DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 0 — 0 0 2

2. STATE: OHIO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
Title XIX

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2000

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
1902(a)(10)(A)(ii)(xiv) and
1902(a)(12)

7. FEDERAL BUDGET IMPACT:
a. FFY 2000 $ 1,532,000
b. FFY 2001 $ 6,129,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 2.2-A Page 23~~a~~b Am'd
Attachment 2.2-A Page 23c
Supplement 1 to Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 2.2-A Page 23~~a~~b Am'd
Attachment 2.2-A Page 23c
Supplement 1 to Attachment 2.6-A

10. SUBJECT OF AMENDMENT:
This amendment is to reflect an expansion of coverage for the group of optional targeted low income children to 200% fPL, and to reflect deemed eligibi regardless of change in circumstances to members of this group.

11. 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:
Governor has delegated review to ODHS Director

12. SIGNATURE OF STATE AGENCY OFFICIAL: Jacqueline Romer-Sensky

13. TYPED NAME: Jacqueline Romer-Sensky

14. TITLE: Director

15. DATE SUBMITTED:

16. RETURN TO:
Becky Jackson
Ohio Department of Human Services
Office of Mediciaid, Bureau of Health Pl
30 E. Broad Street, RSOT 27th FL
Columbus, Ohio 43266-0423

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/31/00

18. DATE APPROVED: 11/16/00

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL: Cheryl Harris

21. TYPED NAME: Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Insurance Oversight

23. REMARKS:

MAR 3 1 2000

FORM HCFA-179 (07-92)

Instructions on Back

State: Ohio

Citation		Groups Covered
	a.	Optional Coverage Other Than the Medically Needy (Continued)
1902(a)(10)(A)(ii)(XIV) of the Act	X	19. Optional Targeted Low Income Children who:
		a. are not eligible for Medicaid under any other optional or mandatory eligibility group of eligible as medically needy (without spenddown liability);
		b. would not be eligible for Medicaid under the policy in the State's Medicaid plan as in effect on March 31, 1997* (other than because of the age expansion provided for in section 1902 (1)(2)(D);
		c. are not covered under a group health plan or other group health insurance (as such terms are defined in section 2751 of the Public Health Service Act) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
		d. Have family income at or below:
		200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or
		a percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in section 2110 (b)(4) of the Act) but by no more than 50 percentage points.

*As amended by the technical amendments to Title XXI incorporated in the omnibus appropriations bill

State: Ohio

The State covers:

X All children described above who are under age 19 (18, 19) with family income at or below 200 percent of the Federal poverty level.

__ The following reasonable classification of children described above who are under age __ (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISHED ELIGIBILITY FOR EACH CLASSIFICATION.)

1902(~~a~~ e)(12) of the Act __ 20. A child under age__ (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of__months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

1920A of the Act __ 21. Children under age 19 who are determined by a "qualified entity" (as defined in section 1920A (b) (3) (A) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the state agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

(copy of SPA filing 00-005 filed under separate cover
To accompany 00-002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Ohio**

Effective Dates: Number in Group	April 1, 2000 Federal Poverty Level	April 1, 2000 150% Federal Poverty Level*	April 1, 2000 200% Federal Poverty Level**
1	$ 696	$ 1044	$ 1392
2	$ 938	$ 1407	$ 1876 1875
3	$ 1179	$ 1769	$ 2358
4	$ 1421	$ 2132	$ 2842
5	$ 1663	$ 2495 2494	$ 3326 3325
6	$ 1904	$ 2856	$ 3804 3808
7	$ 2146	$ 3219	$ 4292
8	$ 2388	$ 3582	$ 4776 4775
9	$ 2629	$ 3944	$ 5258 5260
10	$ 2871	$ 4307	$ 5742 5744
11	$ 3113	$ 4670	$ 6226 6228
12	$ 3354	$ 5031	$ 6708 6712
13	$ 3596	$ 5394	$ 7192 7,196
14	$ 3838	$ 5757	$ 7676 7,680
15	$ 4079	$ 6119	$ 8158 8,164
For each person above 15 add	$ 242	$ 363	$ 484

* Standard is used for all pregnant women and children up to age 19.

** Standard is used for uninsured children up to age 19 with income above 150% FPL.

TN No. **00-005** 2 Amd

Supersedes **Approval Date** _____ **Effective Date** **4-1-2000**

TN No. **93-033**