GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

Agency: County Departments of Job and Family Services determine eligibility for all covered groups, except as described on Attachment 1.2-D, Page 1 of 1.

The Single state agency named in paragraph 1.1(a) determines eligibility for the individuals described on Attachment 1.2-D, Page 1 of 1.

Citation(s): Groups Covered

The following groups are covered under this plan:

A. Mandatory Coverage—Categorically Needy and Other Required Special Groups

42 CFR 435.110

1. Recipients of AFDC

The approved State AFDC plan includes:

☐ Families with an unemployed parent for the mandatory 6-month period and an optional extension of N/A months. No-time limit.

☐ Pregnant women with no other eligible children.

☐ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

42 CFR 435.115

2. Deemed Recipients of AFDC

a. Individuals denied a Title IV-A cash payment solely because the amount would be less than $10.
### Agency* Citation(s) Groups Covered

<table>
<thead>
<tr>
<th>Agency* Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2. Deemed Recipients of AFDC.</strong></td>
<td></td>
</tr>
<tr>
<td>1902(a)(10)(A)(i)(I) of the Act</td>
<td>b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.</td>
</tr>
<tr>
<td>1902(a)(22)(A) of the Act</td>
<td>c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.</td>
</tr>
<tr>
<td>406(h) and 1902(a)(10)(A)(i)(I) of the Act</td>
<td>d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.</td>
</tr>
<tr>
<td>1902(a) of the Act</td>
<td>e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.</td>
</tr>
</tbody>
</table>

*Agency that determines eligibility for coverage.

**TN No. 91-25** Approval Date 2-4-92 Effective Date 10-1-91

HCFA ID: 7983E
A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

Qualified family members are not included because cash-assistance payments may be made to families with unemployed parents for 12 months per calendar year.

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

*Agency that determines eligibility for coverage.

<table>
<thead>
<tr>
<th>TN No.</th>
<th>Approval Date</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>91-25</td>
<td>2-12-92</td>
<td>10-1-91</td>
</tr>
</tbody>
</table>

Supersedes

No. 90-27

HCFA ID: 7983E
### A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.113

5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:

a. Families denied AFDC solely because of income and resources deemed to be available from:

   (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;

   (2) Grandparents;

   (3) Legal guardians; and

   (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);

b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.

c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.*

<table>
<thead>
<tr>
<th>TN No.</th>
<th>Approval Date</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>87-39</td>
<td>2/12/92</td>
<td>10/1/91</td>
</tr>
</tbody>
</table>

HCFA ID: 7983E
A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.

X Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

X Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

Not applicable with respect to intermediate care facilities; State did or does not cover this service.

7. Qualified Pregnant Women and Children.

a. A pregnant woman whose pregnancy has been medically verified who--

(1) Would be eligible for an AFDC cash payment if the child had been born and was living with her;
Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or

(3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

(specify optional earlier date)

Children born after

who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
<table>
<thead>
<tr>
<th>Agency*</th>
<th>Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</td>
<td></td>
</tr>
<tr>
<td>1902 (a)(10)(A) (i)(IV) and 1902 (1)(1)(A) and (B) of the Act</td>
<td>8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902 (a)(10)(A)(i)(IV) and 1902 (1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.</td>
<td></td>
</tr>
<tr>
<td>1902 (a)(10)(A) (i)(IV) and 1902 (1)(1)(C) of the Act</td>
<td>9. Children who have attained 1 year of age, but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels, who are described in Sections 1902(a)(10)(A)(i)(IV) and 1902 (1)(1)(C) of the Act. The income level for this group is specified in Supplement 1 to Attachment 2.6-A.</td>
<td></td>
</tr>
</tbody>
</table>

* Agency that determines eligibility for coverage.

