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State/Territory Name: Ohio

State Plan Amendment (SPA) #: Ohio 15-015

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

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



July 13, 2016

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

RE: TN 15-015

Dear Mr. McCarthy:

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

Transmittal #15-015 - Conversion from §209(b) to §1634 Eligibility Criteria
 - Effective Date: August 1, 2016

If you have any questions about this SPA, please contact Christine Davidson at (312) 886-3642 or by email at christine.davidson@cms.hhs.gov.

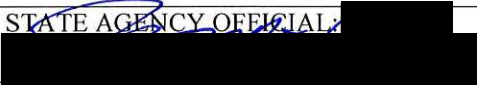
Sincerely,

/s/

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

Enclosure

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 15-015 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 August 1, 2016	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):		
<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 (<i>Separate Transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1611(e)(3), 1634, 1902(a)(10)(A)(ii), 1902(a)(50), 1902(m)(4), 1902(r)(2), 1905(a), (p) and (s), 1917(b) through (f) and 1924 of the Social Security Act 42 CFR 435.120, 210, 211, 232, 530(b), 531, 540(b), 541, and 601(b)	7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$3,253.46 thousands b. FFY 2017 \$19,520.75 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: See attached CMS-179 Addendum for Boxes 8 and 9	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): See attached CMS-179 Addendum for Boxes 8 and 9	
10. SUBJECT OF AMENDMENT: State of Ohio Transition from 209(b) to 1634		
11. GOVERNOR'S REVIEW (<i>Check One</i>):		
<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: Carolyn Humphrey 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: December 2, 2015		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: December 2, 2015	18. DATE APPROVED: July 13, 2016	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: August 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Ruth A. Hughes	22. TITLE: Associate Regional Administrator	
23. REMARKS:		

Instructions on Back

**CMS-179 Addendum for Boxes 8 and 9
OH SPA TN 15-015**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):
<p>2.4 Blindness, page 14 2.5 Disability, page 15 Attachment 2.2-A, pages 6, 6a, 6d, 6e, 8, 9, 9a Attachment 2.2-A, page 9b2 Attachment 2.2-A, page 9c Attachment 2.2-A, page 11 Attachment 2.2-A, pages 15, 16, 16a, 17, 18, 18a Attachment 2.6-A, pages 6a, 6b, 6c Attachment 2.6-A, page 8 Attachment 2.6-A, pages 9, 10, 11, Attachment 2.6-A, page 12k Attachment 2.6-A, pages 16a, 17, 18, 20a, 23 Attachment 2.6-A, page 26 Supplement 2 to Attachment 2.6-A, page 6</p>	<p>2.4 Blindness, page 14 (TN 87-18) 2.5 Disability, page 15 (TN 92-18) Attachment 2.2-A, pages 6, 6a, 6d, 6e, 8, 9, 9a (TN 91-25) Attachment 2.2-A, page 9b2 (TN 96-16) Attachment 2.2-A, page 9c (TN 91-26) Attachment 2.2-A, page 11 (TN 02-011) Attachment 2.2-A, pages 15, 16, 16a, 17, 18, 18a (TN 91-26) Attachment 2.6-A, pages 6a, 6b, 6c (TN 07-006) Attachment 2.6-A, page 8 (TN 07-021) Attachment 2.6-A, pages 9, 10, 11 (TN 91-27) Attachment 2.6-A, page 12k (TN 07-021) Attachment 2.6-A, pages 16a, 17, 18, 20a, 23 (TN 91-27) Attachment 2.6-A, page 26 (TN 01-003) Supplement 2 to Attachment 2.6-A, page 6 (TN 91-28)</p>
<p>Supplement 8a to Attachment 2.6-A, page 1</p>	<p>Supplement 5 to Attachment 2.6-A, page 1 (TN 06-019) (delete) Supplement 5a to Attachment 2.6-A, page 1 (TN 91-28) (delete) Supplement 7 to Attachment 2.6-A, page 1 (TN 08-024) (delete) Supplement 8 to Attachment 2.6-A, page 1 (TN 91-28) (delete)</p>
<p>Supplement 8c to Attachment 2.6-A, page 1 Supplement 13 to Attachment 2.6-A, page 1 Supplement 4 to Attachment 3.1-A, page 1 Supplement 4 to Attachment 3.1-A, pages 2, 3, 4</p>	<p>Supplement 8a to Attachment 2.6-A, page 1 (TN 07-015) Supplement 8a to Attachment 2.6-A, page 4 (TN 09-003) (delete) Supplement 8c to Attachment 2.6-A, page 1 (TN 07-005) Supplement 13 to Attachment 2.6-A, page 1 (TN 96-002) Supplement 4 to Attachment 3.1-A, page 1 (TN 04-013) Supplement 4 to Attachment 3.1-A, pages 2, 3, 4 (TN 02-011)</p>

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State: Ohio

Citation 2.4 Blindness

42 CFR 435.120,
435.530(b),
435.531

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The State uses the same definition of blindness as used under the SSI program.

