

Revision: ~~HCFA-PM-91-4~~
~~August 1991~~

~~(BPD)~~

~~ATTACHMENT 2.2-A~~

~~Page 1~~

~~OMB No. 0938-~~

~~STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT~~

~~State: OHIO~~

~~GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY
DETERMINATIONS~~

~~Agency*~~

~~County Departments of Job and Family Services determine eligibility for all covered groups,
except as described on Attachment 1.2-D, Page 1 of 1.~~

~~The Single state agency named in paragraph 1.1(a) determines eligibility for the individuals
described on Attachment 1.2-D, Page 1 of 1.~~

~~Citation(s) Groups Covered~~

~~The following groups are covered under this plan~~

~~A. Mandatory Coverage - Categorically Needy and Other Required
Special Groups~~

~~42 CFR 435.110~~

~~1. Recipients of AFDC~~

~~The approved State AFDC plan includes:~~

- ~~Families with an unemployed parent for the mandatory 6-month period and an optional extension of N/A months. No time limit.~~
- ~~Pregnant women with no other eligible children.~~
- ~~AFDC children age 18 who are full time students in a secondary school or in the equivalent level of vocational or technical training.~~

~~The standards for AFDC payments are listed in Supplement 1 of
ATTACHMENT 2.6-A.~~

~~42 CFR 435.115~~

~~2. Deemed Recipients of AFDC~~

- ~~a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.~~

~~*Agency that determines eligibility for coverage~~

~~TN: 13-001~~

~~Supersedes:~~

~~TN: 12-014~~

~~Approval Date: 05/22/13~~

~~Effective Date: 04/01/2013~~

State: Ohio

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

2. Deemed Recipients of AFDC.

~~1902(a)(10)(A)(i)(I)
of the Act~~

Text stricken here is
superseded by SPA TN 13-0025
submitted via MMDL.

~~b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.~~

~~1902(a)(22)(A)
the Act~~

~~c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.~~

406(h) and
1902(a)(10)(A)
(i)(I) of the Act

d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of
the Act

e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

*Agency that determines eligibility for coverage.

TN No. 91-25
Supersedes
No. 90-27

Approval Date 2-12-92

Effective Date 10-1-91

HCFA ID: 7983E

State: Ohio

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

~~407(b), 1902
(a)(10)(A)(i)
and 1905(m)(1)
of the Act~~

~~3. Qualified Family Members~~

~~Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.~~

Text stricken here is superseded by SPA TN 13-0025 submitted via MMDL.

~~/ /
N/A Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.~~

~~1902(a)(52)
and 1925 of
the Act~~

~~4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)~~

*Agency that determines eligibility for coverage.

~~Revision: HCFA-PM-91-4
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~~State: Ohio~~

~~Agency* Citation(s) Groups Covered~~

~~A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)~~

~~42 CFR 435.113~~

- ~~5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:~~
- ~~a. Families denied AFDC solely because of income and resources deemed to be available from--~~
 - ~~(1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;~~
 - ~~(2) Grandparents;~~
 - ~~(3) Legal guardians; and~~
 - ~~(4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);~~
 - ~~b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.~~
 - ~~c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.~~

~~*Agency that determines eligibility for coverage.~~

~~TN No. 41-05 Approval Date 2-12-92 Effective Date 10-1-91
Supersedes
No. 87-39 HCFA ID: 7983E~~

This page is superseded by
SPA TN 13-0025 submitted via MMDL.

Revision: ~~HCFA-PM-91-4~~
~~AUGUST 1991~~

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State: Ohio

Agency* Citation(s) Groups Covered

~~A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)~~

~~42 CFR 435.114~~

~~6. Individuals who would be eligible for AFDC except for
the increase in OASDI benefits under Pub. L. 92-336
(July 1, 1972), who were entitled to OASDI in August
1972, and who were receiving cash assistance in
August 1972.~~

~~X~~ Includes persons who would have been eligible
for cash assistance but had not applied in
August 1972 (this group was included in this
State's August 1972 plan).

~~X~~ Includes persons who would have been eligible
for cash assistance in August 1972 if not in a
medical institution or intermediate care
facility (this group was included in this
State's August 1972 plan).

~~---~~ Not applicable with respect to intermediate
care facilities; State did or does not cover
this service.

