Ohio | Department of Medicaid

Mike DeWine, Governor
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

Medicaid Eligibility Procedure Letter (MEPL) No. 150B

Effective Date:	**December 1, 2020**
Issue Date:	**November 30, 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; Reinterpretation of Continuous Coverage Requirement; 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.

Reason for 12/01/2020 Change: The Centers for Medicare & Medicaid Services (CMS) recently issued an interim final rule with request for comments (IFC) that reinterprets the continuous coverage condition that must be met for the temporary 6.2 percentage point increase to the state's Federal Medical Assistance Percentage (FMAP) under the Families First Coronavirus Response Act (FFCRA). The IFC allows states to transition individuals from their current eligibility categories to other categories for which they are eligible, provided both categories offer minimum essential coverage (MEC) as defined in section 5000A(f) of the Internal Revenue Code of 1986 and implementing regulations at 26 CFR §1.5000A-2. All Ohio Medicaid eligibility categories are considered MEC; however, individuals eligible under the alien emergency medical assistance (AEMA) and presumptive eligibility (PE) categories continue to be exempt from the continuous coverage requirement.

05/28/2020 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.

Additional Policy Revisions Effective 12/01/2020: For individuals whose Medicaid coverage as of or after March 18, 2020 meets the definition of MEC, the state must continue to provide Medicaid coverage that meets the definition of MEC through the end of the month in which the emergency period ends.

Note: The previous policy guidance continues to apply for Medicaid eligibility determinations that occurred prior to 12/01/2020.

Beginning on the effective date of this MEPL:

- An individual who is determined ineligible for the category in which he/she is currently enrolled, which provides MEC, and is found eligible for another category that also provides MEC, must be transitioned to the new eligibility category.
- An individual who no longer meets the eligibility requirements for the original category in which he/she was enrolled, and does not meet the requirements for any other eligibility categories that provide MEC, must have his/her coverage maintained under the eligibility category in which he/she was previously eligible.
- An individual who is determined ineligible for the category in which he/she is currently enrolled, which provides MEC, and is subsequently determined eligible for coverage under one of the Medicare premium assistance program (MPAP) categories, must have his/her coverage transitioned to the appropriate MPAP eligibility category because the coverage that an individual receives under the Medicare program qualifies as MEC.
- An individual who is only enrolled in an MPAP eligibility category and is determined ineligible for MPAP must have his/her coverage maintained under the MPAP eligibility category in which he/she was previously eligible.
- An individual who is subject to a patient liability for Medicaid payment of his/her long-term care (LTC) services shall have his/her patient liability increased as appropriate for reasons including, but not limited to, an increase in income, a reduction in the needs allowance, etc. Prior to increasing patient liability, the administrative agency must issue proper notice and hearing rights as outlined in division 5101:6 of the Ohio Administrative Code (OAC). Patient liability may not be increased retroactively.

- An individual who disposes of assets for less than fair market value on or after the look-back date, as specified in OAC 5160:1-6-06, will be subject to a restricted Medicaid coverage period (RMCP), which shall be applied consistent with the provisions outlined in OAC 5160:1-6-06.
- An individual who is identified as receiving benefits in more than one state via a data match with the Public Assistance Reporting Information System (PARIS) interstate matching service and who fails to respond to a request for information to verify his/her residency is no longer considered to be a resident of Ohio. Such an individual will be considered a non-resident for purposes of the FFCRA continuous coverage requirement and his/her Medicaid coverage must be discontinued for state residence. If, after discontinuance, the state obtains information that verifies Ohio residency, Medicaid coverage must be reinstated back to the date of discontinuance. An individual who had a change in state residency during the residency reinstatement period shall have his/her reinstatement adjusted accordingly.

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

- Process Medicaid renewals and redeterminations. The limitations on discontinuances described above continue to be in effect through the end of the month in which the public health emergency ends. In addition, as described in the table below, only certain reductions in benefits are permissible 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 changes to an individual's coverage. The limitations on discontinuances described above continue to be in effect through the end of the month in which the public health emergency ends. In addition, as described in the table below, only certain reductions in benefits are permissible through the end of the month in which the public health emergency ends.
- 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.

