

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop 52-14-26
Baltimore, Maryland 21244-1850
Center for Medicaid and State Operations
Disabled and Elderly Health Programs Group (DEHPG)

APR 26 2002

Ms. Barbara C. Edwards
Deputy Director, Office of Ohio Health Plans
Ohio Department of Job and Family Services
30 East Broad Street, 3rd Floor
Columbus, Ohio 43266-0423

Dear Ms. Edwards:

I am pleased to inform you that your request for an amendment of your Medicaid home and community-based services waiver for persons with mental retardation and developmental disabilities has been approved. Specifically, the State has requested: (1) a change in the definition of supported employment to no longer require prior institutionalization for eligibility; (2) a change in the level of care determination process and forms; and (3) a change in the homemaker/personal care rate ceiling. This waiver amendment request has been assigned control number 0291.02 which should be used in all future correspondence dealing with this waiver amendment request.

Based on the assurances and information you provided, I approve the revised waiver amendment request cited above effective November 1, 2001, as requested. The following estimates of unduplicated waiver recipients and the average per capita cost of waiver services have been approved for the third year of this waiver.

Year	Unduplicated Recipients	Factor D
Year 3	3043	\$27,130

This approval is subject to your agreement to serve no more unduplicated individuals than those recipients shown above.

The waiver amendment request, and the additional clarifying information the State provided us, conforms fully to the requirements of the statute and Medicaid regulation. We appreciate the effort and cooperation provided by you and your staff

Sincerely,

Mary Jean Duckett
Director
Division of Benefits, Coverage and Payment

cc: Chicago Regional Office