

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>09 - 003</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2009	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> <b>AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1931 and Section 1902(r)(2) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2009      \$ 0 b. FFY 2010      \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 1. Supplement 8a to Attachment 2.6-A; page 4 2. Supplement 12 to Attachment 2.6-A; page 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 1. N/A 2. Supplement 12 to Attachment 2.6-A; page 2 (TN# 07-020)	
10. SUBJECT OF AMENDMENT: Disregard of wages earned for temporary employment related to U.S. Census activities by applying less restrictive income methodologies.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor has delegated signature authority to ODJFS Director. Director has delegated signature authority to Medicaid Director	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: <b>JOHN R. CORLETT</b>		Becky Jackson OHP/Bureau of Health Plan Policy Ohio Department of Job and Family Services P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: <b>MEDICAID DIRECTOR</b>			
15. DATE SUBMITTED: <b>5.7.09</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:	
		<b>AUG 14 2009</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
<b>APR - 1 2009</b>			
21. TYPED NAME: <b>Verlon Johnson</b>		22. TITLE: <b>Associate Regional Administrator</b>	
23. REMARKS:			

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STATE OF OHIO

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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LESS RESTRICTIVE METHODS OF TREATING INCOME  
UNDER SECTION 1902(r)(2) OF THE ACT

X Wages paid by the Census Bureau for temporary employment related to census activities are excluded for the following eligibility groups:

- X Qualified children and pregnant women under 1902(a)(10)(A)(i)(III).
- X Poverty level pregnant women and infants (133 –185% FPL) under 1902(a)(10)(A)(i)(IV).
- X Poverty level children under age 6 (133% FPL) under 1902(a)(10)(A)(i)(VI).
- X Poverty level children under age 19 (100% FPL) under 1902(a)(10)(A)(i)(VII).

And the following optional categorically needy eligibility groups covered under 1902(a)(10)(A)(ii) of the Act.

- 1902(a)(10)(A)(ii)(IX) and 1902(l)(1)(A),
- 1902(a)(10)(A)(ii)(XIV),
- 1902(a)(10)(A)(ii)(IV),
- 1902(a)(10)(A)(ii)(I) and 1905(a)(i),
- 1902(a)(10)(A)(ii)(VIII),
- 1902(a)(10)(A)(ii)(XV), and
- 1902(a)(10)(A)(ii)(XVI).

     Medically Needy under 1902(a)(10)(C)(i)(III).

X All aged, blind or disabled groups in 209(b) states under 1902(f).

X QMBs, SLMBs and QIs under 1905(p).

And the following covered group:

1. Any individual qualifying for the TWWIIA under sections 1902(a)(10)(A)(ii)(XV) and (XVI) of the Social Security Act.

*NOTE: The Special Income Level Group under 1902(a)(10)(A)(ii)(V), the Individuals Who Would be Eligible if In an Institution Group under 1902(a)(10)(A)(ii)(VI) and the Hospice Group under 1902(a)(10)(A)(ii)(VII) cannot be included in this disregard.*

\*More liberal methods may not result in exceeding gross income limitations under section 1903(f).

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X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

1. No resource limit is applied.
2. Wages paid by the Census Bureau for temporary employment related to census activities are excluded for individuals eligible under 1931 authority.
3. Disregard \$250 and  $\frac{1}{2}$  of the remainder of earned income for each employed family member. Compare the remaining earned income and all unearned income to the current payment standard. Or:
4. If not eligible under item 3:
  - a. Disregard from gross non-exempt earned and unearned family income the difference between 90% FPL and the current payment standard for the appropriate household size, and
  - b. Disregard from the remaining income the difference between the current payment standard and the July 16, 1996, AFDC payment standard for the appropriate household size. Compare the remaining income to the July 16, 1996, AFDC payment standard.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

1. There was a \$1,000 resource limit.
2. There was no such exclusion.
3. The earned income disregard was \$90 and \$30 and  $\frac{1}{3}$  of the remainder.
- 4a. There was no such disregard.
- 4b. There was no such disregard.

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