~~1902(a)(10)
(A)(i)(III)
and 1905(n) of
the Act~~

~~7. Qualified Pregnant Women and Children.~~

~~a. A pregnant woman whose pregnancy has been
medically verified who--~~

~~(1) Would be eligible for an AFDC cash
payment if the child had been born and was
living with her;~~

~~*Agency that determines eligibility for coverage.~~

~~TN No. 91-25
Supersedes~~

~~Approval Date 2/12/92~~

~~Effective Date 10-1-91~~

~~No. 86-39~~

~~HCFA ID: 7983E~~

vision: ~~HCFA-PM-91-4~~ (BPD)
~~FEBRUARY 1992~~

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State: Ohio

~~COVERAGE AND CONDITIONS OF ELIGIBILITY~~

~~Groups Covered~~

~~A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)~~

~~7. a. (2) Is a member of a family that would be
eligible for aid to families with dependent
children of unemployed parents if the State
had an AFDC-unemployed parents program; or~~

~~(3) Would be eligible for an AFDC cash payment
on the basis of the income and resource
requirements of the State's approved AFDC
plan.~~

~~b. Children born after September 30, 1983 who are
under age 19 and who would be eligible for an AFDC
cash payment on the basis of the income and
resource requirements of the State's approved AFDC
plan.~~

~~— Children born after~~

~~(specify optional earlier date)
who are under age 19 and who would be eligible
for an AFDC cash payment on the basis of the
income and resource requirements of the State's
approved AFDC plan.~~

~~1902(a)(10)(A)
(i)(III) and
05(n) of the~~

~~TN No. 92-023~~
~~Supersedes~~
~~No. 91-25~~

~~Approval Date 1-15-93~~

~~Effective Date 10-1-92~~

~~HCFA ID: 7983E~~

State: Ohio

Agency*	Citation(s)	Groups Covered
	A.	Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	1902 (a)(10)(A)(i)(IV) and 1902 (1)(1)(A) and (B) of the Act	8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902 (a)(10)(A)(i)(IV) and 1902 (1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.
		X The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as establish in its State plan, State legislation, or State appropriations as of December 19, 1989.
	1902 (a)(10)(A)(i)(IV) and 1902 (1)(1)(C) of the Act	9. Children who have attained 1 year of age, but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels, who are described in Sections 1902(a)(10)(A)(i)(IV) and 1902 (1)(1)(C) of the Act. The income level for this group is specified in Supplement 1 to Attachment 2.6-A.

* ~~Agency that determines eligibility for coverage.~~

TN No. 00-003

Supersedes

TN No. 97-28

Approval Date 6/11/00

Effective Date 1/1/2000

~~Revision : HCFA-PM-91-4 (BPD)
AUGUST 1991
State: OHIO~~

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~~Station(s) Groups Covered~~

~~B. Mandatory Categorically Needy Groups Other Than the
Medically Needy
(Continued)~~

~~902(1)(1) /X/ 10A. The following individuals who have income that
does not exceed the income level (established at
an amount up to 150 percent of the Federal poverty
level*) specified in Supplement 1 of Attachment
2.6-A page 4 for a family of the same size:~~

~~All children under the age of 19 years of age
eligible under 902(1)(1)(D) as amended by P.L.
105-32, section 4731(b).~~

~~and
Public Law
105-32~~

~~See Supplement 10 to Attachment 2.6-A for more liberal method of treating
income.~~

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AUGUST 1991

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State: Ohio

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(e) (5)
of the Act

11. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e) (4)
of the Act

12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible, or would remain eligible if she were still pregnant, and the child remains in the same household as the mother.

*Agency that determines eligibility for coverage.

Revision No. <u>91-25</u>	Approval Date <u>2-12-92</u>	Effective Date <u>10-1-91</u>
Replaces <u>86-39</u>		HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: Ohio

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

42 CFR 435.120

13. Aged, Blind and Disabled Individuals Receiving
Cash Assistance

a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

___ Aged

___ Blind

___ Disabled

*Agency that determines eligibility for coverage.

TN No. <u>91-26</u>	Approval Date <u>2-12-92</u>	Effective Date <u>10-1-91</u>
Supersedes TN No. <u>87-16</u>		HCFA ID: 7983E

vision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

435.121

13. /X/ b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

1619(b)(1)
of the Act

X Aged
X Blind
X Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

TN No. <u>91-25</u>	Approval Date <u>2-12-92</u>	Effective Date <u>10-1-91</u>
Supersedes No. <u>87-16</u>		HCFA ID: 7983E

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- (4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
 - (5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.
- Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

*Agency that determines eligibility for coverage.

