

## ODM 271 Code Crosswalk - February 2023

*\*\*The list of Aid Codes is a living document. The information is current as of the date indicated, but is subject to change periodically as new information becomes known. For a complete description of eligibility criteria, please refer to the Ohio Administrative Code.\*\**

Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
QMB + Full Medicaid	<b>1001</b>	Residential State Supplement and QMB	Residential State Supplement persons who are also QMB's.
QMB + Full Medicaid	<b>1002</b>	MBIWD Basic without Premium QMB	Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Basic Coverage with no Premium with a need standard <= 150% FPL, and are also QMB's. Turn Around Ohio Medicaid expansion effective 2008.04.01.
QMB + Full Medicaid	<b>1003</b>	MBIWD Basic with Premium QMB	Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Basic Coverage who pay a Premium with a need standard <= 250% FPL, and are also QMB's. Turn Around Ohio Medicaid expansion effective 2008.04.01.
QMB + Full Medicaid	<b>1004</b>	MBIWD Medically Improved no Prem QMB	Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Medically Improved with no Premium with a need standard <= 150% FPL, and are also QMB's. Turn Around Ohio Medicaid expansion effective 2008.04.01.
QMB + Full Medicaid	<b>1005</b>	MBIWD Medically Improved Premium QMB	Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Medically Improved who pay a Premium with a need standard <= 250% FPL, and are also QMB's. Turn Around Ohio Medicaid expansion effective 2008.04.01.
QMB + Full Medicaid	<b>1006</b>	Aged Dual QMB	Aged persons who are also QMB's. Note: The Aged Groups will include most of the persons in the respective Blind and Disabled groups who are age 65 or older. Exception: Can include individual on "MA B" or "MA D" with age <65 in cases of spouses in same MA A assistance group.
QMB + Full Medicaid	<b>1007</b>	Blind Dual QMB	Blind persons who are also QMB's. Note: Most Blind persons who are 65 or older will fall into the respective Aged group.
QMB + Full Medicaid	<b>1008</b>	Disabled Persons QMB	Disabled persons who are also QMB's. Note: Most Disabled persons who are 65 or older will fall into the respective Aged group.
QMB + Full Medicaid	<b>1009</b>	Breast & Cervical Cancer QMB	Breast & Cervical Cancer persons who are also QMB's.
QMB + Full Medicaid	<b>1010</b>	Healthy Families Child Support Extended QMB	Healthy Families Child Support Extended persons who are also QMB's. This provides Medicaid coverage for up to four months to Healthy Families who lose Medicaid coverage due to collection or increased collection of child or spousal support. Part of the Healthy Families population.
QMB + Full Medicaid	<b>1011</b>	OWF Family Cash QMB	Ohio Works First Families who receive cash assistance who are also QMB's. Part of the Healthy Families population.
QMB + Full Medicaid	<b>1012</b>	Low-Income Family QMB	Low Income Families who do not qualify for cash assistance who are also QMB's. Part of the Healthy Families population.
QMB + Full Medicaid	<b>1013</b>	Healthy Families QMB (Expan 7/00 Reduc 01/06)	Healthy Families Parent Expansion persons who are also QMB's. In July 2000, the need standard was raised to 100% FPL. The need standard was reduced in January 2006 to 90% FPL.
QMB + Full Medicaid	<b>1014</b>	Transitional QMB	Transitional persons who are also QMB's. Persons formerly eligible for Healthy Families who receive temporary transitional Medicaid while they transition back to work.
QMB + Full Medicaid	<b>1015</b>	Low Income Individual QMB	Low Income persons (also known as Ribicoff Kids) who are also QMB's. Individuals age 19 or 20 who are not eligible under one of the Healthy Families groups.
QMB + Full Medicaid	<b>1016</b>	Healthy Start Children QMB	Healthy Start Children persons who are also QMB's. This includes children ages 0 through 5 with a need standard <= 133% FPL as well as children ages 6 through 18 with a need standard <= 100% FPL.
