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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 25-0006

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 - OH2025MS00020 - (OH-25-0006) - 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 02, 2025

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

Re: Approval of State Plan Amendment OH-25-0006

Dear Maureen Corcoran,

On March 05, 2025, the Centers for Medicare and Medicaid Services (CMS) received Ohio State Plan Amendment (SPA) OH-25-0006 to implement a performance standard for qualified entities and hospitals determining presumptive eligibility for the following Medicaid eligibility groups: Parent/Caretaker Relatives, Group VIII Adults, and Former Foster Care Children.

We approve Ohio State Plan Amendment (SPA) OH-25-0006 with an effective date(s) of January 01, 2025.

If you have any questions regarding this amendment, please contact Christine Davidson at christine.davidson@cms.hhs.gov.

Sincerely,
Nicole McKnight
On Behalf of Courtney Miller, MCOG
Director
Center for Medicaid & CHIP Services

OH - Submission Package - OH2025MS0002O - (OH-25-0006) - Eligibility

- Summary
- Reviewable Units
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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

CMS-10434 OMB 0938-1188

Package Header

Package ID	OH2025MS0002O	SPA ID	OH-25-0006
Submission Type	Official	Initial Submission Date	3/5/2025
Approval Date	05/02/2025	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Superseded SPA ID	N/A		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 | OH2025MS00020 | OH-25-0006

Package Header

Package ID	OH2025MS00020	SPA ID	OH-25-0006
Submission Type	Official	Initial Submission Date	3/5/2025
Approval Date	05/02/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID OH-25-0006

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	1/1/2025	OH-23-0024
Presumptive Eligibility for Children under Age 19	1/1/2025	OH-23-0024
Parents and Other Caretaker Relatives - Presumptive Eligibility	1/1/2025	OH-20-0016
Presumptive Eligibility for Pregnant Women	1/1/2025	OH-23-0024
Adult Group - Presumptive Eligibility	1/1/2025	OH-20-0016
Former Foster Care Children - Presumptive Eligibility	1/1/2025	OH-20-0016
Presumptive Eligibility by Hospitals	1/1/2025	OH-23-0024

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS00020 | OH-25-0006

Package Header

Package ID	OH2025MS00020	SPA ID	OH-25-0006
Submission Type	Official	Initial Submission Date	3/5/2025
Approval Date	05/02/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The Ohio Department of Medicaid is requesting approval from the Centers for Medicare and Medicaid Services (CMS) to include a performance standard for qualified entities or hospitals determining presumptive eligibility for Parent/Caretaker Relatives, Group VIII Adults, and Former Foster Care Children. Each qualified entity or hospital will be monitored against a “presumptive eligibility error rate” performance standard, which is the rate at which a qualified entity or hospital deems individuals presumptively eligible for Medicaid, but the individuals are ultimately determined ineligible for full Medicaid. The presumptive eligibility error rate must be less than seven and one-half percent of presumptively-enrolled Parent/Caretakers, Group VIII Adults, or Former Foster Care Children in a calendar month. If the qualified entity or hospital has a presumptive eligibility error rate greater than seven and one-half percent, the qualified entity or hospital will be required to enter into a corrective action plan and will be required to provide monthly training for staff who make the presumptive eligibility determinations. This performance standard is already in place for presumptive eligibility determinations for pregnant women and children.

Ohio will be ending the standards for qualified entities that required eighty-five percent of recipients to submit an application for full/ongoing Medicaid within ninety days of the presumptive eligibility approval and the requirement that eighty-five percent of those applications must result in a full Medicaid determination.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

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

Federal Statute / Regulation Citation

Section 1920 and 1920A of the Social Security Act and 42 CFR 435.1100-1103

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

Package Header

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Approval Date	05/02/2025	Effective Date	N/A
Superseded SPA ID	N/A		

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 - OH2025MS0002O - (OH-25-0006) - Eligibility

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

CMS-10434 OMB 0938-1188

Package Header

Package ID	OH2025MS0002O	SPA ID	OH-25-0006
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Superseded SPA ID	OH-23-0024		
	System-Derived		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Presumptive Eligibility for Pregnant Women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Adult Group - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by Hospitals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

Package Header

Package ID	OH2025MS0002O	SPA ID	OH-25-0006
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Superseded SPA ID	OH-23-0024		
	System-Derived		

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

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 - OH2025MS0002O - (OH-25-0006) - Eligibility

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity.

