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State/Territory Name: OH

State Plan Amendment (SPA) #: 16-0030

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



January 6, 2017

Barbara Sears, Director Ohio Department of Medicaid P.O. Box 182709 50 West Town Street, Suite 400 Columbus, Ohio 43218

RE: TN 16-0030

Dear Ms. Sears:

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

Transmittal #16-0030 - Eligibility: Adding Qualified Entities for Presumptive

Eligibility Determinations

- Effective Date: January 1, 2017

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.

Sincerely,

/s/

Mara Siler-Price Acting 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: Transmittal Number		Ohio	
Please enter the T submission year, a OH-16-0030	ransmittal Number (TN) ii and 0000 = a four digit nu	n the format ST-YY-0000 where ST= the mber with leading zeros. The dashes mu	the state abbreviation, $YY =$ the last two digits of the must also be entered.
Proposed Effective	Date		
01/01/2017	(mm/dd/yyyy)		
Federal Statute/Reg	gulation Citation		
Section 1902(a), 1920, 1920A, 1931 (of the Social Security Act and 42 (2 CFR 435.110, 435.116, 435.118, 435.119, 435.1
Federal Budget Imp	pact		
	Federal Fiscal	Year	Amount
First Year	2017	\$ 5092500.00	
Second Year	2018	\$ 6790000.00	
Subject of Amendm	ent		
		tments as QE's for PE determinations 32, and S33 as approved in 14-00.	
Governor's Office F	Review		
Govern	or's office reported no	comment	
Comme Describe	ents of Governor's office:	ce received	
No repl	y received within 45 d	ays of submittal	
-	s specified		
Describe			
		the Governor's designee.	

Signature of State Agency Official

Submitted By:

John Mccarthy

Last Revision Date:

Nov 4, 2016

Submit Date:

Nov 4, 2016



State Name: Ohio		OMB Co	ontrol Number: 0938-1148
Transmittal Number: OH - 16 - 0030		E	Expiration date: 10/31/2014
Eligibility Groups - Mandatory Parents and Other Caretaker l	O_		S25
42 CFR 435.110 1902(a)(10)(A)(i)(I) 1931(b) and (d)	NOME OF THE PARTY		
Parents and Other Caretaker Rebelow a standard established by the	latives - Parents and other care state.	etaker relatives of dependent children with	household income at or
✓ The state attests that it operates	this eligibility group in accor	dance with the following provisions:	
■ Individuals qualifying und	der this eligibility group must	meet the following criteria:	
Are parents or other of (defined at 42 CFR 4	caretaker relatives (defined at 35.4) under age 18. Spouses of	42 CFR 435.4), including pregnant women of parents and other caretaker relatives are	, of dependent children also included.
The state elects the fo	ollowing options:		
	dren are full-time students in a	are parents or other caretakers of children a secondary school or the equivalent level of	
Options relating t	o the definition of caretaker re	elative (select any that apply):	
Options relating t	to the definition of dependent	child (select the one that applies):	
	n of the death, physical or me	nt that a dependent child must be deprived on tal incapacity, or absence from the home of	
	st be deprived of parental supp nt of the parent (select the one	port or care, but a less restrictive standard i that applies):	s used to measure
■ Have household inco	me at or below the standard es	stablished by the state.	
	nodologies are used in calcula gies, completed by the state.	ting household income. Please refer as nece	essary to S10 MAGI-
■ Income standard used for	this group		
■ Minimum income sta	ndard		
		is the state's AFDC payment standard in efold size. The standard is described in S14 A	
The state certifies standard.	s that it has submitted and reco	pived approval for its converted May 1, 198	38 AFDC payment
	An attac	chment is submitted.	-
■ Maximum income sta	andard		

