



October 26, 2018

Barbara R. Sears, Director
Ohio Department of Medicaid
50 W. Town Street – Suite 400
Columbus, OH 43215

Dear Ms. Sears:

This is a revised approval letter that contains a paragraph not included in the original letter. The Centers for Medicare and Medicaid Services approves Ohio's §1915(c) home and community-based services Level One waiver amendment, 0380.R03.06. Effective December 1, 2018, this amendment:

- Adds the Assistive Technology service which is intended to support individuals transitioning from facilities to the community,
- Modifies and renames the Remote Monitoring Service to Remote Support and clarifies an end date of December 31, 2018 for the Remote Monitoring Service,
- Updates the Adverse Outcomes process,
- Updates the waiver application to reflect the updated name of the Ohio Department of Medicaid Protection of Harm Unit, and,
- Amends estimates of Factor D costs and utilization in waiver years three, four and five.

The amended waiver estimates the following service utilization and cost:

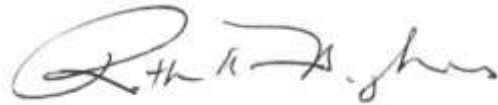
	Unduplicated Recipients (Factor C)	Community Costs (Factor D+D')	Institutional costs (Factor G+G')	Total Waiver Costs (Factor C x Factor D)
Year 3	17,900	\$18,707	\$126,551	\$190,030,338
Year 4	18,560	\$18,949	\$129,209	\$197,030,733
Year 5	19,200	\$19,055	\$131,924	\$201,052,224

It is important to note that CMS' approval of this Level One waiver amendment 0380.R03.06 solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

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Ms. Sears

The CMS would greatly appreciate ongoing communication with the state to help keep the Regional Office informed of any changes or updates related to this waiver. If there are any questions please contact Dell Gist at 312-886-2568, or via email at Dell.Gist@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Ruth A. Hughes". The signature is fluid and cursive, with the first name "Ruth" being the most prominent.

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Icilda Dickerson, ODM