QMB + Full Medicaid	<b>1017</b>	Healthy Start Expansion <=150% QMB	Healthy Start Expansion persons who are also QMB's. This program was implemented in January 1998 to provide coverage for children ages 0 through 5 with a need standard between 134-150% FPL and coverage for children ages 6 through 18 with a need standard between 101-150% FPL.
QMB + Full Medicaid	<b>1018</b>	CHIP1 QMB	SCHIP1 persons who are also QMB's. Title XXI children ages 0 through 5 with a need standard between 134-150% FPL who do not have other insurance and children ages 6 through 18 with a need standard between 101-150% FPL who do not have other insurance.

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QMB + Full Medicaid	1019	CHIP2 QMB	SCHIP2 persons who are also QMB's. Title XXI children age <=18 with a need standard between 151-200% FPL who do not have other insurance.
QMB + Full Medicaid	1020	Healthy Start Pregnant Women QMB	Healthy Start Pregnant Women who are also QMB's. Pregnant women with a need standard <= 133% FPL.
QMB + Full Medicaid	1021	Healthy Start Pregnant Women Expansion QMB	Healthy Start Pregnant Women Expansion who are also QMB's. Pregnant women with a need standard <= 150% FPL.
QMB + Full Medicaid	1022	Healthy Start Expedited Pregnant Women QMB	Healthy Start Expedited Pregnant Women who are also QMB's. This program provides limited services for 60 days.
QMB + Full Medicaid	1023	QMB Plus Med Unknown	Persons for whom Medicaid pays Medicare premiums and who also spend down to qualify for full Medicaid services. These persons do not have another Medicaid eligibility group in CRIS-E even though the RMF indicates spend down was met and these persons obtain Medicaid services.
QMB + MAGI	1102	QMB Medicaid MAGI Child under 1	<ul style="list-style-type: none"> <li>• MAGI income no more than 156% FPL</li> <li>• Under age 1 (through the end of the month in which the child turns age 1)</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + MAGI	1103	QMB Medicaid MAGI Child Age 1-5	<ul style="list-style-type: none"> <li>• MAGI income no more than 156% FPL</li> <li>• Age 1 through 5 (through the end of the month in which the child turns age 6)</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + MAGI	1104	QMB Medicaid MAGI Child Age 6-18	<ul style="list-style-type: none"> <li>• MAGI income no more than 156% FPL</li> <li>• Age 6 through 18 (through the end of the month in which the child turns age 19)</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + MAGI	1108	QMB MAGI Pregnant Women	<ul style="list-style-type: none"> <li>• MAGI income no more than 200% FPL</li> <li>• Pregnancy may be self-declared unless contradictory information exists</li> <li>• In order to substantiate eligibility determination for larger family size, medical verification of pregnancy is only required if individual is carrying more than one fetus</li> <li>• Medicaid eligibility continues throughout pregnancy and postpartum period</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + MAGI	1110	QMB MAGI Parent or Caretaker	<ul style="list-style-type: none"> <li>• MAGI income no more than 90% FPL</li> <li>• Must reside with a dependent child under the age of 18 (through the end of the month in which the child turns age 18)</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + MAGI	1116	QMB Extended medical	<ul style="list-style-type: none"> <li>• Medicaid coverage for parents or caretaker relatives who become ineligible as a result of increased collection of spousal support</li> <li>• Must have been eligible for and enrolled in Parent/Caretaker Relative Medicaid for at least 3 of the 6 months immediately preceding the loss of eligibility</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + MAGI	1117	QMB Aged Out Former Foster Care	<ul style="list-style-type: none"> <li>• Age 18 through 25 (through the end of the month in which the individual turns age 26)</li> <li>• In foster care under the responsibility of the state on his/her 18th birthday</li> <li>• Eligible for and enrolled in Medicaid while in foster care</li> <li>• Medicaid eligibility is determined without regard to income</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
QMB + MAGI	1118	QMB Transitional Medicaid	<ul style="list-style-type: none"> <li>Medicaid coverage for parents or caretaker relatives who become ineligible as a result of an increase in earned income</li> <li>Must have been eligible for and enrolled in Parent/Caretaker Relative Medicaid for at least 3 of the 6 months immediately preceding the loss of eligibility</li> <li>Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + MAGI	1120	QMB CHIP1 Child >100-150% - No Insurance	<p><i>**The FPL limits for this category were updated effective January 1, 2014, due to the Affordable Care Act (ACA) - the category name has not been updated to reflect this change.