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State/Territory Name: Qj kq

State Plan Amendment (SPA) #: QJ /48/2228

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Children and Adults Health Programs Group

April 21, 2026

Scott Partika
Medicaid Director
Ohio Department of Medicaid
50 West Town Street, 4th Floor
Columbus, OH

Dear Director Partika:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) OH-26-0006, submitted on February 27, 2026, has been approved. The SPA has an effective date of December 1, 2025.

Ohio's SPA OH-26-0006 implements a CHIP Health Services Initiative (HSI) to improve the health of low-income children by increasing their access to needed vision screening services and glasses through a targeted, school-based initiative. The HSI will allow the state to provide these services on-site at Title I Ohio schools, in which at least 51 percent of the student body receives free or reduced-price meals. Services for children enrolled in Medicaid and CHIP will not be funded under the initiative, as federal financial participation is available for vision services provided to these children through the regular Medicaid and CHIP claiming processes.

This HSI approval is based on section 2105(a)(1)(D)(ii) of the Social Security Act (the Act) and 42 CFR §§ 457.10 and 457.618, which authorize use of title XXI administrative funding for expenditures for HSIs that improve the health of children, including targeted low-income children and other low-income children. Consistent with section 2105(c)(6)(B) of the Act and 42 CFR § 457.626, title XXI funds used to support an HSI cannot supplant Medicaid or other sources of federal funding. The state's total title XXI administrative expenditures may not exceed 10 percent of its total annual title XXI computable expenditures.

The state shall ensure that the available title XXI administrative funding is sufficient to continue the proper administration of the CHIP program. If such funds become less than sufficient, the state agrees to redirect title XXI funds from the support of this HSI to the administration of the CHIP state plan. The state shall report annually to CMS the expenditures funded by the HSI for each federal fiscal year.

Your title XXI project officer is Chanelle Parkar. She is available to answer questions concerning this amendment and other CHIP-related matters and can be reached at Chanelle.Parkar@cms.hhs.gov.

Page 2 – Director Scott Partika

If you have any questions, please contact Mary Beth Hance, Director, Division of State Coverage Programs, at (410) 786-4299. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Jessica Stephens/

Jessica Stephens
Acting Director

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: OHIO
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

_____, February _____, 2026
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Maureen M. Coreoran Scott Partika Position/Title: Director, Ohio Department of Medicaid

Name: Patrick Beatty Position/Title: Policy Director, Ohio Department of Medicaid

Name: Jesse Wyatt Position/Title: Chief, Bureau of Long-Term Services and Supports

Name: Bridget Harrison Position/Title: Deputy Director, Strategic Initiatives

Name: Ogbe Aideyman Position/Title: Chief, Bureau of Health Plan Policy

Disclosure Statement This information is being collected pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: January 1998

Implementation Date: January 1998

SPA # ~~OH-21-003726-0006~~ Purpose of SPA: ~~Updating strategic objectives and metrics for increasing coverage~~ Implement new CHIP HSI program for child vision services

Proposed effective date: December ~~31, 2021~~, 2025

Proposed implementation date: December ~~31, 2021~~, 2025

1.4- TC **Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

Ohio's CHIP MAGI SPAs:

TN No: Approval Date Effective Date

OH-14-0011, Approved 8/21/14, Effective 1/1/14

SPA Group: XXI Medicaid Expansion

PDF #: CS3

Description: Eligibility for Medicaid Expansion Program

Superseded Plan Section(s): Supersedes the current Medicaid expansion section 4.0

OH-14-0012, Approved 8/21/14, Effective 1/1/14

SPA Group: Establish 2101(f) Group

PDF #: CS14

Description: Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards

Superseded Plan Section(s): Incorporated within a separate subsection under section 4.1

Section 2. General Background and Description of Approach to Children's Health Insurance

Coverage and Coordination

Guidance: The demographic information requested in 2.1. can be used for State planning and will be used strictly for informational purposes. **THESE NUMBERS WILL NOT BE USED AS A BASIS FOR THE ALLOTMENT.**

Factors that the State may consider in the provision of this information are age breakouts, income brackets, definitions of insurability, and geographic location, as well as race and ethnicity. The State should describe its information sources and the assumptions it uses for the development of its description.