CMS-10434 OMB 0938-1188

Package Header

Package ID	OH2025MS0002O	SPA ID	OH-25-0006
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Superseded SPA ID	OH-23-0024		
	System-Derived		

Presumptive eligibility for children is determined under the following provisions:

A. Presumptive Eligibility Income Standard

2. The income standard for presumptive eligibility is the higher of the standard used for Targeted Low-Income Children (42 CFR 435.229) or the standard used for Infants and Children under 19 (42 CFR 435.118), for that child's age.

B. Presumptive Eligibility Age Limit

Children under the following age may be determined presumptively eligible:

Under age:

19

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

Package Header

Package ID	OH2025MS0002O	SPA ID	OH-25-0006
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Approval Date	05/02/2025	Effective Date	1/1/2025
Superseded SPA ID	OH-23-0024		
	System-Derived		

C. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 1. a. The date the eligibility determination for regular Medicaid 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 is made; or
 2. b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - ☐ a. No more than one period within a calendar year.
 - ☐ b. No more than one period within two calendar years.
 - ☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - ☒ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - ☐ e. Other reasonable limitation:

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS00020 | OH-25-0006

Package Header

Package ID	OH2025MS00020	SPA ID	OH-25-0006
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Approval Date	05/02/2025	Effective Date	1/1/2025
Superseded SPA ID	OH-23-0024		
System-Derived			

D. Application for Presumptive Eligibility

- ☒ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☐ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
- ☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Portal Screenshots	11/9/2023 1:17 PM EST	
PE Non-Applicant	3/28/2024 3:53 PM EDT	

5. Describe the presumptive eligibility screening process:

All authorized qualified entity employees are required to learn, review, and understand the criteria for all Medicaid categories. Using the presumptive eligibility online portal, an authorized qualified entity employee will gather data from the individual such as name, state residency, citizenship, household composition, and income. This information may be self-attested by the individual. The authorized qualified entity employee may not request any documentation or require verification of the information provided.

Each qualified entity will be monitored against a “presumptive eligibility error rate” performance standard, which is the rate at which a qualified entity deems an individual presumptively eligible for Medicaid, but the individuals is then determined to be ineligible for full ongoing Medicaid coverage. The presumptive eligibility error rate must be less than seven and one-half percent of approved cases in a calendar month. If the qualified entity has an error rate greater than seven and one-half percent in a calendar month, the qualified entity must submit a corrective action plan to the Department of Medicaid specifying the steps the qualified entity will take to reduce its presumptive eligibility error rate, including details about training required as part of the corrective action plan. The qualified entity must also provide training for all of its staff who make presumptive eligibility determinations to ensure their thorough knowledge of presumptive eligibility prescreening procedures. The training shall occur for each month the qualified entity's presumptive eligibility error rate exceeds seven and one-half percent.

Applicants are allowed only one presumptive eligibility determination per 12-month period. The authorized qualified entity employee will attempt to verify current Medicaid coverage and past use of presumptive eligibility coverage via the online portal. If current Medicaid coverage or past presumptive eligibility coverage is not able to be verified, the employee will rely on the individual's self-attestation.

The authorized qualified entity employee must provide the individual with a notice of the presumptive eligibility determination. Additionally, the authorized qualified entity employee must assist the applicant in completing and submitting an application for ongoing Medicaid coverage.

E. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. Household income must not exceed the applicable income standard for the child's age, described in Section A.

