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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 21-0012

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

601 E. 12th St., Room 355

Kansas City, Missouri 64106 Medicaid



Medicaid and CHIP Operations Group

May 6, 2021

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 21-0012

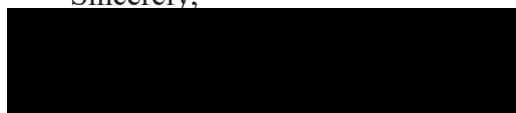
Dear Ms. Corcoran:

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

Transmittal #21-0012 - Updated Summary of Interagency Agreement:
 Ohio Department of Aging
 - Effective Date: January 1, 2021
 - Approval Date: May 3, 2021

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.


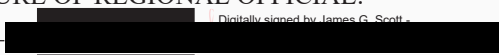
Sincerely,



James G. Scott
Division Director
Division of Program Operations

Enclosures

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-0012	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		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 January 1, 2021	
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"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1902(a)(11) and (a)(22) of the Act; 42 CFR 431 Subpart M		7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$0 b. FFY 2022 \$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 18-030)	
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: MAUREEN M. CORCORAN		Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: March 31, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 31, 2021		18. DATE APPROVED: 05/03/2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL:  Digitally signed by James G. Scott	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
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;
- 3) Administering the Program of All-inclusive Care for the Elderly (PACE);
- 4) Administering, implementing and providing oversight of the Ohio Benefits Long-Term Services and Supports Program;
- 5) Developing the State's comprehensive assessment and level of care tools for individuals enrolled or seeking enrollment in Medicaid programs requiring a nursing facility (NF) LOC;
- 6) Delivering the community living specialist service for residents in long-term care facilities, collaborating with HOME Choice transition coordinators to authorize waiver community transition services, and completing HOME Choice assessments for individuals applying for the HOME Choice program;
- 7) Administering the Ohio Medicaid Electronic Visit Verification (EVV) program as it relates to services provided through the PASSPORT program administered by ODA; and
- 8) Implementing ODM-approved Civil Money Penalty (CMP) projects, including the "Creating a Culture of Person-Directed Dementia Care" project.

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: 21-0012
Supersedes:
TN: 18-030

Approval Date: 05/03/2021
Effective Date: 01/01/2021