**</i></p> <ul style="list-style-type: none"> <li>Age 0 through 5 (through the end of the month in which the child turns age 6) with no third-party creditable insurance and MAGI income more than 141% FPL to no more than 156% FPL</li> <li>Age 6 through 18 (through the end of the month in which the child turns age 19) with no third-party creditable insurance and MAGI income more than 107% FPL to no more than 156% FPL</li> <li>Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + MAGI	1121	QMB CHIP2 Child >150-200% - No insurance	<p><i>**The FPL limit for this category was updated effective January 1, 2014, due to the Affordable Care Act (ACA) - the category name has not been updated to reflect this change.**</i></p> <ul style="list-style-type: none"> <li>Age 0 through 18 (through the end of the month in which the child turns age 19) with no third-party creditable insurance and MAGI income more than 156% FPL to no more than 206% FPL</li> <li>Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + MAGI	1122	QMB Medicaid kid lost elig b/c MAGI	<ul style="list-style-type: none"> <li>Child who previously received Medicaid and who lost eligibility solely as a result of the elimination of income disregards</li> <li>Not otherwise eligible for any category of Medicaid</li> <li>Was enrolled in Medicaid on December 31, 2013</li> <li>Will remain categorically eligible for Medicaid for one renewal period</li> <li>Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + MAGI	1123	QMB CHIP kid lost elig b/c MAGI	<ul style="list-style-type: none"> <li>Child who previously received (Medicaid-expansion) CHIP and who lost eligibility solely as a result of the elimination of income disregards</li> <li>Not otherwise eligible for any category of Medicaid or (Medicaid-expansion) CHIP</li> <li>Was enrolled in CHIP on December 31, 2013</li> <li>Will remain categorically eligible for (Medicaid-expansion) CHIP for one renewal period</li> <li>Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + MAGI	1124	QMB Rib Kids	<ul style="list-style-type: none"> <li>Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>MAGI income no more than 44% FPL</li> <li>Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1601	Aged SSI Recipient QMB	<ul style="list-style-type: none"> <li>SSI recipient</li> <li>Age 65 or older</li> <li>Qualified Medicare Beneficiary (QMB)</li> <li>NOTE: Will include individuals in the Blind SSI Recipient QMB and Disabled SSI Recipient QMB groups who are age 65 or older</li> </ul>
QMB + Full Medicaid	1602	Blind SSI Recipient QMB	<ul style="list-style-type: none"> <li>SSI recipient</li> <li>Blind individual</li> <li>Qualified Medicare Beneficiary (QMB)</li> <li>NOTE: Most blind individuals who are age 65 or older will be included in the Aged SSI Recipient QMB group</li> </ul>

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QMB + Full Medicaid	<b>1603</b>	Disabled SSI Recipient QMB	<ul style="list-style-type: none"> <li>• SSI recipient</li> <li>• Disabled individual</li> <li>• Qualified Medicare Beneficiary (QMB)</li> <li>• NOTE: Most disabled individuals who are age 65 or older will be included in the Aged SSI Recipient QMB group</li> </ul>
QMB + Full Medicaid	<b>1604</b>	1619(b) Recipient QMB	<ul style="list-style-type: none"> <li>• SSI recipient who is no longer receiving federal SSI cash benefits, but is still considered to be an SSI recipient for Medicaid purposes</li> <li>• Blind or disabled working individual</li> <li>• Medicaid While Working protection is determined by the SSA</li> <li>• Must meet all non-disability requirements for regular SSI benefits except for earnings</li> <li>• Must have been eligible for and received a regular SSI cash payment based on disability for any previous month within the current period of eligibility</li> <li>• Must need Medicaid coverage to continue working</li> <li>• Must not have sufficient earnings to replace SSI cash benefits, Medicaid benefits, and publicly-funded personal or attendant care that would be lost due to the individual's earnings</li> <li>• NOTE: An individual who is age 65 or older may be eligible under section 1619(b) if he/she has been determined blind or disabled</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	<b>1605</b>	Grandfathered SSI - Individual Receiving Mandatory State Supplements QMB	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who receives mandatory supplemental benefits based on transition from the state cash benefit program to SSI in 1974 - because SSI benefits were lower than the state benefit amount received in December 1973</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.130</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	<b>1606</b>	Grandfathered SSI - Certain Individual Eligible in 1973 QMB	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Blind or disabled individual who was eligible for Medicaid in 1973 and who meets all current requirements for Medicaid except for the blindness or disability criteria</li> <li>• Must have met the eligibility requirements in December 1973, and must have continued to meet them for each consecutive month since then in order to remain eligible</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.133</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	<b>1607</b>	Grandfathered SSI - Essential Spouse in 1973 QMB	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who was eligible for Medicaid in December 1973 as an