Table of Contents

State/Territory Name: Ohio

State Plan Amendment (SPA) #: 23-0015

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



June 2, 2023

Maureen M. Corcoran, Director Ohio Department of Medicaid P.O. Box 182709 50 West Town Street, Suite 400 Columbus, Ohio 43218

Re: Ohio State Plan Amendment (SPA) 23-0015

Dear Director Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0015. This amendment proposes to temporarily extend the disregard of accumulated resources for individuals subject to the post-eligibility treatment of income rules originally approved on June 14, 2022 in Disaster Relief SPA OH-22-0012.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Ohio's Medicaid SPA Transmittal Number 23-0015 is approved effective May 12, 2023.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at <u>Christine.Davidson@cms.hhs.gov</u>.

Sincerely,

Alissa M. Deboy -S Digitally signed by Alissa M. Deboy -S Date: 2023.06 02 07:43:09 -04'00'

Alissa Mooney DeBoy On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services

Enclosures

cc: Rebecca Jackson, ODM Gregory Niehoff, ODM

CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OI	E I I I I I I I I I I I I I I I I I I I
STATE PLAN MATERIAL	$\underline{2 3} - \underline{0 1 5} \underline{OH}$
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	
	SECURITY ACT O XIX O XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES	May 12, 2023
DEPARTMENT OF HEALTH AND HUMAN SERVICES	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2023 \$ 0
<u>Section 1135 of the Act</u> Title XIX of the Social Security Act	b. FFY 2024 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
	OR ATTACHMENT (If Applicable)
Section 7.5.B (new)	
9. SUBJECT OF AMENDMENT	
Post-Eligibility Treatment of Income: Extending Disaster Relief	Disregard of Accumulated Resources
10. GOVERNOR'S REVIEW (Check One)	
\sim	• OTHER, AS SPECIFIED:
10. GOVERNOR'S REVIEW (Check One)	• OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee
GOVERNOR'S OFFICE REPORTED NO COMMENT	
O GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The State Medicaid Director is the Governor's designee
O GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff
O GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME MAUREEN M. CORCORAN	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME MAUREEN M. CORCORAN 13. TITLE	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME MAUREEN M. CORCORAN	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME MAUREEN M. CORCORAN 13. TITLE STATE MEDICAID DIRECTOR 14. DATE SUBMITTED May 11, 2023 FOR CMS	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 USE ONLY
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME MAUREEN M. CORCORAN 13. TITLE STATE MEDICAID DIRECTOR 14. DATE SUBMITTED May 11, 2023 FOR CMS 16. DATE RECEIVED	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME MAUREEN M. CORCORAN 13. TITLE STATE MEDICAID DIRECTOR 14. DATE SUBMITTED May 11, 2023 16. DATE RECEIVED May 11, 2023	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 USE ONLY 17. DATE APPROVED 06/02/2023
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME MAUREEN M. CORCORAN 13. TITLE STATE MEDICAID DIRECTOR 14. DATE SUBMITTED May 11, 2023 FOR CMS 16. DATE RECEIVED May 11, 2023 PLAN APPROVED - O	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 USE ONLY 17. DATE APPROVED 06/02/2023 NE COPY ATTACHED
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME MAUREEN M. CORCORAN 13. TITLE STATE MEDICAID DIRECTOR 14. DATE SUBMITTED May 11, 2023 FOR CMS 16. DATE RECEIVED May 11, 2023 PLAN APPROVED - O 18. EFFECTIVE DATE OF APPROVED MATERIAL	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 USE ONLY 17. DATE APPROVED 06/02/2023 NE COPY ATTACHED
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME MAUREEN M. CORCORAN 13. TITLE STATE MEDICAID DIRECTOR 14. DATE SUBMITTED May 11, 2023 FOR CMS 16. DATE RECEIVED May 11, 2023 PLAN APPROVED - O	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 USE ONLY 17. DATE APPROVED 06/02/2023
