



## Multi-Year Continuous Eligibility for Children

### 1115 Demonstration Waiver Application

#### Revised Public Notice

##### Public Notice and Request for Comment

Pursuant to the provision of title 42 Section 431.408 of the Code of Federal Regulations, a public notice is required for a 1115 waiver application.

**Post Date** 2/21/2025

**End Date** 4/2/2025

##### Purpose

The purpose of this posting is to receive public input on the Multi-Year Continuous Eligibility for Children 1115 Demonstration Waiver application prior to submission to the Centers for Medicare and Medicaid Services (CMS).

##### Summary

In accordance with 42 CFR §431.408, the Ohio Department of Medicaid (ODM) is providing public notice of its intent to submit to the Centers for Medicare and Medicaid Services (CMS) an application for the Ohio Section 1115 Demonstration Waiver for Continuous Eligibility. This application requests authority for Ohio to operate the Demonstration as approved without changes for a five-year period. The complete Multi-Year Continuous Eligibility for Children Waiver Application is available [here](#).

##### Demonstration Description and Goals

The Multi-Year Continuous Eligibility for Children 1115 Demonstration waiver application is submitted to comply with the legislative intent of the statute enacted by the Ohio General Assembly to provide continuous Medicaid enrollment for children through the end of the month in which their fourth birthday falls, regardless of when they first enrolled in Medicaid, and regardless of changes in circumstance that would otherwise cause a loss of eligibility.

Specific goals of this 1115 Demonstration waiver include:

- Providing continuous Medicaid enrollment to children through age three regardless of changes in circumstances that would otherwise cause a loss of eligibility;
- Minimizing coverage gaps to help maintain consistent access to care, including early childhood screenings, primary and preventive services, and treatment;
- Decreasing the need for higher-cost services associated with delaying care;
- Easing the stress and burden on families and caregivers as they navigate Medicaid coverage; and
- Reducing administrative costs associated with application processing and churn.

## Eligibility

Children covered by Medicaid and CHIP will receive coverage through the end of the month in which their fourth birthday falls regardless of changes in circumstances that would otherwise cause a loss of eligibility. Exceptions include circumstances where a request is made to discontinue coverage, the individual has moved out of state, or the child dies.

Eligibility Group Name	Social Security Act and CFR Citations	Income Level
Infants and Children Under the Age of 19	<ul style="list-style-type: none"> <li>• Sections 1902(a)(10)(A)(i)(III), (IV), (VI) and (VII); 1902(a)(10)(A)(ii)(IV) and (IX); 1931(b) and (d) of the Social Security Act</li> <li>• 42 CFR 435.118</li> </ul>	0%–156% FPL plus 5% disregard
Deemed Newborns	<ul style="list-style-type: none"> <li>• Sections 1902(e)(4) and 2112(e) of the Social Security Act</li> <li>• 42 CFR 435.117</li> </ul>	None
Children with Title IV-E Adoption Assistance, Foster Care, or Guardianship Care	<ul style="list-style-type: none"> <li>• Sections 473(b) and 1902(a)(10)(A)(i)(I) of the Social Security Act</li> <li>• 42 CFR 435.145</li> </ul>	None
Transitional Medical Assistance	<ul style="list-style-type: none"> <li>• Sections 408(a)(11)(A), 1902(a)(52), 1902(e)(1), 1925, 1931(c)(2) of the Social Security Act</li> <li>• 42 CFR 435.112</li> </ul>	Months 6-12: 0% – 185% FPL
SSI Beneficiaries	<ul style="list-style-type: none"> <li>• Section 1902(a)(10)(A)(i)(II) of the Social Security Act</li> <li>• 42 CFR 435.120</li> </ul>	None
Reasonable Classification of Individuals Under 21	<ul style="list-style-type: none"> <li>• Sections 1902(a)(10)(A)(ii)(I); 1902(a)(10)(A)(ii)(IV) of the Social Security Act</li> <li>• 42 CFR 435.222</li> </ul>	None
Optional Targeted Low-Income Children	<ul style="list-style-type: none"> <li>• Sections 1902(a)(10)(A)(ii)(XIV); 1905(u)(2)(B); 2101 and 2103 of the Social Security Act</li> <li>• 42 CFR 435.229;</li> </ul>	Uninsured Child Age 0-5: 141% - 156% FPL plus 5% disregard = CHIP 1 (Title XXI)  Uninsured Child Age 0-5: 156% - 206% FPL plus 5% disregard = CHIP 2 (Title XXI)



## Hypotheses and Evaluation

The following hypotheses will be studied under the Demonstration waiver.