- Population
- Number of uninsured
- Race demographics
- Age Demographics
- Info per region/Geographic information

2.1. Describe the extent to which, and manner in which, children in the State (including targeted low-income children and other groups of children specified) identified, by income level and other relevant factors, such as race, ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR 457.10). To the extent feasible, distinguish between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements). (Section 2102(a)(1)); (42 CFR 457.80(a))

The table below shows trends in the three-year averages for the number and rate of uninsured children (age 18 and under) who are below 200% FPL in Ohio based on the Current Population Survey (CPS) annual estimates from the American Community Survey (ACS), along with the percent of change from 1996-2006-2009 through 2010-2012-2014.

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number in Thousands	Std. Error	Rate	Std. Error
1996-1998	189	28.7	6.0	.9
1998-2000	186	28.5	5.8	.9
2000-2002	157	21.8	5.4	.7
2002-2004	156	21.7	5.2	.7
2003-2005	153	21.6	5.2	.7
2004-2006	131	20.0	4.5	.7

2005-2007	134	20.0	4.6	.7
2006-2008	122	19.0	4.3	.7
2007-2009	154	21.0	5.3	.7
2008-2010	159	15.0	5.6	.5
2009-2011	170	16.0	6.0	.5
2010-2012	151	15.0	5.4	0

<u>Year</u>	<u>Number of uninsured children</u>	<u>Margin of error</u>	<u>Percent of children who are uninsured (of total children in your state)</u>	<u>Margin of error</u>
<u>2020</u>	Not available	Not available	Not available	Not available
<u>2021</u>	<u>73,000</u>	<u>8,000</u>	<u>2.7%</u>	<u>0.3%</u>
<u>2022</u>	<u>53,000</u>	<u>6,000</u>	<u>2.0%</u>	<u>0.2%</u>
<u>2023</u>	<u>66,000</u>	<u>9,000</u>	<u>2.5%</u>	<u>0.3%</u>
<u>2024</u>	<u>74,000</u>	<u>8,000</u>	<u>2.8%</u>	<u>0.3%</u>

<u>Change in the number of uninsured children between 2023 and 2024</u>	<u>Change in the percent of uninsured children between 2023 and 2024</u>
12.12%	12%

The Ohio Department of Medicaid (ODM) uses the CPsACS, but augments this information with its own survey (the Ohio Family Health Survey). For additional information related to this data, see the State's CHIP annual report performance objectives.

Guidance: Section 2.2 allows states to request to use the funds available under the 10 percent limit on administrative expenditures in order to fund services not otherwise allowable. The health services initiatives must meet the requirements of 42 CFR 457.10.

2.2. Health Services Initiatives- Describe if the State will use the health services initiative option as allowed at 42 CFR 457.10. If so, describe what services or programs the State is proposing to cover with administrative funds, including the cost of each program, and how it is currently funded (if applicable), also update the budget accordingly. (Section 2105(a)(1)(D)(ii)); (42 CFR 457.10)

Pursuant to Section 2105(a)(1)(D)(ii) of the Social Security Act, the Ohio Department of Medicaid (ODM) will partner with the Ohio Department of Health (ODH) to enhance and expand the State's current lead abatement program and child vision services program through the use of CHIP HSI funds. ODH will administer all aspects of the programs with ODM's oversight.

PROJECT 1 – LEAD ABATEMENT ACTIVITIES

The following outlines the lead abatement activities, proposed eligibility, project prioritization and conditions of enrollment for homes included in the initiative:

Phase 1: Properties with Lead Hazard Control Orders

Currently there are an estimated 1,200 homes across the state under lead hazard control orders that may be eligible for lead abatement assistance through the CHIP-HSI. Potential program participants will be identified from an existing inventory of homes that are under an order issued by ODH or one of its delegated local boards of health. At the start of the project, ODH will contact owners of these homes by phone or letter to solicit participation in the program.

