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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 13-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



October 10, 2013

John McCarthy, Director Ohio Department of Medicaid P.O. Box 182709 50 West Town Street, Suite 400 Columbus, Ohio 43218

RE: TN OH-13-0018

Dear Mr. McCarthy:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal # OH-13-0018 MAGI-Based Eligibility Group-Medicaid coverage for individuals with incomes below 133% of the FPL, effective January 1, 2014.

Please contact Christine Davidson, of my staff, at (312) 886-3642 or christine.davidson@cms.hhs.gov if you have any questions.

Sincerely,

Verlon Johnson /

Associate Regional Administrator Division of Medicaid and Children's Health Operations

Enclosure

cc: Debbie Saxe, ODJFS

Lynne Lyon, ODJFS Andy Jones, ODJFS Becky Jackson, ODJFS

Medicaid State Plan Eligibility: Summary Page (CMS 179)

Transmittal Numbe		
Please enter the	e Transmittal Number (TI	N) in the format ST-YY-0000 where ST= the state abbreviation,
YY = the last ty	vo digits of the submission	year, and 0000 = a four digit number with leading zeros. The
dashes must als OH-13-0018	o be entered.	
.011-13-0018		
Proposed Effective I		
01/01/2014	(mm/dd/yyyy)	
Federal Statute/Reg		
Section 1902(a)	(10)(A)(i)(VIII) of the Soci	ial Security Act
Federal Budget Imp		
	Federal Fiscal Year	Amount
First Year	2014	\$ 1048700000.00
Second Year	2015	\$ 1999500000.00
		•
Subject of Amendme	ent	
Adult Group		
Governor's Office R	leview	
☐ Governo	or's office reported no com	nment
	nts of Governor's office re	
Describe	* * **********************************	
Comment		• :
Other, a	received within 45 days o	of submittal
Describe	-	
	Medicaid Director is the G	Governor's designee.
Signature of State A	gency Official	
Submitted By:	Į	John Mccarthy
Date Submitte	d: §	Sep 26, 2013
DATE RECEIVED:		DATE APPROVED:
		DATE ATROVED.
9/26/2013		10/10/2013
	PI AN APPROV	ED – ONE COPY ATTACHED
EFFECTIVE DATE OF APPROX	VED MATERIAL:	SIGNATURE OF REGIONAL OFFICIAL:
01/01/2014		
TYPED NAME		TITLE
Verlon Johnson		Associate Regional Administrator



Medicaid Eligibility

	OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014
Eligibility Groups - Mandatory Coverage Adult Group	OWID Exphanion date: 10/51/2014
1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	
The state covers the Adult Group as described at 42 CFR 435.119.	
• Yes O No	
Adult Group - Non-pregnant individuals age 19 through 64, not otherwise manda	torily eligible, with income at or below 133% FPL.
The state attests that it operates this eligibility group in accordance with the formula.	llowing provisions:
Individuals qualifying under this eligibility group must meet the following	g criteria:
Have attained age 19 but not age 65.	
Are not pregnant.	
Are not entitled to or enrolled for Part A or B Medicare benefits.	
Are not otherwise eligible for and enrolled for mandatory coverage u with 42 CFR 435, subpart B.	nder the state plan in accordance
Note: In 209(b) states, individuals receiving SSI or deemed to be red Medicaid eligibility due to more restrictive requirements may qualify	
Have household income at or below 133% FPL.	
MAGI-based income methodologies are used in calculating household income Methodologies, completed by the state.	come. Please refer as necessary to S10 MAGI-Based
■ There is no resource test for this eligibility group.	
Parents or other caretaker relatives living with a child under the age specime receiving benefits under Medicaid, CHIP or through the Exchange, or oth defined in 42 CFR 435.4.	
O Under age 19, or	
A higher age of children, if any, covered under 42 CFR 435.222 on M	farch 23, 2010:
O Under age 20	
● Under age 21	
Presumptive Eligibility	
The state covers individuals under this group when determined presumpt it also covers individuals under the Pregnant Women (42 CFR 435.116) at 435.118) eligibility groups when determined presumptively eligible.	

TN No: OH-13-0018

Ohio

O Yes O No

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Effective Date: 1/01/2014