Additional Action Required Effective 12/01/2020: Eligibility category changes identified as allowable in the chart below shall be processed:

Current Medicaid Category	New Medicaid Category	Allowable?	Reason
MAGI Adult	Any other full Medicaid category	Yes	All categories are MEC

Current Medicaid Category	New Medicaid Category	Allowable?	Reason
MAGI Adult	Any MPAP-only category	Yes, if the individual is determined eligible for MPAP (including verification of resources)	Medicare is MEC and an individual who is determined ineligible for MAGI Adult but eligible for an MPAP category must be transitioned to that category
ABD/Categorically Needy	Any MAGI category	Yes	All categories are MEC
Any MAGI category	ABD/Categorically Needy	Yes	All categories are MEC
MAGI Parent/Caretaker Relative	Transitional Medical Assistance (TMA)	Yes	Both categories are MEC
MAGI Child	CHIP Child	Yes	Both categories are MEC
CHIP Child	MAGI Child	Yes	Both categories are MEC
Any full Medicaid category + MPAP companion	Any full Medicaid category	No	An individual who is in receipt of both Medicaid and MPAP must have coverage maintained in both categories
Any full Medicaid category + MPAP companion	Any MPAP-only category	No	An individual who is in receipt of both Medicaid and MPAP must have coverage maintained in both categories – the IFC allows full Medicaid coverage to be decreased to MPAP-only coverage solely as the result of a *subsequent* determination so a previous determination that included both full Medicaid and MPAP cannot be reduced to MPAP-only and still satisfy the continuous coverage requirement
Any full Medicaid category	Any MPAP-only category	Yes, if the individual is determined eligible for MPAP (including verification of resources)	Medicare is MEC and an individual who is determined ineligible for any full Medicaid category but eligible for an MPAP category must be transitioned to that category
Any full Medicaid category	LTC SIL	Yes	Both categories are MEC and an individual who is subject to patient liability is required to pay that amount

Current Medicaid Category	New Medicaid Category	Allowable?	Reason
Any MPAP-only category	LTC SIL	Yes	Both categories are MEC and an individual who is subject to patient liability is required to pay that amount
Any MPAP category	Any other MPAP category	Yes	All categories are MEC
MBIWD with premium	MBIWD with lower premium	Yes	Decrease in premium is permissible
MBIWD with premium	MBIWD without premium	Yes	Decrease in premium is permissible
MBIWD with premium	MBIWD with higher premium	No	Increase in premium is prohibited under section 6008(b)(2) of the FFCRA
MBIWD without premium	MBIWD with premium	No	Increase in premium is prohibited under section 6008(b)(2) of the FFCRA
LTC with patient liability	LTC with lower patient liability	Yes	Decrease in patient liability is permissible
LTC with patient liability	LTC without patient liability	Yes	Decrease in patient liability is permissible
LTC with patient liability	LTC with higher patient liability	Yes	Prospective increase in patient liability is permissible
LTC without patient liability	LTC with patient liability	Yes	Prospective increase in patient liability is permissible
LTC Facility	LTC Waiver	Yes	LTC type changes can be processed and patient liability must be changed accordingly
LTC Waiver	LTC Facility	Yes	LTC type changes can be processed and patient liability must be changed accordingly
Base Medicaid + LTC companion	LTC SIL	Yes	Both categories are MEC
Base Medicaid + LTC companion	Base Medicaid only	Yes	Both categories are MEC
Any full Medicaid category	Any full Medicaid incarcerated category	Yes	All categories are MEC and the restrictions on payment for services for an incarcerated individual continue to apply under the FFCRA
Any LTC coverage	RMCP for payment of LTC services	Yes	Application of an RMCP is not inconsistent with FFCRA requirements

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