Monitoring and Oversight

To help ensure a successful program, ODH will contract with a third-party vendor or vendors to be selected through a competitive bid process to provide daily oversight and management of all aspects of the project. Vendor activities will include participant enrollment, income verification, lead testing services, generation of lead abatement specifications and coordinating and bidding lead abatement activities. The vendor or vendors selected will have previous experience in operating and managing a project the same size and scope as this project. ODH has a project management outline and quality assurance processes in place that it will use to oversee the work of the contractor.

Eligibility Criteria

ODH will ensure property owners and families do not qualify for any other federal funding sources for lead hazard control before qualifying them for this program. Property owners and families are eligible for participation in the program if all the following criteria are met:

- 1) The property owner must demonstrate proof the occupants' income is at or below 206% of the federal poverty level (FPL) following federally published guidelines based on household size. However, consideration will be given to occupants whose income exceeds this threshold if there are no other financial resources available to the family for lead abatement activities as determined by ODH;
- 2) The property is subject to a lead hazard control order issued by ODH or one of its delegated boards of health; and
- 3) The property is the primary residence for at least one Medicaid-eligible child under 19 years of age or a pregnant woman.

safe activities were done. Rental properties listed on the Lead-Safe Housing Registry must be inspected annually to remain on the registry and listed as lead-safe.

At the completion of lead abatement work funded as part of this project, a rental property owner must ensure the property is registered on the proposed Lead-Safe Housing Registry on the Ohio Housing Locator website in accordance with requirements outlined in the Ohio Administrative Code. The vendor must ensure the property owner is aware of the registry requirements.

A significant component of the Ohio Lead-Safe Housing Registry will be marketing the free resource to the economically-disadvantaged population in the state. As part of the State's overall work plan, ODH is developing a statewide multimedia marketing plan to ensure that the public is aware of the registry and uses it to identify low cost, lead-safe rental housing. ODH is also developing a smaller but still significant marketing plan that targets rental unit owners or operators to encourage them to list their lead-safe properties on the registry. As noted above, all rental units made lead-safe within the scope of this HSI will be required to list their rental properties as lead-safe on the Ohio Housing Locator website.

Metrics

Key Metrics the state will track and report to CMS quarterly:

- Number of houses identified with children who have elevated blood lead levels
- The number of homes scheduled for lead hazard control.
- The number of homes in which lead hazard control has occurred.
- Number of houses abated for pregnant women.
- Number of houses abated for Medicaid-eligible children under the age of 19.
- Record of actual services provided in each house.
- Clearance testing results for each project.
- Percentage of Medicaid-eligible children receiving blood lead testing under EPSDT statewide and in this health services initiative.
- Percentage of children with elevated blood lead levels statewide and in this health services initiative.

Ohio assures that the State will report on agreed-upon metrics at regular intervals to CMS regarding the progress of the HSI.

Allocation of the cost of Ohio's Lead-Safe Housing Registry

Ohio proposes using the ratio of total children under 19 compared to the total Medicaid-eligible children under 19.

PROJECT 3- OHIO VISION PROGRAM

Background

In Ohio, only 40% 44% of children birth through 17 have seen an eye doctor in the past two years (Child and Adolescent Health Measurement Initiative). In addition, 23% of children birth through 17

who have seen an eye doctor in the past two years, received a prescription for eyeglasses or contacts (Child and Adolescent Health Measurement Initiative)¹. Caregivers have cited lack of time, insurance, transportation, and providers in their area as barriers to providing their children with follow-up eye care.

