

## **Table of Contents**

**State/Territory Name:** **Ohio**

**State Plan Amendment (SPA) #:** **23-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

# OH - Submission Package - OH2023MS00010 - (OH-23-0006) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

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



## Center for Medicaid & CHIP Services

May 12, 2023

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

Re: Approval of State Plan Amendment OH-23-0006

Dear Ms. Corcoran,

On March 15, 2023, the Centers for Medicare and Medicaid Services (CMS) received Ohio State Plan Amendment (SPA) OH-23-0006, in which the state proposed to adopt the changes to the eligibility rules for the Former Foster Care Children eligibility group, as enacted by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, Pub. L. No. 115-217, section 1002.

We approve Ohio State Plan Amendment (SPA) OH-23-0006 with an effective date of January 01, 2023.

If you have any questions regarding this amendment, please contact Christine Davidson at [christine.davidson@cms.hhs.gov](mailto:christine.davidson@cms.hhs.gov).

Sincerely,  
Ruth A. Hughes  
Acting Director, Division of Program  
Operations  
Center for Medicaid & CHIP Services

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2023MS0001O | OH-23-0006

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

### Package Header

<b>Package ID</b>	OH2023MS0001O	<b>SPA ID</b>	OH-23-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/15/2023
<b>Approval Date</b>	5/12/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

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### State Information

**State/Territory Name:** Ohio

**Medicaid Agency Name:** Ohio Department of Medicaid

[Collapse](#)

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

[Collapse](#)

### Submission Type

- Official Submission Package
- Draft Submission Package

Selecting Official Submission Package means that the official 90-day review period will start upon submission.

**Allow this official package to be viewable by other states?**

- Yes
- No

[Collapse](#)

### Key Contacts

[Collapse](#)

Name	Title	Phone Number	Email Address	Program
Niehoff, Gregory	Medicaid Health Systems Admin 1	(614)752-3588	GREGORY.NIEHOFF@medicaid.ohio.gov	Medicaid
Aideyman, Ogbe	Medicaid Health Systems Admin 4	(614)752-4252	OGBE.AIDEYMAN@medicaid.ohio.gov	Medicaid

### SPA ID and Effective Date

[Collapse](#)

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2023	OH-22-0040
Former Foster Care Children	1/1/2023	OH-16-0030

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

Former Foster Care Children supersedes MMDL form S33.

**Executive Summary**[Collapse](#)

**Summary Description Including Goals and Objectives** The SPA is being submitted to expand coverage for individuals that were enrolled in Medicaid while living in another state as former foster care children, as required by Section 1002(a) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, effective January 1, 2023.

**Dependency Description**[Collapse](#)

**Description of any dependencies between this submission package and any other submission package undergoing review**

**Disaster-Related Submission**[Collapse](#)**This submission is related to a disaster**

- Yes  
 No

**Federal Budget Impact and Statute/Regulation Citation**[Collapse](#)**Federal Budget Impact**

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

**Federal Statute / Regulation Citation**

Statute: 1902(a)(10)(A)(i)(IX); Section 1002(a)(2) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (Pub. L. No. 115-271)  
 Regulation: 42 CFR 435.150

**Supporting documentation of budget impact is uploaded (optional).**

Name	Date Created
No items available	

**Governor's Office Review**[Collapse](#)

- No comment  
 Comments received  
 No response within 45 days  
 Other

**Describe** The state Medicaid director is the Governor's designee.

**Authorized Submitter**

**The following information will be provided by the system once the package is submitted to CMS.****Name of Authorized Submitter** Gregory Niehoff**Phone number** 6147523588**Email address** gregory.niehoff@medicaid.ohio.gov**Authorized Submitter's Signature** Gregory Niehoff I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# OH - Submission Package - OH2023MS00010 - (OH-23-0006) - Eligibility

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## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | OH2023MS00010 | OH-23-0006

[↓ Spell Check Instructions](#) | [? Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

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<b>Superseded SPA ID</b>	OH-22-0040		
	User-Entered		

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### Mandatory Coverage

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

#### Families and Adults

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



#### Aged, Blind and Disabled

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

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

Yes  No

**Families and Adults**

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

**C. Additional Information (optional)**

## Eligibility Groups Deselected from Coverage

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

- N/A

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## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | OH2023MS0001O | OH-23-0006

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

[📄 Spell Check Instructions](#) | [🔗 Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

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<b>Superseded SPA ID</b>	OH-16-0030		
	User-Entered		

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The state covers the mandatory former foster care children group in accordance with the following provisions:

#### A. Characteristics

[Expand](#)

#### B. Individuals Covered

[Expand](#)

#### C. Individuals Covered

[Expand](#)

#### D. Additional Information (optional)

[Expand](#)

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