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State/Territory Name: OH

State Plan Amendment (SPA) #: 14-003

This file contains the following documents in the order listed:

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-003 (REVISED)	2. STATE 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 January 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(10)(A)(ii) of the Social Security Act		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2014 \$ 1,142.36 thousands	
		b. FFY 2015 \$ 1,513.96 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 2.6-A, page 4a Supplement 12 to Attachment 2.6-A, Page 1		Attachment 2.6-A, page 4a (TN 98-05) Supplement 12 to Attachment 2.6-A, Page 1 (TN 06-020)	
10. SUBJECT OF AMENDMENT: Financial eligibility - personal needs allowance			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
[REDACTED]		Becky Jackson Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: JOHN B. MCCARTHY			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 3/31/2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 3/31/14		18. DATE APPROVED: 12/19/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/14		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Alan Freund		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

Instructions on Back

State: OHIO

Citation

Condition or Requirement

1924 of
the Act
435.725
435.733
435.832

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30
For Individuals and \$60 For Couples For All Institutionalized Persons:

- a. Aged, blind, disabled:
Individuals \$40
Couples \$80

For the following persons with greater need:

1. Employed persons, and
2. Residents of a Nursing Facility.

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

- b. AFDC related:
Children \$40
Adults \$40

For the following persons with greater need:

1. Employed persons, and
2. Residents of a Nursing Facility.

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

- c. Individual under age 21 covered in the plan as specified in Item B.7 of Attachment 2.2-A.

\$ N/A

TN: 14-003
Supersedes:
TN: 98-05

Approval Date: 12/19/14

Effective Date: 01/01/2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OHIO

Citation

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

1902(a)(50)

1. **Employed Persons:**
The personal needs allowance for individuals who have earned income is increased by the amount of earned income up to and including sixty-five dollars of gross earnings received as a result of employment.
2. **Nursing Facility Residents:**
The personal needs allowance for individuals receiving long term care services in a nursing facility is increased by five dollars (\$5.00) for an individual and ten dollars (\$10.00) for a married couple (if both spouses are receiving long term care in a long term care institution and their incomes are considered available to each other in determining eligibility). This variance is based on differences in NF services relating to personal maintenance, incidentals and activities programs compared to other institutions.

The State reviews the appropriateness of the basic personal needs allowance and variations from the basic personal needs allowance as information becomes available.

Disclosure Statement for Post-Eligibility Preprint

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 #0938-0673. The time required to complete this information collection is estimated at 3 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland, 21244-1850 and to the office of Information and regulatory Affairs, Office of Management and Budget, Washington, D.C., 20503

TN: 14-003
Supersedes:
TN: 06-020

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