

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 - 0 0 5

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

April 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:

OBRA 1981 (Pub L 97-35)

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6 A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 2.6 A

10. SUBJECT OF AMENDMENT:

This amendment reflects April 1, 2000 Federal Poverty Levels and new standard for uninsured children up to age 19.

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 Service
Office of Medicaid, Bureau of Health Plan Pol
30 East Broad St., RSOT 27th Floor
Columbus, OHIO 43266-0423

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3/31/00

18. DATE APPROVED:

3/26/00

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 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:

RECEIVED

MAR 31 2000

OHIO - II/IN/OH

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT I TO ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OHIO

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Woman and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Maximum Payment</u>	
		<u>Payment Standard</u>	<u>Amounts</u>
1	508	203	203
2	700	279	279
3	853	341	341
4	1055	421	421
5	1234	493	493

2. Pregnant Women and Infants under Section 1902 (a) (10)(A) (i) (IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level (as revised annually in the Federal Register)-

X 133 % _____ percent (no more than 185 percent)
(specify)

00-005 Am's
TN No. 01-005 Approval Date MAR 24 2001 Effective Dates 7/1/00

Supersedes
No. 93-003

HCFA- ID: 7985E

Revision: HCFA-PM-91-4
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Ohio

INCOME ELIGIBILITY LEVELS (continued)

B. **OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL**

I. Pregnant Woman and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902 (a) (10)(ii) (LX) and 1902 (1) (2) of the Act, the income level is 150% of the Federal poverty level (as revised annually in the Federal Register) for the size family involved..

00-005 gms
TN No. 01-005 Approval Date 7/1/00 Effective Dates 7/1/00

Supercedes
TN No. 91-28

HCFA- ID: 7985E

State: OHIO

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 or 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 91) (2) (D));
- c. Are not covered under a group health plan or other group health insurance (as such terms are defined in section 275) of the Public Health Service Act) coverage 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.

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

TN No. 00-005 *Gene S* Approval Date MAR 26 2001 Effective Date 7/1/2000

Supersedes
TN No. 97-29

Revision: HCFA-PM-00-1

Supplement 8A to
Attachment 2.6A

February 2000

ADDENDUM

State Plan Under Title XIX of the Social Security Act

State: Ohio

**LESS RESTRICTIVE METHODS OF TREATING INCOME
UNDER SECTION 1902(R)(2) OF THE ACT**

- For all eligibility groups not subject to the limitations on payment explained in section 1903(f) of the Act*: All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.
- For children under 1902(a)(10)(A)(VI), income is excluded in the amount of the difference between 133 percent and 150 percent of the Federal Poverty level (as revised annually in the Federal Register) by family size, plus one dollar.
- For children eligible under 1902(a)(10)(A)(VII), income is excluded in the amount of the difference between 100 percent and 150 percent of the Federal poverty level (as revised in the Federal Register) by family size plus one dollar.

*less restricted methods may not result in exceeding gross income limitations under section 1903(f).

TN No. 00-005 *Am 8* Approval Date MAR 26 2000 Effective Date 7/1/200

Supersedes
TN No. 00-006