Per Ohio Revised Code, school-aged children are screened for vision problems in the odd grade years. Additional screenings are performed at other times if students transfer into the district or have a newly developed Individualized Education Program (IEP). In Ohio, more than 56% of children from birth through 17 have received a vision screening from a provider other than an eye doctor (Child and Adolescent Health Measurement Initiative). The data shows that not all students who fail vision screenings are receiving comprehensive eye exams and glasses, if needed.

~~To ensure optimal classroom learning,~~ Approximately one in four (1 in 4) children need corrective lenses to see the board, read a book, or participate in class (American Optometric Association). Access to vision exams and glasses is critical to promoting positive educational achievements and health outcomes, as 80 percent of all learning during a child's first 12 years is visual (American Optometric Association). Students with vision problems may have lower academic performance, as measured by test scores and grades, and students' performance in school affects future employment earnings, health behaviors, and life expectancy. Given the importance of ensuring access to vision health services for children, Ohio seeks to use the HSI option to deliver needed vision services and glasses to low-income children through a targeted, school-based initiative. This initiative is available to low income students in Title I schools in which at least 51% of the students enrolled are eligible for free or reduced-priced lunches ~~districts with high rates of free and reduced lunch eligibility~~, contingent on the capacity and operations of the contracted vision provider(s) to expand services over time. Ohio intends to have a provider agreement with qualified vision services providers to offer vision services and glasses onsite at selected Ohio schools, based on need through the Ohio school nursing vision reporting tool.

Ohio children in low-income families and communities experience real barriers to accessing essential, basic services. Particularly for school-aged children, not receiving needed vision care has serious educational consequences, as described above. This HSI helps to address low-income children's inequitable access to essential vision care services with an evidence-based intervention shown to lead to significant gains in learning among children.

Operation details:

The vision services CHIP HSI will operate as follows:

¹ Child and Adolescent Health Measurement Initiative. 2021-20222023-2024 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 04/17/24 from www.childhealthdata.org.

1. Monitoring and Oversight:

- a. ODM will monitor the financial and programmatic implementation of the Ohio Vision program through an interagency agreement and ISTV with the [Ohio Department of Health \(ODH\)](#).
- b. To help ensure a successful program, ODH will contract with at least one third-party vendor to be selected through a competitive bid process to provide daily oversight and management of all aspects of the project. Vendor activities will include:
 - i. Procuring and operating the mobile vision van or other innovative school-based model
 - ii. Maintenance and operation of the van from site-to-site
 - iii. Engagement, education and scheduling with schools or school districts identified by ODH
 - iv. Contracting or hiring vision providers to adequately staff the vans
 - v. Medicaid and private insurance billing
 - vi. Data reporting to ODH

2. Process for identifying and prioritizing services to children in need of glasses:

- a. The program will ~~prioritize~~target students ~~under~~up to the age of 19 who have failed a required vision screening performed at the school and who have parental consent to a comprehensive eye exam and corrective lenses through the contracted vision services provider because the child will not receive a comprehensive vision screening from a community provider. HSI funds will not be used to furnish services for children in the targeted schools who may have private insurance.
- b. The qualified vision services provider(s) will serve Ohio's low-income children ~~in~~ enrolled in Title I schools in which at least 51% of the students enrolled are eligible for free or reduced-priced lunches. The Ohio Vision Program is a statewide initiative with priority given to Title I school districts with at least 51% of students receiving free or reduced lunch and with high rates of children who failed the vision screening and have not received a comprehensive eye exam as indicated by ODH school vision screening data. ~~school districts identified by ODH and with high rates of free and reduced lunch eligibility.~~
- c. In these school districts:
 - i. Upon consent of each school district, the qualified vision services provider receives information from the school regarding student vision screenings to

identify which children failed the screening and therefore require an eye exam and potentially, glasses.

ii. Each child receives information about services from the qualified vision service provider's onsite mobile eye clinic at the school. For children who fail the vision screening and whose parent/guardian consents, the qualified vision services provider performs one vision exam (onsite in a mobile eye clinic) and, if needed, provides corrective lenses and frames (onsite at the school campus).

iii. For children who receive corrective lenses and frames, the qualified vision services provider will complete a glasses' fitting and will also provide replacements, as needed.

d. Consent Option:

i. All school districts in the project will require opt-in consent. The qualified vision services provider gives children who failed the vision screening a parent/guardian consent form that provides information about the services. The parent/guardian fills out the consent form to opt-in or authorize the services provided by the qualified vision provider. The form provides space for the child's name, birthdate, and insurance information. The completed forms are returned to the qualified vision services provider, which maintains a copy, and the school, which maintains a list of children whose parents have consented to the services.

