

This page is superseded by
SPA TN 13-0028 submitted via MMDL.

2

Revision: ~~HCFA-AT-80-38 (BPP)~~
~~May 22, 1980~~

State: OHIO

~~SECTION 1 SINGLE STATE AGENCY ORGANIZATION~~

Citation
~~42 CFR 431.10~~

~~1.1 Designation and Authority~~

~~(a) The Office of Medical Assistance is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)~~

~~ATTACHMENT 1.1 A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.~~

~~TN: 12-014~~
~~Supersedes:~~
~~TN: 00-013~~

Approval Date: 2/6/13

Effective Date: 09/10/2012

Revision: ~~HCFA-AT-80-38 (BPP)~~
~~May 22, 1980~~

State: OHIO

~~Citation~~
~~Sec. 1902(a)~~
~~of the Act~~

~~1.1(b) The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which related to blind individuals.~~

~~Yes. The State agency so designated is _____.
This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.~~

~~Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).~~

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~~State: OHIO~~

~~Citation: 1.1 (c) Waivers of the single State agency requirement which are
Intergovernmental currently operative have been granted under authority of the
Cooperation Act of 1968 Intergovernmental Cooperation Act of 1968.~~

~~Yes. ATTACHMENT 1.1 B describes these waivers and the
approved alternative organizational arrangement.~~

~~Not applicable. Waivers are no longer in effect.~~

~~Not applicable. No waivers have ever been granted.~~

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~~5~~

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~~May 22, 1980~~

State: OHIO

Citation
~~42 CFR 431.10~~

1.1(d)



~~The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.~~



~~Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.~~

~~TN: 12-014~~
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~~Revision: HCPA AT-40-38 (RFP)
May 22, 1980~~

~~State~~

~~OHIO~~

~~Citation
42 CFR 431.10
AT-79-29~~

~~1.1(e) All other provisions of this plan are
administered by the Medicaid agency
except for those functions for which
final authority has been granted to a
Professional Standards Review
Organization under title XI of the Act.~~

~~(f) All other requirements of 42 CFR 431.10
are met.~~

~~TN #~~

~~Supersedes~~

~~TN # 76-54~~

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