## **Table of Contents**

State/Territory Name: OH

State Plan Amendment (SPA) #: 13-035

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



January 8, 2014

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

RE: TN 13-035

Dear Mr. McCarthy:

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

Transmittal #13-035 New optional reasonable classification of children as "Other" under 42 CFR 435.222, effective December 31, 2013.

Please contact Christine Davidson, of my staff, at (312) 886-3642 or <a href="mailto:christine.davidson@cms.hhs.gov">christine.davidson@cms.hhs.gov</a> 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

TRANSMITTAL AND NOTICE OF APPROVAL OF	I. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	13-035	OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 31, 2013	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 435.222	a. FFY 2014 \$ 0 thousands b. FFY 2015 \$ 0 thousands	
	b. PPY 2015 50 II	iousands
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
	OR ATTACHMENT (If Applicable):	
Supplement 1 to Attachment 2.2-A, page 1 Supplement 8a to Attachment 2.6-A, page 1a (NEW)	Supplement I to Attachment 2.2-A, page I (TN 91-26)	
Supplement of to Attachment 2.0-A, page 14 (145 W)		
10. SUBJECT OF AMENDMENT: New optional reasonable classification of children as "other" under 42 CFR 435.222		
LL COVERNORIS BEVIEW (CL. J. O. )		
11. GOVERNOR'S REVIEW (Check One):  ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPECIFIED:	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The State Medicaid Director is the Governor's designee	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
10 OLON LOUDD OF		
12. SIGNATURE O	16. RETURN TO:	
13. TYPED NAME JOHN B. MCCARTHY	Becky Jackson	•
13. I YPED NAME JOHN B. MCCARTHY	Ohio Department of Medicaid	
14. TITLE: STATE MEDICAID DIRECTOR	P.O. BOX 182709 Columbus, Ohio 43218	
15. DATE SUBMITTED: 12 30 13		
FOR REGIONAL OFFICE USE ONLY		
	I I CA CON CITUI	
17. DATE RECEIVED:	18. DATE APPROVED:	
December 30, 2013	18. DATE APPROVED: 1/8/14	
December 30, 2013 PLAN APPROVED – ON	18. DATE APPROVED: 1/8/14 E COPY ATTACHED	
December 30, 2013  PLAN APPROVED - ON  19. EFFECTIVE DATE OF APPROVED MATERIAL:	18. DATE APPROVED:  1/8/14 E COPY ATTACHED  20. SIGNATURE OF REGIONAL OF	FICIAL:
December 30, 2013 PLAN APPROVED – ON	18. DATE APPROVED:  1/8/14 E COPY ATTACHED  20. SIGNATURE OF REGIONAL OFI	FICIAL:
December 30, 2013  PLAN APPROVED – ON  19. EFFECTIVE DATE OF APPROVED MATERIAL:  December 31, 2013	18. DATE APPROVED:  1/8/14 E COPY ATTACHED  20. SIGNATURE OF REGIONAL OF	FICIAL:
December 30, 2013  PLAN APPROVED - ON  19. EFFECTIVE DATE OF APPROVED MATERIAL:  December 31, 2013  21. TYPED NAME:	18. DATE APPROVED:  1/8/14 E COPY ATTACHED  20. SIGNATURE OF REGIONAL OFF  /s/  22. TITLE:	FICIÁL:
December 30, 2013  PLAN APPROVED - ON  19. EFFECTIVE DATE OF APPROVED MATERIAL:  December 31, 2013  21. TYPED NAME:  Verlon Johnson	18. DATE APPROVED:  1/8/14 E COPY ATTACHED  20. SIGNATURE OF REGIONAL OFF  /s/  22. TITLE:	FICIAL:
December 30, 2013  PLAN APPROVED - ON  19. EFFECTIVE DATE OF APPROVED MATERIAL:  December 31, 2013  21. TYPED NAME:  Verlon Johnson	18. DATE APPROVED:  1/8/14 E COPY ATTACHED  20. SIGNATURE OF REGIONAL OFF  /s/  22. TITLE:	FICIAL:
December 30, 2013  PLAN APPROVED - ON  19. EFFECTIVE DATE OF APPROVED MATERIAL:  December 31, 2013  21. TYPED NAME:  Verlon Johnson	18. DATE APPROVED:  1/8/14 E COPY ATTACHED  20. SIGNATURE OF REGIONAL OFF  /s/  22. TITLE:	FICIAL:
December 30, 2013  PLAN APPROVED - ON  19. EFFECTIVE DATE OF APPROVED MATERIAL:  December 31, 2013  21. TYPED NAME:  Verlon Johnson	18. DATE APPROVED:  1/8/14 E COPY ATTACHED  20. SIGNATURE OF REGIONAL OFF  /s/  22. TITLE:	FICIAL:
December 30, 2013  PLAN APPROVED - ON  19. EFFECTIVE DATE OF APPROVED MATERIAL:  December 31, 2013  21. TYPED NAME:  Verlon Johnson	18. DATE APPROVED:  1/8/14 E COPY ATTACHED  20. SIGNATURE OF REGIONAL OFF  /s/  22. TITLE:	FICIAL:
December 30, 2013  PLAN APPROVED - ON  19. EFFECTIVE DATE OF APPROVED MATERIAL:  December 31, 2013  21. TYPED NAME:  Verlon Johnson	18. DATE APPROVED:  1/8/14 E COPY ATTACHED  20. SIGNATURE OF REGIONAL OFF  /s/  22. TITLE:	FICIAL:
December 30, 2013  PLAN APPROVED - ON  19. EFFECTIVE DATE OF APPROVED MATERIAL:  December 31, 2013  21. TYPED NAME:  Verlon Johnson	18. DATE APPROVED:  1/8/14 E COPY ATTACHED  20. SIGNATURE OF REGIONAL OFF  /s/  22. TITLE:	FICIAL:

Revision:

HCFA-PM-91-4

August 1991

(BPD)

Supplement 1 to Attachment 2.2-A

Page 1

OMB No. 0938-

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OHIO

## REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER THE AGE OF 21, 20, 19, AND 18

Ohio covers all individuals under the age of 21 who are otherwise eligible.

2101(f)-Like Children: Children under age 19 who were enrolled in Medicaid on 12/31/2013 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.

TN: <u>13-035</u> Supersedes: TN: <u>91-26</u>

----

Approval Date: 1/8/14

Effective Date: <u>12/31/2013</u>

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OHIO

# MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

Disregard all income for the 2101(f)-like reasonable classification of children described at Supplement 1 to Attachment 2.2-A page 1.

TN: <u>13-035</u> Supersedes: TN: <u>NEW</u> Approval Date: 1/8/14

Effective Date: 12/31/2013