3. Process for Billing and Reimbursement of Services Covered by CHIP HSI:

a. The qualified vision services provider conducts a "matching process" that allows the provider to bill Medicaid and CHIP managed care plans for the services provided to children enrolled in Medicaid or CHIP. ~~If a child enrolled in Medicaid and CHIP has already exceeded their benefits to replace lost or broken lenses or frames, CHIP HSI would cover the costs of the replacement. Additionally, ODM will utilize the CHIP HSI to pay for a Mobile Van Build add-on rate for all Medicaid youth served by the program as this would alleviate a discrepancy in reimbursement amounts between uninsured youth and Medicaid youth.~~ The qualified vision services provider uses a centralized state portal for the Medicaid and CHIP matching process. A description of the process follows:

i. Data Collection

1. The qualified vision services provider collects identifying information on all children it serves (including first name, last name, and date of birth).

ii. Medicaid and CHIP Matching Process and Billing [Managed Care Organizations \(MCOs\)](#)

1. The qualified vision services provider enters the collected data into the online state Medicaid portal to identify children with an active Medicaid

or CHIP plan. For these children, the portal provides a Medicaid identification number and the plan in which they are enrolled.

2. The qualified vision services provider uses the Medicaid identification number and plan information it receives from the state portal to verify MCO enrollment by entering this information into the corresponding MCO's system. The qualified vision services provider then submits bills directly to the identified MCOs with which it is credentialed for children for whom active enrollment can be verified. The MCOs pay the qualified vision services provider for the services delivered based on negotiated, standard fees. CHIP HSI will be utilized to reimburse the provider for the flat mobile van add-on rate for all Medicaid youth served, as well as for services for Medicaid youth that have exceeded their vision benefit limits. To the extent the qualified vision services provider is not credentialed with a Medicaid MCO, it will not seek HSI reimbursement for children identified as enrolled in that Medicaid (MA) MCO.

iii. HSI Reimbursement

1. The qualified vision services provider submits an invoice to the Ohio Department of Health describing services provided for which it seeks HSI reimbursement. HSI funds will not be used to furnish services for children in the targeted schools who may have private insurance.”

2. The invoice will:

- a. Include children under age 19 who were not identified through the matching process described above as being actively enrolled in Medicaid or CHIP and do not have private insurance.
- b. Include children under age 19 who were covered by Medicaid/CHIP and had the Mobile Van add-on rate paid or who had services paid based on exceeding their vision benefit limits.
- c. The provider will submit a list of students covered by private insurance, Medicaid or CHIP who received an exam and/or corrective lenses and frames to ensure no duplication of payment occurred and that all children covered by CHIP HSI are uninsured.
- d. The Ohio Department of Health reimburses the qualified vision services provider for the total invoice amount using CHIP HSI funding.
- e. The Ohio Department of Medicaid will enter into an Interagency Agreement with ODH for the costs associated with the CHIP HSI for the Ohio Children's Vision Program, up to five (\$5) million dollars annually.

- f. Annually, Ohio expects that the HSI will serve at least 8,000-1,000 children in need of a comprehensive vision exam and corrective lenses/frames.

