

## **Table of Contents**

**State/Territory Name: OH**

**State Plan Amendment (SPA) #: 16-0003**

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 12, 2016

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

RE: TN 16-003

Dear Mr. McCarthy:

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

Transmittal #16-003           - Eligibility: Residential State Supplement Changes  
  - 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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>16-003</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		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 <b>01/01/2016</b>	
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"/> <b>AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 USC 1382e; 42 CFR 435.234		7. FEDERAL BUDGET IMPACT: a. FFY 2016      \$ 3,557.62 thousands b. FFY 2017      \$ 5,401.77 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 6 to Attachment 2.6-A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplements 6, 6a and 6b to Attachment 2.6-A (TN 96-015)	
10. SUBJECT OF AMENDMENT: Eligibility: Residential State Supplement Changes			
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"/> <b>OTHER, AS SPECIFIED:</b> 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: <b>JOHN B. McCARTHY</b>			
14. TITLE: <b>STATE MEDICAID DIRECTOR</b>			
15. DATE SUBMITTED: <i>January 26, 2016</i>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:  <b>January 26, 2016</b>		18. DATE APPROVED:  <b>April 12, 2016</b>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  <b>January 1, 2016</b>		20. SIGNATURE OF REGIONAL OFFICIAL:  /s/	
21. TYPED NAME:  <b>Ruth A. Hughes</b>		22. TITLE:  <b>Associate Regional Administrator</b>	
23. REMARKS:			

**Instructions on Back**

**Standards for Residential State Supplementary payments**

Payment Category Reasonable Classification	Admin By State/ Fed	Fee for Living Arrangement		Personal Needs Allowance (PNA)		Income Standard (Includes PNA)		Income disregards (for all Payment Categories)
		Individual	Couple	Individual	Couple	Individual	Couple	
Aged, blind, or disabled individuals who reside in a Residential Facility Class Two licensed by Ohio Mental Health and Addiction Services	State	\$1,100	\$2,200	\$200	\$400	\$1,300	\$2,600	Maintaining Total Expenditures Pass-Along Methodology  Personal Needs Allowance: \$200 individual and \$400 couple  \$20 general income disregard per individual. Disregard is applied only once for an eligible couple.
Aged, blind, or disabled individuals who reside in a Residential Care Facility approved by Ohio Mental Health and Addiction Services	State	\$1,100	\$2,200	\$200	\$400	\$1,300	\$2,600	Earned Income: \$65 and ½ remainder earned income disregard per individual. Disregard is applied only once for an eligible couple.  Income excluded by federal law (e.g. German Reparation, etc.).

Residential State Supplement Income is equal to the difference between the individual’s countable income and the income standard for the individual’s living arrangement.

TN: 16-003  
Supersedes:  
TN: 96-15

Approval Date: 4/12/16

Effective Date: 01/01/2016