

## **Table of Contents**

**State/Territory Name: OH**

**State Plan Amendment (SPA) #: 13-033**

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

March 10, 2014

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

RE: TN 13-033

Dear Mr. McCarthy:

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

Transmittal #13-033 Inclusion of Adult Group 1902(a)(10)(A)(i)(VIII) (42 CFR 435.119)  
under Managed Care, effective January 1, 2014.

Please contact Christine Davidson, of my staff, at (312) 886-3642 or [christine.davidson@cms.hhs.gov](mailto:christine.davidson@cms.hhs.gov)  
if you have any questions.


Sincerely,

/s/

Alan Freund  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosure

cc: Debbie Saxe, ODM  
Andy Jones, ODM  
Becky Jackson, ODM

|   |  |  |                         |
|---|--|--|-------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  |  | 1. TRANSMITTAL NUMBER:<br><b>13 - 033</b>  | 2. STATE<br><b>OHIO</b> |
| <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>  |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)   |                         |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE & MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES   |  | 4. PROPOSED EFFECTIVE DATE<br>January 1, 2014  |                         |
| 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"/> <b>AMENDMENT</b>  |  |  |                         |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)   |  |  |                         |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br>1902(a)(10)(A)(i)(VIII) of the Social Security Act<br>1932(a) of the Social Security Act<br>42 CFR 435.119   |  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 2014      \$ 780,725 thousands<br>b. FFY 2015      \$ 1,999,500 thousands  |                         |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br>Attachment 3.1-F, Page 4<br>Attachment 3.1-F, Page 8   |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><br>Attachment 3.1-F, Page 4 (TN 13-002)<br>Attachment 3.1-F, Page 8 (TN 13-002) |                         |
| 10. SUBJECT OF AMENDMENT:<br>Inclusion of Adult Group 1902(a)(10)(A)(i)(VIII) (42 CFR 435.119) under Managed Care   |  |  |                         |
| 11. GOVERNOR'S REVIEW (Check One):  |  |  |                         |
| <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |  | <input checked="" type="checkbox"/> <b>OTHER, AS SPECIFIED:</b><br>The State Medicaid Director is the Governor's designee  |                         |
| 12. SIGNATURE:   |  | 16. RETURN TO:   |                         |
| 13. TYPED NAME: <b>JOHN B. MCCARTHY</b>   |  | Becky Jackson<br>Ohio Department of Medicaid<br>P.O. BOX 182709<br>Columbus, Ohio 43218  |                         |
| 14. TITLE: <b>STATE MEDICAID DIRECTOR</b>   |  |  |                         |
| 15. DATE SUBMITTED: <b>12/12/2013</b>   |  |  |                         |
| <b>FOR REGIONAL OFFICE USE ONLY</b>   |  |  |                         |
| 17. DATE RECEIVED:<br>December 12, 2013   |  | 18. DATE APPROVED:<br>3/10/14  |                         |
| <b>PLAN APPROVED - ONE COPY ATTACHED</b>  |  |  |                         |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>January 1, 2014   |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br>/s/   |                         |
| 21. TYPED NAME:<br>Alan Freund  |  | 22. TITLE:<br>Acting Associate Regional Administrator  |                         |
| 23. REMARKS:  |  |  |                         |

**Instructions on Back**

State: Ohio

| Citation  | Condition or Requirement  |
|---|---|
| 42 CFR 438.50(c)(3)   | (including subpart (a)(1)(A)) of the Act, for the state's option to limit freedom of choice by requiring recipients to receive their benefits through managed care entities will be met.  |
| 1932(a)(1)(A)<br>42 CFR 431.51<br>1905(a)(4)(C)               | 4. <input checked="" type="checkbox"/> The state assures that all the applicable requirements of 42 CFR 431.51 regarding freedom of choice for family planning services and supplies as defined in section 1905(a)(4)(C) will be met. |
| 1932(a)(1)(A)<br>42 CFR 438<br>42 CFR 438.50(c)(4)<br>1903(m) | 5. <input checked="" type="checkbox"/> The state assures that all applicable managed care requirements of 42 CFR Part 438 for MCOs and PCCMs will be met.   |
| 1932(a)(1)(A)<br>42 CFR 438.6(c)<br>42 CFR 438.50(c)(6)       | 6. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.6(c) for payments under any risk contracts will be met.   |
| 1932(a)(1)(A)<br>42 CFR 447.362<br>42 CFR 438.50(c)(6)        | 7. <input type="checkbox"/> The state assures that all applicable requirements of 42 CFR 447.362 for payments under any nonrisk contracts will be met.  |
| 45 CFR 74.40  | 8. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 45 CFR 92.36 for procurement of contracts will be met.   |