essential spouse of an aged, blind, or disabled individual who was receiving cash assistance (SSI or optional state supplements)</li> <li>• Must have met the eligibility requirements in December 1973 and must have continued to meet them since then in order to remain eligible</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.131, 1905(a)</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	<b>1608</b>	Grandfathered SSI - Individual Institutionalized & Eligible Since 1973 QMB	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who was eligible for Medicaid in 1973 as an inpatient of a title XIX medical institution or intermediate care facility and who continues to meet the 1973 requirements</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.132</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>

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QMB + Full Medicaid	1609	Grandfathered SSI - Ineligible for SSI Due to Reqs Prohibited by Medicaid QMB	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who would be eligible for SSI benefits or optional state supplements except for an eligibility requirement used in those programs that is specifically prohibited under title XIX</li> <li>• 42 CFR 435.122</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1610	Deemed SSI - Widow(er) - Early Social Security Receipt QMB	<ul style="list-style-type: none"> <li>• Deemed SSI recipient</li> <li>• Disabled widow or widower</li> <li>• At least age 60</li> <li>• Not entitled to Medicare Part A</li> <li>• Became ineligible for SSI benefits or state supplements because he/she was required to apply for and is receiving Social Security disabled widow's/widower's benefits</li> <li>• 42 CFR 435.138, 1634(d)</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1611	Deemed SSI - Disabled Adult Child QMB	<ul style="list-style-type: none"> <li>• Deemed SSI recipient</li> <li>• At least age 18</li> <li>• Receives SSI benefits on the basis of blindness or a disability which began before he/she attained the age of 22</li> <li>• Became ineligible for SSI benefits because he/she became entitled to OASDI child's benefits, or because of an increase in those benefits</li> <li>• Would be eligible for SSI benefits if the OASDI child's benefit, or the increase in that benefit, is subtracted from his/her income</li> <li>• NOTE: Eligibility under this group is based only on the loss of SSI benefits; loss of eligibility for state supplements will not make an individual eligible under this group</li> <li>• 1634(c)</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1612	Deemed SSI - Pickle Amendment Group QMB	<ul style="list-style-type: none"> <li>• Deemed SSI recipient</li> <li>• Individual must be currently receiving Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits</li> <li>• Was eligible for and receiving SSI benefits or state supplements but became ineligible for those payments after April 1977</li> <li>• Would still be eligible for SSI benefits or state supplements if all OASDI cost-of-living increases (COLA) received since the last month he/she was eligible for both OASDI and SSI benefits or state supplements were deducted from his/her income</li> <li>• 42 CFR 435.135, 1939(a)(5)(E)</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1613	Deemed SSI - Additional Reduction Factor Widow(er) QMB	<ul style="list-style-type: none"> <li>• Deemed SSI recipient</li> <li>• Individual who was entitled to monthly OASDI benefits for December 1983</li> <li>• Was entitled to and received widow's or widower's disability benefits for January 1984</li> <li>• Became ineligible for SSI or optional state supplements due to elimination of the additional reduction factor for disabled widows and widowers under age 60</li> <li>• Would be eligible for SSI benefits or a mandatory or optional state supplement if the amount of the eliminated reduction factor and subsequent COLAs were deducted from his/her income</li> <li>• Must have filed a written application for Medicaid on or before June 30, 1988 to obtain protected Medicaid coverage</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.137, 1634(b)</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>

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QMB + Full Medicaid	1614	Grandfathered SSI - 1972 OASDI COLA QMB	<ul style="list-style-type: none"> <li>Grandfathered SSI recipient</li> <li>Individual who lost eligibility for SSI benefits or state supplements due to an increase in Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits in 1972</li> <li>42 CFR 435.134</li> <li>Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1615	Aged Categorically Needy <=64% FPL QMB	<ul style="list-style-type: none"> <li>Age 65 or older</li> <li>Income no more than 64% FPL</li> <li>Qualified Medicare Beneficiary (QMB)</li> <li>NOTE: Will include individuals in the Blind Categorically Needy &lt;=64% FPL QMB and Disabled Categorically Needy &lt;=64% FPL QMB groups who are age 65 or older</li> </ul>