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	The state certifies that it has submitted and received other caretaker relatives to MAGI-equivalent sta	ived approval for its converted income standard(s) for parents and andards and the determination of the maximum income standard to
	be used for parents and other caretaker relatives	
	An attack	chment is submitted.
	The state's maximum income standard for this eligibi	oility group is:
	The state's effective income level for section 193 converted to a MAGI-equivalent percent of FPL	31 families under the Medicaid state plan as of March 23, 2010, or amounts by household size.
	The state's effective income level for section 193 2013, converted to a MAGI-equivalent percent o	31 families under the Medicaid state plan as of December 31, of FPL or amounts by household size.
		ation of parents/caretaker relatives under a Medicaid 1115 to a MAGI-equivalent percent of FPL or amounts by household
		ation of parents/caretaker relatives under a Medicaid 1115 rted to a MAGI-equivalent percent of FPL or amounts by
	Enter the amount of the maximum income standard:	:
	• A percentage of the federal poverty level: 90	%
	The state's AFDC payment standard in effect as standard is described in S14 AFDC Income Stan	s of July 16, 1996, converted to a MAGI-equivalent standard. The indards.
		s of July 16, 1996, increased by no more than the percentage consumers (CPI-U) since such date, converted to a MAGI-n S14 AFDC Income Standards.
	The state's TANF payment standard, converted to AFDC Income Standards.	to a MAGI-equivalent standard. The standard is described in S14
	Other dollar amount	
	■ Income standard chosen:	
	Indicate the state's income standard used for this elig	gibility group:
, ,	The minimum income standard	
	• The maximum income standard	
		s of July 16, 1996, increased by no more than the percentage consumers (CPI-U) since such date. The standard is described in
	Another income standard in-between the minimum	num and maximum standards allowed
	There is no resource test for this eligibility group.	
	Presumptive Eligibility	
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Ohio



The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assur it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFI 435.118) eligibility groups when determined presumptively eligible.	es R
• Yes C No	
■ The presumptive period begins on the date the determination is made.	
■ The end date of the presumptive period is the earlier of:	
The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or	
The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.	
Periods of presumptive eligibility are limited as follows:	
○ No more than one period within a calendar year.	
No more than one period within two calendar years.	
No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.	
○ Other reasonable limitation:	
The state requires that a written application be signed by the applicant or representative.	
■ The presumptive eligibility determination is based on the following factors:	
■ The individual must be a caretaker relative, as described at 42 CFR 435.110.	
■ Household income must not exceed the applicable income standard described at 42 CFR 435.110.	
Citizenship, status as a national, or satisfactory immigration status	
The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.	•
List of Qualified Entities S17	
A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:	
Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan	
Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act	

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Is au Food of 19	Program for Women, Infants ar	igibility to receive assistance under the Special Supplement of Children (WIC) under section 17 of the Child Nutrition	ental n Act
	horized to determine a child's el ance under the Children's Healt	igibility under the Medicaid state plan or for child health n Insurance Program (CHIP)	
	elementary or secondary school ation Act of 1965 (20 U.S.C. 88	, as defined in section 14101 of the Elementary and Seco $01)$	ndary
☐ Is an	elementary or secondary school	operated or supported by the Bureau of Indian Affairs	
☐ Is a s	tate or Tribal child support enfo	rcement agency under title IV-D of the Act	
	organization that provides emer inney Homeless Assistance Act	gency food and shelter under a grant under the Stewart B	.
	tate or Tribal office or entity inv V-A of the Act	volved in enrollment in the program under Medicaid, CH	IP, or
Is an of pu other Ame	organization that determines eli blic or assisted housing that rec- section of the United States Ho rican Housing Assistance and So	gibility for any assistance or benefits provided under any eives Federal funds, including the program under section using Act of 1937 (42 U.S.C. 1437) or under the Native elf Determination Act of 1996 (25 U.S.C. 4101 et seq.) dian Health Service, a Tribe, or Tribal organization, or an	8 or ar
Is an of pu other Ame	organization that determines eli blic or assisted housing that rec- section of the United States Ho rican Housing Assistance and So	eives Federal funds, including the program under section using Act of 1937 (42 U.S.C. 1437) or under the Native	8 or ar
Is an of pu other Ame	organization that determines eli blic or assisted housing that rec- section of the United States Ho rican Housing Assistance and So tealth facility operated by the In In Indian Organization	eives Federal funds, including the program under section using Act of 1937 (42 U.S.C. 1437) or under the Native elf Determination Act of 1996 (25 U.S.C. 4101 et seq.)	8 or ar
Is an of pu other Ame	organization that determines eli blic or assisted housing that rec- section of the United States Ho rican Housing Assistance and So tealth facility operated by the In In Indian Organization	eives Federal funds, including the program under section using Act of 1937 (42 U.S.C. 1437) or under the Native elf Determination Act of 1996 (25 U.S.C. 4101 et seq.) dian Health Service, a Tribe, or Tribal organization, or an	8 or ar
Is an of pu other Ame	organization that determines eliblic or assisted housing that recessection of the United States Horican Housing Assistance and Schealth facility operated by the Information Organization	eives Federal funds, including the program under section using Act of 1937 (42 U.S.C. 1437) or under the Native elf Determination Act of 1996 (25 U.S.C. 4101 et seq.) dian Health Service, a Tribe, or Tribal organization, or are capable of making presumptive eligibility determination	8 or ar
Is an of pu other Ame Is a late of the Urba Other	organization that determines eliblic or assisted housing that recessorion of the United States Horican Housing Assistance and Schealth facility operated by the Inn Indian Organization rentity the agency determines is	eives Federal funds, including the program under section using Act of 1937 (42 U.S.C. 1437) or under the Native elf Determination Act of 1996 (25 U.S.C. 4101 et seq.) dian Health Service, a Tribe, or Tribal organization, or are capable of making presumptive eligibility determination Description	8 or ar
Is an of pu other Ame Is a H Urba Other	organization that determines eliblic or assisted housing that recessorion of the United States Horican Housing Assistance and Schealth facility operated by the Inn Indian Organization rentity the agency determines is Name of entity CDJFS	eives Federal funds, including the program under section using Act of 1937 (42 U.S.C. 1437) or under the Native elf Determination Act of 1996 (25 U.S.C. 4101 et seq.) dian Health Service, a Tribe, or Tribal organization, or are capable of making presumptive eligibility determination Description County Department of Job & Family Services	8 or ar

