Table of Contents

State/Territory Name: OH

State Plan Amendment (SPA) #: 13-0025

This file contains the following documents in the order listed:

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

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



February 10, 2014

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

RE: Technical Correction to Ohio State Plan Amendment (SPA) TN 13-0025

Dear Mr. McCarthy:

This is a technical correction to Ohio SPA TN 13-0025 which was originally approved on February 3, 2014. SPA TN 13-0025 implements MAGI-based eligibility groups effective January 1, 2014. We are making this technical correction to include the superseding page document for SPA TN 13-0025 which was omitted from the original approval package.

If you have any questions, please contact Christine Davidson, of my staff, at (312) 886-3642 or <u>christine.davidson@cms.hhs.gov</u> if you have any questions.

Sincerely,

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

Enclosure

cc: Debbie Saxe, ODM Andy Jones, ODM Becky Jackson, ODM

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Transmittal Number	Oh :		0000 where ST = the state abbreviation, YY = the last two digits of
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Proposed Effective I	Date		
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Federal Statute/Reg	mation Citation		
1902(a)(10)(A)(i)(I), (III), (IV), (VI), (V	II), (VIII) and (IX); 1902(a)(10)(A)(ii)(I), (IV), (VIII), (IX), (XII), (XIV)
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Submitted By:		Deborah Sa	xe
Last Revision	Date:	Jan 24, 201	
Submit Date:		Nov 22, 201	3
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IVE DATE OF APPRO		UT - UNE	SIGNATURE OF REGIONAL OFFICIAL:
NAME			/s/
Johnson			Associate Regional Administrator

SUPERSEDING PAGES OF STATE PLAN MATERIAL

TRANSMITTAL NUMBER:

STATE:

13-0025-MM1

Ohio

Pages or sections of pages being superseded by S14, S25, S28, S30, S51, S52, S53, S54, S55, S57, and S59 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
Section 2	· · · · · · · · · · · · · · · · · · ·	Page 11, 2.1(b)(3)
Attachment 2.2-A	Page 1 Page 3 Page 3a Page 4 Page 4 Page 4b Page 12 Page 13 Page 13 Page 14 Page 14 Page 21 Page 23 Page 23 Page 23c1 Page 23e	Page 2, A.2.b Page 2, A.2.c Page 2a, A.3 Page 9c, B.1 for caretaker relatives & pregnant women Page 20, B.14 Page 23c, B.19 Page 25, C.4
Supplement 1 to Attachment 2.2-A	Page 23f Page 1	
Attachment 2.6-A	Page 3b Page 7 Page 11a Page 19 Page 19a Page 21	Page 1, A.2.a(i) and (iii) Page 6 related to AFDC recipients, pregnant women, infants, and children Page 12, C.1.e(2) Page 18, C.5.e Page 25, 11.a(3)
Supplement 1 to Attachment 2.6-A	Pages 1-4	
Supplement 2 to Attachment 2.6-A	Pages 1-5	

Supplement 8a to Attachment 2.6-A	Page 2 Page 5	Page 1, #2-4 Page 4 related to AFDC recipients, pregnant women, infants, and children
Supplement 8b to Attachment 2.6-A	Page 2	
Supplement 12 to Attachment 2.6-A	Pages 1a-3	
Supplement 14 to Attachment 2.6-A	Page 1	

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OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

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TN No: OH-13-0025 Ohio



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TN No: OH-13-0025 Ohio

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PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

TN No: OH-13-0025 Ohio S14 Page 5 of 5



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

	ed Other Carritaker Relatives S25
42 CFR 435 1902(a)(10) 1931(b) and	A)(i)(I)
Parents below a	and Other Caretaker Relatives - Parents and other caretaker relatives of dependent children with household income at or standard established by the state.
🖌 The	state attests that it operates this eligibility group in accordance with the following provisions:
	Individuals qualifying under this eligibility group must meet the following criteria:
,	Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.
	The state elects the following options:
	This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.
	Options relating to the definition of caretaker relative (select any that apply):
	Options relating to the definition of dependent child (select the one that applies):
	The state elects to eliminate the requirement that a dependent child must be deprived of parental support or
	C The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):
	Have household income at or below the standard established by the state.
	MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI- Based Income Methodologies, completed by the state.
	Income standard used for this group
	Minimum income standard
	The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.
	The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.
	Ait attachment is submitted.
	Maximum income standard