- ☐ a. A reasonable estimate of MAGI-based income is used to determine household income.
- ☐ b. Gross income is used to determine household size.
- ☒ 2. State residency
- ☒ 3. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

Package Header





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Superseded SPA ID	OH-23-0024		
	System-Derived		

F. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.
2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:
- ☒ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
 - ☒ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
 - ☒ Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
DYS	Ohio Department of Youth Services
CDJFS	County Department of Job & Family Services
Health Department	Local Health Department
DRC	Ohio Department of Rehabilitation and Correction

- ☒ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.
4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
PE Approval	3/28/2024 3:54 PM EDT	
PE Denial	3/28/2024 3:54 PM EDT	
PE Denial Reasons	3/28/2024 3:54 PM EDT	
QE Training Material rev 02-2025	2/20/2025 7:54 AM EST	

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

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	System-Derived		

G. Additional Information (optional)

Ohio requires a “presumptive eligibility error rate” performance standard, which is the rate at which a qualified entity deems an individual presumptively eligible for Medicaid, but the individual is ultimately determined ineligible for full ongoing Medicaid. The presumptive eligibility error rate must be less than seven and one-half percent of presumptively enrolled individuals in a calendar month.

Ohio will be ending the standards for qualified entities that required eighty-five percent of recipients to submit an application for full/ongoing Medicaid within ninety days of the presumptive eligibility approval and the requirement that eighty-five percent of those applications must result in a full Medicaid determination.

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 - OH2025MS0002O - (OH-25-0006) - Eligibility

Medicaid State Plan Eligibility

Presumptive Eligibility

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

The state covers parents and other caretaker relatives when determined presumptively eligible by a qualified entity.

CMS-10434 OMB 0938-1188

Package Header

Package ID	OH2025MS0002O	SPA ID	OH-25-0006
Submission Type	Official	Initial Submission Date	3/5/2025
Approval Date	05/02/2025	Effective Date	1/1/2025
Superseded SPA ID	OH-20-0016		
	System-Derived		

The state covers parents and other caretaker relatives when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:

a. The date the eligibility determination for regular Medicaid 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 is made; or

b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:

☐ a. No more than one period within a calendar year.

☐ b. No more than one period within two calendar years.

☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.

☒ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

☐ e. Other reasonable limitation:

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

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System-Derived			

B. Application for Presumptive Eligibility

- ☒ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☐ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.

☐ a. Paper - A copy of the application form is included.

☐ b. Online - A copy of the application form is included.
- ☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Portal Screenshots	2/20/2025 7:56 AM EST	
PE Non-Applicant	2/20/2025 7:56 AM EST	

5. Describe the presumptive eligibility screening process:

All authorized qualified entity employees are required to learn, review, and understand the criteria for all Medicaid categories. Using the presumptive eligibility online portal, an authorized qualified entity employee will gather data from the individual such as name, state residency, citizenship, household composition, and income. This information may be self-attested by the individual. The authorized qualified entity employee may not request any documentation or require verification of the information provided.

Each qualified entity will be monitored against a “presumptive eligibility error rate” performance standard, which is the rate at which a qualified entity deems an individual presumptively eligible for Medicaid, but the individuals is then determined to be ineligible for full ongoing Medicaid coverage. The presumptive eligibility error rate must be less than seven and one-half percent of approved cases in a calendar month. If the qualified entity has an error rate greater than seven and one-half percent in a calendar month, the qualified entity must submit a corrective action plan to the Department of Medicaid specifying the steps the qualified entity will take to reduce its presumptive eligibility error rate, including details about training required as part of the corrective action plan. The qualified entity must also provide training for all of its staff who make presumptive eligibility determinations to ensure their thorough knowledge of presumptive eligibility prescreening procedures. The training shall occur for each month the qualified entity's presumptive eligibility error rate exceeds seven and one-half percent.

Applicants are allowed only one presumptive eligibility determination per 12-month period. The authorized qualified entity employee will attempt to verify current Medicaid coverage and past use of presumptive eligibility coverage via the online portal. If current Medicaid coverage or past presumptive eligibility coverage is not able to be verified, the employee will rely on the individual's self-attestation.

The authorized qualified entity employee must provide the individual with a notice of the presumptive eligibility determination. Additionally, the authorized qualified entity employee must assist the applicant in completing and submitting an application for ongoing Medicaid coverage.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual must be a caretaker relative, as described at 42 CFR 435.110.

2. Household income must not exceed the applicable income standard described at 42 CFR 435.110.

☐ a. A reasonable estimate of MAGI-based income is used to determine household income.

