

**Ted Strickland**  
Governor



**Helen E. Jones-Kelley**  
Director

30 East Broad Street Columbus, Ohio 43215-3414  
jfs.ohio.gov

Ms. Verlon Johnson, Associate Regional Administrator  
Centers for Medicare and Medicaid Services - Region V  
Division of Medicaid and Children's Health Operations  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519

**RE: State Plan Amendments for QLTCP, TN 07-005**

Dear Ms. Johnson:

Please find attached two state plan amendments, identified as TN 07-005 and accompanied by Form CMS-179, for which the Ohio Department of Job and Family Services would like an effective date of September 1, 2007.

In order to comply with the requirements of the Qualified Long Term Care Insurance Partnership, Section 6021 of the Deficit Reduction Act of 2005, the Office of Ohio Health Plans, Bureau of Long Term Care is replacing TN 01-002 (*Introduction, 4.17 Liens and Adjustments or Recoveries, page 53b*) with TN 07-005 state plan *Introduction, 4.17 Liens and Adjustments or Recoveries, page 53b*. Also, the Bureau of Consumer and Program Support (BCPS) is submitting one new state plan *Supplement 8c to Attachment 2.6-A, pages 1 and 2*. We anticipate no initial costs for the QLTCP program for federal fiscal years (FFY) 2007 and 2008.

Please contact Mary Mynatt, BCPS Eligibility Policy Chief, with any questions regarding the submission of this state plan supplement at 614-728-8476. Thank you for considering our request.

Sincerely,

Cristal A. Thomas,  
State Medicaid Director

CAT/spg

cc: Becky Jackson, Bureau of Health Plan Policy  
cc: Carolyn Brown, State Plan Coordinator  
cc: Twana Brown, Acting Ohio State Representative

Attachment

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

1. TRANSMITTAL NUMBER:  
**07 - 005**

2. STATE  
**OHIO**

**FOR: CENTERS FOR MEDICAID AND MEDICAID SERVICES**

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

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
September 1, 2007

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:  
Section 6021 of the Deficit Reduction Act of 2005

7. FEDERAL BUDGET IMPACT:  
a. FFY            2007                      \$ 0  
b. FFY            2008                      \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8c to Attachment 2.6-A, pages 1 and 2  
Introduction, 4.17 Liens and Adjustments or Recoveries, page 53b.

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

Supplement 8c - N/A  
TN 01-002

10. SUBJECT OF AMENDMENT: These state plans change the introduction and introduces Ohio's Qualified Long Term Partnership Insurance program. Supplement 8c to Attachment 2.6-A addresses more liberal methods of treating resources under Section 1902(r)(2) of the Social Security Act.

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 signature authority  
to ODJFS Director. Director has delegated  
signature authority to State Medicaid Director

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:                      **CRISTAL A. THOMAS**

14. TITLE:                                      **STATE MEDICAID DIRECTOR**

15. DATE SUBMITTED:

16. RETURN TO:

Becky Jackson  
OHP/Bureau of Health Plan Policy  
Ohio Department of Job and Family Services  
50 West Town Street 4<sup>th</sup> floor A4030  
Columbus, Ohio 43215

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

**Instructions on Back**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: OHIO

LIENS AND ADJUSTMENTS OR RECOVERIES

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1917(b)(1)(C)

- (4)   X   If an individual covered under a long-term care insurance policy received benefits for which assets or resources were disregarded as provided for in **Attachment 2.6-A, Supplement 8c** (State Long-Term Care Insurance Partnership), the State does **not** seek adjustment or recovery from the individual's estate **for the amount of assets or resources disregarded.**

TN No. 07-005

Approval Date \_\_\_\_\_

Effective Date: 09/01/07

Supersedes  
TN No. 01-002

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

State: OHIO


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 MORE LIBERAL METHODS OF TREATING RESOURCES  
 UNDER SECTION 1902(r)(2) OF THE ACT
**1902(r)(2)****1917(b)(1)(C)**

The following more liberal methodology applies to individuals who are eligible for medical assistance under one of the following eligibility groups:

1. Mandatory categorically needy, including aged, blind or disabled groups for which the state uses a more restrictive policy under 1902(f).
2. All optional categorically needy groups as described in 1902(a)(10)(A)(ii).

An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a "qualified state long-term care insurance partnership" policy (partnership policy) as set forth below, is given a **resource disregard** as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

For purposes of eligibility determination, during the person's lifetime, disregard the value of resources, or any additional resources received after initial eligibility, in an amount not to exceed the dollar amount of long-term care benefits utilized under a partnership policy.

**1917(d)(4)(A) and (C)****1917(e)**

Exclude from resources that may be disregarded the resources in a trust under 1917(d)(4)(A) and (C) or annuities and similar legal instruments under 1917(e).

- X   The State Medicaid Agency (Agency) stipulates that the following requirements will be satisfied in order for a long-term policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the Superintendent of Insurance or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the State's Insurance Department.

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

State: OHIO

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Qualified Policy - The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.

Model Act - The policy meets the requirements of the long-term care insurance model regulation and long-term care insurance model act promulgated by the National Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.

Issue Date - The policy, if issued in this State, was issued no earlier than the effective date of this State plan amendment. The policy, if issued in another state, was issued no earlier than the effective date of the State plan amendment for long term care insurance partnerships of that state.

Reciprocity - The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.

Inflation Protection - The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act.

Uniform Data Set - The Superintendent of Insurance requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.

Application of Requirements to Non-Partnership Policies - The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.

Agent Training - The Department of Insurance assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other forms of public and private coverage of long-term care.

Technical Assistance by Medicaid Agency to Insurance Agency Regarding Agent Training - The Agency provides information and technical assistance to the Department of Insurance regarding the training described above.