D. Eligible groups

- 1932(a)(1)(A)(i)
1. List all eligible groups that will be enrolled on a mandatory basis.
- The following groups are enrolled on a mandatory basis in selected service areas:*
- \*Section 1931 Children and Adults and related poverty level populations, including pregnant women and children (TANF/AFDC);*
  - \*Title XXI CHIP children;*
  - \* Adult Aged, blind, or disabled (ABD) individuals;*
  - \*SSI children will be enrolled pursuant to approved 1915(b) waiver OH-0013; and*
  - \*Adult Group as described at 42 CFR 435.119 [1902(a)(10)(A)(i)(viii)]*

TN: 13-033  
Supersedes:  
TN: 13-002

Approval Date: 3/10/14  
Effective Date: 1/1/14



State: Ohio

| Citation                    | Condition or Requirement  |
|-----------------------------|---|
|                             | <p>i. Recipients who are also eligible for Medicare.</p> <p><i>Recipients who are also eligible for Medicare will be identified based on their eligibility category in the state eligibility system.</i></p> <p>ii. Indians who are members of Federally recognized Tribes except when the MCO or PCCM is operated by the Indian Health Service or an Indian Health program operating under a contract, grant or cooperative agreement with the Indian Health Service pursuant to the Indian Self Determination Act; or an Urban Indian program operating under a contract or grant with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act. Indians who are members of Federally recognized Tribes will need to self-identify.</p>  |
| 42 CFR 438.50               | <p>F. <u>List other eligible groups (not previously mentioned) who will be exempt from mandatory enrollment</u></p> <ul style="list-style-type: none"><li>- Institutionalized individuals, except for institutionalized individuals who are eligible for the Adult Group as described in 42 CFR 435.119 [1902(a)(10)(A)(i)(VIII)].</li><li>- Individuals who are eligible for Medicaid by spending down their income or resources to a level that meets the Medicaid program's financial eligibility requirements.</li><li>- Individuals receiving services through HCBS waivers.</li><li>- Children with cystic fibrosis, hemophilia and cancer receiving services through the Bureau for Children with Medical Handicaps, Ohio Department of Health, are exempt from mandatory enrollment from July 2013 -- June 2014.</li></ul>  |
| 42 CFR 438.50               | <p>G. <u>List all other eligible groups who will be permitted to enroll on a voluntary basis</u></p> <p>H. <u>Enrollment process.</u></p> <p><i>Ohio is committed to statewide mandatory managed care enrollment. However, in service areas with fewer than two MCOs, enrollment may occur on either a voluntary or preferred option basis. In service areas with two or more MCOs, enrollment in managed care is mandatory. ODM requested and received approval from CMS to operate a preferred option program in selected Ohio service areas served by only one MCO. Eligible consumers in preferred option service areas choose between FFS and the MCO. Consumers who do not actively choose the FFS option are enrolled in the MCO. Enrollees in preferred option service areas are able to disenroll without cause at any time and choose the FFS option. There are no open enrollment or lock-in restrictions in preferred option service areas.</i></p> |
| 1932(a)(4)<br>42 CFR 438.50 | <p>I. Definitions</p> <p>i. An existing provider-recipient relationship is one in which the provider was the main source of Medicaid services for the recipient</p>   |

TN: 13-033  
Supersedes:  
TN: 13-002

Approval Date: 3/10/14

Effective Date: 1/1/14