☐ b. Gross income is used to determine household income.

☒ 3. State residency

☒ 4. Citizenship, status as a national, or satisfactory immigration status

Parents and Other Caretaker Relatives - Presumptive Eligibility

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	System-Derived		

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.





2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- ☒Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☒Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☒Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
DYS	Ohio Department of Youth Services
CDJFS	County Department of Job & Family Services
Health Department	Local Health Department
DRC	Ohio Department of Rehabilitation and Correction

- ☒3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
PE Approval	2/20/2025 7:57 AM EST	
PE Denial	2/20/2025 7:57 AM EST	
QE Training Material rev 02-2025	2/20/2025 7:57 AM EST	
PE Denial Reasons	2/20/2025 7:59 AM EST	

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

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E. Additional Information (optional)

Ohio requires a “presumptive eligibility error rate” performance standard, which is the rate at which a qualified entity deems an individual presumptively eligible for Medicaid, but the individual is ultimately determined ineligible for full ongoing Medicaid. The presumptive eligibility error rate must be less than seven and one-half percent of presumptively enrolled individuals in a calendar month.

Ohio will be ending the standards for qualified entities that required eighty-five percent of recipients to submit an application for full/ongoing Medicaid within ninety days of the presumptive eligibility approval and the requirement that eighty-five percent of those applications must result in a full Medicaid determination.

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 - OH2025MS0002O - (OH-25-0006) - Eligibility

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

CMS-10434 OMB 0938-1188

Package Header

Package ID	OH2025MS0002O	SPA ID	OH-25-0006
Submission Type	Official	Initial Submission Date	3/5/2025
Approval Date	05/02/2025	Effective Date	1/1/2025
Superseded SPA ID	OH-23-0024		
	System-Derived		

The state covers ambulatory prenatal care for individuals qualifying as pregnant women under 42 CFR 435.116 when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

- The presumptive period begins on the date the determination is made.
- The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid 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 is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
- There may be no more than one period of presumptive eligibility per pregnancy.

B. Application for Presumptive Eligibility

- ☒ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☐ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.

☐ a. Paper - A copy of the application form is included.

☐ b. Online - A copy of the application form is included.
- ☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Portal Screenshots	2/20/2025 8:03 AM EST	
PE Non-Applicant	2/20/2025 8:03 AM EST	

5. Describe the presumptive eligibility screening process:

All authorized qualified entity employees are required to learn, review, and understand the criteria for all Medicaid categories. Using the presumptive eligibility online portal, an authorized qualified entity employee will gather data from the individual such as name, state residency, citizenship, household composition, and income. This information may be self-attested by the individual. The authorized qualified entity employee may not request any documentation or require verification of the information provided.

Each qualified entity will be monitored against a “presumptive eligibility error rate” performance standard, which is the rate at which a qualified entity deems an individual presumptively eligible for Medicaid, but the individuals is then determined to be ineligible for full ongoing Medicaid coverage. The presumptive eligibility error rate must be less than seven and one-half percent of approved cases in a calendar month. If the qualified entity has an error rate greater than seven and one-half percent in a calendar month, the qualified entity must submit a corrective action plan to the Department of Medicaid specifying the steps the qualified entity will take to reduce its presumptive eligibility error rate, including details about training required as part of the corrective action plan. The qualified entity must also provide training for all of its staff who make presumptive eligibility determinations to ensure their thorough knowledge of presumptive eligibility prescreening procedures. The training shall occur for each month the qualified entity's presumptive eligibility error rate exceeds seven and one-half percent.

Applicants are allowed only one presumptive eligibility determination per 12-month period. The authorized qualified entity employee will attempt to verify current Medicaid coverage and past use of presumptive eligibility coverage via the online portal. If current Medicaid coverage or past presumptive eligibility coverage is not able to be verified, the employee will rely on the individual's self-attestation.

The authorized qualified entity employee must provide the individual with a notice of the presumptive eligibility determination. Additionally, the authorized qualified entity employee must assist the applicant in completing and submitting an application for ongoing Medicaid coverage.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The woman must be pregnant.

2. Household income must not exceed the applicable income standard at 42 CFR 435.116.

☐ a. A reasonable estimate of MAGI-based income is used to determine household income.