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME MAUREEN M. CORCORAN 13. TITLE STATE MEDICAID DIRECTOR 14. DATE SUBMITTED May 11, 2023 FOR CMS 16. DATE RECEIVED May 11, 2023 PLAN APPROVED - O 18. EFFECTIVE DATE OF APPROVED MATERIAL	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 USE ONLY 17. DATE APPROVED 06/02/2023 INE COPY ATTACHED 19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy Columbus
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME MAUREEN M. CORCORAN 13. TITLE STATE MEDICAID DIRECTOR 14. DATE SUBMITTED May 11, 2023 FOR CMS 16. DATE RECEIVED May 11, 2023 PLAN APPROVED - O 18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 USE ONLY 17. DATE APPROVED 06/02/2023 IME COPY ATTACHED 19. SIGNATURE OF APPROVING OF MISSION 19. SIGNATURE OF APPROVING OF MISSION Columbus of Medicaid Object Object Object Object Object Object Object Object Object Object
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME MAUREEN M. CORCORAN 13. TITLE STATE MEDICAID DIRECTOR 14. DATE SUBMITTED May 11, 2023 FOR CMS 16. DATE RECEIVED May 11, 2023 FOR CMS 16. DATE RECEIVED May 11, 2023 20 18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023 20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy On Behalf of Anne Marie Costello	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 USE ONLY 17. DATE APPROVED 06/02/2023 Description of Approvention of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 USE ONLY 17. DATE APPROVED 06/02/2023 Description of Approvention of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 USE ONLY 17. DATE APPROVED 06/02/2023 Description of Medicaid P.O. BOX 182070743:30 -S -S <td< td=""></td<>
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME MAUREEN M. CORCORAN 13. TITLE STATE MEDICAID DIRECTOR 14. DATE SUBMITTED May 11, 2023 FOR CMS 16. DATE RECEIVED May 11, 2023 16. DATE RECEIVED May 11, 2023 20. TYPED NAME OF APPROVED MATERIAL May 12, 2023 20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy On Behalf of Anne Marie Costello 22. REMARKS	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 USE ONLY 17. DATE APPROVED 06/02/2023 DECOPY ATTACHED 19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy Sered by Alissa M. Alissa M. Deboy Sered by Alissa M. Deboy Sered
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME MAUREEN M. CORCORAN 13. TITLE STATE MEDICAID DIRECTOR 14. DATE SUBMITTED May 11, 2023 FOR CMS 16. DATE RECEIVED May 11, 2023 PLAN APPROVED - O 18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023 20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy On Behalf of Anne Marie Costello	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 USE ONLY 17. DATE APPROVED 06/02/2023 DECOPY ATTACHED 19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy Sered by Alissa M. Alissa M. Deboy Sered by Alissa M. Deboy Sered
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME MAUREEN M. CORCORAN 13. TITLE STATE MEDICAID DIRECTOR 14. DATE SUBMITTED May 11, 2023 FOR CMS 16. DATE RECEIVED May 11, 2023 16. DATE RECEIVED May 11, 2023 20. TYPED NAME OF APPROVED MATERIAL May 12, 2023 20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy On Behalf of Anne Marie Costello 22. REMARKS	The State Medicaid Director is the Governor's designee 15. RETURN TO Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 USE ONLY 17. DATE APPROVED 06/02/2023 DECOPY ATTACHED 19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy Sered by Alissa M. Alissa M. Deboy Sered by Alissa M. Deboy Sered

7.5.B. Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective the day after the end of the PHE until March 31, 2024, the agency temporarily extends the following election(s) in section 7.5 (approved on 06/14/2022 in SPA Number OH-22-0012) of the state plan.

Post-Eligibility Treatment of Income

<u>X</u> The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive resource methodologies:

For all individuals subject to the post-eligibility treatment-of-income (PETI) rules, income that would have otherwise been part of an individual's liability for his or her institutional or home and community-based waiver services based on application of the PETI rules but which became countable resources on or after March 18, 2020, shall be disregarded.