

Table of Contents

State/Territory Name: OH

State Plan Amendment (SPA) #: 11-016

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



October 23, 2015

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

RE: TN 11-016

Dear Mr. McCarthy:

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

Transmittal #11-016 - Interagency agreement with the Ohio Department of Aging
 - Effective Date: July 1, 2011

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

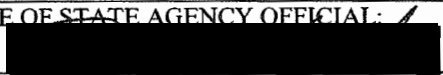
Sincerely,

/s/

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

Enclosure

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11 -016	2. STATE OHIO
FOR: CENTERS FOR MEDICARE 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 July 1, 2011	
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: Sections 1902(a)(11) 1902(a)(22) of the Social Security Act 42 CFR 431.615		7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$ 0 (in thousands) b. FFY 2012 \$ 0 (in thousands)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.16-N, Page 1 of 1, Cooperative arrangements with the Ohio Department of Aging		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.16-N (TN 98-21)	
10. SUBJECT OF AMENDMENT: Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees (Ohio Department of Aging; Attachment 4.16-N)			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor has delegated signature authority to ODJFS Director. Director has delegated signature authority to Medicaid Director	
12. SIGNATURE OF STATE AGENCY OFFICIAL: / 		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 P.O. BOX 182709 Columbus, Ohio 43218	
15. DATE SUBMITTED: 9.23.11			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9/23/11		18. DATE APPROVED: 10/23/15	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/11		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Ruth A. Hughes		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

Instructions on Back

Cooperative Arrangements with the Ohio Department of Aging

The single state agency listed in Section 1.1(a) of the state plan has a subrecipient relationship with the Ohio Department of Aging (ODA): ODA is the sub-recipient of funds for or assisting the single state agency 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, the PASSPORT, Choices (until 6/30/2014), and Assisted Living Home and Community-Based Services (HCBS) waivers, Level of Care (LOC) determinations for individuals seeking HCBS, PACE and Residential State Supplement (RSS) services, and Pre-Admission Screening and Resident Review (PASRR) screening services and LOC determinations for individuals seeking Nursing Facility (NF) services.

The relationship provides for statewide access to medically necessary covered services comparable in amount, scope and duration, with the exception of PASRR, in accordance with federal compliance requirements including statewideness, recipient free choice of provider, comparability of services and reasonable promptness.

The relationship is formalized by an Interagency Agreement to implement the provisions of 42 CFR 431, Subpart M, and to authorize the transfer of federal funds between the single state agency and ODA for those Medicaid administrative services under CFDA 93.778.

TN: 11-016

Supersedes:

TN: 98-21

Approval Date: 10/23/15

Effective Date: 7/01/2011