

October 30, 2006

Tracy Williams, Medicaid Director
Office of Ohio Health Plans
Ohio Department of Jobs & Family Services
30 East Broad Street, 31st Floor
Columbus, Ohio 43266-0423

Dear Ms. Williams:

I am pleased to inform you that your request to amend Ohio's home and community-based services waiver for individuals receiving services in the Level One Waiver authorized under §1915(c) of the Social Security Act, is approved. The amended waiver will continue to serve individuals with mental retardation or other developmental disabilities with an ICF/MR level of care. This waiver amendment has been assigned control number 0380.90.01, which should be used in all future correspondence.

Specifically, Ohio submitted an amendment to continue providing habilitation which will now include adult day supports, vocational habilitation and supported employment (more specifically, supported employment enclave, supported employment community, and supported employment adapted equipment). In addition, non-medical transportation is also being added as a new waiver service. The aforementioned services will be available as an alternative to the current day habilitation and supported employment. You have requested to discontinue the availability of the currently approved day habilitation and supported employment services and transition all waiver enrollees to the new rate methodology effective June 30, 2007.

In addition, your request to add reserved capacity to the waiver to accommodate hearing decisions is approved.

This approval is based upon your revised amendment received on October 13, 2006. Your request conforms to the applicable Federal laws and regulations. I am approving this amendment with the effective date of January 1, 2007 per your request. This approval is subject to your agreement to provide HCBS to no more than those indicated as the "C" value in your approved per capita expenditure estimates.

The following estimates of utilization and cost of waiver services have been approved:

WY	Unduplicated count C value	Total Waiver Expenditures D value
1 -(7/1/06-6/30/07)	5,172	\$15,798
2 -(7/1/07-6/30/08)	5,224	\$17,213
3 -(7/1/08-6/30/09)	5,276	\$19,026
4- (7/1/09-6/30/10)	5,329	\$19,789
5- (7/1/10-6/30/11)	5,382	\$20,581

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Ms. Williams

We look forward to working with you and your staff in continuing to administer this waiver. If there are any questions please have a member of your staff contact Gina Rodriguez, of my staff, at (312) 353-1340.

Sincerely,

/s/

Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health

cc: Sara Abbott, ODJFS
April Forsythe, CMSO