TN: 15-015
Supersedes
TN: 87-18

Approval Date: 7/13/16

Effective Date: 08/01/2016
HCFA ID: 1006P/0010P

State: OhioCitation2.5 Disability42 CFR 435.120,
435.540(b),
435.541

All of the requirements of 42 CFR 435.540 and 435.541 are met. The State uses the same definition of disability used under the SSI program.

The State intends to make, as allowed by Section 1902(v), determinations of disability or blindness for the purposes of determining eligibility for medical assistance. The State also intends to make, as allowed by Section 1902(v), medical assistance available to individuals whom the State finds to be blind or disabled and who are determined otherwise eligible for such assistance during the period of time prior to which a final determination of disability or blindness is made by the Social Security Administration with respect to such an individual. In making such determinations, the State applies the definitions of disability and blindness found in section 1614(a) of the Social Security Act.

TN: 15-015
Supersedes
TN: 92-18

Approval Date: 7/13/16

Effective Date: 08/01/2016
HCFA ID: 7982E

State: Ohio

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>
42 CFR 435.120	13.	Aged, Blind and Disabled individuals Receiving Cash Assistance
	<input checked="" type="checkbox"/> a.	Individuals receiving SSI
		This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.
		<u> X </u> Aged
		<u> X </u> Blind
		<u> X </u> Disabled

*Agency that determines eligibility for coverage.

State: Ohio

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups</u> (Continued)
42 CFR 435.121		13. Aged, Blind and Disabled individuals Receiving Cash Assistance (continued)
1619(b)(1) of the Act		<input type="checkbox"/> b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(10) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.) _____ Aged _____ Blind _____ Disabled

The more restrictive categorical eligibility criteria are described below:

*Agency that determines eligibility for coverage.

TN: 15-015
Supersedes
TN: 91-25

Approval Date: 7/13/16
Effective Date: 08/01/2016
HCFA ID: 7983E

State: Ohio

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>
1619(b)(3) of the Act	<input type="checkbox"/>	The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

*Agency that determines eligibility for coverage.

TN: 15-015
Supersedes
TN: 91-25

Approval Date: 7/13/16
Effective Date: 08/01/2016

State: Ohio

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>
1634(c) of the Act	15.	Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who— <ul style="list-style-type: none">a. Are at least 18 years of age;b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility.<input type="checkbox"/> c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.<input type="checkbox"/> d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
42 CFR 435.122	16.	Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.
42 CFR 435.130	17.	Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.

TN: 15-015
Supersedes
TN: 91-25

Approval Date: 7/13/16
Effective Date: 08/01/2016
HCFA ID: 7983E

State: Ohio

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>
42 CFR 435.135	22.	Individuals who— <ol style="list-style-type: none">Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; andWould still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income. <ul style="list-style-type: none"><input type="checkbox"/> Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.<input type="checkbox"/> Not applicable because the State applies more restrictive eligibility requirements than those under SSI.<input type="checkbox"/> The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN: 15-015
Supersedes
TN: 91-25

Approval Date: 7/13/16
Effective Date: 08/01/2016
HCFA ID: 7983E

State: Ohio

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>
1634 of the Act	23.	Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act. <input type="checkbox"/> Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients. <input type="checkbox"/> The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equaling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN: 15-015
Supersedes
TN: 91-25

Approval Date: 7/13/16
Effective Date: 08/01/2016
HCFA ID: 7983E

State: Ohio

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>
1634(d) of the Act	24.	Disabled widows and widowers who would be eligible for SSI except for receipt of early social security disability benefits, who are not entitled to hospital insurance under Medicare Part A and who are deemed, for purposes of title XIX, to be SSI beneficiaries under section 1634(d) of the Act. <input type="checkbox"/> Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients. <input type="checkbox"/> Not applicable because the State applies more restrictive eligibility than those under SSI and the State chooses not to deduct any of the benefit that caused SSI/SSP ineligibility or subsequent cost-of-living increases. <input type="checkbox"/> The State applies more restrictive eligibility requirements than those under SSI and part or all of the amount of the benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN: 15-015
Supersedes
TN: 91-25

Approval Date: 7/13/16
Effective Date: 08/01/2016
HCFA ID: 7983E

State: Ohio

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>
1634(e) of the Act	28.	a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.
	_____	b. The State applies more restrictive eligibility standards than those under SSI. Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

*Agency that determines eligibility for coverage.

