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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 19-0005

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
233 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



Regional Operations Group

April 23, 2019

Maureen M. Corcoran, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

RE: State Plan Amendment Transmittal Number (TN) 19-0005

Dear Ms. Corcoran:

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

Transmittal #19-0005 - Updates Ohio's Alternative Benefit Plan to align language for Targeted Case Management with recently-approved TN 19-002.
- Effective Date: March 15, 2019
- Approval Date: April 23, 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.

Sincerely,

/s/

Ruth A. Hughes
Deputy Director
Center for Medicaid & CHIP Services
Regional Operations Group

Enclosure

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

Medicaid Alternative Benefit Plan: 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.

19-0005

Proposed Effective Date

03/15/2019 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2019	\$0.00
Second Year	2020	\$0.00

Subject of Amendment

Alternative Benefit Plan

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: Patrick Beatty

Last Revision Date: Apr 4, 2019

Submit Date: Feb 11, 2019

DATE RECEIVED: 2/11/19	DATE APPROVED: 4/23/19
PLAN APPROVED – ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL: 3/15/19	SIGNATURE OF REGIONAL OFFICIAL: /s/
TYPED NAME: Ruth A. Hughes	TITLE: Deputy Director, Regional Operations Group



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: OH - 19 - 0005

Benefits Description **ABP5**

The state/territory proposes a "Benchmark-Equivalent" benefit package.

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Yes, see description below.

Other:

The following podiatric services are not covered by the program: coverage of debridement of nails is limited to a maximum of one treatment within a 60-day period; General anesthesia services provided by a podiatrist are not covered; Coverage of physical medicine services provided by a podiatrist is limited to acute conditions or periods or acute exacerbation of chronic disease. Beneficiaries younger than age twenty-one can access other podiatrists' services without limitation when such services are medically necessary. No other authorization process.

Other 1937 Benefit Provided:

Eyeglasses

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Yes, see description below.

Duration Limit:

None

Scope Limit:

Yes, see description below.

Other:

Adults one pair (lenses and frames) every 24 months. May get additional pair with prior authorization to determine medical necessity for additional service. No spare eyeglasses or replacements due to personal preference. No trimmed frames.

Other 1937 Benefit Provided:

Targeted Case Management

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Target groups are described in Supplement 1 to Attachment 3.1-A of Ohio's Medicaid state plan.