

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

OMB No.: 0938-

State: OHIO

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation  
42 CFR  
435.10 and  
Subpart J

2.1 Application, Determination of Eligibility and  
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

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TN No. 91-19      Approval Date 1-16-92      Effective Date 10/1/91  
 Supersedes  
 TN No. 76-7      HCFA ID: 7982E

State: OhioCitation

42 CFR  
435.914  
1920(a)(34)  
of the Act

2.1(b) (1) Except as provided in items 2.1(b) (2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

1902(e)(8) and  
1905(a) of the  
Act

(2) For individuals who are eligible for Medicaid cost sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

~~1902(a)(47) and  
1920 of the Act~~



~~(3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.~~

Text stricken here is superseded by  
document S28 from SPA TN  
13-0025.



TN: 12-003  
Supersedes:  
TN: 93-31

Approval Date: 3/1/13

Effective Date: 04/01/2012

Revision: HCFA-PM-91- 6 (MB)  
September 1991

OMB No.

State/Territory: OHIO

Citation

1902(a)(55) of the Act	2.1(d)	The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.
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TN No. <u>91-18</u>	Approval Date <u>11-12-91</u>	Effective Date <u>2/1/91</u> <sup>10-1-91</sup>
Supersedes		
TN No. <u>NEW</u>		

HCFA ID: 7985E