☐ b. Gross income is used to determine household size.

☒ 3. State residency

☒ 4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

Package Header

Package ID	OH2025MS0002O	SPA ID	OH-25-0006
Submission Type	Official	Initial Submission Date	3/5/2025
Approval Date	05/02/2025	Effective Date	1/1/2025
Superseded SPA ID	OH-23-0024		
	System-Derived		

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.





2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- ☒ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☒ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☒ Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Health Department	Local Health Department
DRC	Ohio Department of Rehabilitation and Correction
DYS	Ohio Department of Youth Services
CDJFS	County Department of Job & Family Services

- ☒ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
PE Approval	3/28/2024 3:56 PM EDT	
PE Denial	3/28/2024 3:56 PM EDT	
PE Denial Reasons	3/28/2024 3:56 PM EDT	
QE Training Material rev 02-2025	2/20/2025 8:01 AM EST	

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

Package Header

Package ID	OH2025MS0002O	SPA ID	OH-25-0006
Submission Type	Official	Initial Submission Date	3/5/2025
Approval Date	05/02/2025	Effective Date	1/1/2025
Superseded SPA ID	OH-23-0024		
	System-Derived		

E. Additional Information (optional)

Ohio requires a “presumptive eligibility error rate” performance standard, which is the rate at which a qualified entity deems an individual presumptively eligible for Medicaid, but the individual is ultimately determined ineligible for full ongoing Medicaid. The presumptive eligibility error rate must be less than seven and one-half percent of presumptively enrolled individuals in a calendar month.

Ohio will be ending the standards for qualified entities that required eighty-five percent of recipients to submit an application for full/ongoing Medicaid within ninety days of the presumptive eligibility approval and the requirement that eighty-five percent of those applications must result in a full Medicaid determination.

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 - OH2025MS0002O - (OH-25-0006) - Eligibility

Medicaid State Plan Eligibility

Presumptive Eligibility

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

The state covers individuals under the Adult Group when determined presumptively eligible by a qualified entity.

CMS-10434 OMB 0938-1188

Package Header

Package ID	OH2025MS0002O	SPA ID	OH-25-0006
Submission Type	Official	Initial Submission Date	3/5/2025
Approval Date	05/02/2025	Effective Date	1/1/2025
Superseded SPA ID	OH-20-0016		
	System-Derived		

The state covers individuals under the Adult Group when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:

a. The date the eligibility determination for regular Medicaid 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 is made, or

b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:

☐ a. No more than one period within a calendar year.

☐ b. No more than one period within two calendar years.

☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.

☒ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

☐ e. Other reasonable limitation:

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS00020 | OH-25-0006

Package Header

Package ID	OH2025MS00020	SPA ID	OH-25-0006
Submission Type	Official	Initial Submission Date	3/5/2025
Approval Date	05/02/2025	Effective Date	1/1/2025
Superseded SPA ID	OH-20-0016		
System-Derived			

B. Application for Presumptive Eligibility

- ☒ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☐ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
- ☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Portal Screenshots	2/20/2025 9:06 AM EST	
PE Non-Applicant	2/20/2025 9:06 AM EST	

5. Describe the presumptive eligibility screening process:

All authorized qualified entity employees are required to learn, review, and understand the criteria for all Medicaid categories. Using the presumptive eligibility online portal, an authorized qualified entity employee will gather data from the individual such as name, state residency, citizenship, household composition, and income. This information may be self-attested by the individual. The authorized qualified entity employee may not request any documentation or require verification of the information provided.

Each qualified entity will be monitored against a “presumptive eligibility error rate” performance standard, which is the rate at which a qualified entity deems an individual presumptively eligible for Medicaid, but the individuals is then determined to be ineligible for full ongoing Medicaid coverage. The presumptive eligibility error rate must be less than seven and one-half percent of approved cases in a calendar month. If the qualified entity has an error rate greater than seven and one-half percent in a calendar month, the qualified entity must submit a corrective action plan to the Department of Medicaid specifying the steps the qualified entity will take to reduce its presumptive eligibility error rate, including details about training required as part of the corrective action plan. The qualified entity must also provide training for all of its staff who make presumptive eligibility determinations to ensure their thorough knowledge of presumptive eligibility prescreening procedures. The training shall occur for each month the qualified entity’s presumptive eligibility error rate exceeds seven and one-half percent.