TN No. 00-003
Supersedes Approval Date Effective Date 1/1/2000
TN No. 97-28
The following individuals who have income that does not exceed the income level (established at an amount up to 150 percent of the federal poverty level) specified in Supplement B of Attachment 2.6-A for a family of the same size as that specified in section 4731(b), (Continued)

All children under the age of 19 years of age.
A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(e)(5) of the Act

11. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(4) of the Act

12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible, or would remain eligible if she were still pregnant, and the child remains in the same household as the mother.
<table>
<thead>
<tr>
<th>Agency*</th>
<th>Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>42 CFR 435.120</td>
<td>13. Aged, Blind and Disabled individuals Receiving Cash Assistance</td>
</tr>
</tbody>
</table>

  a. Individuals receiving SSI

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

- X Aged
- X Blind
- X Disabled

*Agency that determines eligibility for coverage.
A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.121 13. Aged, Blind and Disabled individuals Receiving Cash Assistance (continued)

☐ b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(10) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

_____ Aged
_____ Blind
_____ Disabled

The more restrictive categorical eligibility criteria are described below:

*Agency that determines eligibility for coverage.
A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A)(i)(II) and 1905(g) of the Act

14. Qualified severely impaired blind and disabled individuals under age 65, who—

a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or

b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must—

(1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;

(2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;

(3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

*Agency that determines eligibility for coverage.
A. **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (Continued)

(4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and

(5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.

Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

---

*Agency that determines eligibility for coverage.*

**TN No. 91-25**  
Approval Date **2-12-92**  
Effective Date **10-1-91**

**Supersedes**  
No. **87-16**

**HCFA ID: 7983E**
<table>
<thead>
<tr>
<th>Agency*</th>
<th>Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td><strong>Mandatory Coverage – Categorically Needy and Other Required Special Groups</strong> (Continued)</td>
<td></td>
</tr>
</tbody>
</table>

| 1619(b)(3) of the Act | ☐ | The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act. |

*Agency that determines eligibility for coverage.

TN: 15-015
Supersedes
TN: 91-25

Approval Date: 7/13/16
Effective Date: 08/01/2016
Agency* | Citation(s) | Groups Covered
---|---|---

A. | **Mandatory Coverage – Categorically Needy and Other Required Special Groups** (Continued)

1634(c) of the Act | 15. | Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who—

a. | Are at least 18 years of age;

b. | Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility.

c. | ☐ The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

d. | ☐ The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.

42 CFR 435.122 | 16. | Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.

42 CFR 435.130 | 17. | Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.

---

TN: 15-015 | Approval Date: 7/13/16
Supersedes | Effective Date: 08/01/2016
TN: 91-25 | HCFA ID: 7983E

---
### Agency* Citation(s) Groups Covered

#### A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

<table>
<thead>
<tr>
<th>Agency Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 CFR 435.131</td>
<td>18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.</td>
</tr>
<tr>
<td></td>
<td>In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):</td>
</tr>
<tr>
<td></td>
<td>X Aged  X Blind  X Disabled</td>
</tr>
<tr>
<td></td>
<td>Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.</td>
</tr>
</tbody>
</table>

*Agency that determines eligibility for coverage.*

**TN No. 91-25**  
**Supersedes No. 87-16**  
**Approval Date 2-12-92**  
**Effective Date 10-1-91**  
**HCFA ID: 7983E**
A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.132 19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they--

a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and

b. Remain institutionalized; and

c. Continue to need institutional care.

42 CFR 435.133 20. Blind and disabled individuals who--

a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and

b. Were eligible for Medicaid in December 1973 as blind or disabled; and

c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

*Agency that determines eligibility for coverage.

<table>
<thead>
<tr>
<th>TN No.</th>
<th>Approval Date</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>51-25</td>
<td>2-12-92</td>
<td>10-1-91</td>
</tr>
</tbody>
</table>

Supersedes No. 87-16

HCFA ID: 7983E
<table>
<thead>
<tr>
<th>Agency*</th>
<th>Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>42 CFR 435.134</td>
<td>21. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>/X/ Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>/X/ Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>/ / Not applicable with respect to intermediate care facilities; the State did or does not cover this service.</td>
</tr>
</tbody>
</table>

*Agency that determines eligibility for coverage.