TN No. 91-25 Approval Date 2-12-92 Effective Date 10-1-91
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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: Ohio

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1619(b)(3) of the Act	<u>/X/</u>	The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

*Agency that determines eligibility for coverage.

TN No. 91-26 Approval Date 2-12-92 Effective Date 10-1-91
Supersedes
TN No. 87-16 HCFA ID: 7983E

State: Ohio

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1634(c) of the Act	15.	Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who-- a. Are at least 18 years of age; b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility. <input checked="" type="checkbox"/> c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility. <input type="checkbox"/> d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
42 CFR 435.122	16.	Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.
42 CFR 435.130	17.	Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.

TN No. 91-25 Approval Date 2-12-92 Effective Date 10-1-91
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No. 87-16 HCFA ID: 7983E

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AUGUST 1991

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State: Ohio

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

42 CFR 435.131 18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

Aged Blind Disabled

Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

*Agency that determines eligibility for coverage.

TN No. 91-25 Approval Date 2-12-92 Effective Date 10-1-91
Supersedes
No. 87-16 HCFA ID: 7983E

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(BPD)

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State: Ohio

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

- | | | |
|----------------|-----|--|
| 42 CFR 435.132 | 19. | Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they-- <ol style="list-style-type: none">Continue to meet the December 1973 Medicaid State plan eligibility requirements; andRemain institutionalized; andContinue to need institutional care. |
| 42 CFR 435.133 | 20. | Blind and disabled individuals who-- <ol style="list-style-type: none">Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; andWere eligible for Medicaid in December 1973 as blind or disabled; andFor each consecutive month after December 1973 continue to meet December 1973 eligibility criteria. |

*Agency that determines eligibility for coverage.

TN No. 91-25
Supersedes
No. 87-16

Approval Date 2-12-92

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HCFA ID: 7983E

State: Ohio

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

- | | | |
|----------------|-------------------------------------|--|
| 42 CFR 435.134 | 21. | Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. |
| | <input checked="" type="checkbox"/> | Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). |
| | <input checked="" type="checkbox"/> | Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). |
| | <input type="checkbox"/> | Not applicable with respect to intermediate care facilities; the State did or does not cover this service. |

*Agency that determines eligibility for coverage.

TN No. <u>91-25</u>	Approval Date <u>2-12-92</u>	Effective Date <u>10-1-91</u>
Supersedes		
TN No. <u>87-16</u>		HCFA ID: 7983E

State: Ohio

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.135

22. Individuals who --

- a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and
- b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

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Supersedes
N No. 90-42 HCFA ID: 7983E

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AUGUST 1991

(BPD)

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State: Ohio

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1634 of the
Act

23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN No. <u>91-25</u>	Approval Date <u>2-12-92</u>	Effective Date <u>10-1-91</u>
Supersedes		
TN No. <u>90-42</u>		HCFA ID: 7983E

State: Ohio

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634(d) of the Act

24. Disabled widows and widowers who would be eligible for SSI except for receipt of early social security disability benefits, who are not entitled to hospital insurance under Medicare Part A and who are deemed, for purposes of title XIX, to be SSI beneficiaries under section 1634(d) of the Act.

Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

Not applicable because the State applies more restrictive eligibility than those under SSI and the State chooses not to deduct any of the benefit that caused SSI/SSP ineligibility or subsequent cost-of-living increases.

The State applies more restrictive eligibility requirements than those under SSI and part or all of the amount of the benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN No. <u>91-25</u>	Approval Date <u>2-12-92</u>	Effective Date <u>10-1-91</u>
Supersedes		
TN No. <u>90-42</u>		HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF OHIO

CITATION	CONDITION OR REQUIREMENT
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A. Mandatory Coverage – Categorically Needy and Other Required Special Groups
(Continued)

1902(a)(10)(E)(i) and
1905(p) of the Act

25. Qualified Medicare Beneficiaries –
- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
 - b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
 - c. Whose resources do not exceed the standard calculated under subparagraph (D) of section 1860D-14(a)(3) of the Act.

(Medical assistance for this group is limited to cost sharing as defined in 3.2 of the introduction of this plan.)

1902(a)(10)(E)(ii),
1905(s), and
1905(p)(3)(A)(i) of the
Act

26. Qualified disabled and working individuals –
- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
 - b. Whose income does not exceed the income level (established at an amount up to 200 percent of the Federal income poverty level); and
 - c. Whose resources do not exceed twice the maximum standard under SSI; and
 - d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under sections 1818 and 1818A of the Act.)