Metrics

1. Key metrics the state will track and report to CMS annually
- a. ODH will collect and report on data on Ohio's Children's Vision Program. ODH currently collects vision data annually through the school nurse vision reporting tool. School nurses currently report to ODH for every public school district in the state the number of children who received vision screenings, the number of children who had failed screenings, the number of children who receive a comprehensive eye examine following a failed screening. ODH will use this survey as baseline data for reporting progress and outcome metrics. ODH will refine data collection questions and mechanisms as part of the implementation of the Ohio Children's Vision Program. Additional data in the categories below will be collected.
- i. Vision access and outcomes for children participating in the program
- ii. Medicaid spending for the children participating in the program

2.3-TC

Tribal Consultation Requirements- (Sections 1902(a)(73) and 2107(e)(1)(C)); (ARRA #2, CHIPRA #3, issued May 28, 2009) Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(1)(C) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

Describe the process the State uses to seek advice on a regular, ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS. Include information about the frequency, inclusiveness and process for seeking such advice.

Ohio has a very small Native American population. There are no formal AI/AN groups or organizations in the state.

Section 3. Methods of Delivery and Utilization Controls

- Check here if the State elects to use funds provided under Title XXI only to provide expanded eligibility under the State's Medicaid plan, and continue on to Section 4 (Eligibility Standards and Methodology).

Guidance: In Section 3.1, describe all delivery methods the State will use to provide services to enrollees, including: (1) contracts with managed care organizations (MCO), prepaid inpatient health plans (PIHP), prepaid ambulatory health plans (PAHP), primary care case management entities (PCCM entities), and primary care case managers (PCCM); (2) contracts with indemnity health insurance plans; (3) fee-for-service (FFS) paid by the State to health care providers; and (4) any other arrangements for health care delivery. The State should describe any variations based upon geography and by population (including the conception to birth population). States must submit the managed care

TN 26-0006 CHIP Vision HSA Waiver

5.1. (formerly 2.2) Describe the current State efforts to provide or obtain creditable health coverage for uninsured children by addressing sections 5.1.1 and 5.1.2. (Section 2102)(a)(2) (42CFR 457.80(b))

Guidance: The information below may include whether the state elects express lane eligibility a description of the State's outreach efforts through Medicaid and state-only programs.

5.1.1. (formerly 2.2.1.) The steps the State is currently taking to identify and enroll all uninsured children who are eligible to participate in public health insurance programs (i.e., Medicaid and state-only child health insurance):

Ohio insures over 1 million children under the Medicaid and CHIP programs. Ohio's CHIP is a Medicaid expansion rather than a stand-alone program. Therefore, the boundaries between Title XIX and Title XXI are transparent to enrollees since the only difference between a Medicaid and a CHIP enrolled child is their family's income and insurance status.

ODM maintains its partnership with the ODH's [Bureau for Children with Medical Handicaps](#) [Complex Medical Help](#), Hemophilia, and HIV programs, whereby ODH pays the insurance premiums when it is cost effective and when families cannot afford to keep their employer-based insurance.

Beginning in 1992, ODH, through its BCMH, Hemophilia, and HIV programs, started paying health insurance premiums for families who could not afford to keep their employer-based insurance. ODH only pays insurance premiums where it is cost effective to maintain a person's private coverage.

The public health insurance purchasing programs screen potentially eligible candidates to determine that the people for whom health insurance is being purchased are not eligible for Medicaid prior to purchasing. Outreach is done through public health nurses and the provider networks for the BCMH, Hemophilia, and HIV programs. While the Application for Health Coverage and Help Paying Costs (ODM 7216) is not an application for these health insurance purchasing programs, the information provided on the ODM 7216 can be used to initiate the exploration of eligibility for a health insurance purchasing program. Ohio passed four significant pieces of legislation in 1999 to provide certain patient protections for Ohio's health consumers. They are:

- 1) H.B.4, which includes the establishment of requirements for conducting internal and external review of health care coverage decisions made by health insuring corporations, and sickness and accident insurers;
- 2) H.B. 361, which includes regulations of aspects of enrollees' access to covered health care services;
- 3) H.B. 698, which includes revisions of the standards for using electronic signatures in

- Additionally, ODM partners with ODH's Maternal and Child Health Program to focus on low-income women and children in socioeconomic, racial and ethnic groups that are disproportionately affected by poor health in geographic areas and populations of highest need. Currently there are 58 projects in 64 counties funded across Ohio.

