



Ohio Administrative Code

Rule 5160:1-4-05 MAGI-based medicaid: coverage for a parent or caretaker relative residing with a child.

Effective: December 14, 2020

(A) This rule describes the eligibility requirements for parents and caretaker relatives residing with children as described in 42 C.F.R. 435.110 (as in effect October 1, 2019), transitional medical assistance as described in section 1925 of the Social Security Act (as in effect October 1, 2019), and extended medical assistance as described in section 1931 of the Social Security Act (as in effect October 1, 2019).

(B) Eligibility criteria for coverage because an individual is a parent or caretaker relative residing with a child.

(1) The individual must be residing with a dependent child under the age of eighteen. An individual is considered to be residing with the child even if the child is temporarily absent with the intent to return home.

(2) The individual must be the child's parent or caretaker relative, or a spouse residing with the child's parent or caretaker relative.

(3) The individual's household income must not exceed ninety per cent of the federal poverty level for the family size.

(C) Eligibility criteria for coverage under transitional medical assistance (TMA) or extended medical assistance (EMA).

(1) To be eligible for TMA or EMA an individual must have:

(a) Been eligible for and enrolled in medical assistance coverage as a parent or caretaker relative as described in paragraph (B) of this rule for at least three of the six months immediately preceding the loss of eligibility.



(b) Become ineligible for medical assistance as a parent or caretaker relative as a result of:

(i) Increased earned income, to be eligible for the first six-month period of TMA. Verification of increased income is not required and can be self-declared.

(ii) Increased collection of spousal support, to be eligible for EMA. Verification of increased income is not required and can be self-declared.

(2) Duration of eligibility.

(a) A parent or caretaker relative is eligible for:

(i) Up to two six-month periods of TMA.

(a) The first six-month period of TMA beginning the month immediately following the last month the individual had income below the threshold for coverage as a parent or caretaker relative. Any months of medical assistance received in error due to unreported income are counted as months of TMA.

(b) The second six-month period of TMA beginning the month immediately following the completion of the first six-month period when the parent or caretaker relative received continuous TMA for the entire first six-month period.

(ii) Four months of EMA beginning the month immediately following the last month the individual had income below the threshold for coverage as a parent or caretaker relative. Any months of medical assistance received in error due to unreported collection of spousal support are counted as months of EMA.

(b) The child of the parent or caretaker relative will remain eligible for medical assistance regardless of the parent or caretaker relative's increased earned income or spousal support for a continuous period of twelve months under rule 5160:1-2-14 of the Administrative Code. The twelve month period begins on the date eligibility for medical assistance was approved. At the end of that twelve-month period, the child becomes eligible for any remaining months of TMA or EMA for which the



parent or caretaker relative is eligible, ending in the same month as TMA or EMA ends for the parent or caretaker relative.

(3) Resuming interrupted spans of TMA eligibility.

(a) An individual whose span of TMA was interrupted because the individual became eligible for coverage under paragraph (B) of this rule is eligible for a new span of TMA if the individual subsequently loses eligibility under paragraph (B) of this rule due to increase in earned income and meets the criteria in paragraph (C)(1)(a) of this rule.

(b) An individual whose span of TMA was interrupted because the individual became eligible for coverage under paragraph (B) of this rule is eligible for any remaining months of the original TMA span if the individual subsequently loses eligibility under paragraph (B) of this rule due to an increase in earned income and does not meet the criteria in paragraph (C)(1)(a) of this rule.

(4) Repeated spans of eligibility. There is no limit to the number of times an individual may receive coverage under TMA or EMA, provided the individual meets all of the relevant criteria for the coverage each time.

(D) Administrative agency responsibilities. The administrative agency must:

(1) Calculate a parent's or caretaker relative's family size and household income as described in rule 5160:1-4-01 of the Administrative Code for parent or caretaker relative eligibility.

(2) Determine eligibility for the second six-month period of TMA.

(3) Consider an individual's eligibility for TMA or EMA as part of the renewal and pre-termination review processes described in rule 5160:1-2-01 of the Administrative Code.

(a) Verify in the electronic eligibility system the individual was receiving medical assistance in previous months. Approve TMA or EMA if an individual meets the requirements in paragraph (C) of this rule;



(b) Deny TMA or EMA when the parent or caretaker relative:

(i) No longer has earned income for TMA; or

(ii) No longer collects spousal support for EMA.

(c) Terminate TMA or EMA when the parent or caretaker relative becomes eligible for another medical assistance covered group.