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

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State Name: Ohio	OMB Control Number: 0938-1148
Transmittal Number: OH - 16 - 0030	Expiration date: 10/31/2014
Eligibility Groups - Mandatory Coverage Pregnant Women	S28
42 CFR 435.116 1902(a)(10)(A)(i)(III) and (IV) 1902(a)(10)(A)(ii)(I), (IV) and (IX) 1931(b) and (d) 1920	
Pregnant Women - Women who are pregnant or post-part	tum, with household income at or below a standard established by the state.
▼ The state attests that it operates this eligibility group in	n accordance with the following provisions:
Individuals qualifying under this eligibility group	must be pregnant or post-partum, as defined in 42 CFR 435.4.
	gnancy without dependent children are eligible for full benefits under this t, if they meet the income standard for state plan Parents and Other
• Yes C No	
MAGI-based income methodologies are used in ca Income Methodologies, completed by the state.	alculating household income. Please refer as necessary to S10 MAGI-Basec
■ Income standard used for this group	
■ Minimum income standard (Once entered and	d approved by CMS, the minimum income standard cannot be changed.)
The state had an income standard higher than eligibility for pregnant women, or as of July	n 133% FPL established as of December 19, 1989 for determining 1, 1989, had authorizing legislation to do so.
⊂ Yes ⑥ No	
The minimum income standard for this e	eligibility group is 133% FPL.
■ Maximum income standard	
	and received approval for its converted income standard(s) for pregnant and the determination of the maximum income standard to be used for oup.
An at	tachment is submitted.
The state's maximum income standard for the	is eligibility group is:
families), 1902(a)(10)(A)(i)(III) (qualification related pregnant women), 1902(a)(10)(A)	el for coverage of pregnant women under sections 1931 (low-income ed pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level- l)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10) (FDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV)

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MAGI-equivalent percent of FPL.

(institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a



C	The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10) (A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
(The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
C	185% FPL
	The amount of the maximum income standard is: 210 % FPL
■ Inco	ome standard chosen
Ind	icate the state's income standard used for this eligibility group:
C	The minimum income standard
	The maximum income standard
(•	Another income standard in-between the minimum and maximum standards allowed.
	The amount of the income standard for this eligibility group is: 200 % FPL
■ There is	no resource test for this eligibility group.
Benefits	for individuals in this eligibility group consist of the following:
All	pregnant women eligible under this group receive full Medicaid coverage under this state plan.
	gnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive pregnancy-related services.
■ Presump	otive Eligibility
	te covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a d entity.
Yes	s C No
	The presumptive period begins on the date the determination is made.
	The end date of the presumptive period is the earlier of:
	The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
	The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

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■ There may be no more than one period of presumptive eligibility per pregnancy.