TN: 15-015
Supersedes
TN: 96-16

Approval Date: 7/13/16
Effective Date: 08/01/2016

State: Ohio

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy (Continued)</u>
42 CFR 435.210, 1902(a)(10)(A)(ii) and 1905(a) of the Act	<input checked="" type="checkbox"/>	1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance. <input type="checkbox"/> The plan covers all individuals as described above. <input checked="" type="checkbox"/> The plan covers only the following group or groups of individuals: <u> X </u> Aged <u> X </u> Blind <u> X </u> Disabled
42 CFR 435.211	<input checked="" type="checkbox"/>	2. Individuals who would be eligible for AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

*Agency that determines eligibility for coverage.

TN: 15-015
Supersedes
TN: 91-26

Approval Date: 7/13/16
Effective Date: 08/01/2016
HCFA ID: 7983E

State: Ohio

Agency*	Citation(s)	Groups Covered
	B.	<u>Optional Groups Other Than the Medically Needy</u> (continued)
	<input type="checkbox"/>	The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).
42 CFR 435.217	<input checked="" type="checkbox"/>	4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF-IID, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.
	<input checked="" type="checkbox"/>	PACE participants.

*Agency that determines eligibility for coverage.

TN: 15-015
Supersedes
TN: 02-011

Approval Date: 7/13/16

Effective Date: 08/01/2016

State: Ohio

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.232	<input checked="" type="checkbox"/> 10.	<u>States using SSI criteria with agreements under sections 1616 and 1634 of the Act.</u>
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1902(a)(10)(A)
(ii)(IV) of the Act

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is—

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individuals' countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

_____ (1) All aged individuals.

_____ (2) All blind individuals.

_____ (3) All disabled individuals.

TN: 15-015
Supersedes
TN: 91-26

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Effective Date: 08/01/2016
HCFA ID: 7983E

State: Ohio

Agency*	Citation(s)	Groups Covered
B. <u>Optional Groups Other Than the Medically Needy (Continued)</u>		
42 CFR 435.232	<u> X </u>	(4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
1902(a)(10)(A) (ii)(IV) of the Act	<u> X </u>	(5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	<u> X </u>	(6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	_____	(7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	_____	(8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	_____	(9) Individuals in additional classifications approved by the Secretary as follows:

TN: 15-015
Supersedes
TN: 91-26

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Effective Date: 08/01/2016
HCFA ID: 7983E

State: Ohio

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.232 The supplement varies in income standard by political subdivisions according to cost-of-living differences.

1902(a)(10)(A)
(ii)(IV) of the
Act Yes.
 No.

The standards for optional State supplementary payments are listed in Supplement 6 of Attachment 2.6-A.

State: Ohio

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.230
435.121
1902(a)(10)
(A)(ii)(XI) of the
Act

11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is—

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

- _____ (1) All aged individuals.
- _____ (2) All blind individuals.
- _____ (3) All disabled individuals.

State: Ohio

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

- _____ (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- _____ (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- _____ (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- _____ (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- _____ (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- _____ (9) Individuals in additional classifications approved by the Secretary as follows:

