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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 11-021

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



July 17, 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 11-021

Dear Ms. Sears:

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

Transmittal #11-021 - Relationship with State Health and Vocational Rehabilitation Agencies and Title V Grantees
 - Effective Date: July 1, 2011
 - Approval Date: July 17, 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.

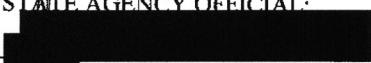
Sincerely,

/s/

Alan Freund
Acting 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: 11-021 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 (Check One):			
<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 (Separate Transmittal for each amendment)			
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-A, page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.16-A, page 1 (TN 09-009) Attachment 4.16-E, pages 1 and 2 of 2 (TN 79-39) (Remove) Attachment 4.16-K, pages 1-16 of 16 (TN 09-019) (Remove)	
10. SUBJECT OF AMENDMENT: Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees (ODH)			
11. GOVERNOR'S REVIEW (Check One):			
<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: Barbara R. Sears		Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 9/28/11			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 28, 2011		18. DATE APPROVED: July 17, 2017	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Alan Freund		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

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: 1) 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); 2) performing environmental lead risk assessments for Medicaid eligible children identified as having elevated blood lead levels; 3) reimbursement of ODH bureaus and/or local public health departments (LPHDs) for Medicaid administrative activities provided by them, pursuant to the provisions of 42 CFR 431, Subpart M; 4) maintaining and enhancing the statewide automated Immunization Information System (Impact/SIIS) including the Vaccines For Children Program (VFC) through a collaborative exchange of electronic data from ODM to ODH; 5) reimbursing ODH the cost of operating the Ohio Tobacco Quit Line to the extent it complies with the State Medicaid Letter (SMDL #11-007) dated June 24, 2011, 1903(a)(7) of the Social Security Act, 42 CFR 433.15(b)(7) and 2 CFR Part 200, Subpart E; and 6) defining the relationships and responsibilities between the parties for the conduct of desk reviews, interim settlements, field audits, and final settlements for ODH's Bureau for Children with Medical Handicaps (BCMh).

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: 11-021

Supersedes:

TN: 09-009Approval Date: 7/17/11Effective Date: 07/01/2011