A w	ritten application must be signed by the applicant or representative.
	Yes (No
	The presumptive eligibility determination is based on the following factors:
	■ The woman must be pregnant
	■ Household income must not exceed the applicable income standard at 42 CFR 435.116.
	State residency State residency
	Citizenship, status as a national, or satisfactory immigration status
	The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.
	List of Qualified Entities S17
	A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:
	Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
	Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
	Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
	Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
	Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
	Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
	☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
	☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
	Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
	Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
	Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
	Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization

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🔀 Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+	CDJFS	County Department of Job & Family Services	X
+	DYS	Ohio Department of Youth Services	X
+	Health Department	Local Health Department	X

The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

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

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Ohio

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State Name:	lij o	OMB Control Number: 0938-1148
Transmittal 1	Number: OH - 16 - 0030	Expiration date: 10/31/2014
	Groups - Mandatory Coverage nd Children under Age 19	S30
	(A)(i)(III), (IV), (VI) and (VII) (A)(ii)(IV) and (IX)	
	and Children under Age 19 - Infants and children u based on age group.	nder age 19 with household income at or below standards established by
✓ The	state attests that it operates this eligibility group in a	ecordance with the following provisions:
	Children qualifying under this eligibility group mus	t meet the following criteria:
	Are under age 19	
	Have household income at or below the standar	d established by the state.
	MAGI-based income methodologies are used in cal- Based Income Methodologies, completed by the sta	culating household income. Please refer as necessary to S10 MAGI-te.
	Income standard used for infants under age one	
	Minimum income standard	
	The state had an income standard higher than 1 eligibility for infants under age one, or as of Jul	33% FPL established as of December 19, 1989 for determining y 1, 1989, had authorizing legislation to do so.
	← Yes ● No	
	The minimum income standard for infants	under age one is 133% FPL.
	Maximum income standard	
		received approval for its converted income standard(s) for infants ds and the determination of the maximum income standard to be used
	An a	attachment is submitted.
	The state's maximum income standard for this a	ge group is:
	families), 1902(a)(10)(A)(i)(III) (qualified of infants), 1902(a)(10)(A)(ii)(IX) (optional potential)	or coverage of infants under age one under sections 1931 (low-income children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related overty level-related infants) and 1902(a)(10)(A)(ii)(IV) he Medicaid state plan as of March 23, 2010, converted to a MAGI-

TN: 16-0030 Ohio equivalent percent of FPL.

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Medicaid Eligibility

C	The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
(•	185% FPL
■ Inc	come standard chosen
Th	e state's income standard used for infants under age one is:
\subset	The maximum income standard
(•	If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
C	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
(If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
(If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.
Th	te amount of the income standard for infants under one is: 156 % FPL
Income	e standard for children age one through age five, inclusive

TN: 16-0030 Ohio

■ Minimum income standard

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Ohio

Maximum income standard

Medicaid Eligibility

The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be

The minimum income standard used for this age group is 133% FPL.

used for children age one through five. An attachment is submitted. The state's maximum income standard for children age one through five is: The state's highest effective income level for coverage of children age one through five under sections 1931 (lowincome families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty levelrelated children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's highest effective income level for coverage of children age one through five under sections 1931 (lowincome families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty levelrelated children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. % FPL Enter the amount of the maximum income standard: 156 ■ Income standard chosen The state's income standard used for children age one through five is: • The maximum income standard If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii) (IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii) (IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

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Approval Date: 1/5/2017

Effective Date: 1/1/2017



Medicaid Eligibility

	С	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	C	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
		Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.
Inc	ome	standard for children age six through age eighteen, inclusive
	Mi	nimum income standard
	The	e minimum income standard used for this age group is 133% FPL.
	Ma	eximum income standard
	√	The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.
		An attachment is submitted.
	Th	e state's maximum income standard for children age six through eighteen is:
	•	The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	C	The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
	(The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
		The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
		133% FPL
	Er	ter the amount of the maximum income standard: 156 % FPL
	In	come standard chosen

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The state's income standard used for children age six through eighteen is:

• The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A) (ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A) (ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.
- There is no resource test for this eligibility group.
- Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

Yes No

S16
ible by a qualified entity
ible by a qualified entity
i

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If the state has elected to cover Optional Targeted Low-Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the higher of the standard used for Optional Targeted Low-Income Children or the standard used for Infants and Children under 19 (42 CFR 435.118), for that child's age.