TN: 15-015
Supersedes
TN: 91-26

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State: Ohio

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

_____ Yes.

_____ No.

The standards for optional State supplementary payments are listed in Supplement 6 of Attachment 2.6-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Citation	Condition or Requirement
<u> X </u>	Supplement 1 to Attachment 2.6-A specifies the income levels for mandatory categorically needy, optional categorically needy, and medically needy eligibility groups.
<u> X </u>	Supplement 2 to Attachment 2.6-A specifies the resource levels for the mandatory categorically needy, optional categorically needy, and medically needy eligibility groups.
<u> X </u>	Supplement 3 to Attachment 2.6-A specifies the reasonable limits on amounts for necessary medical or remedial care not covered under Medicaid.
_____	Supplement 4 to Attachment 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI , permitted under section 1902(f) of the Act.
_____	Supplement 5 to Attachment 2.6-A specifies the more restrictive methods of treating resources than those of the SSI Program (used by States that have more restrictive methods than those of the SSI program under section 1902(f) of the Act).
_____	Supplement 5a to Attachment 2.6-A specifies the methods for determining resource eligibility for individuals with incomes related to the federal poverty level (used by States that have more restrictive methods than those of the SSI program under section 1902(f) of the Act).
<u> X </u>	Supplement 6 to Attachment 2.6-A specifies the standards for residential state supplementary payments (optional).
_____	Supplement 7 to Attachment 2.6-A specifies the income levels for 1902(f) states for categorically needy who are covered under requirements more restrictive than SSI (aged, blind and disabled persons).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Citation	Condition or Requirement
_____	Supplement 8 to Attachment 2.6-A specifies the resource standards used by States that have more restrictive methods than those of the SSI program permitted under section 1902(f) of the Act.
<u> X </u>	Supplement 8a to Attachment 2.6-A specifies the less restrictive methods of treating income under Section 1902(r)(2) of the Act (used by States that are less restrictive than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act).
<u> X </u>	Supplement 8b to Attachment 2.6-A specifies the less restrictive methods of treating resources under Section 1902(r)(2) of the Act.
<u> X </u>	Supplement 8c to Attachment 2.6-A specifies the more liberal methods of treating resources under Sections 1902(r)(2) and 1917 of the Act for a person qualifying for the State's long term care insurance partnership plan.
<u> X </u>	Supplement 9 to Attachment 2.6-A specifies the criteria used for transfer of resources under Sections 1902(r) and 1917 of the Act, which affects the eligibility of institutionalized individuals prior to January 1, 2001 .
<u> X </u>	Supplement 9a to Attachment 2.6-A specifies the criteria used for transfer of assets under Section 1917(c) of the Act, which affects the eligibility of institutionalized individuals prior to February 8, 2006 .
<u> X </u>	Supplement 9b to Attachment 2.6-A specifies the criteria used for transfer of assets under Section 1917(c) of the Act, which affects the eligibility of institutionalized individuals on or after February 8, 2006 .
<u> X </u>	Supplement 10 to Attachment 2.6-A specifies the criteria used to exclude the assets transferred into a Medicaid qualifying trust because of undue hardship for categorically needy individuals, as permitted under section 1902(d)(4) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Citation	Condition or Requirement
<u> X </u>	Supplement 12 to Attachment 2.6-A specifies the variation from the basic personal needs allowance under 1902(a)(50) of the Act.
_____	Supplement 12 to Attachment 2.6-A specifies the AFDC covered groups and financial and resource eligibility criteria for low-income families under section 1931 of the Act.
<u> X </u>	Supplement 13 to Attachment 2.6-A specifies the treatment of available income and resources for certain institutionalized spouses with a community spouse under section 1924 of the Act.
_____	Supplement 14 to Attachment 2.6-A specifies the income and resource requirements used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under section 1902(z)(1) of the Act.
<u> X </u>	Supplement 15 to Attachment 2.6-A specifies more liberal methods of treating income for children under age 19 under section 1902(r)(2) of the Act.
<u> X </u>	Supplement 17 to Attachment 2.6-A specifies the methods for disqualification for long-term care assistance for individuals with substantial home equity under section 1917(f) of the Act.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Citation	Condition or Requirement
1902(r)(2) of the Act 42 CFR 435.601(b), 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	<p>1. Methods of Determining Income (continued)</p> <p>b. <u>Aged individuals.</u> In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The methods of the SSI program only. <input type="checkbox"/> The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to Attachment 2.6-A.</u> <input type="checkbox"/> For individuals other than optional state supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to Attachment 2.6-A;</u> and any more liberal methods described in <u>Supplement 8a to Attachment 2.6-A.</u> <input checked="" type="checkbox"/> For institutional couples, the methods specified under section 1611(e)(3) of the Act. <input type="checkbox"/> For optional state supplement recipients under §435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to Attachment 2.6-A.</u> <input type="checkbox"/> For optional state supplement recipients in section 1902(f) states and SSI criteria states without section 1616 or 1634 agreements— <ul style="list-style-type: none"> <input type="checkbox"/> SSI methods only. <input type="checkbox"/> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to Attachment 2.6-A.</u> <input type="checkbox"/> Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to Attachment 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to Attachment 2.6-A.</u> <p>In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses (except as noted in <u>Supplement 8a to Attachment 2.6-A, page 3</u>).</p>

