

## **Table of Contents**

**State/Territory Name: OH**

**State Plan Amendment (SPA) #: 15-020**

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



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March 9, 2016

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

RE: TN 15-020

Dear Mr. McCarthy:

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

Transmittal #15-020            - Eligibility: Monthly Personal Needs Allowance for  
   Residents of Intermediate Care Facilities for Individuals  
   with Intellectual Disabilities  
   - Effective Date: January 1, 2016

If you have any questions on this SPA, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at [christine.davidson@cms.hhs.gov](mailto: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  
Carolyn Humphrey, ODM  
Becky Jackson, ODM  
Greg Niehoff, ODM

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

1. TRANSMITTAL NUMBER:  
**15-020**

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, 2016**

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:  
Sections 1902 and 1924 of the Social Security Act  
42 CFR 435.725, 435.733, and 435.832

7. FEDERAL BUDGET IMPACT:  
a. FFY 2016                      \$351.39 thousands  
b. FFY 2017                      \$468.52 thousands

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Attachment 2.6-A, Page 4a  
Attachment 2.6-A, Supplement 12, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):  
Attachment 2.6-A, Page 4a (TN 14-003)  
Attachment 2.6-A, Supplement 12, page 1 (TN 15-001)

10. SUBJECT OF AMENDMENT: Eligibility: Monthly Personal Needs Allowance for ICF/IID Residents

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: **December 23, 2015**

16. RETURN TO:

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **December 23, 2015**

18. DATE APPROVED: **March 9, 2016**

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**January 1, 2016**

20. SIGNATURE OF REGIONAL OFFICIAL:  
**/s/**

21. TYPED NAME: **Ruth A. Hughes**

22. TITLE: **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      \$50  
Couples          \$100

For the following persons with greater need:

1. Employed persons

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      \$50  
Adults        \$50

For the following persons with greater need:

1. Employed persons

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

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.

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: 15-020

Supersedes:

TN: 15-001

Approval Date: 3/9/16

Effective Date: 01/01/2016