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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 20-0016 (MACPro)

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OH - Submission Package - OH2020MS00030 - (OH-20-0016) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	OH2020MS00030	Submission Type	Official
Program Name	N/A	State	OH
SPA ID	OH-20-0016	Region	Chicago, IL
Version Number	6	Package Status	Approved
Submitted By	Gregory Niehoff	Submission Date	6/30/2020
Package Disposition		Approval Date	1/7/2021 7:31 PM EST
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 Medicaid and CHIP Operations Group
 601 E. 12th Street, Room 355
 Kansas City, MO 64106



Center for Medicaid & CHIP Services

January 08, 2021

Maureen Corcoran
 Director
 Ohio Department of Medicaid
 50 West Town Street
 Columbus, OH 43215

Re: Approval of State Plan Amendment OH-20-0016

Dear Ms. Corcoran:

On June 30, 2020, the Centers for Medicare and Medicaid Services (CMS) received Ohio State Plan Amendment (SPA) OH-20-0016 to include the Ohio Department of Rehabilitation and Corrections in the list of qualified entities eligible to make Presumptive Eligibility (PE) determinations for Pregnant Women, Children, Adults, Parents or Caretaker Relatives, and the Former Foster Care Group.

We approve Ohio State Plan Amendment (SPA) OH-20-0016 on January 08, 2021 with an effective date(s) of April 01, 2020.

Accompanying the approval of OH-20-0016 is the enclosed companion letter regarding the need for Ohio to make modifications to its PE application (online portal), provider training materials, and the PE approval and denial notices. Ohio has indicated that the agreed-upon changes to the PE portal will be requested within 30 days of this SPA approval, but that the system updates will not be completed until December 2021.

Due to the extended period of time the state has requested to make required changes to its PE portal, CMS is requiring Ohio to provide quarterly status updates describing progress made toward system upgrades needed to meet each of the companion issues. The 2021 quarterly reports will be due by the 15th of each month in April, July, October, and December. Additionally, the state will provide in writing dates for completion of outstanding changes within 60 days of approval of this SPA, and will implement the revised PE online application, provider training materials, and PE approval and denial notices addressing CMS' concerns by the dates listed in the companion letter.

If you have any questions, please contact Christine Davidson at christine.davidson@cms.hhs.gov.

Name	Date Created	
OH SPA 20-0016 Companion Letter	1/7/2021 10:19 AM EST	

If you have any questions regarding this amendment, please contact Christine Davidson at christine.davidson@cms.hhs.gov.

Sincerely,
 James G. Scott
 Director, Division of Program
 Operations
 Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

Package Header

Package ID	OH2020MS00030	SPA ID	OH-20-0016
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	1/8/2021	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Ohio

Medicaid Agency Name: Ohio Department of Medicaid

Submission Component

- State Plan Amendment
- Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

Package Header

Package ID OH2020MS00030	SPA ID OH-20-0016
Submission Type Official	Initial Submission Date 6/30/2020
Approval Date 1/8/2021	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID OH-20-0016

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	4/1/2020	OH-20-0015
Optional Eligibility Groups	4/1/2020	OH-20-0015
Presumptive Eligibility	4/1/2020	New
Presumptive Eligibility for Children under Age 19	4/1/2020	OH-16-0030
Parents and Other Caretaker Relatives - Presumptive Eligibility	4/1/2020	OH-16-0030
Presumptive Eligibility for Pregnant Women	4/1/2020	OH-16-0030
Adult Group - Presumptive Eligibility	4/1/2020	OH-16-0030
Former Foster Care Children - Presumptive Eligibility	4/1/2020	OH-16-0030

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

Package Header

Package ID	OH2020MS00030	SPA ID	OH-20-0016
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	1/8/2021	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The Ohio Department of Medicaid is requesting approval from the Centers for Medicare and Medicaid Services (CMS) to add the Ohio Department of Rehabilitation and Correction (DRC) to the list of qualified entities that may determine presumptive eligibility for Medicaid.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$7593750
Second	2021	\$15643125

Federal Statute / Regulation Citation

Section 1920 of the Social Security Act and 42 CFR 435.1100-1103

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

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Package ID OH2020MS00030
Submission Type Official
Approval Date 1/8/2021
Superseded SPA ID N/A

SPA ID OH-20-0016
Initial Submission Date 6/30/2020
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The State Medicaid Director is the Governor's Designee

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0003O | OH-20-0016

Package Header

Package ID	OH2020MS0003O	SPA ID	OH-20-0016
Submission Type	Official	Initial Submission Date	6/30/2020
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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0003O | OH-20-0016

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Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

Package Header

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Submission Type	Official	Initial Submission Date	6/30/2020
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Superseded SPA ID	OH-20-0015		
	User-Entered		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0003O | OH-20-0016

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Superseded SPA ID	OH-20-0015		
	User-Entered		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No
















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0003O | OH-20-0016

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Superseded SPA ID	OH-20-0015		
	User-Entered		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

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Superseded SPA ID	OH-20-0015		
	User-Entered		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

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Superseded SPA ID	New User-Entered		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Presumptive Eligibility for Pregnant Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Adult Group - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0003O | OH-20-0016

Package Header

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Approval Date	1/8/2021	Effective Date	4/1/2020
Superseded SPA ID	New		
	User-Entered		

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity.