State: Ohio

Citation	Condition or Requirement
y42 CFR 435.601(b) and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	c. <u>Blind individuals.</u> In determining countable income for blind individuals, the following methods are used:
	<input type="checkbox"/> The methods of the SSI program only.
	<input checked="" type="checkbox"/> SSI methods and/or any more liberal methods described in <u>Supplement 8a to Attachment 2.6-A.</u>
	<input type="checkbox"/> For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>supplement 4 to Attachment 2.6-A,</u> and any more liberal methods described in <u>Supplement 8a to Attachment 2.6-A.</u>
	<input checked="" type="checkbox"/> For institutional couples, the methods specified under section 1611(e)(3) of the Act.
	<input type="checkbox"/> For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to Attachment 2.6-A.</u>
	<input type="checkbox"/> For optional state supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements—
	<input type="checkbox"/> SSI methods only.
<input type="checkbox"/> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to Attachment 2.6-A.</u>	
<input type="checkbox"/> Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to Attachment 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to Attachment 2.6-A.</u>	

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HCFA ID: 7985E

State: Ohio

Citation	Condition or Requirement
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	In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
42 CFR 435.601(b) and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	d. <u>Disabled individuals</u> . In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act, the following methods are used: <input type="checkbox"/> The methods of the SSI program. <input checked="" type="checkbox"/> SSI methods and/or any more liberal methods described in <u>Supplement 8a to Attachment 2.6-A</u> . <input checked="" type="checkbox"/> For institutional couples, the methods specified under section 1611(e)(3) of the Act. <input type="checkbox"/> For optional State supplement recipients under §435.230: income methods more liberal than SSI, as specified in <u>Supplement 4 to Attachment 2.6-A</u> . <input type="checkbox"/> For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to Attachment 2.6-A</u> ; and any more liberal methods described in <u>Supplement 8a to Attachment 2.6-A</u> .

State: Ohio

Citation	Condition or Requirement
_____	For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements—
_____	SSI methods only.
_____	SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to Attachment 2.6-A</u> .
_____	Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in <u>Supplement 4 to Attachment 2.6-A</u> and more liberal methods are specified in <u>Supplement 8a to Attachment 2.6-A</u> .

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Citation	Condition or Requirement
1902(a)(10)(A)(ii)(XVI) of the Act (cont.)	<input type="checkbox"/> The agency does not disregard funds in retirement accounts.
	<input checked="" type="checkbox"/> The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in <u>Supplement 8b to Attachment 2.6-A</u> .
	<input type="checkbox"/> The agency uses the resource methodologies of the SSI program.
	<input type="checkbox"/> The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in <u>Supplement 5 to Attachment 2.6-A</u> .

State: Ohio

Citation Condition or Requirement

5. Methods for Determining Resources

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B)
and (C), and
1902(r) of the Act

b. Aged individuals. For aged individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency uses the following methods for treatment of resources:

The methods of the SSI program.

SSI methods and/or any more liberal methods described in Supplement 8c to Attachment 2.6-A.

Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to Attachment 2.6-A describes the more restrictive methods and supplement 8b to Attachment 2.6-A specifies the more liberal methods.

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Effective Date: 08/01/2016
HCFA ID: 7985E

State: Ohio

Citation	Condition or Requirement
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In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B), and
1902(r) of the Act

c. Blind individuals. For blind individuals, the agency uses the following methods for treatment of resources:

 The methods of the SSI program.

 X SSI methods and/or any more liberal methods described in Supplements 8b and 8c to Attachment 2.6-A.

 Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to Attachment 2.6-A describes the more restrictive methods and Supplement 8b to Attachment 2.6-A specifies the more liberal methods.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

State: Ohio

Citation	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r)(2) of the Act	d. <u>Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act.</u> The agency uses the following methods for the treatment of resources: _____ The methods of the SSI program. <u>X</u> SSI methods and/or any more liberal methods described in <u>Supplements 8b and 8c to Attachment 2.6-A.</u> _____ Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in <u>Supplement 5 to Attachment 2.6-A</u> and more liberal methods are specified in <u>Supplement 8b to Attachment 2.6-A.</u>

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

State/Territory: Ohio

Citation Condition or Requirement

5. Resources Standard – Categorically Needy

- a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:

___ Same as SSI resource standards.

___ More restrictive.

The resource standards for other individuals are the same as those in the related cash assistance program.