TN# 09-021
Supersedes
TN# 91-30

Approval Date: JUN - 1 2010 Effective Date: 1/1/2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF OHIO

CITATION

CONDITION OR REQUIREMENT

A. Mandatory Coverage – Categorically Needy and Other Required Special Groups
(Continued)

1902(a)(10)(E)(iii) and
1905(p)(3)(a)(ii) of the
Act

27. Specified Low-Income Medicare Beneficiaries –
- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
 - b. Whose income exceeds the income level in 25. b., but is less than 120 percent of the Federal poverty level.
 - c. Whose resources do not exceed the standard calculated under subparagraph (D) of section 1860D-14(a)(3) of the Act.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

1902(a)(10)(E)(iv)

- 27.1. Qualifying Individual —
- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
 - b. Whose income is at least 120 percent of the Federal Poverty Level but less than 135 percent of the Federal Poverty Level; and
 - c. Whose resources do not exceed the standard calculated under subparagraph (d) of section 1860D-14(a)(3) of the Act.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

TN# 09-021
Supersedes
TN# 93-04

Approval Date: JUN - 1 2010

Effective Date: 1/1/2010

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
	1634(e) of the Act	28. a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.
		<u>X</u> b. The State applies more restrictive eligibility standards than those under SSI. Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

*Agency that determines eligibility for coverage.

TN No. TN No-96-16
Supersedes NEW Approval Date 9/10/96 Effective Date ~~3/1/96~~ 4/1/96 J.H.
TN No. NEW

State: Ohio

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

42 CFR 435.210 1902(a) (10)(A)(ii) and 1905(a) of the Act	<input checked="" type="checkbox"/>	1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.
--	-------------------------------------	--

The plan covers all individuals as described above.

The plan covers only the following group or groups of individuals:

Text stricken here is superseded by SPA TN 13-0025 submitted via MMDL.

- Aged
- Blind
- Disabled
- ~~Caretaker relatives~~
- ~~Pregnant women~~

42 CFR 435.211	<input checked="" type="checkbox"/>	2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.
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*Agency that determines eligibility for coverage.

TN No. <u>91-26</u> Supersedes	Approval Date <u>2-12-92</u>	Effective Date <u>10-1-91</u>
N No. <u>90-42</u>	HCFA ID: 7983E	

State: Ohio

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.212 & 3. The State deems as eligible those individuals who become otherwise ineligible for Medicaid while enrolled in an HMO qualified under title XIII of the Public Health Service Act or while enrolled in an entity described in sections 1903(m)(2)(B)(iii), (E), or (G) or 1903(m)(6) of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C) of the Act.

The minimum enrollment period is _____ (not to exceed six months).

The State measures the minimum enrollment period from:

The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.

The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

*Agency that determines eligibility for coverage.

TN No. <u>91-26</u>	Approval Date <u>2-12-92</u>	Effective Date <u>10-1-91</u>
Supersedes		
TN No. <u>86-39</u>		HCFA ID: 7983E

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State: Ohio

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

42 CFR
435.217

4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group (s) is covered. In the event an existing 1915 (c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

This group(s) of individuals also includes specified Medicaid-eligible participants of the Program of All-Inclusive Care for the Elderly (PACE) when the State has a signed PACE Program Agreement in effect with the U.S. Department of Health and Human Services and the PACE Provider Organization, and when the individual resides in a community setting. This option is effective on the effective date of the PACE Program Agreement.

*Agency that determines eligibility for coverage

TN No. 02-011
Supersedes
TN No. 91-26

Approval Date 7/18/02

Effective Date 11/01/02

Revision: (BPD)
FEBRUARY 2005

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OMB No. 0938-

State: Ohio

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

1902(a)(10)(A)
(ii)(VII) of the Act

- The State covers all individuals as described above.
 The State covers only the following group or groups of individuals:
- Aged
 - Blind
 - Disabled
 - Individuals under the age of --
 - 21
 - 20
 - 19
 - 18
 - Caretaker relatives
 - Pregnant women

*Agency that determines eligibility for coverage.