QMB + Full Medicaid	1616	Aged Categorically Needy >64% FPL - Federal Benefit Rate QMB	<ul style="list-style-type: none"> <li>Age 65 or older</li> <li>Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>Qualified Medicare Beneficiary (QMB)</li> <li>NOTE: Will include individuals in the Blind Categorically Needy &gt;64% FPL - Federal Benefit Rate QMB and Disabled Categorically Needy &gt;64% FPL - Federal Benefit Rate QMB groups who are age 65 or older</li> </ul>
QMB + Full Medicaid	1617	Blind Categorically Needy <=64% FPL QMB	<ul style="list-style-type: none"> <li>Blind individual</li> <li>Income no more than 64% FPL</li> <li>Qualified Medicare Beneficiary (QMB)</li> <li>NOTE: Most blind individuals who are age 65 or older will be included in the Aged Categorically Needy &lt;=64% FPL QMB group</li> </ul>
QMB + Full Medicaid	1618	Blind Categorically Needy >64% FPL - Federal Benefit Rate QMB	<ul style="list-style-type: none"> <li>Blind individual</li> <li>Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>Qualified Medicare Beneficiary (QMB)</li> <li>NOTE: Most blind individuals who are age 65 or older will be included in the Aged Categorically Needy &gt;64% FPL - Federal Benefit Rate QMB group</li> </ul>
QMB + Full Medicaid	1619	Disabled Categorically Needy <=64% FPL QMB	<ul style="list-style-type: none"> <li>Disabled individual</li> <li>Income no more than 64% FPL</li> <li>Qualified Medicare Beneficiary (QMB)</li> <li>NOTE: Most disabled individuals who are age 65 or older will be included in the Aged Categorically Needy &lt;=64% FPL QMB group</li> </ul>
QMB + Full Medicaid	1620	Disabled Categorically Needy >64% FPL - Federal Benefit Rate QMB	<ul style="list-style-type: none"> <li>Disabled individual</li> <li>Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>Qualified Medicare Beneficiary (QMB)</li> <li>NOTE: Most disabled individuals who are age 65 or older will be included in the Aged Categorically Needy &gt;64% FPL - Federal Benefit Rate QMB group</li> </ul>
QMB + Full Medicaid	1621	SSI Recipient Residential State Supplement QMB	<ul style="list-style-type: none"> <li>SSI recipient who is enrolled in the Residential State Supplement (RSS) program</li> <li>Age 18 or older</li> <li>Meets protective level of care</li> <li>Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1622	Non-SSI Recipient Residential State Supplement QMB	<ul style="list-style-type: none"> <li>Non-SSI recipient who is enrolled in the Residential State Supplement (RSS) program</li> <li>Age 18 or older</li> <li>Meets protective level of care</li> <li>Qualified Medicare Beneficiary (QMB)</li> </ul>

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QMB + Full Medicaid	<b>1623</b>	MBIWD Basic no Premium <=64% FPL QMB	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in paid work (part-time or full-time) from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income no more than 64% FPL</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	<b>1624</b>	MBIWD Basic no Premium >64-75% FPL QMB	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in paid work (part-time or full-time) from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 64% FPL to no more than 75% FPL</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	<b>1625</b>	MBIWD Basic no Premium >75-150% FPL QMB	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in paid work (part-time or full-time) from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 75% FPL to no more than 150% FPL</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	<b>1626</b>	MBIWD Basic with Premium QMB	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in paid work (part-time or full-time) from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 150% FPL to no more than 250% FPL</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	<b>1627</b>	MBIWD Medically Improved no Premium <=64% FPL QMB	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Participated in an MBIWD Basic group in the previous calendar month</li> <li>• No longer meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in at least 40 hours per month of paid work, earning the equivalent of at least state or federal minimum wage (whichever is lower), from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income no more than 64% FPL</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>



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QMB + Full Medicaid	1628	MBIWD Medically Improved no Premium >64-75% FPL QMB	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Participated in an MBIWD Basic group in the previous calendar month</li> <li>• No longer meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in at least 40 hours per month of paid work, earning the equivalent of at least state or federal minimum wage (whichever is lower), from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 64% FPL to no more than 75% FPL</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1629	MBIWD Medically Improved no Premium >75-150% FPL QMB	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Participated in an MBIWD Basic group in the previous calendar month</li> <li>• No longer meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in at least 40 hours per month of paid work, earning the