

## **Table of Contents**

**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 26-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages



**Medicaid and CHIP Operations Group**

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April 17, 2026

Scott R. Partika, Director  
Ohio Department of Medicaid  
P.O. Box 182709  
50 West Town Street, Suite 400  
Columbus, Ohio 43218

Re: Ohio State Plan Amendment (SPA) - 26-0001

Dear Director Partika:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OH-26-0001. This amendment proposes to amend Attachment 2.6-A to remove the payment of premium requirement and the premium calculation methodology for the Ticket to Work Basic Coverage Group and Medical Improvement Group as a result of recent state legislation.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act, sections 1902(a)(10)(A)(ii)(XIII), (XV),(XVI), and 1916(g), and implementing regulations. This letter informs you that Ohio's Medicaid SPA TN 26-0001 was approved on April 17, 2026, with an effective date of January 1, 2026.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Ohio State Plan.

If you have any questions, please contact Keri Rosenbloom Toback at (312) 353-1754 or via email at [keri.toback@cms.hhs.gov](mailto:keri.toback@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Nicole McKnight.

Nicole McKnight  
Acting Director, Division of Program Operations

Enclosures

cc: Rebecca Jackson, ODM  
Gregory Niehoff, ODM  
Tamara Edwards, ODM  
Debra Harris, CMCS  
Eleni Salyers, CMCS  
Marc Steinberg, CMCS  
Abigail Kahn, CMCS  
Keri Rosenbloom Toback, CMCS  
Christine Davidson, CMCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
2 6 — 0 0 0 1

2. STATE  
OH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  
 XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2026**

5. FEDERAL STATUTE/REGULATION CITATION  
[See addendum](#)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2026 \$ 505,343  
b. FFY 2027 \$ 1,010,687

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
[Attachment 2.6-A pages 12m, 12n, 12o](#)

8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)  
[Attachment 2.2-A page 23d \(TN 07-021\)](#) delete  
[Attachment 2.6-A pages 12m, 12n, 12o \(TN 07-021\)](#)

9. SUBJECT OF AMENDMENT

[Eligibility: Ticket to Work Payment of Premiums Removal, and Other Cost Sharing Changes](#)

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
**The State Medicaid Director is the Governor's designee**

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME

**SCOTT PARTIKA**

13. TITLE

**STATE MEDICAID DIRECTOR**

14. DATE SUBMITTED

February 6, 2026

15. RETURN TO

**Greg Niehoff  
Ohio Department of Medicaid  
P.O. BOX 182709  
Columbus, Ohio 43218**

**FOR CMS USE ONLY**

16. DATE RECEIVED

February 6, 2026

17. DATE APPROVED

April 17, 2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

**CMS-179 Addendum for TN 25-0001**

“Eligibility: Ticket to Work Payment of Premiums Removal, and Other Cost Sharing Changes”

<b>Block 5, Federal Statute/Regulation Citation</b>
Sections 1902(a)(10)(A)(ii)(XIII),(XV),(XVI) of the Act
Section 1916(g) of the Act
42 CFR 447.55(a)

This page is entirely deleted by TN 26-0001.

STATE OF OHIO

~~STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT~~

~~Citation~~

~~Groups Covered~~

~~B. Optional Groups Other Than the Medically Needy  
(Continued)~~

~~1902(a)(10)(A)  
(ii)(XIII) of the Act~~

~~[ ]~~

~~25. BDA Work Incentives Eligibility Group -  
Individuals with a disability whose net family income is  
below 250 percent of the Federal poverty level for a family  
of the size involved and who, except for earned income,  
meet all criteria for receiving benefits under the SSI  
program.  
See page 12c of Attachment 2.6-A.~~

~~1902(a)(10)(A)  
(ii)(XV) of the Act~~

~~[X]~~

~~26. TAAWIA Basic Coverage Group - Individuals  
with a disability at least 16 but less than 65 years of age,  
whose income and resources do not exceed a standard  
established by the State. See page 12d of Attachment  
2.6-A.~~

~~1902(a)(10)(A)  
(ii)(XVI) of the Act~~

~~[X]~~

~~27. TAAWIA Medical Improvement Group -  
Employed individuals at least 16 but less than 65 years of  
age with a medically improved disability whose income and  
resources do not exceed a standard established by the  
State. See page 12h of Attachment 2.6A~~

~~NOTE: If the State elects cover this group, it MUST also  
cover the eligibility group described in No. 26 above.~~

TN No. 07-021

Approval Date MAR 11 2008

Effective Date 04/01/08

Supersedes

TN No. NEW

STATE OF OHIO

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Citation

Groups Covered

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1902(a)(10)(A)(ii)(XIII)  
(XV), (XVI), and 1916(g)  
of the Act

Payment of Premiums or Other Cost Sharing Charges

For individuals eligible under the BBA eligibility group described in  
MACPro Work Incentives RU:

\_\_\_\_\_ The agency requires payment of premiums or other  
cost-sharing charges on a sliding scale based on income.  
The premiums or other cost-sharing charges, and how they  
are applied are described below:

STATE OF OHIO

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Citation

Groups Covered

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1902(a)(10)(A)(ii)  
(XIII), (XV), (XVI), and 1916(g)  
of the Act (cont.)

For individuals eligible under the Basic Coverage Group described in MACPro Ticket to Work Basic RU and the Medical Improvement Group described in MACPro Ticket to Work Medical Improvements RU:

NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds \$75,000 pay 100 percent of premiums.

— The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with family gross annual income no more than 450 percent of the federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.

The premiums or other cost-sharing charges, and how they are applied are described on page 12o.

STATE OF OHIO

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Citation

Groups Covered

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Sections 1902(a)(10)(A)  
(ii)(XIII), (XV), (XVI), and 1916(g)  
of the Act (cont.)

Premiums and other Cost-Sharing Charges

For the Basic Coverage Group and the Medical Improvement Group, the agency's premium and other cost-sharing charges, and how they are applied, are described below.

The agency does not charge premiums and cost sharing to the BBA and TWWIA groups.