Table of Contents

State/Territory Name: Ohio

State Plan Amendment (SPA) #: 19-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

March 29, 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 19-008

Dear Ms. Corcoran:

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

Transmittal #19-008

- Interagency Agreement: Opportunities for Ohioans with Disabilities Agency and the Ohio Department of Developmental Disabilities
 Effective Date: January 1, 2019
- Approval Date: March 29, 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 <u>christine.davidson@cms.hhs.gov</u>.

Sincerely,

/s/

Celestine Curry Acting Deputy Director Centers for Medicaid & CHIP Services Regional Operations Group

Enclosure

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 19-008	2. STATE OHIO
STATE I LAN MATERIAL		
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2019	
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 AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Sections 1902(a)(11) and (a)(22) of the Social Security Act; 42 CFR 431 Subpart M	a. FFY 2019 \$0 b. FFY 2020 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI	EDED PLAN SECTION
. TAGE NOMBER OF THE TEAR SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicable):	
Attachment 4.16-B, page 1 of 1	(new)	
		•
10. SUBJECT OF AMENDMENT: Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees (Opportunities		
for Ohioans with Disabilities Agency and the Ohio Department of Developmental Disabilities; Attachment 4.16-B)		
	F	
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	\boxtimes 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:	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Carolyn Humphrey	
13. TYPED NAME: MAUREEN M. CORCORAN	Carolyn Humphrey Ohio Department of Medicaid	
	Carolyn Humphrey	
13. TYPED NAME: MAUREEN M. CORCORAN	Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709	
13. TYPED NAME: MAURÉEN M. CORCORAN 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: March 12,2019	Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
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Instructions on Back

Cooperative Arrangements with the Opportunities for Ohioans with Disabilities Agency and the Ohio Department of Developmental Disabilities

The Ohio Department of Medicaid (ODM) has subrecipient relationships with the Opportunities for Ohioans with Disabilities Agency (OOD) and the Ohio Department of Developmental Disabilities (DODD): OOD and DODD are the sub-recipient of funds providing or assisting ODM in providing statewide access for eligible individuals who are covered by the Medicaid program as set forth in Title XIX of the Social Security Act or the State Children's Health Insurance Program (SCHIP) Medicaid expansion as set forth in Title XXI of the Social Security Act for:

- 1) Improving competitive integrated employment outcomes for individuals with developmental disabilities;
- 2) Providing vocational rehabilitation counseling and employment services to working-age adults with developmental disabilities to assist with the transition to competitive, integrated employment;
- 3) Outlining a collaborative framework for coordinating state and local services and resources; and
- 4) Providing basic guidance for coordinating plans, policies, and procedures developed to facilitate the prioritization of competitive integrated community employment of individuals with developmental disabilities.

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 OOD and DODD for those Medicaid administrative services under CFDA 93.767 and CFDA 93.778.

TN: <u>19-008</u> Supersedes: TN: <u>New</u> Approval Date: <u>3/29/19</u>

Effective Date: <u>01/01/2019</u>