELETE]		
	Attachment 4.16-C, Appendix A (TN 98-08) [DELETE]		
	Attachment 4.16-C, Appendix A.1 (TN 98-08) [DELETE]		
	Attachment 4.16-C, Interagency Agreement Amendment No. 1		
	(TN 98-08) [DELETE] Attachment 4.16-D, Interagency Agreement A-04-07-0074 (TN		
	03-016) [DELETE]		
	Attachment 4.16-H, Memorandum of Understanding U-1011-07- 0202 (TN 09-022) [DELETE]		
	Attachment 4.16-Z, Cooperative Agreement (TN 91-22) [DELETE]		
10. SUBJECT OF AMENDMENT:			
Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees (remove Attachments 4.16-B, C, D, H, Z)			
11. GOVERNOR'S REVIEW (Check One):	🛛 OTHER, AS SPEC	IFIFD <sup>,</sup>	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor has delegated signature authority		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	to ODJFS Director. Director has delegated		
signature authority to Medicaid Director			
12. SIGNATURE OF STATE AGENCY DEFICIAL:	16. RETURN TO:		
13. TYPED NAME: John B. McCarthy	Becky Jackson		
14. TITLE: STATE MEDICAID DIRECTOR	OHP/Bureau of Policy and Health Plan Services Ohio Department of Job and Family Services		
15. DATE SUBMITTED:	P.O. BOX 182709		
9,23,11	Columbus, Ohio 43218		
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	18. DATE APPROVED:	1 10 0017	
September 23, 2011 September 13, 2017 PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	FICIAL	
July 1, 2011		/s/	
21. TYPED NAME:	22. TITLE:		
Ruth A. Hughes	Associate Regional Administrator		
23. REMARKS:			