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Superseded SPA ID	OH-16-0030		
	System-Derived		

Presumptive eligibility for children is determined under the following provisions:

A. Presumptive Eligibility Income Standard

2. The income standard for presumptive eligibility is the higher of the standard used for Targeted Low-Income Children (42 CFR 435.229) or the standard used for Infants and Children under 19 (42 CFR 435.118), for that child's age.

B. Presumptive Eligibility Age Limit

Children under the following age may be determined presumptively eligible:

Under age:

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

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	System-Derived		

C. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 1. a. The date the eligibility determination for regular Medicaid 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 is made; or
 2. b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Presumptive Eligibility for Children under Age 19


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	System-Derived		

D. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Portal Screenshots	10/31/2019 11:30 AM EDT	

E. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. Household income must not exceed the applicable income standard for the child's age, described in Section A.

- a. A reasonable estimate of MAGI-based income is used to determine household income.
- b. Gross income is used to determine household size.
- 2. State residency
- 3. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

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Superseded SPA ID	OH-16-0030		
	System-Derived		

F. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.


2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
DYS	Ohio Department of Youth Services
CDJFS	County Department of Job & Family Services
Health Department	Local Health Department
DRC	Ohio Department of Rehabilitation and Correction

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Presumptive Eligibility Training	10/31/2019 11:30 AM EDT	
QE Training Material rev 12-01-2020	12/1/2020 10:13 AM EST	

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

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Superseded SPA ID	OH-16-0030		
	System-Derived		

G. Additional Information (optional)

Ohio requires that 85% of all PE recipients must submit an application for full/ongoing Medicaid within 90 days of the PE approval. Additionally, Ohio requires that 85% of all applications received from PE recipients must result in a full Medicaid determination.

Medicaid State Plan Eligibility

Presumptive Eligibility

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

The state covers parents and other caretaker relatives when determined presumptively eligible by a qualified entity.

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	System-Derived		

The state covers parents and other caretaker relatives when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid 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 is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Parents and Other Caretaker Relatives - Presumptive Eligibility


MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0003O | OH-20-0016

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Package ID	OH2020MS0003O	SPA ID	OH-20-0016
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B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Portal Screenshots	10/31/2019 11:38 AM EDT	

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- 1. The individual must be a caretaker relative, as described at 42 CFR 435.110.
- 2. Household income must not exceed the applicable income standard described at 42 CFR 435.110.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household income.
- 3. State residency
- 4. Citizenship, status as a national, or satisfactory immigration status

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0003O | OH-20-0016

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D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.



2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
DYS	Ohio Department of Youth Services
CDJFS	County Department of Job & Family Services
Health Department	Local Health Department
DRC	Ohio Department of Rehabilitation and Correction

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Presumptive Eligibility Training	10/31/2019 11:39 AM EDT	
QE Training Material rev 12-01-2020	12/1/2020 10:16 AM EST	

Parents and Other Caretaker Relatives - Presumptive Eligibility

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E. Additional Information (optional)

Ohio requires that 85% of all PE recipients must submit an application for full/ongoing Medicaid within 90 days of the PE approval. Additionally, Ohio requires that 85% of all applications received from PE recipients must result in a full Medicaid determination.

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

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Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	1/8/2021	Effective Date	4/1/2020
Superseded SPA ID	OH-16-0030		
	System-Derived		


The state covers ambulatory prenatal care for individuals qualifying as pregnant women under 42 CFR 435.116 when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

- The presumptive period begins on the date the determination is made.
- The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid 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 is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
- There may be no more than one period of presumptive eligibility per pregnancy.