equivalent of at least state or federal minimum wage (whichever is lower), from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 75% FPL to no more than 150% FPL</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1630	MBIWD Medically Improved with Premium QMB	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Participated in an MBIWD Basic group in the previous calendar month</li> <li>• No longer meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in at least 40 hours per month of paid work, earning the equivalent of at least state or federal minimum wage (whichever is lower), from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 150% FPL to no more than 250% FPL</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1631	Specialized Recovery Services Program <=64% FPL QMB	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income no more than 64% FPL</li> <li>• OAC 5160:1-5-07 - Group Two</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>



## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
QMB + Full Medicaid	1632	Specialized Recovery Services Program >64-75% FPL QMB	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income more than 64% FPL to no more than 75% FPL</li> <li>• OAC 5160:1-5-07 - Group Two</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1633	Specialized Recovery Services Program >75-100% FPL QMB	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income more than 75% FPL to no more than 100% FPL</li> <li>• OAC 5160:1-5-07 - Group Two</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1634	Specialized Recovery Services Program >100-150% FPL QMB	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> <li>• OAC 5160:1-5-07 - Group Two</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
QMB + Full Medicaid	1635	SIL Waiver >Federal Benefit Rate - 100% FPL QMB	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual with a disability or chronic condition who receives care in his/her home and community instead of in a long-term care facility, hospital, or intermediate care facility</li> <li>• Individual must meet the specific level of care required for the chosen waiver</li> <li>• Income more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR) to no more than 100% FPL</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1636	SIL Waiver >100-150% FPL QMB	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual with a disability or chronic condition who receives care in his/her home and community instead of in a long-term care facility, hospital, or intermediate care facility</li> <li>• Individual must meet the specific level of care required for the chosen waiver</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1637	SIL Assisted Living Waiver >Federal Benefit Rate - 100% FPL QMB	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Age 21 or older</li> <li>• Individual must reside in a nursing facility and require at least an intermediate level of care</li> <li>• Income more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR) to no more than 100% FPL</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1638	SIL Assisted Living Waiver >100-150% FPL QMB	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Age 21 or older</li> <li>• Individual must reside in a nursing facility and require at least an intermediate level of care</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1639	SIL PACE >Federal Benefit Rate - 100% FPL QMB	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Program of All-Inclusive Care for the Elderly (PACE)</li> <li>• Age 55 or older</li> <li>• Individual must live in the service area of Cuyahoga County</li> <li>• Has functional limitations that meet the criteria for nursing home level of care</li> <li>• Must be able to live safely in the community</li> <li>• Must be willing to receive all of his/her care from PACE program providers</li> <li>• Income more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR) to no more than 100% FPL</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
QMB + Full Medicaid	1640	SIL PACE >100-150% FPL QMB	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Program of All-Inclusive Care for the Elderly (PACE)</li> <li>• Age 55 or older</li> <li>• Individual must live in the service area of Cuyahoga County</li> <li>• Has functional limitations that meet the criteria for nursing home level of care</li> <li>• Must be able to live safely in the community</li> <li>• Must be willing to receive all of his/her care from PACE program providers</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1641	SIL Facility >Federal Benefit Rate - 100% FPL QMB	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)</li> <li>• Income more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR) to no more than 100% FPL</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
QMB + Full Medicaid	1642	SIL Facility >100-150% FPL QMB	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> <li>• Qualified Medicare Beneficiary (QMB)</li> </ul>
SLMB + Full Medicaid	2001	Residential State Supplement and SLMB	Residential State Supplement persons who are also SLMB's.
