

State: Ohio

Citation  
42 CFR  
435.914  
1920(a)(34)  
of the Act

2.1(b) (1) Except as provided in items 2.1(b) (2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

1902(e)(8) and  
1905(a) of the  
Act

(2) For individuals who are eligible for Medicaid cost sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

1902(a)(47) and  
1920 of the Act



(3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

TN: 12-003  
Supersedes:  
TN: 93-31

Approval Date: 3/1/13

Effective Date: 04/01/2012

Revision:

State: OhioCitation3.1 Amount, Duration, and Scope of Services (Continued)1903(v) of the Act  
and 42 CFR  
440.255(c)

## (a)(6) Limited Coverage for Certain Aliens

The state provides eligibility for Medicaid to non-citizens of the United States as outlined below:

An otherwise eligible qualified alien subject to the 5-year bar, a qualified alien whose eligibility is optional under section 402 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 or a non-qualified alien is eligible only for care and services necessary to treat an emergency medical condition as defined in section 1903(v) of the Act and section 42 CFR 440.255(c).

## 1905(a)(9) of the Act (a)(7) Homeless Individuals

Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.

1902(a)(47) and  
1920 of the Act

## (a)(8) Presumptively Eligible Pregnant Women

- Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the state plan.

42 CFR 441.55  
50 CFR 43654  
1902(a)(43)  
1905(a)(4)(B)  
1905(r) of the Act

## (a)(9) EPSDT Services

The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B) and 1905(r) of the Act with respect to early and periodic screening, diagnostic and treatment (EPSDT) services.

TN: 12-003  
Supersedes:  
TN: 04-007Approval Date: 3/1/13Effective Date: 04/01/2012  
HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
August 1991

OMB No. 0938-

State/Territory: Ohio

- |                                    |                          |  |
|------------------------------------|--------------------------|--|
| <u>Citation</u>                    | 4.13                     | <u>Required Provider Agreement</u>   |
|                                    |                          | With respect to agreements between the Medicaid agency and each provider furnishing services under the plan;   |
| 42 CFR 431.107                     | (a)                      | For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.   |
| 42 CFR Part 483<br>1919 of the Act | (b)                      | For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met.  |
| 42 CFR Part 483<br>Subpart D       | (c)                      | For providers of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart D are also met.  |
| 1920 of the Act                    | (d)                      | For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920(b)(2) and (c) are met. |
|                                    | <input type="checkbox"/> | Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.  |

TN: 12-003  
Supersedes:  
TN: 91-19

Approval Date: 3/1/13

Effective Date: 04/01/2012  
HCFA ID: 7982E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OHIO

Citation

Groups Covered

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

1902(a)(47) and  
1920 of the Act

**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.

State: Ohio

Citation

Condition or Requirement

1920(b)(1) of  
the Act

- (3) For a presumptive eligibility period for pregnant women only.

Coverage is available for ambulatory prenatal care for the period that begins on the date a qualified provider determines that a woman meets any of the income eligibility levels specified in Attachment 2.6-A of this approved plan and ends on the earlier of the day on which a determination is made with respect to the eligibility of the woman for medical assistance under the State plan, or in the case of a woman who does not file an application by the last day of the month following the month during which the qualified provider makes the aforementioned determination. A pregnant woman who is determined by a qualified provider to be presumptively eligible must make application for Medicaid no later than the last day of the month following the month during which the qualified provider made the presumptive eligibility determination.

1902(e)(8) and  
1905(a) of the  
Act

- b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act, coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for –

12 months

6 months

\_\_\_ months (no less than 6 months and no more than 12 months)

TN: 12-003  
Supersedes:  
TN: 91-27

Approval Date: 3/1/13

Effective Date: 04/01/2012

State/Territory: Ohio

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

Provided:  No limitations  With limitations\*  
 Not provided

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

Provided:  No limitations  With limitations\*  
 Not provided

23. Certified pediatric or family nurse practitioners' services.

Provided:  No limitations  With limitations\*  
 Not provided

\*Description provided on attachment.

TN: 12-003  
Supersedes:  
TN: 97-14

Approval Date: 3/1/13

Effective Date: 04/01/2012  
HCFA ID: 7986E