TN No. 05-002
Supersedes
TN No. 91-26

Approval Date APR 28 2005

Effective Date 4-01-05

HCFA ID: 7983E

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Division: ~~HCFA-PM-91-4~~
~~AUGUST 1991~~

(BPD)

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~~OMB NO.: 0938-~~

State: Ohio

~~Agency* Citation(s) Groups Covered~~

~~B. Optional Groups Other Than the Medically Needy
(Continued)~~

~~42 CFR 435.220~~

~~1/1~~

~~6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.~~

~~1/1~~

~~The State covers all individuals as described above.~~

~~1902(a)(10)(A)(ii) and 1905(a) of the Act~~

~~1/1~~

~~The State covers only the following group or groups of individuals:~~

~~Individuals under the age of--~~

~~21~~

~~20~~

~~19~~

~~18~~

~~Caretaker relatives~~

~~Pregnant women~~

~~42 CFR 435.222
1902(a)(10)(A)(ii) and
1905(a)(i) of
the Act~~

~~7. 1/1 a.~~

~~All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of 21 as indicated below.~~

~~20~~

~~19~~

~~18~~

~~TN No. 91-26
Supersedes
No. 89-38~~

~~Approval Date 2/2/92~~

~~Effective Date 10-1-91~~

~~HCFA ID: 7983E~~

~~vision:~~ HCFA-PM-91-4
~~AUGUST 1991~~

~~(BPD)~~

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State: Ohio

~~Agency*~~ ~~Citation(s)~~ ~~Groups Covered~~

~~B. Optional Groups Other Than the Medically Needy~~
~~(Continued)~~

~~42 CFR 435.222~~

~~/X/ b. Reasonable classifications of individuals described in (a) above, as follows:~~

- ~~X (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:~~
 - ~~X (a) In foster homes (and are under the age of 21).~~
 - ~~X (b) In private institutions (and are under the age of 21).~~
 - ~~X (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of 21).~~
- ~~X (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 21).~~
- ~~X (3) Individuals in NFs (who are under the age of 21). NF services are provided under this plan.~~
- ~~X (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of 21).~~

~~TN No. 91-26~~

~~Supersedes~~

~~TN No. 86-39~~

~~Approval Date 2-12-92~~

~~Effective Date 10-1-91~~

~~HCFA ID: 7983E~~

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~~vision: HCFA-PM-91-4 (BPD)
AUGUST 1991~~

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State: Ohio

~~Agency* Citation(s) Groups Covered~~

~~B. Optional Groups Other Than the Medically Needy
(Continued)~~

- ~~x~~ (5) ~~Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of 21). Inpatient psychiatric services for individuals under age 21 are provided under this plan.~~
- ~~x~~ (6) ~~Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.~~

~~TN No. 91-36
Supersedes
MN No. 86-39~~

~~Approval Date 2/2/92~~

~~Effective Date 10-1-91~~

~~HCFA ID: 7983E~~

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Revision: ~~HCFA-PM-91-4~~
~~AUGUST 1991~~

(BPD)

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~~OMB No.: 0938-~~

State: Ohio

Agency* Citation (s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

~~42 CFR 435.223 [] 9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:~~

~~1902(a)(10)~~
~~(A)(ii) and~~
~~1905(a) of~~
~~the Act~~

~~— Individuals under the age of—~~
~~— 21~~
~~— 20~~
~~— 19~~
~~— 18~~
~~— Caretaker relatives~~
~~— Pregnant women~~

~~TN No. 91-26~~
~~Supersedes~~
~~TN No. 90-28~~

~~Approval Date 2-12-92~~

~~Effective Date 10-1-91~~

~~HCFA ID: 7983E~~

State: Ohio

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

- (1) All aged individuals.
- (2) All blind individuals.
- (3) All disabled individuals.

TN No. 91-26
Supersedes
TN No. 86-39

Approval Date 2-12-92

Effective Date 10-1-91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: Ohio

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | |
|----------------|-------|---|
| 42 CFR 435.230 | — (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | — (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | — (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | — (7) | Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| | — (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| | — (9) | Individuals in additional classifications approved by the Secretary as follows: |

TN No. 91-26
Supersedes
TN No. 86-39

Approval Date 2-12-92

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HCFA ID: 7983E

Division: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: Ohio

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes.

No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 91-26
Supersedes
TN No. 86-39

Approval Date 2-12-92

Effective Date 10-1-91

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Division: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: Ohio

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230
435.121
1902(a)(10)
(A)(ii)(XI)
of the Act

/X/ 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:
 - ___ (1) All aged individuals.
 - ___ (2) All blind individuals.
 - ___ (3) All disabled individuals.

