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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 20-0015 (MACPro)

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CMS-10434 OMB 0938-1188

Package Information

Package ID	OH2020MS00020	Submission Type	Official
Program Name	N/A	State	OH
SPA ID	OH-20-0015	Region	Chicago, IL
Version Number	3	Package Status	Approved
Submitted By	Gregory Niehoff	Submission Date	6/30/2020
Package Disposition		Approval Date	9/23/2020 12:09 PM EDT
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th Street, Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

September 23, 2020

Maureen Corcoran
Director
Ohio Department of Medicaid
50 West Town Street
Columbus, OH 43215

Re: Approval of State Plan Amendment OH-20-0015

Dear Ms. Corcoran:

On June 30, 2020, the Centers for Medicare and Medicaid Services (CMS) received Ohio State Plan Amendment (SPA) OH-20-0015 to revise the Ohio Medicaid State Plan to disregard temporary decennial census income for Non-MAGI eligibility groups and to elect the reasonably predictable changes in income methodology for MAGI-based eligibility groups.

We approve Ohio State Plan Amendment (SPA) OH-20-0015 on September 23, 2020 with an effective date(s) of April 01, 2020.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Christine Davidson at christine.davidson@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program
Operations
Center for Medicaid & CHIP
Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Package Header

Package ID	OH2020MS0002O	SPA ID	OH-20-0015
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	9/23/2020	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Ohio

Medicaid Agency Name: Ohio Department of Medicaid

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

Package Header

Package ID OH2020MS00020	SPA ID OH-20-0015
Submission Type Official	Initial Submission Date 6/30/2020
Approval Date 9/23/2020	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID OH-20-0015

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	4/1/2020	New
MAGI-Based Methodologies	4/1/2020	OH-13-0027
Non-MAGI Methodologies	4/1/2020	New
Mandatory Eligibility Groups	4/1/2020	17-0014
Qualified Medicare Beneficiaries	4/1/2020	New
Specified Low Income Medicare Beneficiaries	4/1/2020	New
Qualifying Individuals	4/1/2020	New
Optional Eligibility Groups	4/1/2020	New
Individuals Eligible for but Not Receiving Cash Assistance	4/1/2020	15-015
Individuals Eligible for Cash Except for Institutionalization	4/1/2020	15-015
Ticket to Work Basic	4/1/2020	07-021, 15-015
Ticket to Work Medical Improvements	4/1/2020	07-021, 15-015
Individuals Receiving State Plan Home and Community-Based Services	4/1/2020	18-015

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Package Header

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The Ohio State Plan is being amended to disregard temporary decennial census income for Non-MAGI eligibility groups by applying less restrictive income methodologies under Section 1902(r) of the Social Security Act. Additionally, the Ohio State Plan is also being amended to elect the reasonably predictable changes income methodology for MAGI-based eligibility groups.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$0
Second	2021	\$0

Federal Statute / Regulation Citation

1902(r) of the Social Security Act and 42 C.F.R. 435.603(h)(3)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

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Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The State Medicaid Director is the Governor's designee.

Submission - Public Comment

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

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One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

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Superseded SPA ID	New User-Entered		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

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	System-Derived		

The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

A. Household Composition

1. In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.
2. In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:
 - a. The pregnant woman is counted just as herself.
 - b. The pregnant woman is counted as herself, plus one.
 - c. The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
3. In establishing household composition under the rules for non-filers set forth at 42 CFR 435.603(f)(3), the state elects the following age for children:
 - a. Age 19
 - b. Age 19, or in the case of full-time students, age 21

MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

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B. Household Income

Financial eligibility is determined consistent with the following provisions:

- When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
- When determining eligibility for current beneficiaries, financial eligibility is based on:
 - Current monthly household income and family size
 - Projected annual household income and family size for the remaining months of the current calendar year.
- In determining current monthly or projected annual household income, the state considers reasonably predictable changes in income:
 - Yes No

- a. Include a prorated portion of a reasonably predictable increase in future income and/or family size.

