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State/Territory Name: Ohio

State Plan Amendment (SPA) #: Ohio 16-0015

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



June 29, 2016

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

RE: TN 16-0015

Dear Mr. McCarthy:

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

Transmittal #16-0015 - Single State Agency: §1634 revisions
- Effective Date: August 1, 2016

If you have any questions about this SPA, please 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: Carolyn Humphrey, ODM
Sarah Curtin, ODM
Becky Jackson, ODM
Greg Niehoff, ODM

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Ohio

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

16-0015

Proposed Effective Date

08/01/2016 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1634 of the Act, 42 CFR 431.10; 42 CFR 431.11; 42 CFR 431.12, and 42 CFR 431.50

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$ 0.00
Second Year	2017	\$ 0.00

Subject of Amendment

Amending A1-A3 as approved in TN 13-0028.

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

State Medicaid Director is the Governor's designee.

Signature of State Agency Official

Submitted By: John Mccarthy

Last Revision Date: May 19, 2016

Submit Date: Apr 4, 2016

DATE RECEIVED: 4/4/16	DATE APPROVED: 6/29/16
PLAN APPROVED – ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL: 8/1/16	SIGNATURE OF REGIONAL OFFICIAL: /S/
TYPED NAME Ruth A. Hughes	TITLE Associate Regional Administrator



Medicaid Administration

State Name:

OMB Control Number: 0938-1148

Transmittal Number: OH - 16 - 0015

Expiration date: 10/31/2014

State Plan Administration Designation and Authority A1

42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

- Yes
- No

The state statutory citation for the legal authority under which the agency supervises the administration of the plan on a statewide basis is:

The state statutory citation under which the single state agency has legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

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An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes No

Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.

The waivers are still in effect.

Yes No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY): 07/28/15

The type of responsibility delegated is (check all that apply):

- Determining eligibility
- Conducting fair hearings
- Other

Name of state agency to which responsibility is delegated:

The Ohio Department of Job and Family Services (ODJFS)

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

The ODJFS Bureau of State Hearings, conducts all Medicaid hearings, which include both service and eligibility issues. The administrative hearing process has two levels of review. The first level of review is called a state hearing and the second level of review is called an administrative appeal. Both the state hearing and administrative appeal decisions are binding on ODM and may only be appealed by the individual. The administrative appeal decision is appealed to courts of common pleas for a judicial review.

ODM reviews both state hearing and administrative appeal decisions on an as-needed basis. If, after reviewing a decision, ODM determines that the decision violates law and/or policy, ODM does not have to comply with the decision, but only if not complying would be more favorable to the individual.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

ODM and ODJFS have a written agreement, adopted in accordance with R.C. 191.06, to conduct fair hearings. ODM retains oversight of the State plan and has a process to monitor the appeals process, including the quality and accuracy of the final decisions made by ODJFS.

ODM will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process, including

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how to contact ODJFS and how to obtain information about fair hearings from that agency.
ODM will ensure that ODJFS complies with all federal and state laws, regulations and policies.

Add

- The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

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Effective Date: 8/1/2016



Medicaid Administration

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

ODM is the single state Medicaid agency designated to administer or supervise the administration of the Medicaid program under Title XIX of the Social Security Act. ODM is responsible for administering the Medicaid Program in Ohio, which includes determining the eligibility policy and criteria, service coverage, and payment policies for the State's Medicaid and CHIP programs.

With a network of more than 70,000 active providers, ODM delivers health care coverage to nearly 2.9 million residents of Ohio on a daily basis. Working closely with stakeholders, advocates, medical professionals, and fellow state agencies, the agency continues to find new ways to modernize Medicaid in Ohio.

ODM's organizational structure is organized along the following lines of authority. The Director oversees the management of the department with Deputy Directors in the following areas of responsibility: Operations; Legal Counsel; Benefits/Policy; Chief of Staff; Clinical Operations; Fiscal Operations; Chief Information Officer; Communications; and Legislation.

The office of Operations provides management and oversight of the operational aspects of the Medicaid program. This includes human resources, business operations, provider enrollment and oversight, claims payment operations, and contracting.

The Office of Legal Counsel provides legal advice and counsel to the Director's Office, program and support areas. The primary responsibility is to assure that implementation of the Ohio Medicaid program meets the requirements of both federal and state law. In addition, the Office of Legal Counsel is responsible for the following:

