



June 19, 2015

John McCarthy, Director
Ohio Department of Medicaid
50 W. Town Street – Suite 400
Columbus, OH 43215

Dear Mr. McCarthy:

The Centers for Medicare & Medicaid Services (CMS) approves Ohio’s request to renew the Self Empowered Life Funding (SELF) home and community-based services (HCBS) waiver authorized under §1915(c) of the Social Security Act. The renewed waiver will continue to serve individuals with a developmental disability who meet an intermediate care facility for individuals with intellectual disabilities level of care (ICF/IID). The waiver renewal is assigned control number 0877.R01.00, which the state should use in all future correspondence.

Based on the assurances provided and responses to CMS’ questions, CMS approves this renewal with the effective date of July 1, 2015. This approval is subject to the state’s agreement to provide HCB services to no more than the approved number of unduplicated recipients at the respective per capita waiver expenditure estimates.

Within the waiver renewal, the state incorporated several significant changes, including a waiver specific transition plan, a revised eligibility assessment tool for determining eligibility for ICF/IID level of care, a reserved capacity for the statewide HCBS waiting list, conflict of interest safeguards, updated quality oversight strategies and performance measures, and updated safeguards concerning restraints and restrictive interventions.

The CMS approves the following estimates of utilization and cost of waiver services:

	Unduplicated Recipients (Factor C)	Community Costs (Factor D+D’)	Institutional Costs (Factor G+G’)	Total Waiver Costs (Factor C x Factor D)
Year 1	900	\$32,192.80	\$123,837.08	\$11,158,135
Year 2	2,000	\$32,886.13	\$127,552.20	\$24,994,820
Year 3	2,500	\$33,489.14	\$131,378.77	\$31,221,900
Year 4	3,000	\$34,112.01	\$135,310.14	\$37,444,860
Year 5	3,500	\$34,766.02	\$139,379.75	\$43,703,520

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The CMS looks forward to working with Ohio's Department of Medicaid as it continues to administer this waiver. If the state has any questions, please contact Jennifer Maslowski at (217) 492-4120 or by e-mail at Jennifer.maslowski@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink that reads "Alan Freund". The signature is written in a cursive style with a blue highlight effect.

Acting ARA

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

cc: Lynell Sanderson, CMCS
Debra Moscardino, ODM
Icilda Dickerson, ODM
Laura Leach, ODM