The methodology used by the state to account for and verify such change is:

When using the MAGI-based methodology for eligibility determinations and renewals, Ohio will employ a reasonable methodology for predictable increases or decreases in future income over a 12-month period. The methodology applies when the applicant/beneficiary has income that has been identified as most likely to fluctuate, and the applicant/beneficiary has stated that fluctuating income for the upcoming year is approximately equal to the amount of fluctuating income for the current year or the applicant/beneficiary has indicated Temporary Decennial Census Income. Ohio has identified Self-Employment, Seasonal Earned Income, and Temporary Decennial Census Income as most likely to fluctuate.

This reasonable methodology, except for Temporary Decennial Census Income, will use the applicant's/beneficiary's fluctuating income amount over the course of one year. It will then convert that amount into an average monthly amount that will be added to the applicant's/beneficiary's current monthly non-fluctuating income. This combined amount will be used to determine eligibility for the applicant/ beneficiary. For Temporary Decennial Census Income, the reasonable methodology will use the individual's wages over one 12-month application/renewal period, then remove the income from the individual's budget.

Examples of verification that could be submitted to confirm the fluctuation in income includes, prior year's tax returns, prior pay stubs, or a signed letter of explanation of income fluctuation due to self-employment.

If the applicant does not have income that is identified as most likely to fluctuate, or the applicant has not provided an annual amount for fluctuating income, or the applicant has not verified that the annual amount for the upcoming year for fluctuating income is approximately equal to the annual amount for the current year, the reasonable methodology for predictable increases or decreases in future income will not be applied.

- b. Account for a reasonably predictable decrease in future income and/or family size.

The methodology used by the state to account for and verify such change is:

When using the MAGI-based methodology for eligibility determinations and renewals, Ohio will employ a reasonable methodology for predictable increases or decreases in future income over a 12-month period. The methodology applies when the applicant/beneficiary has income that has been identified as most likely to fluctuate, and the applicant/beneficiary has stated that fluctuating income for the upcoming year is approximately equal to the amount of fluctuating income for the current year or the applicant/beneficiary has indicated Temporary Decennial Census Income. Ohio has identified Self-Employment, Seasonal Earned Income, and Temporary Decennial Census Income as most likely to fluctuate.

This reasonable methodology, except for Temporary Decennial Census Income, will use the applicant's/beneficiary's fluctuating income amount over the course of one year. It will then convert that amount into an average monthly amount that will be added to the applicant's/beneficiary's current monthly non-fluctuating income. This combined amount will be used to determine eligibility for the applicant/ beneficiary. For Temporary Decennial Census Income, the reasonable methodology will use the individual's wages over one 12-month application/renewal period, then remove the income from the individual's budget.

Examples of verification that could be submitted to confirm the fluctuation in income includes, prior year's tax returns, prior pay stubs, or a signed letter of explanation of income fluctuation due to self-employment.

If the applicant does not have income that is identified as most likely to fluctuate, or the applicant has not provided an annual amount for fluctuating income, or the applicant has not verified that the annual amount for the upcoming year for fluctuating income is approximately equal to the annual amount for the current year, the reasonable methodology for predictable increases or decreases in future income will not be applied.

- MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.

5. Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.
6. In determining the eligibility of an individual using MAGI-based income, the state must subtract an amount equivalent to 5 percentage points of the federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.
7. Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.
- Yes No

MAGI Based Methodologies

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	System-Derived		

C. Resource Test

There is no resource test applied to eligibility groups that use MAGI-based methodologies.

D. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

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	User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

- Yes
- No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

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C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

Non-MAGI Methodologies

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D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
 No

Non-MAGI Methodologies

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E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
- No

Non-MAGI Methodologies

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F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

Non-MAGI Methodologies

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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Mandatory Coverage


A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Qualifying Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Mandatory Eligibility Groups

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B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

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The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau Wages for all Census Activities.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

Qualified Medicare Beneficiaries

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C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

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The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

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Approval Date	9/23/2020	Effective Date	4/1/2020
Superseded SPA ID	New		
	User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau Wages for all Census Activities.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Package Header

Package ID	OH2020MS0002O	SPA ID	OH-20-0015
Submission Type	Official	Initial Submission Date	6/30/2020
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Superseded SPA ID	New User-Entered		

C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Package Header

Package ID	OH2020MS0002O	SPA ID	OH-20-0015
Submission Type	Official	Initial Submission Date	6/30/2020
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Superseded SPA ID	New		
	User-Entered		

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

Package Header

Package ID	OH2020MS0002O	SPA ID	OH-20-0015
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Superseded SPA ID	New User-Entered		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

Package Header

Package ID	OH2020MS00020	SPA ID	OH-20-0015
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Superseded SPA ID	New User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau Wages for all Census Activities.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

Package Header

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Superseded SPA ID	New		
	User-Entered		

C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Package Header

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Superseded SPA ID	New		
	User-Entered		

F. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

Package Header

Package ID	OH2020MS00020	SPA ID	OH-20-0015
Submission Type	Official	Initial Submission Date	6/30/2020
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Superseded SPA ID	New User-Entered		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

Package Header

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Superseded SPA ID	New		
	User-Entered		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

Package Header

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Superseded SPA ID	New		
	User-Entered		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

Package Header

Package ID	OH2020MS0002O	SPA ID	OH-20-0015
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Superseded SPA ID	15-015		
	User-Entered		

The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet the eligibility requirements of at least one of the following cash assistance programs:
 - a. SSI
 - b. Optional State Supplement
 - c. AFDC
2. Do not receive cash assistance under these programs.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

Package Header

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Superseded SPA ID	15-015		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
 No

2. The state covers the following populations:

- a. Individuals age 65 or older
- b. Individuals who have blindness
- c. Individuals who have a disability
- d. All children under a specified age limit:
- e. Reasonable classifications of children
- f. Parents and other caretaker relatives
- g. Pregnant women
- h. Other population

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Package Header

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Superseded SPA ID	15-015		
	User-Entered		

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau Wages for all Census Activities.

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

Package Header

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D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

Package Header

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

Package Header

Package ID	OH2020MS0002O	SPA ID	OH-20-0015
Submission Type	Official	Initial Submission Date	6/30/2020
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Superseded SPA ID	15-015		
	User-Entered		

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are in a medical institution.
2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
 - a. SSI
 - b. Optional State Supplement
 - c. AFDC

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

Package Header

Package ID	OH2020MS00020	SPA ID	OH-20-0015
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Approval Date	9/23/2020	Effective Date	4/1/2020
Superseded SPA ID	15-015		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

Package Header

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Superseded SPA ID	15-015		
	User-Entered		

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau Wages for all Census Activities.

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

Package Header

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Superseded SPA ID	15-015		
	User-Entered		

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Individuals between ages 16 and 64 with a disability, who have earned income.

Package Header

Package ID	OH2020MS0002O	SPA ID	OH-20-0015
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	9/23/2020	Effective Date	4/1/2020
Superseded SPA ID	07-021, 15-015		
	User-Entered		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Package Header

Package ID	OH2020MS0002O	SPA ID	OH-20-0015
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	9/23/2020	Effective Date	4/1/2020
Superseded SPA ID	07-021, 15-015		
	User-Entered		

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Package Header

Package ID	OH2020MS0002O	SPA ID	OH-20-0015
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Superseded SPA ID	07-021, 15-015		
	User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

Income from household members is disregarded.

Income of the spouse is disregarded.

Description: Only the individual's income is considered.

A specified amount of earned income is disregarded.

Amount: \$20000.00

Description of disregard: \$20,000 is disregarded annually for income over the 250% FPL.

Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau Wages for all Census Activities.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

Resources from household members are disregarded.

Resources of the spouse are disregarded.

Description: Only the individual's resources are considered.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

Package Header

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Superseded SPA ID	07-021, 15-015		
	User-Entered		

C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

FPL 250.00%

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

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Superseded SPA ID	07-021, 15-015		
	User-Entered		

D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

Single Individual \$12382.00

Couple \$12382.00

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Package Header

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E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

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F. Additional Information (optional)

The resource limit for this group was initially set at \$10,000 in 2009, and is revised annually by the CPI-U in the Federal Register.

