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**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 19-0022**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
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<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>19-022</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>July 1, 2019</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: Section 1915(i) of the Social Security Act 42 CFR 441.710		7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$ 304 thousands b. FFY 2020 \$1,215 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-i, Pages 14, 15, 16 Attachment 3.1-i, Page 16a (new)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 3.1-i, Pages 14, 15, 16 (TN 18-015)	
10. SUBJECT OF AMENDMENT: Coverage and Limitations: Addition of Diagnosis Codes for the Specialized Recovery Services (SRS) Program			
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:  Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: MAUREEN M. CORCORAN			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: September 23, 2019			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: September 23, 2019		18. DATE APPROVED: October 17, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Ruth A. Hughes		22. TITLE: Deputy Director	
23. REMARKS:			

**Instructions on Back**

state may request CMS renewal of this benefit for additional 5-year terms in accordance with 1915(i)(7)(C) and 42 CFR 441.710(e)(2). (*Specify target group(s)*):

- A. Severe and Persistent Mental Illness (SPMI) target group:  
 This 1915(i) State plan HCBS benefit is targeted to persons who have been determined to meet the Social Security Administration’s definition of disability who are age 21 and over and who are diagnosed with one of the following behavioral health diagnoses.

<b>ICD-10 CODES</b>	<b>DIAGNOSIS CATEGORY DESCRIPTION</b>
<b>F06.0</b>	Psychotic disorders with hallucinations or delusions
<b>F06.2</b>	Psychotic disorder with delusions
<b>F06.30-F06.34</b>	Mood disorders
<b>F06.4</b>	Anxiety disorders
<b>F07.0</b>	Personality change
<b>F20.0-F29</b>	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
<b>F30.10-F30.9</b>	Manic episodes
<b>F31.0-F31.9</b>	Bipolar disorder
<b>F32.0-F39</b>	Major depressive and mood disorders
<b>F40.00-F40.11</b>	Phobic and other anxiety disorders
<b>F40.240</b>	Claustrophobia
<b>F40.241</b>	Acrophobia
<b>F40.8</b>	Other phobic anxiety disorders
<b>F41.0</b>	Panic disorder without agoraphobia
<b>F41.1</b>	Generalized anxiety disorder
<b>F42.2-F42.9</b>	Obsessive-compulsive disorder
<b>F43.10-F43.12</b>	Post-traumatic stress disorder
<b>F43.20-F43.25</b>	Adjustment disorders
<b>F44.0</b>	Dissociative amnesia
<b>F44.1</b>	Dissociative fugue
<b>F44.2</b>	Dissociative stupor
<b>F44.4-F44.9</b>	Dissociative and conversion disorders
<b>F45.0-F45.9</b>	Somatoform disorders
<b>F48.1, F48.9</b>	Other nonpsychotic mental disorders
<b>F50.00-F50.9</b>	Eating disorders
<b>F53</b>	Postpartum depression
<b>F60.3</b>	Borderline Personality Disorder
<b>F63.3-F63.9</b>	Impulse disorders
<b>F64.1-F64.9</b>	Gender identity disorders
<b>F68.10-F68.8</b>	Disorders of adult personality and behavior
<b>F90.0-F90.9</b>	Attention-deficit hyperactivity disorders
<b>F91.0-F91.9</b>	Conduct disorders
<b>F93.0-F93.9</b>	Emotional disorders with onset specific to childhood
<b>F94.0-F94.9</b>	Disorders of social functioning with onset specific to childhood and adolescence

B. Diagnosed Chronic Conditions (DCC) target group:

This 1915(i) State plan HCBS benefit is targeted to persons with one or more of the following Diagnosed Chronic Conditions (DCC), who have been determined to meet the Social Security Administration's definition of disability who are 21 to 64 years of age. A disability determination is NOT required for individuals in the DCC population that are 65 years of age or older, or under age 65 and diagnosed with end-stage renal disease (ESRD).

ICD-10 Code	Description of Qualifying DCC ICD-10 Code
B20	Human immunodeficiency virus [HIV] disease
B91	Sequelae of poliomyelitis
C15	Malignant neoplasm of esophagus
C16	Malignant neoplasm of stomach
C17	Malignant neoplasm of small intestine
C18	Malignant neoplasm of colon
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21	Malignant neoplasm of anus and anal canal
C22	Malignant neoplasm of liver and intrahepatic bile ducts
C23	Malignant neoplasm of gallbladder
C24	Malignant neoplasm of other and unspecified parts of biliary tract
C25	Malignant neoplasm of pancreas
C26	Malignant neoplasm of other and ill-defined digestive organs
C30	Malignant neoplasm of nasal cavity and middle ear
C31	Malignant neoplasm of accessory sinuses
C32	Malignant neoplasm of larynx
C33	Malignant neoplasm of trachea
C34	Malignant neoplasm of bronchus and lung
C37	Malignant neoplasm of thymus
C38	Malignant neoplasm of heart, mediastinum and pleura
C39	Malignant neoplasm of other and ill-defined sites in the respiratory system and intrathoracic organs
C40	Malignant neoplasm of bone and articular cartilage of limbs
C41	Malignant neoplasm of bone and articular cartilage of other and unspecified sites
C43	Malignant melanoma of skin
C45	Mesothelioma
C46	Kaposi's sarcoma
C47	Malignant neoplasm of peripheral nerves and autonomic nervous system
C48	Malignant neoplasm of retroperitoneum and peritoneum
C49	Malignant neoplasm of other connective and soft tissue
C50	Malignant neoplasm of breast
C51	Malignant neoplasm of vulva
C52	Malignant neoplasm of vagina