<table>
<thead>
<tr>
<th>TN No.</th>
<th>Approval Date</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>61-25</td>
<td>2-1-92</td>
<td>10-1-91</td>
</tr>
<tr>
<td>87-16</td>
<td></td>
<td>HCFA ID: 7983E</td>
</tr>
</tbody>
</table>
A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.135

22. Individuals who—

   a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and

   b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

☐ Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

☐ Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

☐ The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN: 15-015
Supersedes
TN: 91-25

Approval Date: 7/13/16

Effective Date: 08/01/2016

HCFA ID: 7983E
A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

1634 of the Act 23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

☐ Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

☐ The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equaling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN: 15-015  Approval Date: 7/13/16
Supersedes
TN: 91-25  Effective Date: 08/01/2016
HCFA ID: 7983E
<table>
<thead>
<tr>
<th>Agency*</th>
<th>Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</td>
<td></td>
</tr>
<tr>
<td>1634(d) of the Act</td>
<td>24. Disabled widows and widowers who would be eligible for SSI except for receipt of early social security disability benefits, who are not entitled to hospital insurance under Medicare Part A and who are deemed, for purposes of title XIX, to be SSI beneficiaries under section 1634(d) of the Act.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Not applicable because the State applies more restrictive eligibility than those under SSI and the State chooses not to deduct any of the benefit that caused SSI/SSP ineligibility or subsequent cost-of-living increases.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>The State applies more restrictive eligibility requirements than those under SSI and part or all of the amount of the benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.</td>
<td></td>
</tr>
</tbody>
</table>

*Agency that determines eligibility for coverage.

TN: 15-015  
Supersedes  
TN: 91-25  
Approval Date: 7/13/16  
Effective Date: 08/01/2016  
HCFA ID: 7983E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF OHIO

CITATION CONDITION OR REQUIREMENT

A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(E)(i) and 1905(p) of the Act

25. Qualified Medicare Beneficiaries –

a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);

b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A, for a family of the same size; and

c. Whose resources do not exceed the standard calculated under subparagraph (D) of section 1860D-14(a)(3) of the Act.

(Medical assistance for this group is limited to cost sharing as defined in 3.2 of the introduction of this plan.)

1902(a)(10)(E)(ii), 1905(s), and 1905(p)(3)(A)(i) of the Act

26. Qualified disabled and working individuals –

a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;

b. Whose income does not exceed the income level (established at an amount up to 200 percent of the Federal income poverty level; and

c. Whose resources do not exceed twice the maximum standard under SSI; and

d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under sections 1818 and 1818A of the Act.)

TN# 09-021
Supersedes
TN# 91-30

Approval Date: JUN - 1 2010
Effective Date: 1/1/2010
## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

### STATE OF OHIO

<table>
<thead>
<tr>
<th>CITATION</th>
<th>CONDITION OR REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Mandatory Coverage — Categorically Needy and Other Required Special Groups</strong> (Continued)</td>
<td></td>
</tr>
<tr>
<td>1902(a)(10)(E)(iii) and 1905(p)(3)(a)(ii) of the Act</td>
<td>27. Specified Low-Income Medicare Beneficiaries —</td>
</tr>
<tr>
<td></td>
<td>a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);</td>
</tr>
<tr>
<td></td>
<td>b. Whose income exceeds the income level in 25. b., but is less than 120 percent of the Federal poverty level.</td>
</tr>
<tr>
<td></td>
<td>c. Whose resources do not exceed the standard calculated under subparagraph (D) of section 1860D-14(a)(3) of the Act.</td>
</tr>
<tr>
<td></td>
<td>(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)</td>
</tr>
<tr>
<td>1902(a)(10)(E)(iv)</td>
<td>27.1. Qualifying Individual —</td>
</tr>
<tr>
<td></td>
<td>a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);</td>
</tr>
<tr>
<td></td>
<td>b. Whose income is at least 120 percent of the Federal Poverty Level but less than 135 percent of the Federal Poverty Level; and</td>
</tr>
<tr>
<td></td>
<td>c. Whose resources do not exceed the standard calculated under subparagraph (d) of section 1860D-14(a)(3) of the Act.</td>
</tr>
<tr>
<td></td>
<td>(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)</td>
</tr>
</tbody>
</table>

TN# 09-021 Approval Date: JUN - 1-2010 Effective Date: 1/1/2010

Supersedes TN# 93-04
A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

1634(e) of the Act

28. a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.

b. The State applies more restrictive eligibility standards than those under SSI.

Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

*Agency that determines eligibility for coverage.
### Optional Groups Other Than the Medically Needy (Continued)

**1.** Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.

- The plan covers all individuals as described above.
- The plan covers only the following group or groups of individuals:
  - **X** Aged
  - **X** Blind
  - **X** Disabled

**2.** Individuals who would be eligible for AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

---

*Agency that determines eligibility for coverage.

**TN: 15-015**  
Supersedes  
**TN: 91-26**  
**Approval Date: 7/13/16**  
**Effective Date: 08/01/2016**  
**HCFA ID: 7983E**
### Agency* Citation(s) Groups Covered

#### B. Optional Groups Other Than the Medically Needy
(Continued)

<table>
<thead>
<tr>
<th>Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 CFR 435.212 &amp; 1902(e)(2)</td>
<td>The State deems as eligible those individuals who become otherwise ineligible for Medicaid while enrolled in an HMO qualified under title XIII of the Public Health Service Act or while enrolled in an entity described in sections 1903(m)(2)(B)(iii), (E), or (G) or 1903(m)(6) of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C) of the Act.</td>
</tr>
<tr>
<td>The minimum enrollment period is __________ (not to exceed six months).</td>
<td></td>
</tr>
<tr>
<td>The State measures the minimum enrollment period from:</td>
<td></td>
</tr>
<tr>
<td>1/ The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.</td>
<td></td>
</tr>
<tr>
<td>1/ The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.</td>
<td></td>
</tr>
</tbody>
</table>

*Agency that determines eligibility for coverage.*

---

<table>
<thead>
<tr>
<th>TN No.</th>
<th>Approval Date</th>
<th>Effective Date</th>
<th>HCFA ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>91-31</td>
<td>2-12-92</td>
<td>10-1-91</td>
<td>7983E</td>
</tr>
</tbody>
</table>
B. Optional Groups Other Than the Medically Needy (continued)

☐ The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

☒ 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF-IID, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State’s section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

☒ PACE participants.

*Agency that determines eligibility for coverage.
B. Optional Groups Other Than the Medically Needy
(Continued)

5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

- The State covers all individuals as described above.
- The State covers only the following group or groups of individuals:
  - Aged
  - Blind
  - Disabled
  - Individuals under the age of
    - 21
    - 20
    - 19
    - 18
  - Caretaker relatives
  - Pregnant women

*Agency that determines eligibility for coverage.
### ATTACHMENT 2.2-A

**OMB NO.: 0938-**

**State:** Ohio

<table>
<thead>
<tr>
<th>Agency*</th>
<th>Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Optional Groups Other Than the Medically Needy

(Continued)

<table>
<thead>
<tr>
<th>Agency*</th>
<th>Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>42 CFR 435.220</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1902(a)(10)(A)(ii) and 1905(a)(i) of the Act</td>
<td></td>
</tr>
</tbody>
</table>

6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

7. (a) All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of 21 as indicated below.

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
</tr>
</tbody>
</table>

---

**TN No. 91-26**

**Approval Date:** 2-12-92

**Effective Date:** 10-1-91

**HCFA ID:** 7983E
B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.222

Reasonable classifications of individuals described in (a) above, as follows:

- (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
  - (a) In foster homes (and are under the age of 21).
  - (b) In private institutions (and are under the age of 21).
  - (c) In addition to the group under (b)(1) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of 21).

- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 21).

- (3) Individuals in NFs (who are under the age of 21). NF services are provided under this plan.

- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of 21).
B. Optional Groups Other Than the Medically Needy (Continued)

(5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of 21), Inpatient psychiatric services for individuals under age 21 are provided under this plan.

(6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.
STATE: OHIO

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Citation Groups Covered

B. Optional Groups Other Than the Medically Needy (continued)

42 CFR 435.227
1902(a)(10)(A)(ii)(VIII)
and 1905(a)(1) of the Act

X 8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

a. Was eligible for Medicaid under the State's approved Medicaid plan; or

b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

c. Additional targeting:

The State covers individuals under the age of—

X 21
20
19
18

X The agency does not consider income or resources when determining eligibility for this population.

