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**State/Territory Name: OH**

**State Plan Amendment (SPA) #: 13-0027**

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

February 11, 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 13-0027

Dear Mr. McCarthy:

This is a technical correction to Ohio SPA TN 13-0027 which was originally approved on January 8, 2014. SPA TN 13-0027 implements MAGI-based income methodologies effective January 1, 2014. We are making this technical correction to include the superseding page document for SPA TN 13-0027 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 [christine.davidson@cms.hhs.gov](mailto:christine.davidson@cms.hhs.gov) 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: **Ohio**  
 Transmittal Number:

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*  
 OH-13-0027

**Proposed Effective Date**  
 01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**  
 1902(e)(14); 42 CFR 435.603

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

**Subject of Amendment**  
 Medicaid MAGI Eligibility & Benefits: SPA Group 3 - MAGI Income Methodology

**Governor's Office Review**

- Governor's office reported no comment
- Comments of Governor's office received  
 Describe:
- No reply received within 45 days of submittal
- Other, as specified  
 Describe:  
 The State Medicaid Director is the Governor's designee.

**Signature of State Agency Official**

Submitted By: **John Mccarthy**  
 Last Revision Date: **Dec 30, 2013**  
 Submit Date: **Nov 22, 2013**

<b>DATE RECEIVED:</b> 11/22/13	<b>DATE APPROVED:</b> 1/8/14
PLAN APPROVED - ONE COPY ATTACHED	
<b>EFFECTIVE DATE OF APPROVED MATERIAL:</b> 1/1/14	<b>SIGNATURE OF REGIONAL OFFICIAL:</b> /s/
<b>TYPED NAME</b> Verlon Johnson	<b>TITLE</b> Associate Regional Administrator

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

OH-13-0027

**STATE:**

Ohio

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

S10 - MAGI Income Methodology

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):**

Notwithstanding any other provisions of the Ohio's Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment OH-13-0027 will apply to all MAGI-based eligibility groups covered under Ohio's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR § 435.603 apply to everyone except those individuals described at 42 CFR § 435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## MAGI-Based Income Methodologies

S10

1902(e)(14)  
42 CFR 435.603

- The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size
- Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

Yes  No



# Medicaid Eligibility

The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

Age 19

Age 19, or in the case of full-time students, age 21

### 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.