<b>C53</b>	Malignant neoplasm of cervix uteri
<b>C54</b>	Malignant neoplasm of corpus uteri
<b>C55</b>	Malignant neoplasm of uterus, part unspecified
<b>C56</b>	Malignant neoplasm of ovary
<b>C57</b>	Malignant neoplasm of other unspecified ovary
<b>C58</b>	Malignant neoplasm of placenta
<b>C60</b>	Malignant neoplasm of penis
<b>C61</b>	Malignant neoplasm of prostate
<b>C62</b>	Malignant neoplasm of testis
<b>C63</b>	Malignant neoplasm of other and unspecified male genital organs
<b>C64</b>	Malignant neoplasm of kidney, except renal pelvis
<b>C65</b>	Malignant neoplasm of renal pelvis
<b>C66</b>	Malignant neoplasm of ureter
<b>C67</b>	Malignant neoplasm of bladder
<b>C68</b>	Malignant neoplasm of other and unspecified urinary organs
<b>C70</b>	Malignant neoplasm of meninges
<b>C71</b>	Malignant neoplasm of brain
<b>C72</b>	Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous system
<b>C73</b>	Malignant neoplasm of thyroid gland
<b>C74</b>	Malignant neoplasm of adrenal gland
<b>C7A</b>	Malignant neuroendocrine tumors
<b>C7B</b>	Secondary neuroendocrine tumors
<b>C77</b>	Secondary and unspecified malignant neoplasm of lymph nodes
<b>C78</b>	Secondary malignant neoplasm of respiratory and digestive organs
<b>C79</b>	Secondary malignant neoplasm of other unspecified sites
<b>C80</b>	Malignant neoplasm without specification of site
<b>C81</b>	Hodgkin lymphoma
<b>C82</b>	Follicular lymphoma
<b>C83</b>	Non-follicular lymphoma
<b>C84</b>	Mature T/NK-cell lymphomas
<b>C85</b>	Other specified and unspecified types of non-Hodgkin lymphoma
<b>C86</b>	Other specified types of T/NK-cell lymphoma
<b>C88</b>	Malignant immunoproliferative diseases and certain other B-cell lymphomas
<b>C90</b>	Multiple myeloma and malignant plasma cell neoplasms
<b>C91</b>	Lymphoid leukemia
<b>C92</b>	Myeloid leukemia
<b>C93</b>	Monocytic leukemia
<b>C94</b>	Other leukemias of specified cell type
<b>C95</b>	Leukemia of unspecified cell type
<b>C96</b>	Other and unspecified malignant neoplasms of lymphoid, hematopoietic and related tissue
<b>D57</b>	Sickle-cell disorders

<b>D58</b>	Other hereditary hemolytic anemias
<b>D65</b>	Disseminated intravascular coagulation [defibrination syndrome]
<b>D66</b>	Hereditary factor VIII deficiency
<b>D67</b>	Hereditary factor IX deficiency
<b>E84</b>	Cystic fibrosis
<b>K72.1</b>	Chronic hepatic failure
<b>K72.10</b>	Chronic hepatic failure without coma
<b>K72.11</b>	Chronic hepatic failure with coma
<b>K72.9</b>	Hepatic failure, unspecified
<b>K72.90</b>	Hepatic failure, unspecified without coma
<b>K72.91</b>	Hepatic failure, unspecified with coma
<b>N18.6</b>	End Stage Renal Disease (ESRD)
<b>Q85</b>	Phakomatoses, not elsewhere classified
<b>Z76.82</b>	Awaiting organ transplant status
<b>Z94</b>	Transplanted organ and tissue status
<b>Z21</b>	Asymptomatic human immunodeficiency virus [HIV] infection status

Individuals in the 1915(i) cannot be concurrently enrolled in another HCBS authority (e.g., a 1915(c) waiver). The individual will be enrolled in the HCBS authority best meeting the totality of the individual's needs regardless of the order in which the individual applied or became eligible for the HCBS authority subject to the choice of the individual (e.g., if the individual was on the 1915(i) but became eligible to be enrolled for a 1915(c) waiver that better met his or her needs, then the individual, at his or her option, could be enrolled in the 1915(c) waiver and disenrolled from the 1915(i) – conversely, an individual on a 1915(c) waiver whose needs are better met by the 1915(i) may choose to be enrolled in the 1915(i) and disenrolled from the 1915(c) waiver).