B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Portal Screenshots	10/31/2019 11:45 AM EDT	

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- The woman must be pregnant.
- Household income must not exceed the applicable income standard at 42 CFR 435.116.**
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household size.
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

Package Header

Package ID	OH2020MS00030	SPA ID	OH-20-0016
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	1/8/2021	Effective Date	4/1/2020
Superseded SPA ID	OH-16-0030		
	System-Derived		

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Health Department	Local Health Department
DRC	Ohio Department of Rehabilitation and Correction
DYS	Ohio Department of Youth Services
CDJFS	County Department of Job & Family Services

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Presumptive Eligibility Training	10/31/2019 11:46 AM EDT	
QE Training Material rev 12-01-2020	12/1/2020 10:18 AM EST	

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

Package Header

Package ID	OH2020MS00030	SPA ID	OH-20-0016
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	1/8/2021	Effective Date	4/1/2020
Superseded SPA ID	OH-16-0030		
	System-Derived		

E. Additional Information (optional)

Ohio requires that 85% of all PE recipients must submit an application for full/ongoing Medicaid within 90 days of the PE approval. Additionally, Ohio requires that 85% of all applications received from PE recipients must result in a full Medicaid determination.

Medicaid State Plan Eligibility

Presumptive Eligibility

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

The state covers individuals under the Adult Group when determined presumptively eligible by a qualified entity.

Package Header

Package ID	OH2020MS00030	SPA ID	OH-20-0016
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	1/8/2021	Effective Date	4/1/2020
Superseded SPA ID	OH-16-0030		
	System-Derived		

The state covers individuals under the Adult Group when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid 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 is made, or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Adult Group - Presumptive Eligibility


MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

Package Header

Package ID	OH2020MS00030	SPA ID	OH-20-0016
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	1/8/2021	Effective Date	4/1/2020
Superseded SPA ID	OH-16-0030		
	System-Derived		

B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Portal Screenshots	10/31/2019 11:48 AM EDT	

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- 1. The individual must meet the categorical requirements of 42 CFR 435.119.
- 2. Household income must not exceed the applicable income standard described at 42 CFR 435.119.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household income.
- 3. State residency
- 4. Citizenship, status as a national, or satisfactory immigration status

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0003O | OH-20-0016

Package Header

Package ID	OH2020MS0003O	SPA ID	OH-20-0016
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	1/8/2021	Effective Date	4/1/2020
Superseded SPA ID	OH-16-0030		
	System-Derived		

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.


2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
DYS	Ohio Department of Youth Services
CDJFS	County Department of Job & Family Services
Health Department	Local Health Department
DRC	Ohio Department of Rehabilitation and Correction

- 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Presumptive Eligibility Training	10/31/2019 11:49 AM EDT	
QE Training Material rev 12-01-2020	12/1/2020 10:20 AM EST	

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0003O | OH-20-0016

Package Header

Package ID	OH2020MS0003O	SPA ID	OH-20-0016
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	1/8/2021	Effective Date	4/1/2020
Superseded SPA ID	OH-16-0030		
	System-Derived		

E. Additional Information (optional)

Ohio requires that 85% of all PE recipients must submit an application for full/ongoing Medicaid within 90 days of the PE approval. Additionally, Ohio requires that 85% of all applications received from PE recipients must result in a full Medicaid determination.

Medicaid State Plan Eligibility

Presumptive Eligibility

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

The state covers former foster care children when determined presumptively eligible by a qualified entity.

Package Header

Package ID	OH2020MS00030	SPA ID	OH-20-0016
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	1/8/2021	Effective Date	4/1/2020
Superseded SPA ID	OH-16-0030		
	System-Derived		

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid 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 is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

Package Header

Package ID	OH2020MS00030	SPA ID	OH-20-0016
Submission Type	Official	Initial Submission Date	6/30/2020
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Superseded SPA ID	OH-16-0030		
	System-Derived		

B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Portal Screenshots	10/31/2019 11:51 AM EDT	

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- 1. The individual must meet the categorical requirements of 42 CFR 435.150.
- 2. State residency
- 3. Citizenship, status as a national, or satisfactory immigration status

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0003O | OH-20-0016

Package Header

Package ID	OH2020MS0003O	SPA ID	OH-20-0016
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	1/8/2021	Effective Date	4/1/2020
Superseded SPA ID	OH-16-0030		
	System-Derived		

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
DYS	Ohio Department of Youth Services
CDJFS	County Department of Job & Family Services
Health Department	Local Health Department
DRC	Ohio Department of Rehabilitation and Correction

- 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Presumptive Eligibility Training	10/31/2019 11:52 AM EDT	
QE Training Material rev 12-01-2020	12/1/2020 10:21 AM EST	

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0003O | OH-20-0016

Package Header

Package ID	OH2020MS0003O	SPA ID	OH-20-0016
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	1/8/2021	Effective Date	4/1/2020
Superseded SPA ID	OH-16-0030		
	System-Derived		

E. Additional Information (optional)

Ohio requires that 85% of all PE recipients must submit an application for full/ongoing Medicaid within 90 days of the PE approval. Additionally, Ohio requires that 85% of all applications received from PE recipients must result in a full Medicaid determination.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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