

**Public Notice Summary: PASSPORT
PASSPORT Amendment
Conversion from a 209(b) State to a Section 1634 State**

Introduction

As a result of the new single disability determination process for Medicaid and SSI, Ohio has requested a Medicaid state plan amendment to adopt criteria authorized in section 1634 of the Social Security Act. The income standard will be raised from 64 percent of the federal poverty level (FPL) to 75 percent FPL, the resource limits will be raised from \$1,500 to \$2,000, people on SSI will automatically become eligible for Medicaid and the spend down process will be eliminated.

The PASSPORT Waiver application must be amended to reflect the State's conversion to section 1634 to identifying the Medicaid eligibility groups served in the waiver under section 1634, and include a plan for continued access to services for individuals who have income over the eligibility threshold but otherwise meet the requirements for Medicaid.

The proposed effective date of the waiver amendment is July 1, 2016.

Waiver Amendment Summary

Major changes contained in the waiver amendment include:

- Main 8, Attachment #1 describes the plan to ensure every individual enrolled on the waiver who is potentially impacted by the conversion receives adequate notice of the conversion and potential impact on his/her Medicaid eligibility, is educated on his or her options, and has access to assistance with establishing a Qualified Income Trust (QIT), also called a Miller Trust.
- Appendix B-4, specifies the Medicaid eligibility groups served in the waiver, under a section 1634 authority.
- Appendix B-5 describes the post-eligibility calculation process, including the spousal impoverishment rules, to determine the amount that the waiver participant is liable to pay for the cost of waiver services.
- Updates to Appendix B-6 to reflect changes in the level of care determination process. No changes to level of care criteria are being proposed.
- All of the proposed changes found in the PASSPORT Waiver amendment submitted to CMS on December 2, 2015 and currently pending approval by CMS for a proposed effective date of April 1, 2016.