SLMB + Full Medicaid	2002	MBIWD Basic without Premium SLMB	Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Basic Coverage with no Premium with a need standard <= 150% FPL, and are also SLMB's. Turn Around Ohio Medicaid expansion effective 2008.04.01.
SLMB + Full Medicaid	2003	MBIWD Basic with Premium SLMB	Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Basic Coverage who pay a Premium with a need standard <= 250% FPL, and are also SLMB's. Turn Around Ohio Medicaid expansion effective 2008.04.01.
SLMB + Full Medicaid	2004	MBIWD Medically Improved no Premium SLMB	Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Medically Improved with no Premium with a need standard <= 150% FPL, and are also QMB's. Turn Around Ohio Medicaid expansion effective 2008.04.01.
SLMB + Full Medicaid	2005	MBIWD Medically Improved Premium SLMB	Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Medically Improved who pay a Premium with a need standard <= 250% FPL, and are also SLMB's. Turn Around Ohio Medicaid expansion effective 2008.04.01.
SLMB + Full Medicaid	2006	Aged Dual SLMB	Aged persons who are also SLMB's. Note: The Aged Groups will include most of the persons in the respective Blind and Disabled groups who are age 65 or older. Exception: Can include individual on "MA B" or "MA D" with age <65 in cases of spouses in same MA A assistance group.
SLMB + Full Medicaid	2007	Blind Dual SLMB	Blind persons who are also SLMB's. Note: Most Blind persons who are 65 or older will fall into the respective Aged group.
SLMB + Full Medicaid	2008	Disabled Dual SLMB	Disabled persons who are also SLMB's. Note: Most Disabled persons who are 65 or older will fall into the respective Aged group.
SLMB + Full Medicaid	2009	Breast & Cervical Cancer SLMB	Breast & Cervical Cancer persons who are also SLMB's.

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
SLMB + Full Medicaid	<b>2010</b>	Healthy Family Child Support extended SLMB	Healthy Families Child Support Extended persons who are also SLMB's. This provides Medicaid coverage for up to four months to Healthy Families who lose Medicaid coverage due to collection or increased collection of child or spousal support. Part of the Healthy Families population.
SLMB + Full Medicaid	<b>2011</b>	OWF Family Cash SLMB	Ohio Works First Families who receive cash assistance who are also SLMB's. Part of the Healthy Families population.
SLMB + Full Medicaid	<b>2012</b>	Low-Income Family SLMB	Low Income Families who do not qualify for cash assistance who are also SLMB's. Part of the Healthy Families population.
SLMB + Full Medicaid	<b>2013</b>	Healthy Families SLMB	Healthy Families Parent Expansion persons who are also SLMB's. In July 2000, the need standard was raised to 100% FPL. The need standard was reduced in January 2006 to 90% FPL.
SLMB + Full Medicaid	<b>2014</b>	Transitional SLMB	Transitional persons who are also SLMB's. Persons formerly eligible for Healthy Families who receive temporary transitional Medicaid while they transition back to work.
SLMB + Full Medicaid	<b>2015</b>	Low Income Individual SLMB	Low Income persons (also known as Ribicoff Kids) who are also SLMB's. Individuals age 19 or 20 who are not eligible under one of the Healthy Families groups.
