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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 16-0029

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



December 22, 2016

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

RE: TN 16-029

Dear Mr. McCarthy:

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

Transmittal #16-029 - Managed Care: Revisions to voluntary enrollment
 - Effective Date: January 1, 2017

If you have any questions regarding this SPA, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at christine.davidson@cms.hhs.gov.

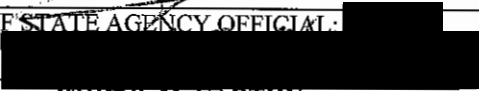
Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sarah Curtin, ODM
Carolyn Humphrey, ODM
Becky Jackson, ODM
Greg Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-029 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 January 01, 2017	
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: Sec. 1932(a) of the Social Security Act 42 CFR 438.50		7. FEDERAL BUDGET IMPACT: a. FFY \$ 0.00 b. FFY \$ 0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F, pages 4 and 5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-F, pages 4 and 5 (TN 16-014)	
10. SUBJECT OF AMENDMENT: Managed Care: Revisions to voluntary enrollment			
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		The State Medicaid Director is the Governor's designee	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: JOHN B. McCARTHY		Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: October 18, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: October 18, 2016		18. DATE APPROVED: December 22, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Ruth A. Hughes		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

Instructions on Back

State: OH

Citation	Condition or Requirement
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1932(a)(1)(A)
1932(a)(2)

E. Populations and Geographic Area

1. **Included Populations.** Please check which eligibility populations are included, if they are enrolled on a mandatory (M) or voluntary (V) basis, and the geographic scope of enrollment. Under the geography column, please indicate whether the nature of the population’s enrollment is on a statewide basis, or if on less than a statewide basis, please list the applicable counties/regions.

Population	M	Geographic Area	V	Geographic Area	Excluded
Section 1931 Children & Related Populations – 1905(a)(i)	M	Statewide			Institutionalized Enrolled in HCBS Waiver, except individuals receiving 1915(c) HCBS waiver services through the Ohio DODD
Section 1931 Adults & Related Populations 1905(a)(ii)	M	Statewide			Institutionalized Enrolled in HCBS Waiver, except individuals receiving 1915(c) HCBS waiver services through the Ohio DODD
Low-Income Adult Group	M	Statewide			Institutionalized Enrolled in HCBS Waiver, except individuals receiving 1915(c) HCBS waiver services through the Ohio DODD
Former Foster Care Children under age 21	M	Statewide			Institutionalized Enrolled in HCBS Waiver, except individuals receiving 1915(c) HCBS waiver services through the Ohio DODD
Former Foster Care Children age 21-25	M	Statewide			Institutionalized Enrolled in HCBS Waiver, except individuals receiving 1915(c) HCBS waiver services through the Ohio DODD
Section 1925 Transitional Medicaid age 21 and older	M	Statewide			Institutionalized Enrolled in HCBS Waiver, except individuals receiving 1915(c) HCBS waiver services through the Ohio DODD
SSI and SSI related Blind Adults, age 18 or older* - 1905(a)(iv)	M	Statewide			Institutionalized Enrolled in HCBS Waiver, except individuals receiving 1915(c) HCBS waiver services through the Ohio DODD
Poverty Level Pregnant Women – 1905(a)(viii)	M	Statewide			Institutionalized Enrolled in HCBS Waiver, except individuals receiving 1915(c) HCBS waiver services through the Ohio DODD
SSI and SSI related Blind Children, generally under age 18 – 1905(a)(iv)	M	Statewide			Institutionalized Enrolled in HCBS Waiver, except individuals receiving 1915(c) HCBS waiver services through the Ohio DODD
SSI and SSI related Disabled children under age 18	M	Statewide			Institutionalized Enrolled in HCBS Waiver, except individuals receiving 1915(c) HCBS waiver services through the Ohio DODD

State: OH

Citation Condition or Requirement

Population	M	Geographic Area	V	Geographic Area	Excluded
SSI and SSI related Disabled adults age 18 and older – 1905(a)(v)	M	Statewide			Institutionalized Enrolled in HCBS Waiver, except individuals receiving 1915(c) HCBS waiver services through the Ohio DODD
SSI and SSI Related Aged Populations age 65 or older- 1905(a)(iii)	M	Statewide			Institutionalized Enrolled in HCBS Waiver, except individuals receiving 1915(c) HCBS waiver services through the Ohio DODD
SSI Related Groups Exempt from Mandatory Managed Care under 1932(a)(2)(B)					
Recipients Eligible for Medicare					
American Indian/Alaskan Natives			V	Statewide	
Children under 19 who are eligible for SSI					
Children under 19 who are eligible under Section 1902(e)(3)	N/A	Ohio did not take the option under 1902(e)(3) for the Katie Beckett waiver or TEFRA			
Children under 19 in foster care or other out-of-home placement					Institutionalized Enrolled in HCBS Waiver, except individuals receiving 1915(c) HCBS waiver services through the Ohio DODD
Children under 19 receiving services funded under section 501(a)(1)(D) of title V and in accordance with 42 CFR 438.50(d)(v)					Institutionalized Enrolled in HCBS Waiver, except individuals receiving 1915(c) HCBS waiver services through the Ohio DODD
Other					
Title XXI CHIP Children	M	Statewide			
Adult Group 19-64 eligible under 42 CFR 435.119 [1902(a)(10)(A)(i)(viii)]	M	Statewide			
Recipients receiving HCBS 1915(c) waiver services through the Ohio Department of Developmental Disabilities			V	Statewide	

2. **Excluded Groups.** Within the populations identified above as Mandatory or Voluntary, there may be certain groups of individuals who are excluded from the managed care