Table of Contents

State/Territory Name: OH

State Plan Amendment (SPA) #: 13-034

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 7500 Security Boulevard, Mail Stop S2-14-26 Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

March 27, 2014

John B. McCarthy, State Medicaid Director Ohio Department of Medicaid 50 W. Town Street, Suite 400 Columbus, Ohio 43215

Dear Mr. McCarthy:

We have reviewed the Ohio State Plan Amendment (SPA) 13-034 received in the Chicago Regional Office on December 30, 2013. The State of Ohio proposes to remove the drug categories of barbiturates, benzodiazepines and smoking cessation drugs from the list of drugs that may be excluded or otherwise restricted from coverage from the state plan effective January 1, 2014 in accordance with the provisions of section 2502 of the Affordable Care Act which amends section 1927(d)(2) of the Social Security Act by removing barbiturates, benzodiazepines and agents used to promote smoking cessation from the list of drugs a state Medicaid program may exclude from coverage or otherwise restrict. Based on the information provided, we are pleased to inform you that SPA 13-034 is approved with an effective date of January 1, 2014.

A copy of the CMS-179 form, as well as the pages approved for incorporation into the state plan will be forwarded by the Chicago Regional Office. If you have any questions regarding this amendment, please contact Madlyn Kruh at (410) 786-3239.

Sincerely,

/ s /

Kimberly Howell Acting Director Division of Pharmacy

cc: Verlon Johnson, ARA, Chicago Regional Office Christine Davidson, Chicago Regional Office Andy Jones, Ohio Department of Medicaid

TRANSMITTAL AND NOTICE OF APPROVAL OF	I. IRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	13 -034 (REVISED)	ОНЮ
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES	January 1, 2014	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	, , , , , , , , , , , , , , , , , , ,	
5. TYPE OF PLAN MATERIAL (Check One):		
J. I II E OF TEAR MATERIAL (CHECK ONLY).		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	⋈ AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Section 1927(d)(2) of the Social Security Act	a. FFY 2014 (\$ 138.7 thousands)	
section 1927(d)(2) of the Social Security Act	b. FFY 2015 (\$ 183.8 thousands)	
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERSEDED PLAN	
	SECTION OR ATTACHMENT (If Applicable):	
ATTACHMENT:	Attachment 3.1-A, Item 12, Page 2 of 12 (13-003)	
Attachment 3.1-A, Item 12, Page 2 of 12	Attachment 3.1-A, item 12, Page 2 of 12 (13-003)	
10. SUBJECT OF AMENDMENT: Prescribed drugs: Implementation of	of Medicare Part D coverage changes	
11 COVERNORS REVIEW (Ch. 1 O. 4		
11. GOVERNOR'S REVIEW (Check One):	MOTURE ACCRECITIES	*
GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPECIFIED:	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The State Medicaid Director is	the Governor's designee
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF SPATE MENSWOFFICIAL://	16. RETURN TO:	
	Becky Jackson	
15: TYPED NAME: John B. McCarthy		
	Ohio Department of Medicaid	
4 TITLE STATE MEDICAID DIRECTOR	P.O. BOX 182709	
	Columbus, Ohio 43218	
15. DATE SUBMITTED: 10 /20/12	1	
13. DATE SUBMITTED: 12 /30/13		
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:	
12/30/13	March 27, 2014	
PLAN APPROVED - ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
January 1, 2014	/s/	
21. TYPED NAME:	22. TITLE:	
Verlon Johnson	Associate Regional Administrator	
23. REMARKS:	The second of th	
25. KEMAKKS.		
		,

Instructions on Back

FORM CMS-179 (07-92)

est sure

Provisions related to Medicare Part D Prescription Drug Coverage

Pursuant to Section 1935(d)(1) of the Social Security Act, effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

Pursuant to Sections 1927(d)(2) and 1935(d)(2) of the Social Security Act, the Medicaid agency provides coverage for the following Medicare-excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D.

The following drugs, which are subject to restriction under Section 1927(d)(2) of the Social Security Act, are covered:

□ (a)	agents when used for anorexia, weight loss, or weight gain
□ (b)	agents when used to promote fertility
□ (c)	agents when used for cosmetic purposes or hair growth
\boxtimes (d)	agents when used for the symptomatic relief of cough and colds (only cough suppressants)
\boxtimes (e)	prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
\boxtimes (f)	nonprescription drugs (only cough suppressants, antacids, antidiarrheals, stool softeners,
	laxatives)
$\Box(g)$	covered outpatient drugs which the manufacturer seeks to require as a condition of sale that
	associated tests or monitoring services be purchased exclusively from the manufacturer or its
	designee
\Box (h)	Agents when used for the treatment of sexual or erectile dysfunction, unless such agents are
	used to treat a condition, other than sexual or erectile dysfunction, for which the agents have
	been approved by the Food and Drug Administration.

TN: <u>13-034</u> Supersedes TN: <u>13-003</u> Approval Date: 3/27/14

Effective Date: <u>01/01/2014</u>