1. Working with the Ohio Attorney General's Office in litigation matters, judicial reviews, and Chapter 119 Administrative Hearings;
2. Providing oversight and support to program areas as they navigate the Ohio Administrative Code rule filing process, including filing rules with the Common Sense Initiative Office (CSIO), the Joint Committee on Agency Rule Review (JCARR), and requests for approval of emergency rules by the Governor;
3. Developing and overseeing ethics training for all ODM employees, working with human resources department, and providing advice and counsel on ethics law issues on an as-requested basis;
4. Providing legal review of contracts and other procurement documents, working with the ODM contracts office;
5. Reviewing and drafting legislative language for budget proposals, as requested by the Director or program area staff;
6. Assisting in the coordination and response to requests for public records, specifically to ensure that records are released in accordance with federal and state confidentiality laws;
7. Serving as the liaison between ODM and the ODJFS Bureau of State Hearings (although ODM does not routinely review hearing or administrative appeals decisions before they are final, ODM staff charged with the responsibility for eligibility and services functions may review them, and in a case of disagreement with an ODJFS decision, elevates the issue to the Office of Legal Counsel; The Chief Legal Counsel is the head of the Office of Legal Counsel and reports directly to the Medicaid Director); and
8. The Ohio Department of Medicaid is necessarily involved whenever an administrative appeals decision is appealed to the court of common pleas.

Benefits/Policy is primarily responsible for setting and managing policy for the Medicaid program, and is responsible for the supervision of activities in four areas:

1. The Bureau of Health Plan Policy which governs payment policy, coverage policy, and eligibility policy;
2. The Bureau of Managed Care which governs all managed care policy and operations, and will operate Ohio's Medicaid/Medicare integrated managed care program;
3. The Bureau of Long-term Care Services and Supports which operates all institutional and Section 1915 Waiver program matters, and manages the operations of components of the Medicaid program operated by other agencies including Mental Health and Alcohol and Drug Addiction Services, Department of Developmental Disabilities, Aging, Health, and Education;
4. Benefits/Policy also oversees the team managing the state plan and waiver submission process which involves the negotiation and establishment of state plan amendments and waiver applications.

The Chief of Staff oversees the central administration of the agency. Responsibilities include:

1. Contract management and procurement;
2. Investigations;
3. Business services;



Medicaid Administration

4. Oversight of the Office of Human Resources and its staff;
5. Oversight of ODM's Project Management Office, which facilitates and tracks various long-term initiatives undertaken by the Medicaid agency; and
6. The agency's overall program integrity efforts. ODM works closely with the Auditor of State's Office and the Ohio Attorney General to identify instances of fraud, waste, and abuse in order to protect taxpayer dollars. Specifically, the agency's audits and surveillance and utilization sections perform work that serves an integral part in the collaborative program integrity efforts.

The Clinical Operations Office, under the direction of the State Medicaid Medical Director, is responsible for overseeing the clinical components of the Medicaid program, including oversight over ODM's clinical staff. This includes: providing clinical direction to policy staff on coverage and limitations of medical services; managing the prior authorization process; managing clinical improvement projects; providing clinical direction to the contracted managed care plans; and managing grants that have been awarded to Ohio Medicaid designed to improve practice and outcomes for Ohio's most vulnerable citizens.

Fiscal Operations assists in the establishment of Medicaid's long and short-term fiscal goals and objectives. The office provides the agency with the overall fiscal administration support through its various unit operations including accounting, purchasing, budgeting, receivables and grants servicing. The office oversees the agency's biennial budget process, provides technical assistance to agency decision-makers and provides monitoring and analysis of agency spending trends. Fiscal Operations consists of:

1. Accounts Receivable & Recordkeeping
2. Budget
3. Medicaid & Title XX
4. Rate & Cost Settling
5. Rate Methodology
6. Interstate Transfer & Sister Agency Claims

The Office of Information Operations provides centralized information technology support for ODM. This structure allows Information Technology staff to provide coordinated support for Medicaid and its various stakeholders. While providing support in a centralized structure, Information Operations has organized applications development, infrastructure, and information technology help functions to support Medicaid program areas. This allows information technology staff to better understand the needs of their customers and meet specific technology related needs.

Communications shares our agency's story with the public and to tout the good work that Ohio Medicaid does throughout the state. In doing so, our communications staff is often engaged with reporters across the state – and country – who wish to learn more about the various reforms, programs, and news coming out of our department. ODM Communications facilitates the ODM website and assists the respective bureaus with stakeholder, consumer, and provider messaging. Agency staff can rely on ODM Communications to assist with event planning, informational materials, fact sheets, presentations, public inquiries, graphic design needs and message planning.

The Legislative Office is the main conduit for legislator, stakeholder, and constituent issues. The Legislative Office is divided into two units which work together to address the concerns of all three of the formerly listed groups:

1. Legislative - deals with any questions on Medicaid policy from interested parties. The legislative liaisons assist with any legislation, the Medicaid portion of the state budget process, Medicaid rules for the JCARR process, as well as representing the Department at Controlling Board hearings. The liaisons represent the Department to outside entities and help coordinate the Director's and Governor's office objectives.
2. Constituent Affairs - assists both legislative offices and constituents directly to respond to specific personal Medicaid case inquiries. The constituent affairs aide receives all necessary information to look into the case and sends it on to the appropriate section for it to be looked into and handled as necessary.