- b. Non-1902(f) States (except as specified under items 6.c. and d. below).

The resource standards are the same as those in the related cash assistance program.

Supplement 8 to Attachment 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

State: Ohio

Citation Condition or Requirement

10. Excess Resources

- a. Categorically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals

Any excess resources make the individual ineligible.

- b. Categorically Needy only

This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.

- c. Medically Needy

Any excess resources make the individual ineligible.

State: Ohio

Citation	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	<p>12. Pre-OBRA 93 Transfer of Resources – Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals</p> <p>The agency complies with the provision of section 1917 of the Act with respect to the transfer of resources.</p> <p>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A</u>.</p>
1917(c)	<p>13. Transfer of Assets – All eligibility groups</p> <p>The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.</p> <p>Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9a to Attachment 2.6-A</u>, except in instances where the agency determines that the transfer rules would work an undue hardship.</p>
1917(d)	<p>14. Treatment of Trusts – All eligibility groups</p> <p>The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.</p> <p><input type="checkbox"/> The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts</p> <p><input checked="" type="checkbox"/> The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of <u>Miller</u> trusts.</p> <p>The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in <u>Supplement 10 to Attachment 2.6-A</u>.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Ohio

4. Aged and Disabled Individuals

- Same as SSI resource levels.
- More restrictive than SSI levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____

- Same as medically needy resource levels (applicable only if State has a medically needy program)

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

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TN: 07-015

Approval Date: 7/13/16
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: OHIO

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

1902(r)(2)
1917(b)(1)(C)

The following more liberal methodology applies to individuals who are eligible for medical assistance under one of the following eligibility groups:

1. The optional categorically needy group described in 1902(a)(10)(A)(ii)(I);
2. The optional categorically needy groups described in 1902(a)(10)(A)(ii)(XV) and (XVI);
3. The optional categorically needy group described in 42 CFR 435.236; and
4. The optional categorically needy group described in 42 CFR 435.217.

An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a "qualified state long-term care insurance partnership" policy (partnership policy) as set forth below is given a **resource disregard** as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

For purposes of eligibility determination, during the person's lifetime, disregard the value of resources, or any additional resources received after initial eligibility, in an amount not to exceed the dollar amount of long-term care benefits utilized under a partnership policy.

1917(d)(4)(A) and (C)
1917(e)

Exclude from resources that may be disregarded the resources in a trust under 1917(d)(4)(A) and (C) or annuities and similar legal instruments under 1917(e).

- X The State Medicaid Agency (Agency) stipulates that the following requirements will be satisfied in order for a long-term policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the Superintendent of Insurance or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the State's Insurance Department.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Ohio

SECTION 1924 PROVISIONS

- A. Income and resource eligibility policies to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924.
- B. In the determination of resource eligibility, the State resource standard is calculated in accordance with Section 1924(g).
- C. Undue hardship, for purposes of determining if institutionalized spouses receive Medicaid in spite of having disposed of assets for less than fair market value as described in Section 1917(c), is defined as follows:

The State determines that undue hardship exists when application of the provisions of Section 1917(c) would deprive the individual of:

- Medical care such that the individual's health or life would be endangered;
- or
- Food, clothing, shelter, or other necessities of life.

Name and address of State Administering Agency, if different from the State Medicaid Agency.
The Ohio Department of Aging, 50 W. Broad Street, 8th Floor, Columbus, Ohio 43215

I. Eligibility

The State determines eligibility for PACE enrollees under rules applying to community groups.

A. X The State determines eligibility for PACE enrollees under rules applying to institutional groups as provided for in section 1902(a)(10)(A)(ii)(VI) of the Act (42 CFR 435.217 in regulations). The State has elected to cover under its State plan the eligibility groups specified under these provisions in the statute and regulations. The applicable groups are: 42 CFR 435.217 and 435.236 Aged, Blind, Disabled.

(If this option is selected, please identify, by statutory and/or regulatory reference, the institutional eligibility group or groups under which the State determines eligibility for PACE enrollees. Please note that these groups must be covered under the State's Medicaid plan.)