TN No: OH-13-0025 Ohio

Approval Date: ^{2/3/14} Effective Date: 1/01/2014



The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

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The state's maximum income standard for this eligibility group is:

- The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- C The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 C demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

- A percentage of the federal poverty level: 90 %
- C The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGIequivalent standard. The standard is described in S14 AFDC Income Standards.
- C The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- C Other dollar amount
- Income standard chosen:

Indicate the state's income standard used for this eligibility group:

- C The minimum income standard
- The maximum income standard
- The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.
- C Another income standard in-between the minimum and maximum standards allowed
- There is no resource test for this eligibility group.
- Presumptive Eligibility



The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

C Yes 💿 No

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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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Medicaid Eligibility

OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Cregulant Women
42 CFR 435.116 1902(a)(10)(A)(i)(III) and (IV) 1902(a)(10)(A)(ii)(I), (IV) and (IX) 1931(b) and (d) 1920
Pregnant Women - Women who are pregnant or post-partum, with household income at or below a standard established by the state
I The state attests that it operates this eligibility group in accordance with the following provisions:
Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.
• Yes C No
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.
Income standard used for this group
Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)
The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.
CYes @ No
The minimum income standard for this eligibility group is 133% FPL.
Maximum income standard
The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.
Au astachná cut le softwitted.
The state's maximum income standard for this eligibility group is:
 The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10) (A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(i)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(i)(IX)

- (A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- C The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- C 185% FPL

The amount of the maximum income standard is: 210 % FPL

Income standard chosen

Indicate the state's income standard used for this eligibility group:

C The minimum income standard

← The maximum income standard

• Another income standard in-between the minimum and maximum standards allowed.

The amount of the income standard for this eligibility group is: 200 % FPL

- There is no resource test for this eligibility group.
- Benefits for individuals in this eligibility group consist of the following:
 - € All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
 - C Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.
- Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

Yes C No

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.

TN No: OH-13-0025 Ohio

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CMS	

A written application must be signed by the applicant or representative.

C Yes 🗭 No

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.

State residency

Citizenship, status as a national, or satisfactory immigration status

The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

Lat of Qualified Euclides

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, and that meets at least one of the following requirements. Select one or more of the following types of entities 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 participate in a Head Start program under the Head Start Act

Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990

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

Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)

Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)

Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs

Is a state or Tribal child support enforcement agency under title IV-D of the Act

Ls an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act

 \Box Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act

Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)

 \Box Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization



Name of entity	Description
CDJFS	County Department of Job & Family Services
The state assures that it has communicat	ed the requirements for qualified entities, at 1920A(b
and has provided adequate training to th	e entities and organizations involved. A copy of the tr

PRA Disclosure Statement



Medicaid Eligibility

OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

	id Children ander Age 19
	(A)(i)(III), (IV), (VI) and (VII) (A)(ii)(IV) and (IX)
Infants : the state	and Children under Age 19 - Infants and children under age 19 with household income at or below standards established by based on age group.
📝 The	state attests that it operates this eligibility group in accordance with the following provisions:
	Children qualifying under this eligibility group must meet the following criteria:
	Are under age 19
•	Have household income at or below the standard established by the state.
	MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI- Based Income Methodologies, completed by the state.
	Income standard used for infants under age one
	Minimum income standard
	The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.
	C Yes 🕟 No
	The minimum income standard for infants under age one is 133% FPL.
	Maximum income standard
	The state certifies that it has submitted and received approval for its converted income standard(s) for infants I under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.
	An attachment is submitted.
	The state's maximum income standard for this age group is:
	The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

. 185% FPL

Income standard chosen

The state's income standard used for infants under age one is:

○ The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)

(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants

under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10) (A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

C Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

The amount of the income standard for infants under one is: 156 % FPL

Income standard for children age one through age five, inclusive

Minimum income standard

TN No: OH-13-0025 Ohio

CM	S Medicaid Eligibility
	The minimum income standard used for this age group is 133% FPL.
	Maximum income standard
	The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard t used for children age one through five.
	An attachment is ashmitted.
	The state's maximum income standard for children age one through five is:
	The state's highest effective income level for coverage of children age one through five under sections 1931 (I income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level- related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	The state's highest effective income level for coverage of children age one through five under sections 1931 (income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level- related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	C The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	C The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	Enter the amount of the maximum income standard: 156 % FPL
	Income standard chosen
	The state's income standard used for children age one through five is:
	(• The maximum income standard
•	If not chosen as the maximum income standard, the state's highest effective income level for coverage of child age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii (IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, a if not chosen as the maximum income standard, the state's highest effective income level for coverage of child age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(i)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to MAGI-equivalent percent of FPL.