Both units work constantly with almost all other sections of the Department for open communication of information and timely responses on all inquiries.

County Technical Assistance and Compliance staff are State agency employees within the Single State Agency. They are responsible for determination of eligibility for:

- Breast and Cervical Cancer Program (BCCP) Medicaid, in accordance with Section 1902(a)(10)(A)(ii)(XVIII) of the Social Security Act
- Children, pregnant women, individuals over age 65, or individuals who have been determined disabled by the SSA or the State; incarcerated or awaiting adjudication in a Department of Youth Services (DYS) or Department of Rehabilitation and Corrections



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(DRC) operated facility; and are in need of inpatient services in a hospital, nursing facility, or intermediate care facility
 • Inmates of DRC who have been determined disabled by the SSA or the State and are preparing for release into the community.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The Executive Branch of Ohio government includes the Governor; Lieutenant Governor; State Agencies, Departments, Boards, and Commissions; State Board of Education; Attorney General; Auditor of State; Secretary of State; and Treasurer of State.

The Health and Human Services (HHS) Cabinet consists of the Directors of the Ohio Departments of Medicaid, Job and Family Services, Aging, Health, Developmental Disabilities (DODD), Mental Health and Addiction Services, Youth Services, and Opportunities for Ohioans with Disabilities. The directors report directly to the Governor, but coordinate through the HHS cabinet on topics identified in the Governor's executive order that established the Governor's Office of Health Transformation. ODM contracts with the Departments of Aging and DODD to administer certain waiver components of the Medicaid program in compliance with the terms of those contracts and any rules adopted by the Medicaid director. ODM contracts with ODJFS to conduct all Medicaid hearings and perform designated eligibility functions. Only ODM has the authority to establish Medicaid policies, rules, and regulation, in accordance with 42 CFR 431.10(e).

ODM is Ohio's first Executive-level Medicaid agency and is the Single State Medicaid Agency responsible for the administration and oversight of the Medicaid program in Ohio. ODM works closely with fellow state agencies under the direction of the Governor's HHS cabinet. The Medicaid agency relationship to other cabinet level agencies, including HHS, is set forth in the attached table of organization.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Per agreement between ODM and ODJFS, designated County Department of Job and Family Services (CDJFS) employees conduct eligibility determinations at application and renewal, including obtaining necessary verifications, and perform supportive services to assure access to and receipt of medically necessary health care services. They have responsibility for determinations for eligibility for covered groups, with the exception of the following individuals for whom determinations are made by the Single State Agency:

- "Certain Women Needing Treatment for Breast or Cervical Cancer," as described in Section 1902(a)(10)(A)(ii)(XVIII) of the Social Security Act
- Children, pregnant women, individuals over age 65, or individuals who have been determined disabled by the Social Security Administration (SSA) or the State; and incarcerated or awaiting adjudication in a Department of Youth Services (DYS) or Department of Rehabilitation and Corrections (DRC) operated facility; and are in need of inpatient services in a hospital, nursing facility, or intermediate care facility
- Inmates of DRC who have been determined disabled by the SSA or the State and are preparing for release into the community

Everyone enrolled in Medicaid has access to a caseworker. Caseworkers answer questions that beneficiaries have about the Medicaid application and renewal process.



Medicaid Administration

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for the Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

Yes No

Name of state-wide agency: Ohio Department of Job and Family Services

Description of staff and functions of the state-wide agency and its local political subdivisions:

The single state agency has an agreement with ODJFS to determine Medicaid eligibility. Case managers within each CDJFS perform eligibility determinations.

ODM has a written agreement with the Title IV-A agency.

Per written agreement between ODM and ODJFS, designated CDJFS employees conduct eligibility determinations at application and renewal, including obtaining necessary verifications, and perform supportive services to assure access to and receipt of medically necessary health care services. They have responsibility for determinations for eligibility for covered groups identified in the state plan, with the exception of the following individuals for whom determinations are made by the Single State Agency:

- Certain women needing treatment for breast or cervical cancer under the Breast and Cervical Cancer Program (BCCP), as described in Section 1902(a)(10)(A)(ii)(XVIII) of the Social Security Act
- Children, pregnant women, individuals over age 65, or individuals who have been determined disabled by the Social Security

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Approval Date: 6/24/16
Effective Date: 8/1/2015



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Administration (SSA) or the State; and incarcerated or awaiting adjudication in a Department of Youth Services (DYS) or Department of Rehabilitation and Corrections (DRC) operated facility; and are in need of inpatient services in a hospital, nursing facility, or intermediate care facility

- Inmates of DRC who have been determined disabled by the SSA or the State and are preparing for release into the community

Everyone enrolled in Medicaid has access to a caseworker. Caseworkers answer questions that beneficiaries have about the Medicaid application and renewal process.

State Plan Administration

Assurances

A3

42 CFR 431.10
 42 CFR 431.12
 42 CFR 431.50

Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.