

State: Ohio

Citation

42 CFR
435.914
1920(a)(34)
of the Act

2.1(b) (1) Except as provided in items 2.1(b) (2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

1902(e)(8) and
1905(a) of the
Act

(2) For individuals who are eligible for Medicaid cost sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

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



(3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

TN: 12-003
Supersedes:
TN: 93-31

Approval Date: _____

Effective Date: 04/01/2012

Revision:

OMB No. 0938-

State: Ohio

<u>Citation</u>	3.1	<u>Amount, Duration, and Scope of Services (Continued)</u>
1903(v) of the Act and 42 CFR 440.255(c)	(a)(6)	<p>Limited Coverage for Certain Aliens</p> <p>The state provides eligibility for Medic aid to non-citizens of the United States as outlined below:</p> <p style="padding-left: 40px;">An otherwise eligible qualified alien subject to the 5-year bar, a qualified alien whose eligibility is optional under section 402 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 or a non-qualified alien is eligible only for care and services necessary to treat an emergency medical condition as defined in section 1903(v) of the Act and section 42 CFR 440.255(c).</p>
1905(a)(9) of the Act	(a)(7)	<p>Homeless Individuals</p> <p>Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.</p>
1902(a)(47) and 1920 of the Act	(a)(8)	<p>Presumptively Eligible Pregnant Women</p> <p><input checked="" type="checkbox"/> Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the state plan.</p>
42 CFR 441.55 50 CFR 43654 1902(a)(43) 1905(a)(4)(B) 1905(r) of the Act	(a)(9)	<p>EPSDT Services</p> <p>The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B) and 1905(r) of the Act with respect to early and periodic screening, diagnostic and treatment (EPSDT) services.</p>

TN: 12-003
Supersedes:
TN: 04-007

Approval Date: _____

Effective Date: 04/01/2012
HCFA ID: 7982E

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

OMB No. 0938-

State/Territory: Ohio

Citation 4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan;

- 42 CFR 431.107 (a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.
- 42 CFR Part 483
1919 of the Act (b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met.
- 42 CFR Part 483
Subpart D (c) For providers of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart D are also met.
- 1920 of the Act (d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920(b)(2) and (c) are met.
- Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

TN: 12-003
Supersedes:
TN: 91-19

Approval Date: _____

Effective Date: 04/01/2012
HCFA ID: 7982E

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

Attachment 2.2-A
Page 23
OMB No. 0938-

State: Ohio

<u>Citation</u>	<u>Groups Covered</u>
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B. Optional Groups Other Than the Medically Needy (continued)

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

17. Pregnant women who meet the applicable income levels specified in this plan under Attachment 2.6-A who are determined to be presumptively eligible by a qualified provider during a presumptive eligibility period in accordance with section 1920 of the Act.

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

Approval Date: _____

Effective Date: 04/01/2012
HCFA ID: 7983E

State: Ohio

<u>Citation</u>	Condition or Requirement
1920(b)(1) of the Act	<input checked="" type="checkbox"/> (3) For a presumptive eligibility period for pregnant women only. Coverage is available for ambulatory prenatal care for the period that begins on the date a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>Attachment 2.6-A</u> of this approved plan and ends on the earlier of the day on which a determination is made with respect to the eligibility of the woman for medical assistance under the State plan, or in the case of a woman who does not file an application by the last day of the month following the month during which the qualified provider makes the aforementioned determination. A pregnant woman who is determined by a qualified provider to be presumptively eligible must make application for Medicaid no later than the last day of the month following the month during which the qualified provider made the presumptive eligibility determination.
1902(e)(8) and 1905(a) of the Act	<input checked="" type="checkbox"/> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act, coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for – <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 12 months <input type="checkbox"/> 6 months <input type="checkbox"/> ___ months (no less than 6 months and no more than 12 months)

TN: 12-003
Supersedes:
TN: 91-27

Approval Date: _____

Effective Date: 04/01/2012

State/Territory: Ohio

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

Provided: No limitations With limitations*
 Not provided

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

Provided: No limitations With limitations*
 Not provided

23. Certified pediatric or family nurse practitioners' services.

Provided: No limitations With limitations*
 Not provided

*Description provided on attachment.

TN: 12-003
Supersedes
TN: 97-14

Approval Date: _____

Effective Date: 04/01/2012
HCFA ID: 7986E

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

Coverage is limited to ambulatory prenatal care, furnished during a presumptive eligibility period, that is included in the care and services covered by Ohio's Medicaid State plan.

Qualified providers, for the purpose of determining presumptive eligibility for pregnant women, include hospitals, federally qualified health centers, and federally qualified health center look-alikes that the Ohio Department of Job and Family Services has approved for participation in the Ohio Medicaid program (as evidenced by the issuance of both a signed "Provider Agreement" and an Ohio medicaid provider number) and that request to serve as qualified providers for purposes of determining presumptive eligibility for pregnant women.

TN: 12-003

Supersedes:

TN: NEW

Approval Date: _____

Effective Date: 04/01/2012

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

Payment is in accordance with the methodology applicable to the specific service (e.g., outpatient hospital services, physicians' services) as specified elsewhere in Attachment 4.19-B to this State plan.