TN No: OH-13-0025 Ohio



If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGIequivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGIequivalent percent of FPL.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

Income standard for children age six through age eighteen, inclusive

Minimum income standard

The minimum income standard used for this age group is 133% FPL.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for children age is six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.

THE PARTY OF THE P	
	An attachment is submitted.
0.0200230000000000000000000000000000000	An attachment is submitted.

The state's maximum income standard for children age six through eighteen is:

The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (e) (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(i)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

C The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

C The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

C 133% FPL

C

Enter the amount of the maximum income standard: 156 % FPL

Income standard chosen

TN No: OH-13-0025 Ohio S30 Page 4 of 8



The state's income standard used for children age six through eighteen is:
• The maximum income standard
If not chosen as the maximum income standard, the state's highest effective income level for coverage of childrage six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children) () 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A) (ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, an if not chosen as the maximum income standard, the state's highest effective income level for coverage of childre age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children) 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A) (ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted a MAGI-equivalent percent of FPL.
If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, at if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI- equivalent percent of FPL.
If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI equivalent percent of FPL.
Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.
ere is no resource test for this eligibility group.
esumptive Eligibility
e state covers children when determined presumptively eligible by a qualified entity.
Yes C No
onumptive Eligibility for Children S16
02(a)(47) 20A CFR 435.1101 CFR 435.1102