TN No. 91-26
Supersedes
No. New

Approval Date 2-12-92

Effective Date 10-1-91

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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: Ohio

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | |
|----------|-----|---|
| <u>X</u> | (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| <u>X</u> | (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| <u>X</u> | (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| — | (7) | Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| <u>X</u> | (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| — | (9) | Individuals in additional classifications approved by the Secretary as follows: |

TN No. 91-26
Supersedes
TN No. New

Approval Date 2-12-92

Effective Date 10-1-91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: Ohio

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 91-26
Supersedes
TN No. New

Approval Date 2-12-92

Effective Date 10-1-91

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AUGUST 1991

(BPD)

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State: Ohio

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.231
1902(a) (10)
(A) (ii) (V)
of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

1902(a) (10) (A)
(ii) and 1905(a)
of the Act

- Aged
- Blind
- Disabled
- Individuals under the age of--
 - 21
 - 20
 - 19
 - 18
- Caretaker relatives
- Pregnant women

TN No. 91-24
Supersedes
TN No. 87-43

Approval Date 2-12-92

Effective Date 10-1-91

HCFA ID: 7983E

State: Ohio

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3) of the Act 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

~~1902(a)(10)(A)(ii)(IX) and 1902(l) of the Act~~ 14. ~~The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:~~

Text stricken here is superseded by SPA TN 13-0025 submitted via MMDL.

- a. ~~Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and~~
- b. ~~Infants under one year of age.~~

TN No. 91-26
Supersedes
TN No. 87-43

Approval Date 2-12-92

Effective Date 10-1-91

HCFA ID: 7983E

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~~AUGUST 1991~~

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~~OMB NO.: 0938-~~

State: Ohio

~~Agency* Citation(s) Groups Covered~~

~~B. Optional Groups Other Than the Medically Needy
(Continued)~~

~~1902(a) 17 15. The following individuals who are not
(10)(A) mandatory categorically needy, who have income
(ii)(IX) that does not exceed the income level
and 1902(1)(1) (established at an amount up to 100 percent
(D) of the Act of the Federal poverty level) specified in
Supplement 1 of ATTACHMENT 2.6-A for a family
of the same size.~~

~~Children who are born after September 30, 1983
and who have attained 6 years of age but have
not attained--~~

~~17 7 years of age; or~~

~~17 8 years of age.~~

~~TN No. 91-26
Supersedes
TN No. 91-07~~

~~Approval Date 2-12-92~~

~~Effective Date 10-1-91~~

~~HCFA ID: 7983E~~

Division: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: Ohio

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)
(ii) (X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No. 91-26
Supersedes
TN No. 91-07

Approval Date 2-12-92

Effective Date 10-1-91

HCFA ID: 7983E

~~Revision:~~

~~Attachment 2.2-A
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~~STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT~~

~~State: OHIO~~

~~Citation~~

~~Groups Covered~~

~~B. Optional Coverage Other Than the Medically Needy (Continued)~~

~~1902(a)(47) and
1920 of the Act~~

~~17. Presumptive Eligibility for Pregnant Women.~~

~~Women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act, limited to no more than one period per pregnancy.~~

~~The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.~~

~~The following types of "qualified providers" or "qualified entities" (as defined in §1920A(b)(3)(A)) are used to determine presumptive eligibility:~~

- ~~• County departments of job and family services of the State of Ohio;~~
- ~~• Federally Qualified Health Centers (FQHCs);~~
- ~~• FQHC look-alikes; and~~
- ~~• Hospitals.~~

~~The State requires that a written application be completed and signed by the woman.~~

~~Yes~~ ~~No~~

~~The written application requests the following information:~~

~~Not applicable.~~

~~TN: 12-003
Supersedes:
TN: 91-26~~

~~Approval Date: 3/1/13
Effective Date: 04/01/2012~~

Revision: HCFA-PM-91-8 (BPD)
OCTOBER 1991

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OMB NO.:

State/Territory: Ohio

Agency*	Citation(s)	Groups Covered
	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	
1906 of the Act	18.	Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of _____ months.
1902(a)(10)(F)	19.	Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 91-26
Supersedes
TN No. New

Approval Date 2-12-92

Effective Date 10-1-91

HCFA ID: 7983E

This page is superseded by
SPA TN 13-0025 submitted via MMDL.

