



Ohio Administrative Code

Rule 5160:1-3-02 Medicaid: criteria for age, blindness, or disability.

Effective: September 1, 2017

(A) The medicaid program provides coverage for individuals who have been determined to meet the criteria for the limiting physical factors of age, blindness, or disability as set forth in section 1902 of the Social Security Act (as in effect on October 1, 2016). Age is determined by county departments of job and family services (CDJFS). Blindness and disability are determined by either the social security administration (SSA) or the Ohio department of medicaid (ODM) in accordance with rule 5160:1-3-02.9 of the Administrative Code. The criteria are as follows:

(1) Age: A person who is age sixty-five years or older meets the age requirement for medicaid. Verification of age is required.

(2) Blindness: A person is considered to be blind if he or she has central visual acuity of 20/200 or less in the better eye with correcting glasses, or a limited visual field of twenty degrees or less in the better eye.

(3) Disability. Disability is defined differently for adults and children. An individual is disabled if the individual is:

(a) An adult who is unable to do any substantial gainful activity by reason of any medically determinable physical or mental impairment or combination of impairments which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months.

(b) A child under the age of eighteen who has a medically determinable physical or mental impairment or combination of impairments that causes marked and severe functional limitations, and that can be expected to cause death or that has lasted or can be expected to last for a continuous period of not less than twelve months. No individual under the age of eighteen who engages in substantial gainful activity may be considered disabled.



(B) If SSA makes a finding of presumptive disability based upon the available evidence which reflects a high degree of probability that the individual will meet the disability requirements, the applicant for medical assistance meets the disability requirements necessary to qualify for medical assistance. If it is later determined that the SSA decision was erroneously made and the individual was without fault in the determination, no attempt shall be made to recover payments for medical assistance made on behalf of the individual.