

Table of Contents

State/Territory Name: OH

State Plan Amendment (SPA) #: 15-0001

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

May 8, 2015

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

RE: TN 15-001

Dear Mr. McCarthy:

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

Transmittal #15-001 - Financial Eligibility-personal needs allowance
 - Effective Date: January 1, 2015

If you have any questions, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at christine.davidson@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sarah Curtin, ODM
Becky Jackson, ODM
Greg Niehoff, ODM

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
15-001

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, 2015

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:
Section 1902(a)(50) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$ 1,135.47 thousands
b. FFY 2016 \$ 1,509.85 thousands

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 12 to Attachment 2.6-A, Page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 12 to Attachment 2.6-A, Page 1 (TN 14-003)

10. SUBJECT OF AMENDMENT: Financial eligibility: personal needs allowance

11. GOVERNOR'S REVIEW (*Check One*):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
The State Medicaid Director is the Governor's designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

13. TYPED NAME: **JOHN B. McCARTHY**

14. TITLE: **STATE MEDICAID DIRECTOR**

15. DATE SUBMITTED: **3/23/15**

16. RETURN TO:

Becky Jackson

**Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
3/23/15

18. DATE APPROVED:
5/8/15

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
Ruth A. Hughes

22. TITLE:
Associate Regional Administrator

23. REMARKS:

Instructions on Back

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 ten dollars (\$10.00) for an individual and twenty dollars (\$20.00) 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: 15-001
Supersedes:
TN: 14-003

Approval Date: 5/8/15

Effective Date: 01/01/2015