~~Attachment 2.2 A~~
~~Page 23b~~

~~State:~~ OHIO

~~a. Optional Coverage Other Than the Medically Needy~~
~~(Continued)~~

~~1902(a)(10)(A)~~
~~(ii)(XIV) of~~
~~the Act~~

~~X~~ ~~19. Optional Targeted Low Income Children who:~~

- ~~a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);~~
- ~~b. would not be eligible for Medicaid under the policy in the State's Medicaid plan as in effect on March 31, 1997* (other than because of the age expansion provided for in section 1902.91) (2) (D));~~
- ~~c. Are not covered under a group health plan or other group health insurance (as such terms are defined in section 275) of the Public Health Service Act) coverage other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;~~
- ~~d. Have family income at or below:~~
 - ~~200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register.~~

~~*as amended by the technical amendments to Title XXI incorporated in the omnibus appropriations bill~~

~~TN No. 00-005 *Am 2*~~ ~~Approval Date 3-21-01~~ ~~Effective Date 7/1/2000~~

~~Supersedes~~
~~TN No. 97-29~~

f/Shelf

ATTACHMENT 2-2-A

PAGE 23b

STATE: Ohio

Citation Group Covered

B. Optional Coverage Other Than the Medically Needy (Continued)

1902 (a) (10) (A)

(ii) (XVIII) of the Act ~~_____~~ (24). Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

TN No. 02-005Approval Date: MAY 09 2002Effective Date: July 1, 2002

Supersedes

TN No. _____

STATE OF OHIO

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Citation Groups Covered

~~1902(a)(10)(A)(ii)(XIV) of the Act~~ ~~X~~

~~Optional Targeted Low Income Children (con't.)~~

Text stricken here is superseded by SPA TN 13-0025 submitted via MMDL.

~~The state covers:
All children described above who are under age 19 with family income at or below 200 percent of the federal poverty level.
The following reasonable classification of children described above who are under age (18,19) with family income at or below the percent of the federal poverty level specified for this classification:~~

1902(e)(12) of the Act X 20.

Continuous Eligibility for Children
A child under age 19 (not to exceed age 19) who has been determined eligible under 1902(a)(10)(A) of the Act is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances, other than moving out of state or attainment of maximum age stated above, until the earlier of:
a. The end of a period (not to exceed 12 months) of continuous eligibility; or
b. The time that the individual exceeds that age.

State of Ohio

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

<u>Citation</u>	<u>Groups Covered</u>
-----------------	-----------------------

1920A of the Act	<input checked="" type="checkbox"/> 21. Presumptive Eligibility for Children Children under age 19 (no more than 19) who are determined by a "qualified entity" (as defined in section 1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6 A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with 1920A of the Act.
------------------	--

~~The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day the state agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.~~

~~The following types of "qualified entities" are used to determine presumptive eligibility:~~

- ~~• County departments of job and family services of the State of Ohio;~~
- ~~• Federally Qualified Health Centers (FQHCs);~~
- ~~• FQHC look-alikes; and~~
- ~~• Hospitals.~~

~~The State requires that a written application be completed and signed by the child's parent or other representative:~~

~~Yes No~~

~~The written application requests the following identifying information:~~

~~Not applicable.~~

~~3/4/13~~

TN: ~~12-006~~
 Supersedes:
 TN: ~~10-005~~

Approval Date: 3/4/13

Effective Date: 04/01/2012

REVISION:

ATTACHMENT 2.2-A
Page 23e

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OHIO

Citation

Groups Covered

~~B. Optional Groups Other Than the Medically Needy
(Continued)~~

The state covers:

~~1902(a)(10)(A)(ii)(XVII) X 22. Children who are in foster care under the responsibility of the state on their 18th birthday pursuant to 1902(a)(10)(A)(ii)(XVII) of the Social Security Act.~~

~~X a. The State will provide coverage for these children until the age of:~~

~~19 years old~~

~~20 years old~~

~~X 21 years old~~

~~X b. The State will not apply an income test for these children.~~

~~X c. The State will not apply an resource test for these children.~~

~~TN# 07-008~~
~~Supersedes~~
~~TN# NEW~~

Approval Date: ~~DEC 10 2007~~

Effective Date: ~~1/1/08~~

Revision: ~~August 2010 (draft) CMS-PM~~

~~ATTACHMENT 2.2-A~~

~~Page 23f~~

~~OMB No.:~~

~~State/Territory: Ohio~~

~~Citation:~~

~~Groups Covered~~

~~1902(a)(10)(A)(ii)(XXI)
1902(ii)~~

~~**B. Optional Groups Other Than the Medically Needy (Continued)**~~

~~23. Family planning services for non-pregnant individuals not otherwise eligible.~~