 If the state has elected to cover Optional Targeted Low-Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the higher of the standard used for Optional Targeted Low-Income Children or the standard income the infants and Children under 19 (42 CFR 435.118), for that childr's age. If the state has not elected to cover Optional Targeted Low Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the standard and under the Infants and Children under Age 19 eligibility group (42 CFR 435.118), for that child's age. If children under the following age may be determined presumptively eligible: Under age 19 The presumptive period begins on the date the determination is made. The end date of the presumptive period is the earlier of: 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. Periods of presumptive eligibility are limited as follows: No more than one period within a selendar year. No more than one period within a stele-dar year. No more than one period within a stele-dar year. No more than one period within a stele-dar year. Yes S No The state requires that a written application be signed by the applicant, parent or representative, as appropriate. Yes S No The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility group. Act of Caulified Tarticion 		
 standard for presumptive eligibility is the standard used under the Infants and Children under Age 19 eligibility group (42 CFR 435.118), for that child's age. Children under the following age may be determined presumptively eligible: Under age 19 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. Periods of presumptive eligibility are limited as follows: No more than one period within a calendar year. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period. Other reasonable limitation: The state requires that a written application be signed by the applicant, parent or representative, as appropriate. Yes © No The presumptive eligibility determination is based on the following factors: Household income must not exceed the applicable income standard described above, for the child's age. State residency Citizenship, status as a national, or satisfactory immigration stants The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. 		for presumptive eligibility is the higher of the standard used for Optional Targeted Low-Income Children or the
 Under age 9 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. Periods of presumptive eligibility are limited as follows: No more than one period within a calendar years. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period. Other reasonable limitation: The state requires that a written application be signed by the applicant, parent or representative, as appropriate. Yes No The presumptive eligibility determination is based on the following factors: Household income must not exceed the applicable income standard described above, for the child's age. State residency Citizenship, status as a national, or satisfactory immigration status The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. 		standard for presumptive eligibility is the standard used under the Infants and Children under Age 19 eligibility
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 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. Periods of presumptive eligibility are limited as follows: No more than one period within a calendar year. No more than one period within a valendar years. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period. Other reasonable limitation: The state requires that a written application be signed by the applicant, parent or representative, as appropriate. Yes No In the presumptive eligibility determination is based on the following factors: Household income must not exceed the applicable income standard described above, for the child's age. State residency Citizenship, status as a national, or satisfactory immigration status 		The presumptive period begins on the date the determination is made.
 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. Periods of presumptive eligibility are limited as follows: No more than one period within a calendar year. No more than one period within a welve-month period, starting with the effective date of the initial presumptive eligibility period. Other reasonable limitation: The state requires that a written application be signed by the applicant, parent or representative, as appropriate. Yes No The presumptive eligibility determination is based on the following factors: Household income must not exceed the applicable income standard described above, for the child's age. State residency Citizenship, status as a national, or satisfactory immigration status The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. 		The end date of the presumptive period is the earlier of:
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 C No more than one period within a calendar year. C No more than one period within two calendar years. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period. C Other reasonable limitation: The state requires that a written application be signed by the applicant, parent or representative, as appropriate. C Yes No The presumptive eligibility determination is based on the following factors: Household income must not exceed the applicable income standard described above, for the child's age. S State residency C Citizenship, status as a national, or satisfactory immigration status The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. 		
 No more than one period within two calendar years. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period. Other reasonable limitation: The state requires that a written application be signed by the applicant, parent or representative, as appropriate. Yes No The presumptive eligibility determination is based on the following factors: Household income must not exceed the applicable income standard described above, for the child's age. State residency Citizenship, status as a national, or satisfactory immigration status 		Periods of presumptive eligibility are limited as follows:
 No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period. Other reasonable limitation: The state requires that a written application be signed by the applicant, parent or representative, as appropriate. Yes No The presumptive eligibility determination is based on the following factors: Household income must not exceed the applicable income standard described above, for the child's age. State residency Citizenship, status as a national, or satisfactory immigration status 	-	C No more than one period within a calendar year.
 c presumptive eligibility period. c Other reasonable limitation: The state requires that a written application be signed by the applicant, parent or representative, as appropriate. c Yes No i The presumptive eligibility determination is based on the following factors: i Household income must not exceed the applicable income standard described above, for the child's age. i State residency i Citizenship, status as a national, or satisfactory immigration status ii The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. 		
 The state requires that a written application be signed by the applicant, parent or representative, as appropriate. (Yes No The presumptive eligibility determination is based on the following factors: Household income must not exceed the applicable income standard described above, for the child's age. State residency Citizenship, status as a national, or satisfactory immigration status The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. 		No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 C Yes ● No The presumptive eligibility determination is based on the following factors: Household income must not exceed the applicable income standard described above, for the child's age. State residency Citizenship, status as a national, or satisfactory immigration status The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. 		C Other reasonable limitation:
 C Yes ● No The presumptive eligibility determination is based on the following factors: Household income must not exceed the applicable income standard described above, for the child's age. State residency Citizenship, status as a national, or satisfactory immigration status The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. 		The state requires that a written application he signed by the applicant parent or representative as appropriate
 The presumptive eligibility determination is based on the following factors: Household income must not exceed the applicable income standard described above, for the child's age. State residency Citizenship, status as a national, or satisfactory immigration status The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. 	•	
 Household income must not exceed the applicable income standard described above, for the child's age. State residency Citizenship, status as a national, or satisfactory immigration status The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. 		
 State residency Citizenship, status as a national, or satisfactory immigration status The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. 		The presumptive eligibility determination is based on the following factors:
Citizenship, status as a national, or satisfactory immigration status The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.		Household income must not exceed the applicable income standard described above, for the child's age.
The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.		State residency
presumptively for this eligibility group.		🔀 Citizenship, status as a national, or satisfactory immigration status
presumptively for this eligibility group.		
List of Qualified Entities S17		The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.
		List of Qualified Entition S17



 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 participate in a Head Start program under the Head Start Act Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990 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 Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP) Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801) Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs Is a state or Tribal child support enforcement agency under title IV-D of the Act Is a state or Tribal child support enforcement agency under title IV-D of the Act Is a state or Tribal office or entity involved in enrollment in the program under the Stewart B. McKinney Homeless Assistance Act Is a state or Tribal office or entity involved in enrollment in the program under section 8 or a of public or assisted housing that receives Federal funds, including the program under section 8 or a of public or assistent housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.) Is a health facility operated by the Indian Health Service, a Tribal organization, or an Urban Indian Organization Mother entity the agency determines is capable of making presu	eligibi meets	lity determinations based on an indivi	ined by the agency to be capable of making presumptive idual's household income and other requirements, and that tents. Select one or more of the following types of entities r this eligibility group:
Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990 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 Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP) Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801) Is a elementary or secondary school operated or supported by the Bureau of Indian Affairs Is a state or Tribal child support enforcement agency under title IV-D of the Act Is a state or Tribal child support enforcement agency under title IV-D of the Act Is a state or Tribal child support enforcement agency under title IV-D of the Act Is a state or Tribal child elemines eligibility for any assistance or benefits provided under any prog of public or assisted housing that receives Federal funds, including the program under section 8 or a other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.) Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organ		nishes health care items or services co igible to receive payments under the	overed under the state's approved Medicaid state plan and plan
 assistance is provided under the Child Care and Development Block Grant Act of 1990 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 Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP) Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801) Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs Is a state or Tribal child support enforcement agency under title IV-D of the Act Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act Is an organization that determines eligibility for any assistance or benefits provided under any prog of public or assisted housing that receives Federal funds, including the program under section 8 or a other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.) Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization	Is a	thorized to determine a child's eligib	-
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Urban Indian Organization Other entity the agency determines is capable of making presumptive eligibility determinations:	$\Box_{\text{othe}}^{\text{of }p}$	ublic or assisted housing that receives r section of the United States Housing	Federal funds, including the program under section 8 or any g Act of 1937 (42 U.S.C. 1437) or under the Native
	□ ^{Is a} Urba	nealth facility operated by the Indian I on Indian Organization	Health Service, a Tribe, or Tribal organization, or an
Name of entity Description	🔀 Othe	r entity the agency determines is capa	able of making presumptive eligibility determinations:
Description		Name of entity	Description
CDJFS County Department of Job & Family Services		CDJFS	County Department of Job & Family Services