Applicants are allowed only one presumptive eligibility determination per 12-month period. The authorized qualified entity employee will attempt to verify current Medicaid coverage and past use of presumptive eligibility coverage via the online portal. If current Medicaid coverage or past presumptive eligibility coverage is not able to be verified, the employee will rely on the individual’s self-attestation.

The authorized qualified entity employee must provide the individual with a notice of the presumptive eligibility determination. Additionally, the authorized qualified entity employee must assist the applicant in completing and submitting an application for ongoing Medicaid coverage.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual must meet the categorical requirements of 42 CFR 435.119.
2. Household income must not exceed the applicable income standard described at 42 CFR 435.119.

☐ a. A reasonable estimate of MAGI-based income is used to determine household income.

☐ b. Gross income is used to determine household income.
- ☒ 3. State residency
- ☒ 4. Citizenship, status as a national, or satisfactory immigration status

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

Package Header

Package ID	OH2025MS0002O	SPA ID	OH-25-0006
Submission Type	Official	Initial Submission Date	3/5/2025
Approval Date	05/02/2025	Effective Date	1/1/2025
Superseded SPA ID	OH-20-0016		
	System-Derived		

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.





2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- ☒ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☒ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☒ Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
DYS	Ohio Department of Youth Services
CDJFS	County Department of Job & Family Services
Health Department	Local Health Department
DRC	Ohio Department of Rehabilitation and Correction

- ☒ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
QE Training Material rev 02-2025	2/20/2025 9:07 AM EST	
PE Approval	2/20/2025 9:07 AM EST	
PE Denial Reasons	2/20/2025 9:07 AM EST	
PE Denial	2/20/2025 9:07 AM EST	

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

Package Header

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Superseded SPA ID	OH-20-0016		
	System-Derived		

E. Additional Information (optional)

Ohio requires a “presumptive eligibility error rate” performance standard, which is the rate at which a qualified entity deems an individual presumptively eligible for Medicaid, but the individual is ultimately determined ineligible for full ongoing Medicaid. The presumptive eligibility error rate must be less than seven and one-half percent of presumptively enrolled individuals in a calendar month.

Ohio will be ending the standards for qualified entities that required eighty-five percent of recipients to submit an application for full/ongoing Medicaid within ninety days of the presumptive eligibility approval and the requirement that eighty-five percent of those applications must result in a full Medicaid determination.

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OH - Submission Package - OH2025MS0002O - (OH-25-0006) - Eligibility

Medicaid State Plan Eligibility

Presumptive Eligibility

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

The state covers former foster care children when determined presumptively eligible by a qualified entity.

CMS-10434 OMB 0938-1188

Package Header

Package ID	OH2025MS0002O	SPA ID	OH-25-0006
Submission Type	Official	Initial Submission Date	3/5/2025
Approval Date	05/02/2025	Effective Date	1/1/2025
Superseded SPA ID	OH-20-0016		
	System-Derived		

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:

a. The date the eligibility determination for regular Medicaid 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 is made; or

b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:

☐ a. No more than one period within a calendar year.

☐ b. No more than one period within two calendar years.

☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.

☒ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

☐ e. Other reasonable limitation:

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

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System-Derived			

B. Application for Presumptive Eligibility

- ☒ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☐ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.

☐ a. Paper - A copy of the application form is included.

☐ b. Online - A copy of the application form is included.
- ☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Portal Screenshots	2/20/2025 9:09 AM EST	
PE Non-Applicant	2/20/2025 9:09 AM EST	

5. Describe the presumptive eligibility screening process:

All authorized qualified entity employees are required to learn, review, and understand the criteria for all Medicaid categories. Using the presumptive eligibility online portal, an authorized qualified entity employee will gather data from the individual such as name, state residency, citizenship, household composition, and income. This information may be self-attested by the individual. The authorized qualified entity employee may not request any documentation or require verification of the information provided.