- ~~Individuals who are *not* pregnant and whose income does not exceed the State established income standard of 200% of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan, which is 200% of the Federal Poverty Level.~~

~~In determining eligibility for this group, the State applies the same standard that is used for pregnant women, which increases the family size by one.~~

- ~~In determining eligibility for this group, the State considers only the income of the applicant or recipient.~~

~~Note: Services are limited to family planning services and family planning-related services as described in section 4.c(ii) of Attachment 3.1-A.~~

~~1920C~~

~~**Presumptive Eligibility for Family Planning:**~~

- ~~The State provides a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual, describe in the group the State has elected to make eligible under the above option. The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a)(10)(A)(ii)(XXI), or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.~~
- ~~In addition to family planning services, the State covers family planning-related services to such individuals during the period of presumptive eligibility.~~

~~TN 10-013~~

~~Supersedes~~

~~TN NEW~~

~~Approval Date OCT 20 2011~~

~~Effective Date 01/01/2012~~

Vision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 24
OMB NO.: 0938-

State: Ohio

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy

42 CFR 435.301 This plan includes the medically needy.

No.

Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)
(C)(ii)(I)
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

TN No. 91-26
Supersedes
No. 91-07

Approval Date 2-12-92

Effective Date 10-1-91

HCFA ID: 7983E

State: Ohio

Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

~~1902(e)(4) of
the Act~~

Text stricken here is
superseded by SPA TN 13-0025
submitted via MMDL.

~~4. Newborn children born on or after
October 1, 1984 to a woman who is eligible
as medically needy and is receiving
Medicaid on the date of the child's birth. The child
is deemed to have applied and been found eligible for
Medicaid on the date of birth and remains eligible
for one year so long as the woman remains eligible
and the child is a member of the woman's household.~~

42 CFR 435.308

5. a. Financially eligible individuals who are not
described in section C.3. above and who are
under the age of--
 ___ 21
 ___ 20
 ___ 19
 ___ 18 or under age 19 who are full-time
students in a secondary school or in the
equivalent level of vocational or
technical training

b. Reasonable classifications of financially
eligible individuals under the ages of 21, 20,
19, or 18 as specified below:

___ (1) Individuals for whom public agencies are
assuming full or partial financial
responsibility and who are:

___ (a) In foster homes (and are under the age
of ___).

___ (b) In private institutions (and are under
the age of ___).

TN No. 91-26
Supersedes
TN No. New

Approval Date 2-12-92

Effective Date 10-1-91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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OMB NO.: 0938-

State: Ohio

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of _____).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____).
- (3) Individuals in NFs (who are under the age of _____). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of _____).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of _____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 91-26
Supersedes
TN No. New

Approval Date 2-12-92

Effective Date 10-1-91

HCFA ID: 7983E

State: Ohio

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

- | | | |
|-------------------------------|-------------------------------------|---|
| 42 CFR 435.310 | <input checked="" type="checkbox"/> | 6. Caretaker relatives. |
| 42 CFR 435.320
and 435.330 | <input checked="" type="checkbox"/> | 7. Aged individuals. |
| 42 CFR 435.322
and 435.330 | <input checked="" type="checkbox"/> | 8. Blind individuals. |
| 42 CFR 435.324
and 435.330 | <input checked="" type="checkbox"/> | 9. Disabled individuals. |
| 42 CFR 435.326 | <input checked="" type="checkbox"/> | 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals. |
| 435.340 | | 11. Blind and disabled individuals who:
<ul style="list-style-type: none">a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;b. Were eligible as medically needy in December 1973 as blind or disabled; andc. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria. |

TN No. 91-24
Supersedes
TN No. New

Approval Date 2-12-92

Effective Date 10-1-91

HCFA ID: 7983E

Revision: HCFA-PM-91-8 (BPD)
AUGUST 1991

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OMB NO.: 0938-

State: Ohio

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

1906 of the
Act

12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of months.

TN No. 91-26
Supersedes
TN No. New

Approval Date 2-12-92

Effective Date 10-1-91

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OhioREQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency	Citation (s)	Groups Covered
1935(a) and 1902(a)(66) 42 CFR 423.774 and 423.904	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act.	<ol style="list-style-type: none"> 1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act; 2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined; 3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.

TN No. 05-024

Approval Date Effective Date July 1, 2005

Supersedes

TN No. new