



Department of Medicaid

Mike DeWine, Governor
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

Medicaid Eligibility Procedure Letter (MEPL) No. 150A

Effective Date: May 28, 2020

Issue Date: May 27, 2020

OAC Rules: 5160:1-1, 5160:1-2, 5160:1-3, 5160:1-4, 5160:1-5, 5160:1-6

To: All Medicaid Eligibility Manual Holders

From: Maureen M. Corcoran, Director

Subject: COVID-19 Public Health Emergency: Renewals, Redeterminations, and Certain Change Processing; Continuous Coverage and Reinstatements; and Accepting Self-Declaration of Eligibility Criteria

Reason for Change: On March 13, 2020, the President of the United States proclaimed a public health emergency in response to the COVID-19 outbreak. Worker relocation and workforce shortages are impacting the state's ability to process applications and renewals in accordance with federal timeliness standards and individuals may be unable to provide information needed to complete the application or renewal process.

Section 6008 of the Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127), which was enacted on March 18, 2020, provides a temporary 6.2 percentage point increase to each state's Federal Medical Assistance Percentage (FMAP). **One of the conditions for receipt of the enhanced FMAP is that states are not permitted to discontinue Medicaid coverage for individuals who were enrolled in the program on March 18, 2020, or who become enrolled during the emergency period, unless the individual voluntarily requests a discontinuance of eligibility, is no longer a resident of the state, or is deceased. States are also not permitted to reduce benefits for any individual enrolled in Medicaid on or after March 18, 2020, through the end of the month in which the emergency period ends.** This continuous coverage requirement is in effect through the end of the month in which the public health emergency ends.

Reason for 05/28/2020 Change: The Centers for Medicare & Medicaid Services (CMS) recently provided a concurrence response regarding Ohio's request to use exceptions permitted under the regulatory requirements at 42 CFR §435.912(e) to support Medicaid eligibility and enrollment policies as part of the state's efforts to respond to the COVID-19 public health emergency. In addition, the Ohio Department of Medicaid (ODM) has made temporary changes to the policies and procedures described in the state's MAGI-based verification plan which are effective during the period of the public health emergency.

Revised Policy: In order to comply with the conditions of the FFCRA and ensure that individuals in receipt of Medicaid retain coverage during the public health emergency, all individuals who were enrolled in Medicaid on or after March 18, 2020, will receive continuous coverage through the end of the month in which the emergency period ends regardless of any changes in circumstances that otherwise would result in discontinuance. This includes individuals who age out of a Medicaid eligibility group during the emergency period, who lose receipt of benefits that may affect their eligibility (e.g., Supplemental Security Income [SSI], foster care assistance payments, etc.), and whose whereabouts become unknown.

Beginning on the issuance date of this MEPL:

- Medicaid will only be discontinued for individuals who are deceased, are no longer a resident of Ohio, or who request a voluntary discontinuance of eligibility.
- Individuals who have been determined presumptively eligible for Medicaid have not received a determination of eligibility under the State Plan and are not considered to be enrolled in Medicaid for purposes of the continuous coverage provision. In accordance with OAC 5160:1-2-13, presumptive coverage will end for individuals who do not submit an application for ongoing Medicaid and for individuals who are determined ineligible for ongoing Medicaid.
- ODM will automatically reinstate Medicaid coverage for individuals whose coverage ended on or after March 18, 2020 and will suspend discontinuances scheduled to occur during the emergency period, except when the discontinuance is due to death, state residence, or a voluntary discontinuance of eligibility.
- Individuals who continue to receive Medicaid as a result of fair hearing benefits pending an appeal of a determination of ineligibility are considered enrolled in Medicaid and will receive continuous coverage through the end of the month in which the emergency period ends.
- Individuals are required to report the following changes in circumstances for themselves or any persons living with the individual:
 - Address, phone number, or other change in contact information
 - Decrease of income
 - Moving out of Ohio
 - New household members
 - Pregnancy
 - Birth or death
 - New Medicare coverage
 - New receipt of Supplemental Security Income (SSI) or Retirement, Survivors, and Disability Insurance (RSDI)
- The reporting of negative changes is suspended through the end of the month in which the emergency period ends.
- Eligibility renewals, redeterminations, and the processing of certain changes in circumstances, including the processing of alerts, will resume effective May 28, 2020.

In addition, ODM is accepting self-declaration of all eligibility criteria, except for citizenship and immigration status, for applicants and recipients who cannot obtain or submit required documentation due to COVID-19 restrictions. Self-declaration may be accepted for new and pending applications, renewals, and redeterminations, only for individuals who are unable to access or provide the documentation needed to verify eligibility criteria. Self-declaration applies to eligibility for Modified Adjusted Gross Income (MAGI)-based, non-MAGI, and long-term services and supports (LTSS) categories

of medical assistance. Both 42 CFR §435.945(a) and 42 CFR §435.952(c)(3) authorize the acceptance of self-declaration for eligibility verification.

Action Required: Until further notice, county Job and Family Services (JFS) offices must:

- Process Medicaid renewals and redeterminations. The limitations on discontinuances and reductions in benefits described above continue to be in effect through the end of the month in which the public health emergency ends.
- Process Medicaid renewals for individuals whose coverage was discontinued prior to March 18, 2020, and who have submitted renewals during the 90-day reinstatement period identified in OAC 5160:1-2-01.
- Process reported changes in circumstances and alerts that result in positive changes to an individual's coverage.
- In circumstances where an individual has provided enough information for a presumptive eligibility (PE) determination, but not a full determination of Medicaid eligibility, explore PE coverage for the individual.
- For individuals who are unable to obtain or submit verification of eligibility criteria:
 - Process pending and newly submitted Medicaid applications, renewals, and redeterminations using the self-declared statements of the individual as verification of all eligibility criteria except for citizenship and immigration status.
 - Utilize electronic data sources including the Federal Data Services Hub, the Asset Verification System (AVS), The Work Number, and others, to confirm applicable eligibility criteria.
 - Independent verification of these self-declared statements is not required.

Auto-discontinuance batch processes in the Ohio Benefits Worker Portal (OBWP) are suspended for the duration of the public health emergency.

ODM will notify county JFS offices when the public health emergency ends.

The information is also available on the Ohio Department of Medicaid website and may be accessed at: **RESOURCES > Publications > ODM Guidance > Medicaid Policy > Medicaid Eligibility Procedure Letter (MEPL)**

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