Each qualified entity will be monitored against a “presumptive eligibility error rate” performance standard, which is the rate at which a qualified entity deems an individual presumptively eligible for Medicaid, but the individuals is then determined to be ineligible for full ongoing Medicaid coverage. The presumptive eligibility error rate must be less than seven and one-half percent of approved cases in a calendar month. If the qualified entity has an error rate greater than seven and one-half percent in a calendar month, the qualified entity must submit a corrective action plan to the Department of Medicaid specifying the steps the qualified entity will take to reduce its presumptive eligibility error rate, including details about training required as part of the corrective action plan. The qualified entity must also provide training for all of its staff who make presumptive eligibility determinations to ensure their thorough knowledge of presumptive eligibility prescreening procedures. The training shall occur for each month the qualified entity's presumptive eligibility error rate exceeds seven and one-half percent.

Applicants are allowed only one presumptive eligibility determination per 12-month period. The authorized qualified entity employee will attempt to verify current Medicaid coverage and past use of presumptive eligibility coverage via the online portal. If current Medicaid coverage or past presumptive eligibility coverage is not able to be verified, the employee will rely on the individual's self-attestation.

The authorized qualified entity employee must provide the individual with a notice of the presumptive eligibility determination. Additionally, the authorized qualified entity employee must assist the applicant in completing and submitting an application for ongoing Medicaid coverage.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual must meet the categorical requirements of 42 CFR 435.150.
- ☒ 2. State residency
- ☒ 3. Citizenship, status as a national, or satisfactory immigration status

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

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	System-Derived		

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.





2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- ☒ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☒ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☒ Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
DYS	Ohio Department of Youth Services
CDJFS	County Department of Job & Family Services
Health Department	Local Health Department
DRC	Ohio Department of Rehabilitation and Correction

- ☒ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
QE Training Material rev 02-2025	2/20/2025 9:10 AM EST	
PE Approval	2/20/2025 9:10 AM EST	
PE Denial Reasons	2/20/2025 9:10 AM EST	
PE Denial	2/20/2025 9:10 AM EST	

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

Package Header

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E. Additional Information (optional)

Ohio requires a “presumptive eligibility error rate” performance standard, which is the rate at which a qualified entity deems an individual presumptively eligible for Medicaid, but the individual is ultimately determined ineligible for full ongoing Medicaid. The presumptive eligibility error rate must be less than seven and one-half percent of presumptively enrolled individuals in a calendar month.

Ohio will be ending the standards for qualified entities that required eighty-five percent of recipients to submit an application for full/ongoing Medicaid within ninety days of the presumptive eligibility approval and the requirement that eighty-five percent of those applications must result in a full Medicaid determination.

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OH - Submission Package - OH2025MS0002O - (OH-25-0006) - Eligibility

- Summary
- Reviewable Units
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Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0002O | OH-25-0006

CMS-10434 OMB 0938-1188

Package Header

Package ID	OH2025MS0002O	SPA ID	OH-25-0006
Submission Type	Official	Initial Submission Date	3/5/2025
Approval Date	05/02/2025	Effective Date	1/1/2025
Superseded SPA ID	OH-23-0024		
	System-Derived		

- ☒ The state provides an assurance that it has policies and procedures in place to enable qualified hospitals to determine presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.
- ☒ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A. Qualifications of Hospitals

A qualified hospital is a hospital that:

- Participates as a provider under the state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.
- Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.
- Assists individuals in completing and submitting the full application and understanding any documentation requirements.

☒ Yes ☐ No

Presumptive Eligibility by Hospitals

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Superseded SPA ID	OH-23-0024		
	System-Derived		

B. Eligibility Groups or Populations Included

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

1. Pregnant Women
2. Infants and Children under Age 19
3. Parents and Other Caretaker Relatives
4. Adult Group, if covered by the state
5. Individuals above 133% FPL under Age 65, if covered by the state
6. Individuals Eligible for Family Planning Services, if covered by the state
7. Former Foster Care Children
8. Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

The state limits qualified hospitals for this group to providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

☐ Yes ☒ No

☐ 9. Other Medicaid state plan eligibility groups:

☐ 10. Demonstration populations covered under section 1115

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C. Standards for Participating Hospitals

The state establishes reasonable standards for qualified hospitals making presumptive eligibility determinations.