PRA Disclosure Statement



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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

TN No: OH-13-0025 Ohio



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Adult Group

1902(a)(10)(A)(i)(VIII) 42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

Yes C No

Adult Group - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following 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 under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

Have household income at or below 133% FPL.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

C Under age 19, or

A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

C Under age 20

• Under age 21

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

C Yes (No

TN No: OH-13-0025 Ohio



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TN No: OH-13-0025 Ohio S32 Page 2 of 2

Approval Date: ^{2/3/14} Effective Date: 1/01/2014



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Some Rester Care Children States State
42 CFR 435.150 1902(a)(10)(A)(i)(IX)
Former Foster Care Children - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.
The state attests that it operates this eligibility group under the following provisions:
Individuals qualifying under this eligibility group must meet the following criteria:
Are under age 26.
Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.
Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.
The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.
CYes No
The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.
CYes (No

PRA Disclosure Statement



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

1902(a)(10)(A)(ii)(XX) 1902(hh)

42 CFR 435.218

Individuals above 133% FPL - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218.

C Yes 💽 No

PRA Disclosure Statement



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

42 CFR 435.220 1902(a)(10)(A)(ii)(I)

Optional Coverage of Parents and Other Caretaker Relatives - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220.

C Yes @ No

PRA Disclosure Statement



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Significant Groups - Options for Cav

42 CFR 435.222 1902(a)(10)(A)(ii)(I) 1902(a)(10)(A)(ii)(TV)

Reasonable Classification of Individuals under Age 21 - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222.

• Yes C No

IThe state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must qualify under a reasonable classification by meeting the following criteria:

Be under age 21, or a lower age, as defined within the reasonable classification.

Have household income at or below the standard established by the state, if the state has an income standard for the reasonable classification.

Not be eligible and enrolled for mandatory coverage under the state plan.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

Yes C No

The state also covered at least one reasonable classification under this group in the Medicaid state plan as of March 23, 2010 with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

C Yes 💽 No

Reasonable Classifications Previously Covered

The state elects the option to include in this eligibility group reasonable classifications that were covered under the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

• Yes C No.

The state covers all children under a specified age limit, no higher than any age limit and/or income standard covered in the state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, provided the income standard is higher than the current mandatory income standard for the individual's age. Higher income standards may include the disregard of all income.

∩ Yes ● No



The state covers reasonable classifications of children that were covered under the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013 with an income standard higher than the current mandatory income standard for the age group.

• Yes C No

The previously covered reasonable classifications to be included are:

Previously Covered Reasonable Classifications Included

Resonable Classifications of Children SI

Individuals for whom public agencies are assuming full or partial financial responsibility.

Individuals in adoptions subsidized in full or part by a public agency

Individuals in nursing facilities, if nursing facility services are provided under this plan

Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if such services are provided under this plan

Other reasonable classifications

Name of classification	on Description	Age Limit
🕈 2101(f)-like children	Children who were enrolled in Medicaid on 12/31/13 and would otherwise become ineligible for Medicaid at their first redetermination using MAGI methodologies solely due to the loss of income disregards will remain Medicaid eligible until their next redetermination using MAGI methodologies.	Under age 19

Enter the income standard used for these classifications (which may be no higher than the highest standard used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013).