- The Ohio Benefit Bank (OBB) is a web-enabled, counselor-assisted program that helps low income and moderate income Ohioans identify available benefits. Consumers have the opportunity to gain access to credits and benefits such as the Earned Income Tax Credit, Medicaid, Supplemental Nutrition Assistance Program (SNAP), child care subsidies, and home energy assistance.

The OBB, in partnership with the Governor's Office of Faith Based and Community Initiatives and the Ohio Association of Foodbanks, works with local partners such as community or faith-based organizations, food banks or food pantries, health care providers and housing programs in order to customize the outreach programs to meet community needs. This initiative operates more than 400 Benefit Bank sites in Ohio.

- To support the uninsured, ODM's Consumer Hotline continues to provide application assistance and answers to general eligibility questions to help consumers with getting the care they need. In addition, local level efforts continue in the form of county staff assisting consumers with navigating the program. To target minority populations, materials are translated into Spanish and Somali, and are made available on the Internet and at the local CDJFSs. Additionally, Healthchek (EPSDT) and Pregnancy-Related Services (PRS) materials are translated into Spanish, Somali, and Arabic.

- The Self-Service Web Application is an online system that allows consumers to make an application for or renew assistance or to report case changes via the internet. The Self Service Web-Application is available 24 hours a day, 7 days a week.

- Training

ODM continues to offer training and technical assistance to the County Departments of Job and Family Services regarding new program policy changes and expansions, reminders, errors and clarifications. Targeted training is offered to community-based organizations that addresses the basic concepts necessary to understand Medicaid. ODM also provides training and technical assistance to its sister state agencies, including the departments of Developmental Disabilities, Youth Services, Rehabilitation and Correction, Behavioral Health, Children and Youth, Mental Health and Addiction Services, and Aging.

Section 6. Coverage Requirements for Children's Health Insurance

Check here if the State elects to use funds provided under Title XXI only to provide expanded eligibility under the State's Medicaid plan and proceed to Section 7 since children covered under a Medicaid expansion program will receive all Medicaid covered services including EPSDT.

- All cost sharing, benefit, payment, eligibility need to be reflected in the budget.
- Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.
- Include a separate budget line to indicate the cost of providing coverage to pregnant women.
- States must include a separate budget line item to indicate the cost of providing coverage to premium assistance children.
- Include a separate budget line to indicate the cost of providing dental-only supplemental coverage.
- Include a separate budget line to indicate the cost of implementing Express Lane Eligibility.
- Provide a 1-year projected budget for all targeted low-income children covered under the state plan using the attached form. Additionally, provide the following:
 - Total 1-year cost of adding prenatal coverage
 - Estimate of unborn children covered in year 1

CHIP Budget

STATE: OH	FFY Budget
Federal Fiscal Year	2022 2026
State's enhanced FMAP rate	75.40% 77.83%
Benefit Costs	
Insurance payments	0
Managed care	963,922,722
per member/per month rate	569,475,330
	222333
Fee for Service	61,554,377
	81,443,347
Total Benefit Costs	1,025,477,099
(Offsetting beneficiary cost sharing payments)	650,918,677
Net Benefit Costs	0
Cost of Proposed SPA Changes – Benefit	1,025,477,099
	650,918,677
Administration Costs	
Personnel	5,000,000 7,426,980
	15,000,000
General administration	28,029,057
Contractors/Brokers	7,500,000 5,887,043

