



## Ohio Administrative Code

### Rule 5160:1-2-14 Medicaid: continuous eligibility for children younger than age nineteen.

Effective: November 1, 2023

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(A) This rule describes the twelve-month period of continuous eligibility for a child younger than age nineteen, and the conditions under which the child's coverage ends during the twelve-month period, as described in section 1902(e)(12) of the Social Security Act (as in effect October 1, 2023).

(B) Eligibility criteria. A child remains eligible for coverage despite changes in the child's circumstances for a period of twelve months when the child was found to be eligible for a category of medical assistance other than:

- (1) Presumptive eligibility as described in rule 5160:1-2-13 of the Administrative Code;
- (2) Non-citizen emergency medical assistance as described in rule 5160:1-5-06 of the Administrative Code; or
- (3) Refugee medical assistance as described in rule 5160:1-5-05 of the Administrative Code.

(C) Duration.

- (1) A child's twelve-month period of continuous eligibility begins:
  - (a) On the date that medical assistance began as a result of an initial determination or annual renewal in accordance with rule 5160:1-2-01 of the Administrative Code.
  - (b) Any months of retroactive eligibility received by the child are not included in the twelve-month period of continuous eligibility.
- (2) The child's coverage shall be terminated during the continuous eligibility period only:
  - (a) Upon oral or written request of the child (when the child is at least eighteen years old) or the



child's representative; or

(b) When the child:

(i) No longer resides in the state of Ohio; or

(ii) Dies; or

(iii) Has not paid the premium amounts required for coverage, when the child is covered under the medicaid buy-in for workers with disabilities category described in rule 5160:1-5-03 of the Administrative Code; or

(iv) Reaches the age of nineteen.

(D) Patient liability, or premium. A patient liability or premium calculated for a child in accordance with Chapters 5160:1-3 to 5160:1-6 of the Administrative Code shall not increase during the child's continuous coverage period. Any decrease in a child's patient liability or premium results in a new maximum amount, which will not increase for the remainder of the child's continuous coverage period.

(E) Regardless of a child's status under this rule, payment for services shall not be made when payment is prohibited under rule 5160:1-1-03 of the Administrative Code.