Click here once \$11 form above is complete to view the income standards form.

2010)-Rechloren

Income standard used

Minimum income standard

The minimum income standard for this classification of children must exceed the lowest income standard chosen for children under this age under the Infants and Children under Age 19 eligibility group.

Maximum income standard



No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

• Yes C No

The state's maximum standard for this classification of children is no income test (all income is disregarded).

Income standard chosen

Individuals qualify under this classification under the following income standard:

(This classification does not use an income test (all income is disregarded).

C Another income standard higher than the minimum income standard.

New reasonable classifications covered

If the state has not elected to cover the Adult Group (42 CFR 435.119), it may elect to cover additional new age groups or reasonable classifications that have not been covered previously. If the state covers the Adult Group, this additional option is not available, as the standard for the new age groups or classifications is lower than that used for mandatory coverage.

The state does <u>not</u> cover the Adult Group and elects the option to include in this eligibility group additional age groups or reasonable classifications that have not been covered previously in the state plan or under a Medicaid 1115 Demonstration. Any additional age groups or reasonable classifications not previously covered are restricted to the AFDC income standard from July 16, 1996, not converted to a MAGI-equivalent standard.

C Yes C No

There is no resource test for this eligibility group.

PRA Disclosure Statement



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

	es with New IV-E Adoptics Assumates
42 CFR 1902(a)(435.227 10)(A)(ii)(VIII)
adoption	a with Non IV-E Adoption Assistance - The state elects to cover children with special needs for whom there is a non IV-E assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard ed by the state and in accordance with provisions described at 42 CFR 435.227.
Z	The state attests that it operates this eligibility group in accordance with the following provisions:
	Individuals qualifying under this eligibility group must meet the following criteria:
	The state adoption agency has determined that they cannot be placed without Medicaid coverage because of special needs for medical or rehabilitative care;
	Are under the following age (see the Guidance for restrictions on the selection of an age):
	• Under age 21
	C Under age 20
	C Under age 19
	C Under age 18
	MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI- Based Income Methodologies, completed by the state.
]	The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.
	• Yes C No
	The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010. • Yes C No
	Individuals qualify under this eligibility group if they were eligible under the state's approved state plan prior to the execution of the adoption agreement.
-	The state used an income standard or disregarded all income for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.
	• Yes (No
	Income standard used for this eligibility group
	Minimum income standard
	The minimum income standard for this eligibility group is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.
	Maximum income standard

		 cw	
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	No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.
,	Yes C No
	No income test was used (all income was disregarded) for this eligibility group under (check all that apply):
•	The Medicaid state plan as of March 23, 2010.
	The Medicaid state plan as of December 31, 2013.
	A Medicaid 1115 Demonstration as of March 23, 2010.
	A Medicaid 1115 Demonstration as of December 31, 2013.
	The state's maximum standard for this eligibility group is no income test (all income is disregarded).
	Income standard chosen
	Individuals qualify under this eligibility group under the following income standard, which must be higher than the minimum for this child's age:
	C The minimum standard.
	This eligibility group does not use an income test (all income is disregarded).
	Another income standard higher than both the minimum income standard and the effective income level for this eligibility group in the state plan as of March 23, 2010, converted to a MAGI-equivalent.
There is no r	esource test for this eligibility group.

PRA Disclosure Statement



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Englicitati Cerceps - Options for Core Optional Targeted Low Income Child

1902(a)(10)(A)(ii)(XIV) 42 CFR 435.229 and 435.4 1905(u)(2)(B)

Optional Targeted Low Income Children - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.

• Yes C No

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must not be eligible for Medicaid under any mandatory eligibility group.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group in the state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

• Yes C No

The state also covered this eligibility group in the state plan as of March 23, 2010.

Yes C No

Until October 1, 2019, states must include at least those individuals covered as of March 23, 2010, but may cover additional individuals. Effective October 1, 2019, states may reduce or eliminate coverage for this group.

Individuals are covered under this eligibility group, as follows:

(All children under age 18 or 19 are covered:

• Under age 19

C Under age 18

• The reasonable classification of children covered is:

Income standard used for this classification

Minimum income standard

The income standard for this classification of children must exceed the lowest income standard chosen for children in the age group selected above, under the mandatory Infants and Children under Age 19 eligibility group.

