

## **Table of Contents**

**State/Territory Name: OH**

**State Plan Amendment (SPA) #: 16-0002**

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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April 11, 2016

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

RE: TN 16-0002

Dear Mr. McCarthy:

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

Transmittal #16-0002           - Eligibility: Rescission of Optional Limited Family Planning Group  
  - Effective Date: January 1, 2016

If you have any questions regarding 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

# Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Ohio**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

16-0002

Proposed Effective Date

01/01/2016 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(a)(10)(A)(ii)(XXI), 42 CFR 435.214

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$0.00
Second Year	2017	\$0.00

Subject of Amendment

Eligibility: Rescission of Limited Family Planning optional group  
This SPA supersedes S59 approved in 13-0025.

Governor's Office Review

Governor's office reported no comment  
 Comments of Governor's office received  
Describe:

No reply received within 45 days of submittal

Other, as specified  
Describe:

The State Medicaid Director is the Governor's designee.

Signature of State Agency Official

Submitted By: **John Mccarthy**  
Last Revision Date: **Jan 15, 2016**  
Submit Date: **Jan 15, 2016**

DATE RECEIVED: 1/15/16

EFFECTIVE DATE: 1/1/16

TYPED NAME: Ruth A. Hughes

DATE APPROVED: 4/11/16

SIGNATURE OF REGIONAL OFFICIAL: /s/

TITLE: Associate Regional Administrator



# Medicaid Eligibility

State Name:

OMB Control Number: 0938 1148

Transmittal Number: OH - 16 - 0002

Expiration date: 10/31/2014

**Eligibility Groups - Options for Coverage**  
**Individuals Eligible for Family Planning Services**

**S59**

1902(a)(10)(A)(ii)(XXI)  
42 CFR 435.214

**Individuals Eligible for Family Planning Services** - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

Yes  No

### PRA Disclosure Statement

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 1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4 26 05, Baltimore, Maryland 21244 1850.

V.20140415