

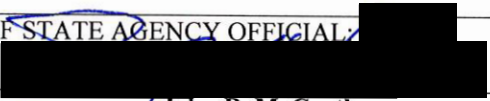
Table of Contents

State/Territory Name: OHIO

State Plan Amendment (SPA) #: 11-0017

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11-017 (Revised)	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 42 CFR 431.620		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-G, Page 1 of 1, Cooperative Arrangements between ODM and OhioMHAS		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.16-G (TN 97-024) Attachment 4.16-I (TN 03-020) [Delete] Attachment 4.16-J (TN 83-30) [Delete] Attachment 4.16-P (TN 90-54) [Delete] Attachment 4.16-R (TN 03-014) [Delete] Attachment 4.16-S (TN 97-26) [Delete]	
10. SUBJECT OF AMENDMENT: Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees (OhioMHAS)			
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: The State Medicaid Director is the Governor's designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: John B. McCarthy		Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 9/26/11			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 26, 2011		18. DATE APPROVED: December 14, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Ruth A. Hughes		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

Instructions on Back

**Cooperative Arrangements between the Ohio Department of Medicaid and the Ohio
Department of Mental Health and Addiction Services**

On July 1, 2013, the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) merged with the Ohio Department of Mental Health (ODMH) to become the Ohio Department of Mental Health and Addiction Services (OhioMHAS). All responsibilities set forth below were performed by the two predecessor agencies prior to July 1, 2013, and were assumed by OhioMHAS at that time.

The single state agency listed in Section 1.1(a) of the state plan has a subrecipient relationship with OhioMHAS: OhioMHAS is the sub-recipient of funds for providing 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 or the State Children's Health Insurance Program (SCHIP) Medicaid expansion as set forth in Title XXI of the Social Security Act for: 1) community alcohol and other drug (AoD) addiction services; 2) mental health (MH) and psychiatric hospital services; 3) Pre-Admission Screening and Resident Review (PASRR); 4) prior authorization of selected behavioral health services; 5) implementation of a statewide surveillance and utilization control program that safeguards against unnecessary or inappropriate use of services and excess payments; 6) assessment of the quality of mental health and/or alcohol or other drug services; 7) control of the utilization of those services; and 8) the development of strategies for managing the Medicaid behavioral health services, including the delegation of responsibilities between ODM and OhioMHAS.

The relationships described above assure 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 relationships described above are formalized by an Interagency Agreement with OhioMHAS to implement the provisions of 42 CFR 431, Subpart M and the transfer of federal funds between the single state agency and OhioMHAS for those Medicaid services under CFDA 93.767 and CFDA 93.778.