

Attachment A  
to CMS 179  
TN 09-021

**Block 7**

The total estimated impact of the MIPPA changes reflected in TN 09-021 is broken down by MIPPA section as follows.

MIPPA §112

The estimated annual total impact of increased premiums and other cost-sharing due to the increased resource limits under MIPPA section 112 is \$68,885.96. This increases the annual federal cost by \$50,610. For FFY 2010, this means an increase of \$37,958. For FFY 2011, this increases the annual federal cost by \$50,610.

Translated into thousands per the instructions on the CMS 179, the fiscal impacts related to MIPPA section 112 are:

- a. FFY 2010 \$38
- b. FFY 2011 \$51

MIPPA §115

The estimated annual total impact of unrecovered assets due to MIPPA section 115 is \$115,100 per year. This reduces the annual federal share of recovery by \$84,564. For FFY 2010, the reduced recovery is estimated to be \$63,423. For FFY 2011, the reduced recovery is estimated to be \$84,564.

Translated into thousands per the instructions on the CMS 179, the fiscal impacts related to MIPPA section 112 are:

- a. FFY 2010 \$63
- b. FFY 2011 \$85

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF OHIO

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CITATION

LIENS AND ADJUSTMENTS OR RECOVERIES

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1917(b)(1)(B)

(3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, ICF/MR services, home and community based services, and related hospital and prescription drug services rendered after attainment of the age of fifty-five.

X In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below, but not including medical assistance for Medicare cost sharing (i.e., Part A & B premiums, deductibles, coinsurance and co-payments) for the following categories of dual eligibles: Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individual (QI), Qualified Disabled and Working Individual (QDWI), QMB Plus, and SLMB Plus.

All costs of correctly paid medicaid services rendered after attainment of the age of fifty-five, if the person has not been determined to be permanently institutionalized, including any premium payments to managed care organizations.

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TN# 09-021  
Supersedes  
TN# 07-007

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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CITATION

LIENS AND ADJUSTMENTS OR RECOVERIES

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**1917(b)(2)(B)**  
**42 CFR §433.36(h) – (i)**

(c) Adjustments or Recoveries: Limitations

The State complies with the requirements of section 1917(b)(2) of the Act and regulations at 42 CFR §433.36(h) – (i).

**1917(b)(2)(A)**

(1) Adjustment or recovery of medical assistance correctly paid will be made only after the death of the individuals' surviving spouse, and only when the individual has no surviving child who is either under age 21, blind, or disabled.

**1917(b)(1)(B)(ii)**

(2) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles [Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individual (QI), Qualified Disabled and Working Individual (QDWI), QMB Plus, and SLMB Plus]. This protection extends to medical assistance for four Medicare cost sharing benefits (Part A and B premiums, deductibles, coinsurance and co-payments) with dates of service on or after January 1, 2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid agency paid the premium.

**1917(b)(3)**

(3) No money payments under another program are reduced as a means of adjusting or recovering Medicaid claims incorrectly paid.

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TN# 09-021  
Supersedes  
TN# 07-007

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

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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.)

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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

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CITATION	CONDITION OR REQUIREMENT
<b>A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups</u></b> (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.)

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TN# 09-021  
Supersedes  
TN# 93-04

Approval Date: JUN - 1 2010

Effective Date: 1/1/2010

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CITATION	CONDITION OR REQUIREMENT
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7. Resource Standard – Medically Needy

1902(a)(10)(C)(i) of the Act

- a. Resource standards are based on family size.
- b. A single standard is employed in determining resource eligibility for all groups.
- c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for –

- Aged
- Blind
- Disabled

Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 so indicates.

1860D-14, 1905(p)(1) and 1905(p)(2) of the Act.

8. Resource Standard – Qualified Medicare Beneficiaries, Specified Low-Income Beneficiaries and Qualifying Individuals

For Qualified Medicare Beneficiaries, Specified Low-Income Beneficiaries and Qualifying Individuals covered under section 1902(a)(10)(E)(i), 1902(a)(10)(E)(iii) and 1902(a)(10)(iv) of the Act, the resource standard does not exceed the standard calculated under subparagraph (d) of section 1860D-14(a)(3) of the Act. This standard will be three times the SSI standard, adjusted annually by the increase in the Consumer Price Index (CPI) since 2006. For subsequent years, the resource standard will be increased by the annual percentage increase in the CPI rounded to the nearest multiple of \$10.

1905(s) of the Act

9. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.

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TN# 09-021  
Supersedes  
TN# 91-27

Approval Date: JUN - 1 2010

Effective Date: 1/1/2010

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	9.1	For COBRA continuation beneficiaries, the resource standard is:
1902(u) of the Act	_____	Twice the SSI resource standard for an individual.
	_____	More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

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TN# 09-021  
Supersedes  
TN# 93-004

Approval Date: JUN - 1 2010

Effective Date: 1/1/2010