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Public Notice and Request for Comment

Pursuant to the provision of title 42 Sections 441.301 and 441.304 of the Code of Federal Regulations, public notices are required for any of the following: new 1915(c) waiver, new 1915(i) state plan amendment, renewal of a 1915(c) waiver, and any amendment to a 1915(c) waiver that includes one or more substantive changes.

Public Notice: HCBS Statewide Transition Plan

Post Date	6/15/2019
End Date	7/15/2019
Purpose	The purpose of this posting is to receive public input on the Statewide Transition Plan to be resubmitted to the Centers for Medicare and Medicaid (CMS) for final approval. Modifications to the plan are noted throughout the document in blue
Initiative/Amendment	HCBS Statewide Transition Plan (STP): Request for Final Approval
Summary	Summary
Detail	Detail

A non-electronic copy of the Heightened Scrutiny Packages may be obtained by calling 1 (800) 364-3153 [📞](#)

Comments must be submitted by midnight of the comment period end date using one of the following options:

- **E-mail:** HCBSfeedback@medicaid.ohio.gov
- **Written comments sent to:**
 Attn: HCBS Statewide Transition Plan
 Ohio Department of Medicaid
 P.O. Box 182709, 5th Floor
 Columbus, OH 43215
- **FAX:** (614) 752-7701 (please include Attn. HCBS Statewide Transition Plan in the subject line)
- **Calling toll-free** to leave a voicemail message at: 1 (800) 364-3153 [📞](#)
- Courier or in-person submission to: Attn: BLTCSS, Lazarus Building, 50 W. Town St., Columbus OH 43215.