Supersedes
TN-91-26

TN-11-008 Approval Date AUG 08-2011 Effective Date 04/01/11
**State:** Ohio

### Agency* Citation(s) Groups Covered

<table>
<thead>
<tr>
<th>Agency Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B. Optional Groups Other Than the Medically Needy</strong> (Continued)</td>
<td></td>
</tr>
<tr>
<td>42 CFR 435.223</td>
<td>Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1902(a)(10) (A)(ii) and 1905(a) of the Act</th>
<th>Individuals under the age of:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Caretaker relatives</td>
</tr>
<tr>
<td></td>
<td>Pregnant women</td>
</tr>
</tbody>
</table>

**TN No.:** 91-36

**Supersedes:** 90-28

**Approval Date:** 2/2/92

**Effective Date:** 10-1-91

**HCFA ID:** 7983E
B. Optional Groups Other Than the Medically Needy (Continued)


1902(a)(10)(A) (ii)(IV) of the Act

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is—

a. Based on need and paid in cash on a regular basis.

b. Equal to the difference between the individuals' countable income and the income standard used to determine eligibility for the supplement.

c. Available to all individuals in the State.

d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

   (1) All aged individuals.
   (2) All blind individuals.
   (3) All disabled individuals.
### Optional Groups Other Than the Medically Needy (Continued)

<table>
<thead>
<tr>
<th>Agency Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 CFR 435.232</td>
<td>X (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.</td>
</tr>
<tr>
<td>1902(a)(10)(A)</td>
<td>X (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.</td>
</tr>
<tr>
<td>(ii)(IV) of the Act</td>
<td>X (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.</td>
</tr>
<tr>
<td></td>
<td>(7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.</td>
</tr>
<tr>
<td></td>
<td>(8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.</td>
</tr>
<tr>
<td></td>
<td>(9) Individuals in additional classifications approved by the Secretary as follows:</td>
</tr>
</tbody>
</table>

---

**TN: 15-015**
Supersedes
**TN: 91-26**

**Approval Date:** 7/13/16
**Effective Date:** 08/01/2016
**HCFA ID:** 7983E
### B. Optional Groups Other Than the Medically Needy (Continued)

<table>
<thead>
<tr>
<th>Agency*</th>
<th>Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>TN: 15-015</td>
<td>42 CFR 435.232</td>
<td>The supplement varies in income standard by political subdivisions according to cost-of-living differences.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No.</td>
</tr>
</tbody>
</table>

The standards for optional State supplementary payments are listed in Supplement 6 of Attachment 2.6-A.

---

TN: 15-015
Supersedes
TN: 91-26

Approval Date: 7/13/16
Effective Date: 08/01/2016
HCFA ID: 7983E
B. Optional Groups Other Than the Medically Needy (Continued)

<table>
<thead>
<tr>
<th>Agency*</th>
<th>Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>42 CFR 435.230</td>
<td></td>
</tr>
<tr>
<td></td>
<td>435.121</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1902(a)(10)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(A)(ii)(XI) of the Act</td>
<td></td>
</tr>
</tbody>
</table>

☐ 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is—

a. Based on need and paid in cash on a regular basis.

b. Equal to the difference between the individual’s countable income and the income standard used to determine eligibility for the supplement.

c. Available to all individuals in each classification and available on a Statewide basis.

d. Paid to one or more of the classifications of individuals listed below:

   _____ (1) All aged individuals.

   _____ (2) All blind individuals.

   _____ (3) All disabled individuals.
State: Ohio

Agency*  Citation(s)  Groups Covered

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Optional Groups Other Than the Medically Needy (Continued)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(9) Individuals in additional classifications approved by the Secretary as follows:</td>
<td></td>
</tr>
</tbody>
</table>

TN: 15-015  Approval Date: 7/13/16
Supersedes
TN: 91-26  Effective Date: 08/01/2016
HCFA ID: 7983E
B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

_____ Yes.

_____ No.

The standards for optional State supplementary payments are listed in Supplement 6 of Attachment 2.6-A.
B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.231 (/x/) 12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

/x/ The State covers all individuals as described above.