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

Package Header

Package ID	OH2020MS0002O	SPA ID	OH-20-0015
Submission Type	Official	Initial Submission Date	6/30/2020
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Superseded SPA ID	07-021, 15-015		
	User-Entered		

The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:
 - a. Earning at least the minimum wage and working at least 40 hours per month.
 - b. An alternative definition
5. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Package Header

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	User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

Income from household members is disregarded.

Income of the spouse is disregarded.

Description: Only the individual's income is considered.

Amount: \$20000.00

Description of disregard: \$20,000 is disregarded annually for income over the 250% FPL.

A specified amount of earned income is disregarded.

Description of disregard: Disregard Census Bureau Wages for all Census Activities.

Census Bureau wages are disregarded.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

Resources from household members are disregarded.

Resources of the spouse are disregarded.

Description: Only the individual's resources are considered.

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Package Header

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Superseded SPA ID	07-021, 15-015		
	User-Entered		

C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
 - 250.00% FPL
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Package Header

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Superseded SPA ID	07-021, 15-015		
	User-Entered		

D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

Single Individual \$12382.00

Couple \$12382.00

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

Package Header

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Superseded SPA ID	07-021, 15-015		
	User-Entered		

E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Package Header

Package ID	OH2020MS0002O	SPA ID	OH-20-0015
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	9/23/2020	Effective Date	4/1/2020
Superseded SPA ID	07-021, 15-015		
	User-Entered		

F. Additional Information (optional)

The resource limit for this group was initially set at \$10,000 in 2009, and is revised annually by the CPI-U in the Federal Register.

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Receiving State Plan Home and Community-Based Services

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Individuals receiving section 1915(i) state plan home and community-based services.

Package Header

Package ID	OH2020MS0002O	SPA ID	OH-20-0015
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	9/23/2020	Effective Date	4/1/2020
Superseded SPA ID	18-015		
	User-Entered		

The state covers the optional Individuals Receiving State Plan Home and Community-Based Services eligibility group in accordance with the following provisions:

- Individuals who are eligible under other eligibility groups receive section 1915(i) home and community-based services under the state plan.

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet the needs-based criteria for receiving home and community-based services specified in section 1915(i)(1) of the Act and at 42 CFR 441.715. These are defined in the benefits section of the state plan.
2. Have income that does not exceed the standard described in section D.
3. Will receive at least one state plan home and community-based service as defined at 42 CFR 440.182.

Individuals Receiving State Plan Home and Community-Based Services

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

Package Header

Package ID	OH2020MS00020	SPA ID	OH-20-0015
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	9/23/2020	Effective Date	4/1/2020
Superseded SPA ID	18-015		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes No

Individuals Receiving State Plan Home and Community-Based Services

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS0002O | OH-20-0015

Package Header

Package ID	OH2020MS0002O	SPA ID	OH-20-0015
Submission Type	Official	Initial Submission Date	6/30/2020
Approval Date	9/23/2020	Effective Date	4/1/2020
Superseded SPA ID	18-015		
	User-Entered		

C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

Yes No

2. The financial methodology used is:

SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

Less restrictive methodologies are used in calculating countable income.

Yes No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

- Between the following percentages of the FPL:
- Between the medically needy income limit and a percentage of the FPL:
- Between the SSI Federal Benefit Rate and:
- Between other income standards:

Between this standard: 300% FBR

and this standard: 150% FPL

Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau Wages for all Census Activities.

Individuals Receiving State Plan Home and Community-Based Services

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

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	User-Entered		

D. Income Standard Used

1. The state uses the same income standard for all individuals covered.

Yes No

2. The income standard for this eligibility group is:

- a. 150% FPL
- b. A lower percent of the FPL:

Individuals Receiving State Plan Home and Community-Based Services

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00020 | OH-20-0015

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	User-Entered		

E. Resource Standard Used

There is no resource test for this group.

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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