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State/Territory Name: OH

State Plan Amendment (SPA) #: 11-019

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



October 26, 2015

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

RE: TN 11-019

Dear Mr. McCarthy:

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

Transmittal #11-019 - Interagency agreement with the Ohio Department of
 Developmental Disabilities
 - 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 -019	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: Attachments 4.16-O, Page 1 of 1, Cooperative arrangements with the Ohio Department of Developmental Disabilities		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachments 4.16-O (TN 01-009)	
10. SUBJECT OF AMENDMENT: Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees (Ohio Department of Developmental Disabilities; Attachment 4.16-O)			
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 Governor has delegated signature authority to ODJFS Director. Director has delegated signature authority to Medicaid Director <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Plan Services Ohio Department of Job and Family Services P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: John B. McCarthy			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 9.26.11			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9/26/11		18. DATE APPROVED: 10/26/15	
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:			

Cooperative Arrangements with the Ohio Department of Developmental Disabilities

The single state agency listed in Section 1.1(a) of the state plan has a subrecipient relationship with the Ohio Department of Developmental Disabilities (DODD): DODD 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: Targeted Case Management (TCM) services, Home and Community-Based Services (HCBS) waiver services, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) services delivered in Developmental Centers, and Pre-Admission Screening and Resident Review (PASRR) screening services for individuals with intellectual or other developmental disabilities seeking Nursing Facility (NF) services.

The relationship assures statewide access to medically necessary covered services comparable in amount, scope and duration, with the exception of PASRR, in accordance with federal compliance requirements, 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 transfer of federal funds between the single state agency and DODD for those Medicaid services under CFDA #93.767 and CFDA #93.778.

TN: 11-019
Supersedes:
TN: 01-009

Approval Date: 10/26/15

Effective Date: 7/01/2011