STATE: OH	FFY Budget
Claims Processing	4,500,000 6,398,247
Outreach/marketing costs	0
Health Services Initiatives- <u>Lead Abatement & Lead-Safe Rental Registry and Support Activities</u>	5,000,000
	5,000,000
<u>Health Services Initiatives- Ohio Vision Program</u>	676,190.00
Other	0
	<u>53,417,517.00</u>
Total Administration Costs	57,741,327,000,000
	<u>113,941,899.89</u>
10% Administrative Cap	65,091,867
	<u>05,000,000</u>
Cost of Proposed SPA Changes	676,190.00
	<u>535,407,106</u>
	<u>816,746,693</u>
	<u>813,802,901.22</u>
Federal Share	<u>813,486,540.46</u>
	<u>152,511,570</u>
	<u>266,471,733</u>
State Share	<u>265,408,075.54</u>
	<u>687,918,677</u>
	<u>1,083,218,426</u>
Total Costs of Approved CHIP Plan	<u>1,078,894,616.00</u>

NOTE: Include the costs associated with the current SPA.

Pursuant to Section 2105(a)(1)(D)(ii) of the Social Security Act, the Ohio Department of Medicaid (ODM) will partner with the Ohio Department of Health (ODH) to enhance and expand the State's current lead abatement program and Ohio's Vision Program through the use of CHIP HSI funds. CHIP HSI funds will be used to pay for lead abatement and lead-safe rental registry and support activities and the Ohio Vision Program at an amount of up to \$105 million each year of the state fiscal year biennium. For the lead abatement program, approximately \$4.4 million of the \$5 million each year will be used for remediation and associated testing services for homes enrolled in Project 1, Phase 1 and Project 1, Phase 2. The remaining \$600,000 is dedicated for support costs for Projects 1 and 2. The support costs include staffing resources, workforce and specialized training, equipment and supplies (e.g. X-ray fluorescence analyzers, cleaning supplies), and program marketing and outreach. For the Ohio Vision Program, Ohio will have an upper limit of \$4.5 million each

STATE: OH	FFY Budget
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year to be used to cover comprehensive exams and glasses for uninsured children/youth across the state, as well as costs associated with the mobile add-on rate for Medicaid youth served by a mobile vision van and Medicaid youth who have exceeded their vision benefits. The remaining \$500,000 is dedicated to support costs, including staffing resources, training, equipment/supplies and program marketing and outreach. ODH will administer all aspects of the program with ODM's oversight. All funding for the program will be in ODM's budget and ODH will administer contracts for the program and code purchase orders and invoices to ODM accounts.

The main source of funding currently used to assist Ohio property owners with addressing lead hazards is federal lead hazard control funding provided through the US Department of Housing and Urban Development (HUD). This funding is available to local and state units of government through a competitive grant program to local political subdivisions who are able to demonstrate a need and compete for limited federal dollars with over half of applicants not funded in the funding period. ODH and nine localities have been awarded HUD funding far short of the funding needed to fully address the state's needs.

For the Ohio Vision HSI program, Ohio will use state funding allocated to the program from the state budget.

The State provides assurances that the Lead HSI program will only target children under the age of 19 and pregnant women.

The State provides assurances that the Ohio Vision HSI will only target children under the age of 19 and will only reimburse expenses for 1) children not identified through the matching process described above as being actively enrolled in Medicaid or CHIP. or 2) were children under age 19 covered by Medicaid/CHIP and had the Mobile Van add-on rate paid.

The State provides further assurances that funds under this HSI will not supplant or match CHIP Federal funds with other Federal funds, nor allow other Federal funds to supplant or match CHIP Federal funds.

The Source of State Share Funds: 651425-General Revenue Fund

Section 10. Annual Reports and Evaluations

Guidance: The National Academy for State Health Policy (NASHP), CMS and the states developed framework for the annual report that states have the option to use to complete the required evaluation report. The framework recognizes the diversity in State approaches to implementing CHIP and provides consistency across states in the structure, content, and

format of the evaluation report. Use of the framework and submission of this information will allow comparisons to be made between states and on a nationwide basis. The framework for the annual report can be obtained from NASHP's website at <http://www.nashp.org>. Per the title XXI statute at Section 2108(a), states must submit

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