Methodology	Data Sources and Metrics
<b>Hypothesis: Continuous Medicaid enrollment for children through age three will provide coverage regardless of changes in circumstances that would otherwise cause a loss of eligibility.</b>	
Children under continuous eligibility will have a lower incidence of inpatient admissions and avoidable emergency care	HEDIS and claims data.
Children will have a higher rate of receipt of age-appropriate preventive care.	HEDIS and claims data.

## Waiver and Expenditure Authority

ODM is requesting the following expenditure authorities:

- 42 CFR 435.916: Expenditure authority to permit the State to implement multi-year continuous enrollment. This allows the State to request federal financial participation for the multi-year continuous enrollment of children until their fourth birthday without regard to a child's income exceeding eligibility limits. This would also enable the State to waive the annual renewal requirement, including required procedures for reporting and acting on changes (other than a change in residence to out of state, a request to discontinue coverage, or the death of the covered child).
- 42 CFR 457.343: Expenditure authority to permit the State to implement multi-year continuous enrollment for CHIP beneficiaries. This allows the State to request federal financial participation for the multi-year continuous enrollment of children until their fourth birthday without regard to a child's income exceeding eligibility limits. This would also enable the State to waive the annual renewal requirement, including required procedures for reporting and acting on changes (other than a change in residence to out of state, a request to discontinue coverage, or the death of the covered child).

The Continuous Eligibility Waiver application may be viewed [here](#). A paper copy of the application may be requested using the email address or postal address stated below.

Comments must be submitted by 5:00 p.m. ET on April 2, 2025, using one of the following options:

## Public Hearings

ODM will host two hearings in Columbus and Cincinnati on the proposed Continuous Eligibility 1115 Demonstration Waiver. Written testimony, in addition to oral testimony, is encouraged.

3/18/2025 at 12:00 PM until all testimony is heard

- In Person: Corryville Branch Library  
2802 Short Vine St  
Cincinnati, Ohio 45219
- Virtual Virtual Access Information:  
<https://attendee.gotowebinar.com/register/5449478040366700128>

3/19/2025 at 9:00 AM until all testimony is heard

- In Person: Verne Riffe Center  
77 S. High St, B1 Hearing Room  
Columbus, Ohio 43215
- Virtual Virtual Access Information:  
<https://attendee.gotowebinar.com/register/6617227558785759583>

#### Public Comment

- By email: [CEWaiver@medicaid.ohio.gov](mailto:CEWaiver@medicaid.ohio.gov)
- By mail: Multi-year Continuous Eligibility 1115 Waiver, Bureau of Health Plan Policy, Ohio Department of Medicaid, 50 W. Town St, 5th Floor, Columbus, OH 43215
- By courier or in person submission to: Multi-year Continuous Eligibility 1115 Waiver, Bureau of Health Plan Policy, Ohio Department of Medicaid, 50 W. Town St, 5th Floor, Columbus, OH 43215

All comments must be received by 5:00 p.m. ET on April 2, 2025.

ODM is committed to providing access and inclusion and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (large print, audio, accessible electronic formats, other formats), or a reasonable accommodation due to a disability, please contact ODM's Civil Rights/ADA Coordinator at 614- 995-9981/TTY 711, Fax 1-614-644-1434, or Email: [ODM\\_EEO\\_EmployeeRelations@medicaid.ohio.gov](mailto:ODM_EEO_EmployeeRelations@medicaid.ohio.gov).

If you believe ODM has failed to provide these services or discriminated in another way, you can file a grievance with ODM's Civil Rights Coordinator and/or file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Further information on these processes and ODM's compliance with civil rights and other applicable laws can be found here: [Notice of Nondiscrimination](#).