If the state has not elected to cover Optional Targeted Low Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the standard used under the Infants and Children under Age 19 eligibility group (42 CFR 435.118), for that child's age.
■ Children under the following age may be determined presumptively eligible:
Under age 19
■ The presumptive period begins on the date the determination is made.
■ The end date of the presumptive period is the earlier of:
The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
The last day of the month following the month in which the determination of presumptive eligibility is made if no application for Medicaid is filed by that date.
Periods of presumptive eligibility are limited as follows:
○ No more than one period within a calendar year.
No more than one period within two calendar years.
No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
Other reasonable limitation:
The state requires that a written application be signed by the applicant, parent or representative, as appropriate. Yes No
■ The presumptive eligibility determination is based on the following factors:
Household income must not exceed the applicable income standard described above, for the child's age.
The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.
List of Qualified Entities S17
A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that

meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

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is eligi	nes health care items or services co ble to receive payments under the p	overed under the state's approved Medicaid state plan and plan
	orized to determine a child's eligib Start Act	ility to participate in a Head Start program under the
Is auth	orized to determine a child's eligib nce is provided under the Child Ca	ility to receive child care services for which financial are and Development Block Grant Act of 1990
⊠ Food I of 196	Program for Women, Infants and C	oility to receive assistance under the Special Supplemental hildren (WIC) under section 17 of the Child Nutrition Act
☐ Is auth	orized to determine a child's eligib nce under the Children's Health Ins	oility under the Medicaid state plan or for child health surance Program (CHIP)
☐ Is an e	lementary or secondary school, as tion Act of 1965 (20 U.S.C. 8801)	defined in section 14101 of the Elementary and Secondary
☐ Is an €	lementary or secondary school ope	erated or supported by the Bureau of Indian Affairs
☐ Is a sta	ate or Tribal child support enforcen	ment agency under title IV-D of the Act
☐ Is an o	organization that provides emergeno nney Homeless Assistance Act	cy food and shelter under a grant under the Stewart B.
	ate or Tribal office or entity involve V-A of the Act	ed in enrollment in the program under Medicaid, CHIP, o
of pub	olic or assisted housing that receive section of the United States Housin	ellity for any assistance or benefits provided under any progress Federal funds, including the program under section 8 or ag Act of 1937 (42 U.S.C. 1437) or under the Native Determination Act of 1996 (25 U.S.C. 4101 et seq.)
	ealth facility operated by the Indian Indian Organization	n Health Service, a Tribe, or Tribal organization, or an
⊠ Other	entity the agency determines is cap	pable of making presumptive eligibility determinations:
	Name of entity	Description
+	CDJFS	County Department of Job & Family Services
	DYS	Ohio Department of Youth Services
+		
	Health Department	Local Health Department
The state Act, and	e assures that it has communicated	the requirements for qualified entities, at 1920A(b)(3) of tentities and organizations involved. A copy of the training

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V.20140415

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State Name: Ohio	OMB Control Number: 0938-11 48
Transmittal Number: OH - 16 - 0030	Expiration date: 10/31/2014
Eligibility Groups - Mandatory Coverage Adult Group	S32
1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	
The state covers the Adult Group as described at 42 CFR 435.119	
• Yes C No	
■ Adult Group - Non-pregnant individuals age 19 through 64,	not otherwise mandatorily eligible, with income at or below 133% FPL.
✓ The state attests that it operates this eligibility group in ac	cordance with the following provisions:
■ Individuals qualifying under this eligibility group mu	st meet the following criteria:
■ Have attained age 19 but not age 65.	
Are not pregnant.	
■ Are not entitled to or enrolled for Part A or B Mo	edicare benefits.
Are not otherwise eligible for and enrolled for m with 42 CFR 435, subpart B.	andatory coverage under the state plan in accordance
	If or deemed to be receiving SSI who do not qualify for mandatory direments may qualify for this eligibility group if otherwise eligible.
■ Have household income at or below 133% FPL.	
MAGI-based income methodologies are used in calculations. Income Methodologies, completed by the state.	ulating household income. Please refer as necessary to S10 MAGI-Based
■ There is no resource test for this eligibility group.	
	d under the age specified below are not covered unless the child is the Exchange, or otherwise enrolled in minimum essential coverage, as
○ Under age 19, or	
• A higher age of children, if any, covered under 42	2 CFR 435.222 on March 23, 2010:
○ Under age 20	
• Under age 21	
■ Presumptive Eligibility	
	determined presumptively eligible by a qualified entity. The state assures in (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR aptively eligible.
• Yes C No	

