

## **Table of Contents**

**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 18-030**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



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January 10, 2019

James Tassie, Acting Director  
Ohio Department of Medicaid  
P.O. Box 182709  
50 West Town Street, Suite 400  
Columbus, Ohio 43218

RE: State Plan Amendment Transmittal Number 18-030

Dear Mr. Tassie:

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

Transmittal #18-030            - Interagency Agreement: Ohio Department of Aging  
   - Effective Date: October 1, 2018  
   - Approval Date: January 10, 2019

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](mailto: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  
Becky Jackson, ODM  
Greg Niehoff, ODM

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>18-030</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		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 <b>October 1, 2018</b>	
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"/> <b>AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 431 Subpart M 1902(a)(22) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2019      \$0 b. FFY 2020      \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.16-N, Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 4.16-N, Page 1 of 1 (TN 11-016)	
10. SUBJECT OF AMENDMENT: Summary of Interagency Agreement: Ohio Department of Aging			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: <b>BARBARA R. SEARS</b>		Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: <b>STATE MEDICAID DIRECTOR</b>			
15. DATE SUBMITTED: <b>December 14, 2018</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>December 14, 2018</b>		18. DATE APPROVED: <b>January 10, 2019</b>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>October 1, 2018</b>		20. SIGNATURE OF REGIONAL OFFICIAL: <b>/s/</b>	
21. TYPED NAME: <b>Ruth A. Hughes</b>		22. TITLE: <b>Associate Regional Administrator</b>	
23. REMARKS:			

**Instructions on Back**

**Cooperative Arrangements with the Ohio Department of Aging**

The Ohio Department of Medicaid (ODM) has a subrecipient relationship with the Ohio Department of Aging (ODA): ODA is the sub-recipient of funds for or assisting the single state agency in 1) providing statewide access—for eligible individuals who are covered by the Medicaid program as set forth in Title XIX of the Social Security Act—to the PASSPORT and Assisted Living Home and Community-Based Services (HCBS) waivers; 2) performing Level of Care (LOC) determinations and conducting Pre-Admission Screening and Resident Review (PASRR) screening services for individuals seeking Nursing Facility (NF) services; and 3) administering the Program of All-inclusive Care for the Elderly (PACE).

The relationship provides for statewide access to medically necessary covered services comparable in amount, scope and duration, with the exception of PASRR, in accordance with federal compliance requirements including statewideness, recipient free choice of provider, comparability of services and reasonable promptness.

The relationship is formalized by an Interagency Agreement to implement the provisions of 42 CFR 431, Subpart M, and to authorize the transfer of federal funds between ODM and ODA for those Medicaid administrative services under CFDA 93.778.

TN: 18-030

Supersedes:

TN: 11-016Approval Date: 1/10/19Effective Date: 10/01/2018