

Table of Contents

State/Territory Name: Ohio

State Plan Amendment (SPA) #: 25-0008

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 - OH2025MS0001O - (OH-25-0008) - Eligibility

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

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



Center for Medicaid & CHIP Services

October 24, 2025

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

Re: Approval of State Plan Amendment OH-25-0008

Dear Director Corcoran,

On April 25, 2025, the Centers for Medicare and Medicaid Services (CMS) received Ohio State Plan Amendment (SPA) OH-25-0008 to update Ohio's alternative single, streamlined paper and online applications. During the review of this SPA, CMS identified questions related to education and military status that the state has agreed to make optional. Should the state determine that these questions will not ultimately be used to determine Medicaid eligibility, please evaluate removing them from the application.

We approve Ohio State Plan Amendment (SPA) OH-25-0008 with an effective date(s) of April 01, 2025.

We are issuing this approval of SPA OH-25-0008 with the enclosed companion letter, which documents a series of future changes to the online application.

Name	Date Created	
OH-25-0008 Companion Letter	10/22/2025 9:27 AM EDT	

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 - OH2025MS0001O - (OH-25-0008) - Eligibility

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0001O | OH-25-0008

CMS-10434 OMB 0938-1188

Package Header

Package ID	OH2025MS0001O	SPA ID	OH-25-0008
Submission Type	Official	Initial Submission Date	4/25/2025
Approval Date	10/24/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Ohio	Medicaid Agency Name:	Ohio Department of Medicaid
-----------------------	------	-----------------------	-----------------------------

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0001O | OH-25-0008

Package Header

Package ID	OH2025MS0001O	SPA ID	OH-25-0008
Submission Type	Official	Initial Submission Date	4/25/2025
Approval Date	10/24/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID OH-25-0008

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	4/1/2025	OH-13-0026, MMDL form S94

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0001O | OH-25-0008

Package Header

Package ID	OH2025MS0001O	SPA ID	OH-25-0008
Submission Type	Official	Initial Submission Date	4/25/2025
Approval Date	10/24/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Updating the Combined Programs Application so that individuals can apply for both MAGI coverage (main application) and Non-MAGI coverage (appendix).

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

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

Federal Statute / Regulation Citation

42 CFR, Subpart J and Subpart M

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0001O | OH-25-0008

Package Header

Package ID	OH2025MS0001O	SPA ID	OH-25-0008
Submission Type	Official	Initial Submission Date	4/25/2025
Approval Date	10/24/2025	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.

This view was generated on 12/9/2025 2:48 PM EST

OH - Submission Package - OH2025MS0001O - (OH-25-0008) - Eligibility

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0001O | OH-25-0008

CMS-10434 OMB 0938-1188

Package Header

Package ID	OH2025MS0001O	SPA ID	OH-25-0008
Submission Type	Official	Initial Submission Date	4/25/2025
Approval Date	10/24/2025	Effective Date	4/1/2025
Superseded SPA ID	OH-13-0026, MMDL form S94		
	User-Entered		

A. MAGI Paper Application

The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- ☒ 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- ☐ 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary
- ☐ 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs
- ☐ 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0001O | OH-25-0008

Package Header

Package ID	OH2025MS0001O	SPA ID	OH-25-0008
Submission Type	Official	Initial Submission Date	4/25/2025
Approval Date	10/24/2025	Effective Date	4/1/2025
Superseded SPA ID	OH-13-0026, MMDL form S94		
	User-Entered		

B. MAGI Online Application

The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- ☒ 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- ☐ 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary
- ☐ 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- ☐ 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0001O | OH-25-0008

Package Header


Package ID	OH2025MS0001O	SPA ID	OH-25-0008
Submission Type	Official	Initial Submission Date	4/25/2025
Approval Date	10/24/2025	Effective Date	4/1/2025
Superseded SPA ID	OH-13-0026, MMDL form S94		
	User-Entered		

C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- ☒ 1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

The supplemental form(s) used to collect additional information has been uploaded.

Name	Date Created	
ODM 07216	8/1/2025 2:54 PM EDT	

- ☐ 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- ☐ 3. One or more applications used to apply for multiple human service programs
- ☐ 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0001O | OH-25-0008

Package Header


Package ID	OH2025MS0001O	SPA ID	OH-25-0008
Submission Type	Official	Initial Submission Date	4/25/2025
Approval Date	10/24/2025	Effective Date	4/1/2025
Superseded SPA ID	OH-13-0026, MMDL form S94		
	User-Entered		

D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- ☒ 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

Screenshots or other documentation of the online form(s) used to the collect additional information have been uploaded

Name	Date Created	
Online Application Screen Shots	4/8/2025 10:05 AM EDT	

- ☐ 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- ☐ 3. One or more application used to apply for multiple human service programs
- ☐ 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | OH2025MS0001O | OH-25-0008

Package Header

Package ID	OH2025MS0001O	SPA ID	OH-25-0008
Submission Type	Official	Initial Submission Date	4/25/2025
Approval Date	10/24/2025	Effective Date	4/1/2025
Superseded SPA ID	OH-13-0026, MMDL form S94		
	User-Entered		

E. Additional Information (optional)

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.

This view was generated on 12/9/2025 2:49 PM EST