Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



October 10, 2013

John McCarthy, Director Ohio Department of Medicaid P.O. Box 182709 50 West Town Street, Suite 400 Columbus, Ohio 43218

RE: TN OH-13-0018

Dear Mr. McCarthy:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal # OH-13-0018 MAGI-Based Eligibility Group-Medicaid coverage for individuals with incomes below 133% of the FPL, effective January 1, 2014.

Please contact Christine Davidson, of my staff, at (312) 886-3642 or christine.davidson@cms.hhs.gov if you have any questions.

Sincerely,

Verlon Johnson

Associate Regional Administrator

Division of Medicaid and Children's Health Operations

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Enclosure

cc: Debbie Saxe, ODJFS

Lynne Lyon, ODJFS Andy Jones, ODJFS Becky Jackson, ODJFS

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name Transmittal Numbe		0
Please enter th YY = the last t dashes must al	e Transmittal Number (T wo digits of the submissio	TN) in the format ST-YY-0000 where ST= the state abbreviation, on year, and $0000 = a$ four digit number with leading zeros. The
OH-13-0018	•	
Proposed Effective	Date	
01/01/2014	(mm/dd/yyyy)	
Federal Statute/Reg	Ситичника интигнации и принципричения выполняющей сите опережающей выполняющей вы	
Section 1902(a)(10)(A)(i)(VIII) of the Soc	cial Security Act
Federal Budget Imp	pact	
First Year	Federal Fiscal Year	Amount
Second Year	2014	\$ 1048700000.00 \$ 1999500000.00
Second Tear	2013	\$ 1999300000.00
Subject of Amendm Adult Group	ent	
	or's office reported no con nts of Governor's office r	
No reply Other, a Describe	y received within 45 days as specified	
Signature of State A		
Submitted By Date Submitte		John Mccarthy Sep 26, 2013
Date Submitte		Sep 20, 2013
DATE RECEIVED:		DATE APPROVED:
9/26/2013		10/10/2013
	PLAN APPROV	VED – ONE COPY ATTACHED
EFFECTIVE DATE OF APPROVED MATERIAL:		SIGNATURE OF REGIONAL OFFICIAL:
01/01/2014		Clerk odnson
TYPED NAME		TITLE
Verlon Johnson		Associate Regional Administrator



Medicaid Eligibility

	OMB Expiration date: 10/31/2014
Migibility Groups - Mandatory Coverage Edulf Group	S32
902(a)(10)(A)(i)(VIII) 2 CFR 435.119	
he state covers the Adult Group as described at 42 CFR 435.119.	
Yes O No	•
Adult Group - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible	, with income at or below 133% FPL.
The state attests that it operates this eligibility group in accordance with the following provides	isions:
Individuals qualifying under this eligibility group must meet the following criteria:	
Have attained age 19 but not age 65.	
Are not pregnant.	
Are not entitled to or enrolled for Part A or B Medicare benefits.	
Are not otherwise eligible for and enrolled for mandatory coverage under the state with 42 CFR 435, subpart B.	plan in accordance
Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI we Medicaid eligibility due to more restrictive requirements may qualify for this eligibility.	
Have household income at or below 133% FPL.	
MAGI-based income methodologies are used in calculating household income. Please Income Methodologies, completed by the state.	refer as necessary to S10 MAGI-Based
There is no resource test for this eligibility group.	
Parents or other caretaker relatives living with a child under the age specified below are receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled defined in 42 CFR 435.4.	
O Under age 19, or	
A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010	0:
Ounder age 20	
① Under age 21	
Presumptive Eligibility	
The state covers individuals under this group when determined presumptively eligible it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants 435.118) eligibility groups when determined presumptively eligible.	

TN No: OH-13-0018

O Yes

No

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