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State/Territory Name: OH

State Plan Amendment (SPA) #: 17-035

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



October 24, 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 17-035

Dear Ms. Sears:

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

Transmittal #17-035 - Coverage & Limitations: EPSDT Services
 - Effective Date: November 1, 2017
 - Approval Date: October 24, 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: 17-035	2. STATE OHIO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE November 1, 2017
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN **AMENDMENT**

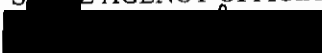
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: SSA 1905(r); 42 CFR 440.345	7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$0 thousands b. FFY 2019 \$0 thousands
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 4-b, Page 1 of 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATTACHMENT 3.1-A, PRE-PRINT PAGE 1, ITEM 4-B, PAGE 1 OF 1 (TN 91-02)

10. SUBJECT OF AMENDMENT:
Coverage and Limitations: EPSDT Services

11. GOVERNOR'S REVIEW (Check One):

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 STATE AGENCY OFFICIAL: 	16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218
13. TYPED NAME: BARBARA R. SEARS	
14. TITLE: STATE MEDICAID DIRECTOR	
15. DATE SUBMITTED: September 25, 2017	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: September 25, 2017	18. DATE APPROVED: October 24, 2017
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: November 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Alan Freund	22. TITLE: Acting Associate Regional Administrator

23. REMARKS:

Instructions on Back

- 4-b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.

Pursuant to Section 1905(r) of the Social Security Act, the following services rendered to a Medicaid-eligible individual younger than 21 years of age are covered:

- Screening services;
- Vision services;
- Dental services;
- Hearing services;
- All medically necessary screenings, health care, diagnostic services, treatment, and other measures described in 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions, regardless of whether such measures are covered by the Ohio Medicaid program.

Early and periodic screening, diagnostic, and treatment (EPSDT) services are covered at the following frequencies:

- For all services, at intervals that meet reasonable standards of medical or dental practice in accordance with the American Academy of Pediatrics Bright Futures Guidelines for Preventive Health Care at https://www.aap.org/en-us/Documents/periodicity_schedule.pdf;
- For immunizations, in accordance with the periodicity schedule applicable to pediatric vaccines established by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>;
- For dental services provided to individuals older than six and younger than twenty-one, at least once every one hundred eighty days; and
- For all services, at such other intervals indicated as medically necessary to determine the existence of a suspected illness or condition.

Necessary additional medical services rendered during, as part of, or as a result of a screening visit are covered.

Coverage limits that have been established may be exceeded with prior authorization.