/ / The State covers only the following group or groups of individuals:

1902(a)(10)(A) (ii) and 1905(a) of the Act

___ Aged
___ Blind
___ Disabled
___ Individuals under the age of--
    ___ 21
    ___ 20
    ___ 19
    ___ 18
___ Caretaker relatives
___ Pregnant women
Agency* | Citation(s) | Groups Covered
--- | --- | ---

**B. Optional Groups Other Than the Medically Needy**
(Continued)

1902(e)(3) of the Act

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10) (A)(ii)(IX) and 1902(l) of the Act

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and

b. Infants under one year of age.
B. Optional Groups Other Than the Medically Needy
(Continued)

15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size.

Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained--

\[\frac{7}{8}\] years of age; or
\[\frac{8}{8}\] years of age.
### B. Optional Groups Other Than the Medically Needy (Continued)

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.

- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and

- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.
17. Presumptive Eligibility for Pregnant Women.

Women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act, limited to no more than one period per pregnancy.

The presumptive period begins on the day that the determination 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 was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

The following types of "qualified providers" or "qualified entities" (as defined in §1920A(b)(3)(A)) are used to determine presumptive eligibility:
- County departments of job and family services of the State of Ohio;
- Federally-qualified Health Centers (FQHCs);
- FQHC look-alikes; and
- Hospitals.

The State requires that a written application be completed and signed by the woman.

☐ Yes ☒ No

The written application requests the following information:

Not applicable.
B. Optional Groups Other Than the Medically Needy
(Continued)

1906 of the Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of ___ months.

1902(a)(10)(F)

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.
-a. Optional Coverage Other Than the Medically Needy
   (Continued)

1902(a)(10)(A)
(ii)(XIV) of
the Act

- X -

19. Optional Targeted Low Income Children who:
   a. are not eligible for Medicaid under any other optional or
      mandatory eligibility group or eligible as medically needy
      (without spenddown liability);
   b. would not be eligible for Medicaid under the policy in the
      State’s Medicaid plan as in the State’s Medicaid plan as in effect on March 31, 1997*
      (other than because of the age expansion provided for in
      section 1902(91)(2)(D));
   c. are not covered under a group health plan or other group
      health insurance (as such terms are defined in section 275)
      of the Public Health Service Act) coverage other than under
      a health insurance program in operation before July 1, 1997
      offered by a State which receives no Federal funds for the
      program;
   d. have family income at or below:

-200 percent of the Federal poverty level for the size family
   involved, as revised annually in the Federal Register.

*as amended by the technical amendments to Title XXI incorporated in the omnibus
appropriations bill—

Attachment 2.2-A
Page 23b

State: OHIO

TN No. 94-005 Approval Date 3-21-01 Effective Date 7/1/2000

Supersedes
TN No. 97-29

This page is superseded by
SPA TN 13-0025 submitted via MMDL.
ATTACHMENT 2-2-A
PAGE 23b

STATE: Ohio

Citation Group Covered

B. Optional Coverage Other Than the Medically Needy (Continued)

1902 (a) (10) (A) (ii) (XVIII) of the Act. Women who:

a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;

b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act;

c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and

d. have not attained age 65.
## STATE OF OHIO

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

<table>
<thead>
<tr>
<th>Citation</th>
<th>Groups Covered</th>
</tr>
</thead>
</table>
| 1902(a)(10)(A)(iii)(XIV) | Optional Targeted Low-Income Children (con't.)

The state covers:

All children described above who are under age 19 with family income at or below 200 percent of the federal poverty level.

The following reasonable classification of children described above who are under age (18, 19) with family income at or below the percent of the federal poverty level specified for this classification:

<table>
<thead>
<tr>
<th>1902(e)(12) of the Act</th>
<th>20. Continuous Eligibility for Children</th>
</tr>
</thead>
</table>

A child under age 19 (not to exceed age 19) who has been determined eligible under 1902(a)(10)(A) of the Act is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances, other than moving out of state or attainment of maximum age stated above, until the earlier of:

- The end of a period (not to exceed 12 months) of continuous eligibility;
- The time that the individual exceeds that age.

