

## **Table of Contents**

**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 18-0014**

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



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July 10, 2018

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 18-0014

Dear Ms. Sears:

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

Transmittal #18-0014      - Termination of Health Homes Program  
   - Effective Date: July 1, 2018  
   - Approval Date: July 9, 2018

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](mailto:christine.davidson@cms.hhs.gov).

Sincerely,

/s/

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


Enclosure

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

<b>DATE RECEIVED:</b> 6/28/18	<b>DATE APPROVED:</b> 7/9/18
PLAN APPROVED – ONE COPY ATTACHED	
<b>EFFECTIVE DATE OF APPROVED MATERIAL:</b> 7/1/18	<b>SIGNATURE OF REGIONAL OFFICIAL:</b> /s/
<b>TYPED NAME</b> Ruth A. Hughes	<b>TITLE</b> Associate Regional Administrator

CMS-10434 OMB 0938-1188

### Package Information

<b>Package ID</b>	OH2018MS00060	<b>Submission Type</b>	Official
<b>Program Name</b>	Health Homes date extension 12-17	<b>State</b>	OH
<b>SPA ID</b>	OH-18-0014	<b>Region</b>	Chicago, IL
<b>Version Number</b>	1	<b>Package Status</b>	Approved
<b>Submitted By</b>	Gregory Niehoff	<b>Submission Date</b>	6/28/2018
<b>Package Disposition</b>		<b>Approval Date</b>	7/9/2018 10:32 AM EDT
<b>Priority Code</b>	P2		

## Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES  
 Centers for Medicare & Medicaid Services  
 7500 Security Boulevard, Mail Stop S2-14-26  
 Baltimore, Maryland 21244-1850



**Date:** 07/09/2018  
**Head of Agency:** Barbara Sears  
**Title/Dept :** Director  
**Address 1:** 50 West Town Street  
**Address 2:**  
**City :** Columbus  
**State:** OH  
**Zip:** 43215  
**MACPro Package ID:** OH2018MS0006O  
**SPA ID:** OH-18-0014

**Subject**  
 Approval Notification

**Dear Barbara Sears**

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.  
 The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for Approval

Reviewable Unit	Effective Date
Health Homes Program Termination - Phase-Out Plan	7/1/2018

OH-18-0014 - Termination of Health Homes Program, July 1, 2018

**Sincerely,**

Alissa M. DeBoy  
 Mrs.

## Approval Documentation

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | OH2018MS0006O | OH-18-0014 | Health Homes date extension 12-17

### Package Header

<b>Package ID</b>	OH2018MS0006O	<b>SPA ID</b>	OH-18-0014
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/28/2018
<b>Approval Date</b>	7/9/2018	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Ohio

**Medicaid Agency Name:** Ohio Department of Mediciad

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | OH2018MS00060 | OH-18-0014 | Health Homes date extension 12-17

### Package Header

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<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** OH-18-0014

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Program Termination - Phase-Out Plan	7/1/2018	OH-17-0042

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | OH2018MS0006O | OH-18-0014 | Health Homes date extension 12-17

### Package Header

<b>Package ID</b>	OH2018MS0006O	<b>SPA ID</b>	OH-18-0014
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/28/2018
<b>Approval Date</b>	7/9/2018	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This SPA supersedes Ohio SPA TN 17-0042, and terminates Ohio's Health Homes program effective July 1, 2018.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$0
Second	2019	\$0

#### Federal Statute / Regulation Citation

Section 1945 of the Social Security Act



## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | OH2018MS00060 | OH-18-0014 | Health Homes date extension 12-17

### Package Header

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<b>Approval Date</b>	7/9/2018	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** The State Medicaid director is the governor's designee.

## Submission - Public Comment

MEDICAID | Medicaid State Plan | Health Homes | OH2018MS0006O | OH-18-0014 | Health Homes date extension 12-17

### Package Header

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<b>Superseded SPA ID</b>	N/A		

#### Name of Health Homes Program

Health Homes date extension 12-17

#### Indicate whether public comment was solicited with respect to this submission.



- Public notice was not federally required and comment was not solicited  
 Public notice was not federally required, but comment was solicited  
 Public notice was federally required and comment was solicited

#### Indicate how public comment was solicited:

- Newspaper Announcement  
 Publication in state's administrative record, in accordance with the administrative procedures requirements  
 Email to Electronic Mailing List or Similar Mechanism  
 Website Notice  
 Public Hearing or Meeting  
 Other method

Name of method:	Date:	Description:
Stakeholder meetings	5/23/2018	The State has conducted regularly-scheduled meetings with stakeholders for over two years, wherein the takedown of the Health Homes program has been repeatedly discussed. Stakeholders have had ample opportunity to provide comment.

#### Upload copies of public notices and other documents used

Name	Date Created	
<a href="#">Provider notice sent 4.28.2018</a>	6/19/2018 9:38 AM EDT	
<a href="#">Health Homes Consumer Notice_2018-06-14</a>	6/19/2018 9:38 AM EDT	

#### Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

#### Indicate the key issues raised during the public comment period (optional)

- Access  
 Quality  
 Cost  
 Payment methodology  
 Eligibility  
 Benefits  
 Service delivery

Other issue

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | OH2018MS0006O | OH-18-0014 | Health Homes date extension 12-17

## Package Header

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<b>Approval Date</b>	7/9/2018	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Name of Health Homes Program

Health Homes date extension 12-17

### One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

# Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | OH2018MS0006O | OH-18-0014 | Health Homes date extension 12-17

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<b>Superseded SPA ID</b>	N/A		

## SAMHSA Consultation

### Name of Health Homes Program

Health Homes date extension 12-17

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

Date of consultation
12/1/2011

# Health Homes Program Termination - Phase-Out Plan

MEDICAID | Medicaid State Plan | Health Homes | OH2018MS0006O | OH-18-0014 | Health Homes date extension 12-17

CMS-10434 OMB 0938-1188

## Package Header

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<b>Approval Date</b>	7/9/2018	<b>Effective Date</b>	7/1/2018
<b>Superseded SPA ID</b>	OH-17-0042		
	User-Entered		

## Provide a description of the phase-out or transition plan for the Health Homes Program that is being terminated

### Describe the reason for termination

The services provided in the Health Homes program have been integrated into Ohio's overall redesigned behavioral health benefit.

### Describe the overall approach the state will use to terminating the program

This action has been planned for approximately two years; providers are very familiar with the State's intention to terminate this program. Official notice to both providers and recipients have been sent. The State will submit to CMS quality measures for services rendered through June 30, 2018, which is the last day of this program.

### Indicate method of termination

### Termination effective date

- |   |          |
|---|----------|
| <input checked="" type="radio"/> The state will terminate all participants from the Health Homes Program on the same date | 7/1/2018 |
| <input type="radio"/> The state will phase-out the termination of participation in the Health Homes Program               |          |

### Describe the process the state will use to transition all participants and how referrals will be made to other health care providers

The State has been working with Health Homes providers for the past two years to transition recipients to other Medicaid programs. Data show that the Health Homes recipient population has declined from a peak of approximately 17,000 to approximately 11,000. Ohio's Managed Care programs are also working with consumers to ensure they continue to have access to Medicaid services. Proper notice was sent to consumers.

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*This view was generated on 7/9/2018 10:55 AM EDT*