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	The presumptive period begins on the date the determination is made.
	The end date of the presumptive period is the earlier of:
	The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
	The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
	Periods of presumptive eligibility are limited as follows:
	No more than one period within a calendar year.
	No more than one period within two calendar years.
	No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
	Other reasonable limitation:
Tł	ne state requires that a written application be signed by the applicant or representative.
	Yes • No
	The presumptive eligibility determination is based on the following factors:
	■ The individual must meet the categorical requirements of 42 CFR 435.119.
	■ Household income must not exceed the applicable income standard described at 42 CFR 435.119.
	∑ State residency.
	☐ Citizenship, status as a national, or satisfactory immigration status.
	The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.
L	ist of Qualified Entities S17
	A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:
	Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
	Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
	Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
	Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
	Is authorized to determine a child's eligibility under the Medicaid state plan or for child health

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	•	operated or supported by the Bureau of Indian Affairs	
		cement agency under title IV-D of the Act	
	n organization that provides emerg Kinney Homeless Assistance Act	ency food and shelter under a grant under the Stewart B	
☐ Is a	state or Tribal office or entity invo	olved in enrollment in the program under Medicaid, CHI	P, or
$\Box_{\text{oth}}^{\text{of j}}$	oublic or assisted housing that receier section of the United States Hou	ibility for any assistance or benefits provided under any ives Federal funds, including the program under section sing Act of 1937 (42 U.S.C. 1437) or under the Native If Determination Act of 1996 (25 U.S.C. 4101 et seq.)	progra 8 or an
2 111	ici icani i icacing i iconomina ana ca	in Determination 1100 of 1370 (20 office 1101-11)	
┌┐ Is a		ian Health Service, a Tribe, or Tribal organization, or an	l
□ Is a	health facility operated by the Indoan Indian Organization		
□ Is a	health facility operated by the Indoan Indian Organization	ian Health Service, a Tribe, or Tribal organization, or an	
□ Is a	health facility operated by the Indoan Indian Organization are entity the agency determines is Name of entity	capable of making presumptive eligibility determination	
☐ Is a Url	health facility operated by the Indoan Indian Organization are entity the agency determines is Name of entity	ian Health Service, a Tribe, or Tribal organization, or an capable of making presumptive eligibility determination Description	s:

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TN: 16-0030 Ohio



State Name: Ohio	OMB Control Number: 0938-114
Transmittal Number: OH - 16 - 0030	Expiration date: 10/31/201
Eligibility Groups - Mandatory Coverage Former Foster Care Children	833
42 CFR 435.150 1902(a)(10)(A)(i)(IX)	·
Former Foster Care Children - Individuals under the in foster care when they turned age 18 or aged out of	e age of 26, not otherwise mandatorily eligible, who were on Medicaid and foster care.
✓ The state attests that it operates this eligibility gro	oup under the following provisions:
Individuals qualifying under this eligibility g	group must meet the following criteria:
Are under age 26.	
Are not otherwise eligible for and enroll this group takes precedence over eligibil	ed for mandatory coverage under the state plan, except that eligibility under ity under the Adult Group.
	ity of the state or Tribe and were enrolled in Medicaid under the state's state urned 18 or at the time of aging out of that state's or Tribe's foster care
The state elects to cover children who waged out of the foster care system.	vere in foster care and on Medicaid in any state at the time they turned 18 or
← Yes ← No	
	en determined presumptively eligible by a qualified entity. The state assures men (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR sumptively eligible.
■ The presumptive period begins on the da	te the determination is made.
■ The end date of the presumptive period i	s the earlier of:
	r regular Medicaid is made, if an application for Medicaid is filed by nonth in which the determination of presumptive eligibility is made;
The last day of the month following the if no application for Medicaid is filed by	month in which the determination of presumptive eligibility is made, that date.
Periods of presumptive eligibility are lim	nited as follows:
○ No more than one period within a ca	lendar year.
No more than one period within two	calendar years.
No more than one period within a two presumptive eligibility period.	velve-month period, starting with the effective date of the initial
Other reasonable limitation:	

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The state requires that a written application be signed by the applicant or representative.	
← Yes ← No	
■ The presumptive eligibility determination is based on the following factors:	
■ The individual must meet the categorical requirements of 42 CFR 435.150.	
☑ Citizenship, status as a national, or satisfactory immigration status	
The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively this eligibility group.	for
List of Qualified Entities S17	
A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:	
Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan	
Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act	
Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990	
Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966	
Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)	
Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)	
☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs	
☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act	
Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act	
Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act	
Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)	
Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization	
Other entity the agency determines is capable of making presumptive eligibility determinations:	

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	Name of entity	Description	
+	CDJFS	County Department of Job & Family Services	X
+	DYS	Ohio Department of Youth Services	X
+	Health Department	Local Health Department	X

The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

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V.20140415

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