Maximum income standard



The state certifies that it has submitted and received approval for its converted income standard(s) for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.
 Au attacliment is submitted.
The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:
 The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
C The state's effective income level for this classification of children under the Medicaid State Plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
C The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
C The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
C 200% FPL.
A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.
The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:
206 % FPL
Income standard chosen, which must exceed the minimum income standard
Individuals qualify under the following income standard:
• The maximum income standard.
The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective () income level for this eligibility group under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
C If higher than the effective income level used under the state plan as of March 23, 2010, 200% FPL.



If higher than the effective income level used under the state plan as of March 23, 2010, a percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.

C Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this eligibility group in the state plan as of March 23, 2010.

The income standard for this eligibility group is: 206 % FPL

There is no resource test for this eligibility group.

Presumptive Eligibility

Presumptive eligibility for this group depends upon the selection of presumptive eligibility for the Infants and Children under Age 19 eligibility group. If presumptive eligibility is done for that group, it is done for this group under the same provisions.

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TN No: OH-13-0025 Ohio



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

1902(a)(10)(A)(ii)(XII) 1902(z)

Individuals with Tuberculosis - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.

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TN No: OH-13-0025 Ohio



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

anna acain	zut Foster Cure Adolescents
2 CFR 435 902(a)(10)	.226 (A)(ii)(XVII)
1, who we	t Foster Care Adolescents - The state elects to cover individuals under an age specified by the state, less than age e in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and we with the provisions described at 42 CFR 435.226.
	•
1 Th	e state attests that it operates this eligibility group in accordance with the following provisions:
	Individuals qualifying under this eligibility group must meet the following criteria:
	Are under the following age
	• Under age 21
•	C Under age 20
	Were in foster care under the responsibility of a state on their 18th birthday.
	Are not eligible and enrolled for mandatory coverage under the Medicaid state plan.
	Have household income at or below a standard established by the state.
	MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI- Based Income Methodologies, completed by the state.
der	e state covered this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 nonstration as of March 23, 2010 or December 31, 2013. Yes C No
The	state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.
	Yes C No
	The state covers children under this eligibility group, as follows (selection may not be more restrictive than the coverage in the Medicaid state plan as of March 23, 2010 until October 1, 2019, nor more liberal than the most liberal coverage in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013):
	All children under the age selected
	C A reasonable classification of children under the age selected:
	Income standard used for this eligibility group
	Minimum income standard
	The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

CMS Medicaid Eligibility		
	Maximum income standard	
	No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.	
	• Yes C No	
-	No income test was used (all income was disregarded) for this eligibility group under (check all that apply):	
	The Medicaid state plan as of March 23, 2010.	
	The Medicaid state plan as of December 31, 2013.	
	A Medicaid 1115 demonstration as of March 23, 2010.	
	A Medicaid 1115 demonstration as of December 31, 2013.	
	The state's maximum standard for this eligibility group is no income test (all income is disregarded).	
	Income standard chosen	
	Individuals qualify under this eligibility group under the following income standard:	
	This eligibility group does not use an income test (all income is disregarded).	
There is	no resource test for this eligibility group.	

PRA Disclosure Statement



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

1902(a)(10)(A)(ii)(XXI) 42 CFR 435.214

Individuals Eligible for Family Planning Services - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

Yes C No

The state attests that it operates this eligibility group in accordance with the following provisions:

The individual may be a male or a female.

Income standard used for this group

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant \boxed{X} women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

An attachment is submitted,

The state's maximum income standard for this eligibility group is the highest of the following:

(The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.

C The state's current effective income level for pregnant women under a Medicaid 1115 demonstration.

C The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.

% FPL

C The state's current effective income level for pregnant women under a CHIP 1115 demonstration.

The amount of the maximum income standard is: 200

Income standard chosen

The state's income standard used for this eligibility group is:

• The maximum income standard

C Another income standard less than the maximum standard allowed.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

	Medicaid Eligibility
📕 In determining elig	ibility for this group, the state uses the following household size:
🔀 All of the mem	bers of the family are included in the household
Only the applic	ant is included in the household
I The state increa	ases the household size by one
In determining elig	ibility for this group, the state uses the following income methodology:
(The state consi (using MAGI-I	ders the income of the applicant and all legally responsible household members based methodology).
	ders only the income of the applicant.
Benefits for this eli	gibility group are limited to family planning and related services described in the Benefit section.
Presumptive Eligib	lity
	mily planning services and supplies available to individuals covered under this group when determ ble by a qualified entity.

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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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