---

**TN No. 10-005**

Approval Date JUN 28 2010

Effective Date 04/01/10

Supersedes TN No. 00-002

Text stricken here is superseded by SPA TN 13-0025 submitted via MMDL.
State of Ohio

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Citation | Groups Covered
--- | ---
1920A of the Act | 21. Presumptive Eligibility for Children

Children under age 19 (no more than 19) who are determined by a "qualified entity" (as defined in section 1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with 1920A of the Act.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day the state agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

The following types of "qualified entities" are used to determine presumptive eligibility:
- County departments of job and family services of the State of Ohio;
- Federally Qualified Health Centers (FQHCs);
- FQHC look-alikes; and
- Hospitals.

The State requires that a written application be completed and signed by the child's parent or other representative:

- Yes  No

The written application requests the following identifying information:

Not applicable.

Approval Date: 3/4/13
Effective Date: 04/01/2012
### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

<table>
<thead>
<tr>
<th>Citation</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.</td>
<td>Optional Groups Other Than the Medically Needy (Continued)</td>
</tr>
<tr>
<td>1902(a)(10)(A) (ii)(XIII) of the Act</td>
<td>25. BBA Work Incentives Eligibility Group - Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A.</td>
</tr>
<tr>
<td>1902(a)(10)(A) (ii)(XV) of the Act</td>
<td>26. TWWIIA Basic Coverage Group - Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State. See page 12d of Attachment 2.6-A.</td>
</tr>
<tr>
<td>1902(a)(10)(A) (ii)(XVI) of the Act</td>
<td>27. TWWIIA Medical Improvement Group - Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State. See page 12h of Attachment 2.6A. NOTE: If the State elects cover this group, it MUST also cover the eligibility group described in No. 26 above.</td>
</tr>
</tbody>
</table>

---

**TN No.** 07-021  
**Approval Date** MAR 1 2008  
**Effective Date** 04/01/08  
**Supersedes**  
**TN No.** NEW
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OHIO

Citation

Groups Covered

8. Optional Groups Other Than the Medically Needy
(Continued)

The state covers:


☒ a. The state will provide coverage for these children until the age of:

- 18 years old
- 20 years old
- ☒ 21 years old

☒ b. The state will not apply an income test for these children.

☒ c. The state will not apply a resource test for these children.
B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)(A)(ii)(XXI)
1902(ii)

23. Family planning services for non-pregnant individuals not otherwise eligible.

☑ Individuals who are not pregnant and whose income does not exceed the State established income standard of 204% of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan, which is 200% of the Federal Poverty Level.

In determining eligibility for this group, the State applies the same standard that is used for pregnant women, which increases the family size by one:

☐ In determining eligibility for this group, the State considers only the income of the applicant or recipient.

Note: Services are limited to family planning services and family planning-related services as described in section 4.c(ii) of Attachment 3.1-A.

1920C

Presumptive Eligibility for Family Planning:

☐ The State provides a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual, describe in the group the State has elected to make eligible under the above option. The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a)(10)(A)(ii)(XXI), or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.

☐ In addition to family planning services, the State covers family planning-related services to such individuals during the period of presumptive eligibility.
Groups Covered

B. Optional Groups other than the Medically Needy

In addition to providing State plan HCBS to individuals described in 1915(i)(1), the state may also cover the optional categorically needy eligibility group of individuals described in 1902(a)(10)(A)(ii)(XXII) who are eligible for HCBS under the needs-based criteria established under 1915(i)(1)(A) and have income that does not exceed 150% of the FPL, or who are eligible for HCBS under a waiver approved for the state under Section 1915(c), (d) or (e) or Section 1115 (even if they are not receiving such services), and who do not have income that exceeds 300% of the supplemental security income benefit rate. See 42 CFR § 435.219. (Select one):

- No. Does not apply. State does not cover optional categorically needy groups.
- Yes. State covers the following optional categorically needy groups. (Select all that apply):

  (a) Yes. Individuals not otherwise eligible for Medicaid who meet the needs-based criteria of the 1915(i) benefit, have income that does not exceed 150% of the federal poverty level, and will receive 1915(i) services. There is no resource test for this group. Methodology used: (Select one):

    - SSI. The state uses the following less restrictive 1902(r)(2) income disregards for this group. (Describe, if any):

      After SSI countable income, the State disregards income in the amount of the difference between 150% of the Federal Poverty Level (FPL) and 300% of the Federal Benefit Rate (FBR) plus a $20 disregard for personal needs.