- ☒ Yes ☐ No
- ☐ The state has a standard requiring that a percentage of individuals who are determined presumptively eligible submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.
- ☒ The state has a standard requiring that a percentage of individuals who are determined presumptively eligible be determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Percentage of individuals found eligible for Medicaid

92.50%

- ☐ The state has elected one or more other reasonable standard(s).

D. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid 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 is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:

☐ a. No more than one period within a calendar year.

☐ b. No more than one period within two calendar years.

☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.

☐ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

☒ e. Other reasonable limitation:

Name of limitation	Description
Presumptive Pregnancy	No more than one presumptive eligibility span per pregnancy
All non-pregnancy presumptive	No more than one presumptive eligibility span per twelve-month period, starting with the effective date of the initial presumptive eligibility span

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E. Application for Presumptive Eligibility

- ☒ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☐ 2. The state uses the single streamlined paper and/or online application form for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is included.
- ☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PE Portal Screenshots	11/9/2023 1:21 PM EST	
PE Non-Applicant	3/28/2024 3:57 PM EDT	

5. Describe the presumptive eligibility screening process:

All authorized hospital employees are required to learn, review, and understand the criteria for all Medicaid categories. Using the presumptive eligibility online portal, an authorized hospital employee will gather data from the individual such as name, state residency, citizenship, household composition, and income. This information may be self-attested by the individual. The authorized hospital employee may not request any documentation or require verification of the information provided.

Applicants are allowed only one presumptive eligibility determination per 12-month period or, if pregnant, per pregnancy. The authorized hospital employee will attempt to verify current Medicaid coverage and past use of presumptive eligibility coverage via the online portal. If current Medicaid coverage or past presumptive eligibility coverage is not able to be verified, the employee will rely on the individual's self-attestation.

The authorized hospital employee must provide the individual with a notice of the presumptive eligibility determination. Additionally, the authorized hospital employee must assist the applicant in completing and submitting an application for ongoing Medicaid coverage.

Each hospital will be monitored against a "presumptive eligibility error rate" performance standard, which is the rate at which a hospital deems an individual presumptively eligible for Medicaid, but the individual is ultimately determined to be ineligible for full ongoing Medicaid coverage. The presumptive eligibility error rate must be less than seven and one-half percent of approved cases in a calendar month. If the hospital has an error rate greater than seven and one-half percent in a calendar month, the hospital must submit a corrective action plan to the Department of Medicaid specifying the steps the hospital will take to reduce its presumptive eligibility error rate, including details about training required as part of the corrective action plan. The hospital must also provide training for all of its staff who make presumptive eligibility determinations to ensure their thorough knowledge of presumptive eligibility prescreening procedures. The training shall occur for each month the hospital's presumptive eligibility error rate exceeds seven and one-half percent.

F. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
2. Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

☐ a. A reasonable estimate of MAGI-based income is used to determine household income.

☐ b. Gross income is used to determine household size.

☐ c. Other income methodology
- ☒ 3. State residency
- ☒ 4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility by Hospitals





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G. Qualified Entity Requirements

- ☒ 1. The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals.
2. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
PE Approval	3/28/2024 3:58 PM EDT	
PE Denial	3/28/2024 3:58 PM EDT	
PE Denial Reasons	3/28/2024 3:58 PM EDT	
QE Training Material rev 02-2025	2/20/2025 9:21 AM EST	

H. Additional Information (optional)

Ohio requires a “presumptive eligibility error rate” performance standard, which is the rate at which a qualified entity deems an individual presumptively eligible for Medicaid, but the individual is ultimately determined ineligible for full ongoing Medicaid. The presumptive eligibility error rate must be less than seven and one-half percent of presumptively enrolled individuals in a calendar month.

Ohio will be ending the standards for qualified entities that required eighty-five percent of recipients to submit an application for full/ongoing Medicaid within ninety days of the presumptive eligibility approval and the requirement that eighty-five percent of those applications must result in a full Medicaid determination.

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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