



**MEDICAID ELIGIBILITY MANUAL TRANSMITTAL LETTER (MEMTL) NO. 169**

**To: All Medicaid Eligibility Manual Holders**

**From: Maureen M. Corcoran, Director**

**Subject: Medicaid: Permanent File COVID-19 Rules Batch 1**

This MEMTL contains eight rules that have been amended from Chapters 5160:1-2, 5160:1-3, 5160:1-5, and 5160:1-6 of the Administrative Code, adopted under section 111.15 of the Revised Code. Four of the rules were evaluated as part of a five-year review in accordance with section 111.15 of the Revised Code.

The effective date is December 14, 2020.

These rules were amended to comply with conditions identified in the Families First Coronavirus Response Act (FFCRA) regarding continuous coverage for individuals enrolled in Medicaid on or after March 18, 2020. The amendments make permanent during the ongoing COVID-19 public health emergency those changes that were emergency filed pursuant to section 111.15 of the Ohio Revised Code on July 8, 2020.

The following Ohio Administrative Code (OAC) rules were amended:

**Chapter 2**

**5160:1-2-08 Medicaid: Individual Responsibilities**

Changes to this rule include removal of the reporting requirement for marital status, one-time gifts, and new employment. This rule was evaluated for a five-year review and no additional updates were required.

**5160:1-2-14 Medicaid: Continuous Eligibility for Children Younger than Age Nineteen**

Changes to this rule include removing language regarding termination of the continuous eligibility period when a child reaches age nineteen or fails to pay a Medicaid Buy-In for Workers with Disabilities (MBIWD) premium. This rule was evaluated for a five-year review and no additional updates were required.

### **Chapter 3**

#### **5160:1-3-02.2 Medicare Buy-In**

Changes to this rule include removing all reasons for termination from the Medicare Buy-In program except death of the individual. This rule was evaluated for a five-year review and language was removed regarding the ODM 07102 “Changes in Medicaid Health Care Coverage Date and Medicare Buy-In Eligibility” because the form has been made obsolete.

#### **5160:1-3-02.6 Medicaid: Grandfathering Provisions and Deemed Eligibility**

Changes to this rule include requiring a redetermination of eligibility rather than a renewal when an individual experiences a change in circumstances that may affect eligibility. This rule was evaluated for a five-year review and no additional updates were required.

#### **5160:1-3-05.8 Medicaid: Lump Sum Payments**

Changes to this rule include the removal of language indicating that medical assistance will be terminated if the individual’s resources exceed the allowable resource limit and the addition of language to clarify that an individual may purchase household goods or personal effects, repay personal debts, or use some or all of the lump-sum payment for personal care to remain within the allowable resource limit. Language has been added to allow an individual to request that his or her Medicaid be discontinued. The rule was also updated to specify that federal income tax refunds, and advance payments with respect to refundable income tax credits, are not considered income and are excluded as a countable resource for a period of twelve months beginning the month after receipt.

### **Chapter 5**

#### **5160:1-5-08 Medicaid: State-Funded Medical Assistance for Non-Citizen Victims of Trafficking**

Changes to this rule include the removal of language indicating that an individual’s eligibility for medical assistance will be discontinued if he/she fails to file a formal application for “T” non-immigration status within one year of his/her application for medical assistance.

### **Chapter 6**

#### **5160:1-6-03.1 Medicaid: Determining Financial Eligibility for Medical Assistance Using the Special Income Level**

Changes to this rule include the removal of language indicating that an individual’s eligibility for medical assistance under the special income level (SIL) will end when the individual is no longer institutionalized or no longer receiving home and community-based services (HCBS) or Program of All-Inclusive Care for the Elderly (PACE) services.

#### **5160:1-6-04 Medicaid: Treatment of Income and Resources for an Institutionalized Spouse with a Spouse in the Community**

Changes to this rule include the removal of language indicating that an institutionalized spouse (IS) who fails to transfer resources into the name of his/her community spouse within twelve months from the date eligibility was approved will have his/her eligibility for medical assistance discontinued if the resources that remain in the IS’s name exceed the allowable resource limit.

This information is also available on the Ohio Department of Medicaid website and may be accessed at:

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**RESOURCES > Publications > ODM Guidance > Medicaid Policy > Medicaid Eligibility Manual Transmittal Letter (MEMTL)**

<http://medicaid.ohio.gov/RESOURCES/Publications/ODMGuidance.aspx#161542-medicaid-policy>