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**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 24-0014**

This file contains the following documents in the order listed:

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

# OH - Submission Package - OH2023MS0006O - (OH-24-0014) - 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

December 10, 2024

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

Re: Approval of State Plan Amendment OH-24-0014

Dear Director Corcoran,

On September 23, 2024, the Centers for Medicare and Medicaid Services (CMS) received Ohio State Plan Amendment (SPA) OH-24-0014, in which the state proposed to adopt the optional eligibility group described in section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act, which serves working individuals who have disabilities and incomes below 250 percent of the federal poverty level.

We approve Ohio State Plan Amendment (SPA) OH-24-0014 with an effective date(s) of October 01, 2024.

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 | OH2023MS0006O | OH-24-0014

CMS-10434 OMB 0938-1188

### Package Header

Package ID	OH2023MS0006O	SPA ID	OH-24-0014
Submission Type	Official	Initial Submission Date	9/23/2024
Approval Date	12/10/2024	Effective Date	N/A
Superseded SPA ID	N/A		

### State Information

State/Territory Name:	Ohio	Medicaid Agency Name:	Ohio Department of Medicaid
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### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2023MS0006O | OH-24-0014

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SPA ID and Effective Date

SPA ID OH-24-0014

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	10/1/2024	OH-24-0013
Work Incentives	10/1/2024	TN 07-021

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Attachment 2.2-A, page 23d, paragraph 25  
Attachment 2.6-A, page 12c

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2023MS0006O | OH-24-0014

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## Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment is required to implement an Optional Eligibility Group described in 1902(a)(10)(A)(ii)(XIII) of the Social Security Act.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$1823558
Second	2026	\$0

### Federal Statute / Regulation Citation

1902(a)(10)(A)(ii)(XIII) of the Social Security Act  
1902(r)(2) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2023MS0006O | OH-24-0014

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## Governor's Office Review

- ☐ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☒ Other

**Describe** The State Medicaid Director is the Governor's designee.

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.

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# OH - Submission Package - OH2023MS0006O - (OH-24-0014) - Eligibility

## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | OH2023MS0006O | OH-24-0014

CMS-10434 OMB 0938-1188

### Package Header

Package ID	OH2023MS0006O	SPA ID	OH-24-0014
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Superseded SPA ID	OH-24-0013		
	User-Entered		

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.
















☒ Yes ☐ No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IVE Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input 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 ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW



# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | OH2023MS0006O | OH-24-0014

## Package Header

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<b>Superseded SPA ID</b>	OH-24-0013		
	User-Entered		

## B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

☐ Yes ☒ No

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | OH2023MS0006O | OH-24-0014

## Package Header

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User-Entered			

## 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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# OH - Submission Package - OH2023MS0006O - (OH-24-0014) - Eligibility

## Eligibility Groups - Options for Coverage

### Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | OH2023MS0006O | OH-24-0014

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

CMS-10434 OMB 0938-1188

### Package Header

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	User-Entered		

The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:
  - a. Step One - A comparison of family net income to 250% FPL; and
  - b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | OH2023MS0006O | OH-24-0014

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B. Step One Financial Methodologies and Income Test

1. Financial methodologies

a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

- ☒ Income from household members is disregarded.
- ☒ Income of the spouse is disregarded.

Description: Only the individual's income is considered.

- ☒ A specified amount of earned income is disregarded.

Amount: \$20000.00

Description of disregard: \$20,000 is disregarded annually for income over the 250% FPL.

- ☒ Census Bureau wages are disregarded.

Description of disregard: Disregard Census Bureau Wages for all Census Activities.

- ☒ A specified type of income is disregarded:

Name of income type:	Description:
Norfolk Southern Railroad train derailment compensation payments.	Disregard the amount of payments to residents of East Palestine, Ohio and surrounding areas that were issued as compensation for matters related to the Norfolk Southern railroad train derailment, which occurred on February 3, 2023. This encompasses inconvenience payments and/or reimbursement payments for food and/or lodging, and payments resulting from settlements, including In re: East Palestine Train Derailment, No. 4:23-CV-00242 (N.D. Ohio, 2023) and any future settlements related to the derailment.

2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | OH2023MS0006O | OH-24-0014

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C. Step Two Financial Methodologies and Income/Resource Test

1. Financial methodologies

a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ The total amount of unearned income is disregarded.

Description of disregard: Disregard all unearned income.

c. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ Resources from household members are disregarded.

☒ Resources of the spouse are disregarded.

Description: Only the individual's resources are considered.

☒ General resource disregard:

Name of disregard:	Description:
Resource standard difference disregard.	Disregard the amount between the SSI resource standard and the resource standard described in the Ticket to Work Basic eligibility group reviewable unit.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Real or personal property listed for sale	The value of otherwise-countable real and/or personal property that is listed for sale and which has not been sold shall be disregarded for as long as the applicant/beneficiary continues to list the property for sale at an amount equal to the fair market value determined by the county auditor, where available, or other knowledgeable source.
Ticket to Work Basic or Medically Improved premium refunds	The amount of premiums refunded to individuals who paid such premiums while enrolled in the Ticket to Work Basic or Medically Improved eligibility groups shall be disregarded for a period of 12 months beginning with the month of receipt.

Name of resource type:	Description:
Norfolk Southern Railroad train derailment compensation payments	The amount of payments to residents of East Palestine, Ohio and surrounding areas that were issued as compensation for matters related to the Norfolk Southern railroad train derailment, which occurred on February 3, 2023, shall be disregarded beginning with the month of receipt of the payment(s). This encompasses inconvenience payments and/or reimbursement payments for food and/or lodging, and payments resulting from settlements, including In re: East Palestine Train Derailment, No. 4:23-CV-00242 (N.D. Ohio, 2023) and any future settlements related to the derailment.

- ☒ A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

## 2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

- ☒ a. The SSI income standard.
- ☐ b. The income standard of the state supplement program.

## 3. Resource Test

The individual's resources must be less than the SSI resource standard.

Work Incentives

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D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Work Incentives

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E. Additional Information (optional)



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