Rates and fees can be found by accessing the agency's website at jfs.ohio.gov/OHP/provider.stm. The rates available at this website include all annual or periodic adjustments to the fee schedule. The agency's fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

TN: 12-003

Supersedes:

TN: NEW

Approval Date: _____

Effective Date: 04/01/2012

Summary of Changes: SPA TN 12-003, "Presumptive Eligibility for Pregnant Women"

11

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State: Ohio

Citation

42 CFR
435.914
1920(a)(34)
of the Act

2.1(b) (1) Except as provided in items 2.1(b) (2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

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1902(e)(8) and
1905(a) of the
Act

(2) For individuals who are eligible for Medicaid cost sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

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

(3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

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Summary of Changes: SPA TN 12-003, "Presumptive Eligibility for Pregnant Women"
21a

Revision:

OMB No. 0938-

Deleted: September 2004

State: Ohio

Citation

3.1 Amount, Duration, and Scope of Services (Continued)

1903(v) of the Act
and 42 CFR
440.255(c)

(a)(6) Limited Coverage for Certain Aliens

The state provides eligibility for Medic aid to non-citizens of the United States as outlined below:

An otherwise eligible qualified alien subject to the 5-year bar, a qualified alien whose eligibility is optional under section 402 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 or a non-qualified alien is eligible only for care and services necessary to treat an emergency medical condition as defined in section 1903(v) of the Act and section 42 CFR 440.255(c).

1905(a)(9) of the Act

(a)(7) Homeless Individuals

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Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.

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

(a)(8) Presumptively Eligible Pregnant Women

Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the state plan.

42 CFR 441.55
50 CFR 43654
1902(a)(43)
1905(a)(4)(B)
1905(r) of the Act

(a)(9) EPSDT Services

The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B) and 1905(r) of the Act with respect to early and periodic screening, diagnostic and treatment (EPSDT) services.

Summary of Changes: SPA TN 12-003, "Presumptive Eligibility for Pregnant Women"
45

Revision: HCFA-PM-91-4
August 1991

(BPD)

OMB No. 0938-

State/Territory: OHIO

Inserted: Ohio

Citation 4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan;

42 CFR 431.107

(a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.

42 CFR Part 483
1919 of the Act

(b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met.

42 CFR Part 483
Subpart D

(c) For providers of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart D are also met.

1920 of the Act

(d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920(b)(2) and (c) are met.

Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

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Summary of Changes: SPA TN 12-003, "Presumptive Eligibility for Pregnant Women"

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

Attachment 2.2-A
Page 23
OMB No. 0938-

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State: Ohio

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Citation

Groups Covered

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

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

17. Pregnant women who meet the applicable income levels specified in this plan under Attachment 2.6-A who are determined to be presumptively eligible by a qualified provider during a presumptive eligibility period in accordance with section 1920 of the Act.

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Summary of Changes: SPA TN 12-003, "Presumptive Eligibility for Pregnant Women"

Attachment 2.6-A
Page 25

State: Ohio

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Citation

Condition or Requirement

1920(b)(1) of
the Act

(3) For a presumptive eligibility period for pregnant women only.

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Coverage is available for ambulatory prenatal care for the period that begins on the date a qualified provider determines that a woman meets any of the income eligibility levels specified in Attachment 2.6-A of this approved plan and ends on the earlier of the day on which a determination is made with respect to the eligibility of the woman for medical assistance under the State plan, or in the case of a woman who does not file an application by the last day of the month following the month during which the qualified provider makes the aforementioned determination. A pregnant woman who is determined by a qualified provider to be presumptively eligible must make application for Medicaid no later than the last day of the month following the month during which the qualified provider made the presumptive eligibility determination.

1902(e)(8) and
1905(a) of the
Act

b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act, coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for –

12 months

6 months

___ months (no less than 6 months and no more than 12 months)

Summary of Changes: SPA TN 12-003, "Presumptive Eligibility for Pregnant Women"

Revision: HCFA-PM-4 (BPD)
August 1991

Attachment 3.1-A
Page 8a
OMB No. 0938-

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State/Territory: Ohio

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

Provided: No limitations With limitations*
 Not provided

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22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

Provided: No limitations With limitations*
 Not provided

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23. Certified pediatric or family nurse practitioners' services.

Provided: No limitations With limitations*
 Not provided

*Description provided on attachment.

Summary of Changes: SPA TN 12-003, "Presumptive Eligibility for Pregnant Women"

State of Ohio

Attachment 3.1-A

Item 21

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21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

Coverage is limited to ambulatory prenatal care, furnished during a presumptive eligibility period, that is included in the care and services covered by Ohio's Medicaid State plan.

Qualified providers, for the purpose of determining presumptive eligibility for pregnant women, include hospitals, federally qualified health centers, and federally qualified health center look-alikes that the Ohio Department of Job and Family Services has approved for participation in the Ohio Medicaid program (as evidenced by the issuance of both a signed "Provider Agreement" and an Ohio medicaid provider number) and that request to serve as qualified providers for purposes of determining presumptive eligibility for pregnant women.

Summary of Changes: SPA TN 12-003, "Presumptive Eligibility for Pregnant Women"

State of Ohio

Attachment 4.19-B

Item 21

Page 1 of 1

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

Payment is in accordance with the methodology applicable to the specific service (e.g., outpatient hospital services, physicians' services) as specified elsewhere in Attachment 4.19-B to this State plan.

Rates and fees can be found by accessing the agency's website at jfs.ohio.gov/OHP/provider.stm. The rates available at this website include all annual or periodic adjustments to the fee schedule. The agency's fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.