    - OTHER (describe):

  (b) Yes. Individuals who are eligible for home and community-based services under a waiver approved for the State under section 1915(c), (d) or (e) (even if they are not receiving such services), and who do not have income that exceeds 300% of the supplemental security income benefit rate. Income limit: (Select one):

    - 300% of the SSI/FBR
    - Less than 300% of the SSI/FBR (Specify): ___%
Specifying the applicable 1915(c), (d), or (e) waiver or waivers for which these individuals would be eligible: *(Specify waiver name(s) and number(s)):

(c) □ Individuals eligible for 1915(c), (d) or (e) -like services under an approved 1115 waiver. The income and resource standards and methodologies are the same as the applicable approved 1115 waiver. Specify the 1115 waiver demonstration or demonstrations for which these individuals would be eligible. *(Specify demonstration name(s) and number(s)):

States choose which populations described in section 1905(a) of the Act to include in optional eligibility groups they select under section 1902(a)(10)(A)(ii) of the Act. In adopting the eligibility group described in section 1902(a)(10)(A)(ii)(XXII) of the Act, the state elects to include the following populations described in 1905(a) of the Act:

a) 1905(a)(iii) (individuals 65 and older)
b) 1905(a)(v) (individuals who have disabilities and are at least 18 years old)
c) 1905(xvii) (individuals who are eligible for and will receive services under an approved 1915(i) benefit.

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 0938-1188. The time required to complete this information collection is estimated to average 114 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.
C. Optional Coverage of the Medically Needy

42 CFR 435.301 This plan includes the medically needy.

<table>
<thead>
<tr>
<th>Agency Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Optional Coverage of the Medically Needy</td>
<td></td>
</tr>
<tr>
<td>42 CFR 435.301</td>
<td>This plan includes the medically needy.</td>
</tr>
<tr>
<td>1902(e) of the Act</td>
<td>Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.</td>
</tr>
<tr>
<td>1902(a)(10)(C)(ii)(I) of the Act</td>
<td>Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.</td>
</tr>
</tbody>
</table>
C. Optional Coverage of Medically Needy (Continued)

1902(e)(4) of the Act

4. Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household.

42 CFR 435.308

5. a. Financially eligible individuals who are not described in section C.3. above and who are under the age of--

   21
   20
   19

   18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training

   b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

   (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

   (a) In foster homes (and are under the age of______).

   (b) In private institutions (and are under the age of______).
C. Optional Coverage of Medically Needy (Continued)

   (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ___). 

   (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ____).

   (3) Individuals in NFs (who are under the age of ____). NF services are provided under this plan.

   (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ____).

   (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

   (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.
C. Optional Coverage of Medically Needy (Continued)

6. Caretaker relatives.
42 CFR 435.310

7. Aged individuals.
42 CFR 435.320
and 435.330

8. Blind individuals.
42 CFR 435.322
and 435.330

9. Disabled individuals.
42 CFR 435.324
and 435.330

10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
42 CFR 435.326

11. Blind and disabled individuals who:

a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;

b. Were eligible as medically needy in December 1973 as blind or disabled; and

c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.
<table>
<thead>
<tr>
<th>Agency*</th>
<th>Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C. Optional Coverage of Medically Needy (Continued)</td>
<td></td>
</tr>
<tr>
<td>1906 of the Act</td>
<td>12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of ___ months.</td>
<td></td>
</tr>
</tbody>
</table>

Approval Date 2-12-92
Effective Date 10-1-91
HCFA ID: 7983E
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Ohio

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

<table>
<thead>
<tr>
<th>Agency</th>
<th>Citation(s)</th>
<th>Groups Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1935(a) and 1902(a)(66)</td>
<td>The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act.</td>
<td></td>
</tr>
<tr>
<td>42 CFR 423.774 and 423.904</td>
<td>1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.</td>
<td></td>
</tr>
</tbody>
</table>

TN No. 05-024 Approval Date Nov. 1, 2004 Effective Date July 1, 2005

Supersedes
TN No. new