B. _____ The State determines eligibility for PACE enrollees under rules applying to institutional groups, but chooses not to apply post-eligibility treatment of income rules to those individuals. (If this option is selected, skip to II - Compliance and State Monitoring of the PACE Program.

C. X The State determines eligibility for PACE enrollees under rules applying to institutional groups, and applies post-eligibility treatment of income rules to those individuals as specified below. Note that the post-eligibility treatment of income rules specified below are the same as those that apply to the State's approved HCBS waiver(s).

Spousal impoverishment eligibility rules will be used.

Regular Post Eligibility

1. X SSI State. The State is using the post-eligibility rules at 42 CFR 435.726. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

(a). Sec. 435.726--States which do not use more restrictive eligibility requirements than SSI.

1. Allowances for the needs of the:

(A.) Individual (check one)

1. ___ The following standard included under the State plan (check one):

(a) ___ SSI

(b) ___ Medically Needy

(c) ___ The special income level for the institutionalized

(d) ___ Percent of the Federal Poverty Level: ___%

(e) ___ Other (specify): _____

2. ___ The following dollar amount: \$_____

Note: If this amount changes, this item will be revised.

3. X The following formula is used to determine the needs allowance:

Living in the community=65% of 300% of SSI payment standard

Note: If the amount protected for PACE enrollees in item 1 is equal to, or greater than the maximum amount of income a PACE enrollee may have and be eligible under PACE, enter N/A in items 2 and 3.

(B.) Spouse only (check one):

1. ___ SSI Standard

2. ___ Optional State Supplement Standard

3. ___ Medically Needy Income Standard

4. ___ The following dollar amount: \$_____

Note: If this amount changes, this item will be revised.

5. ___ The following percentage of the following standard

that is not greater than the standards above: ___% of _____ standard.

6. ___ The amount is determined using the following formula:

7. X Not applicable (N/A)

(C.) Family (check one):

1. ___ AFDC need standard

2. ___ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3. ___ The following dollar amount: \$_____
- Note: If this amount changes, this item will be revised.
4. ___ The following percentage of the following standard that is not greater than the standards above: ___% of ___ standard.
5. X The amount is determined using the following formula: For dependent family members when there is no community spouse, the AFDC payment standard for the number of dependent family members is reduced by the combined monthly income of the dependent family members.
6. ___ Other
7. ___ Not applicable (N/A)

(2). Medical and remedial care expenses in 42 CFR 435.726.

Regular Post Eligibility

2. ___ 209(b) State, a State that is using more restrictive eligibility requirements than SSI. The State is using the post-eligibility rules at 42 CFR 435.735. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

(a) 42 CFR 435.735--States using more restrictive requirements than SSI.

1. Allowances for the needs of the:
- (A.) Individual (check one)
1. ___ The following standard included under the State plan (check one):
- (a) ___ SSI
- (b) ___ Medically Needy
- (c) ___ The special income level for the institutionalized
- (d) ___ Percent of the Federal Poverty Level: ___%
- (e) ___ Other (specify):
2. ___ The following dollar amount:
- Note: If this amount changes, this item will be revised.
3. ___ The following formula is used to determine the needs allowance:
-

Note: If the amount protected for PACE enrollees in item 1 is **equal to, or greater than** the maximum amount of income a PACE enrollee may have and be eligible under PACE, **enter N/A in items 2 and 3.**

(B.) Spouse only (check one):

- 1. The following standard under 42 CFR 435.121:

- 2. The Medically needy income standard

- 3. The following dollar amount: \$ _____
Note: If this amount changes, this item will be revised.
- 4. The following percentage of the following standard that is not greater than the standards above: _____ % of _____ standard.
- 5. The amount is determined using the following formula:

- 6. Not applicable (N/A)

(C.) Family (check one):

- 1. AFDC need standard
- 2. Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State’s approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

- 3. The following dollar amount: \$ _____
Note: If this amount changes, this item will be revised.
- 4. The following percentage of the following standard that is not greater than the standards above: _____ % of _____ standard.
- 5. The amount is determined using the following formula:

- 6. Other
- 7. Not applicable (N/A)

(b) Medical and remedial care expenses specified in 42 CFR 435.735.

Spousal Post Eligibility

3. State uses the post-eligibility rules of Section 1924 of the Act (spousal impoverishment protection) to determine the individual’s contribution toward the cost of PACE services if it determines the individual’s eligibility under section 1924 of the Act. There shall be deducted from the individual’s monthly income a personal needs allowance (as specified below), and a