SLMB + Full Medicaid	<b>2016</b>	Healthy Start Children SLMB	Healthy Start Children persons who are also SLMB's. This includes children ages 0 through 5 with a need standard <= 133% FPL as well as children ages 6 through 18 with a need standard <= 100% FPL.
SLMB + Full Medicaid	<b>2017</b>	Healthy Start Expansion <=150% SLMB	Healthy Start Expansion persons who are also SLMB's. This program was implemented in January 1998 to provide coverage for children ages 0 through 5 with a need standard between 134-150% FPL and coverage for children ages 6 through 18 with a need standard between 101-150% FPL.
SLMB + Full Medicaid	<b>2018</b>	CHIP1 SLMB	SCHIP1 persons who are also SLMB's. Title XXI children ages 0 through 5 with a need standard between 134-150% FPL who do not have other insurance and children ages 6 through 18 with a need standard between 101-150% FPL who do not have other insurance.
SLMB + Full Medicaid	<b>2019</b>	CHIP2 SLMB	SCHIP2 persons who are also SLMB's. Title XXI children age <=18 with a need standard between 151-200% FPL who do not have other insurance.
SLMB + Full Medicaid	<b>2020</b>	Healthy Start Pregnant Women SLMB	Healthy Start Pregnant Women who are also SLMB's. Pregnant women with a need standard <= 133% FPL.
SLMB + Full Medicaid	<b>2021</b>	Healthy Start Pregnant Women Exp SLMB	Healthy Start Pregnant Women Expansion who are also SLMB's. Pregnant women with a need standard <= 150% FPL.
SLMB + Full Medicaid	<b>2022</b>	Healthy Start Expedited Pregnant Women SLMB	Healthy Start Expedited Pregnant Women who are also SLMB's. This program provides limited services for 60 days.
SLMB + Full Medicaid	<b>2023</b>	SLMB Plus Med Unkn	Persons for whom Medicaid pays Medicare premiums and who also spend down to qualify for full Medicaid services. These persons do not have another Medicaid eligibility group in CRIS-E even though the RMF indicates spend down was met and these persons obtain Medicaid services.
SLMB + Full Medicaid	<b>2024</b>	QI 1 Plus with Med Unknown	Persons for whom Medicaid pays the Medicare Part B premium and who also met their delayed spenddown to qualify for full Medicaid services. These persons generally have another Medicaid eligibility group in CRIS-E (e.g., MA A, MA B, MA D) in addition to MAUS with a Program Qualifier B and these persons obtain Medicaid services effective the date the delayed spenddown was met.
SLMB + MAGI	<b>2102</b>	SLMB Medicaid MAGI Child under 1	<ul style="list-style-type: none"> <li>• MAGI income no more than 156% FPL</li> <li>• Under age 1 (through the end of the month in which the child turns age 1)</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + MAGI	<b>2103</b>	SLMB Medicaid MAGI Child Age 1-5	<ul style="list-style-type: none"> <li>• MAGI income no more than 156% FPL</li> <li>• Age 1 through 5 (through the end of the month in which the child turns age 6)</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
SLMB + MAGI	<b>2104</b>	SLMB Medicaid MAGI Child Age 6-18	<ul style="list-style-type: none"> <li>• MAGI income no more than 156% FPL</li> <li>• Age 6 through 18 (through the end of the month in which the child turns age 19)</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + MAGI	<b>2108</b>	SLMB MAGI Pregnant Women	<ul style="list-style-type: none"> <li>• MAGI income no more than 200% FPL</li> <li>• Pregnancy may be self-declared unless contradictory information exists</li> <li>• In order to substantiate eligibility determination for larger family size, medical verification of pregnancy is only required if individual is carrying more than one fetus</li> <li>• Medicaid eligibility continues throughout pregnancy and postpartum period</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + MAGI	<b>2110</b>	SLMB MAGI Parent or Caretaker	<ul style="list-style-type: none"> <li>• MAGI income no more than 90% FPL</li> <li>• Must reside with a dependent child under the age of 18 (through the end of the month in which the child turns age 18)</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + MAGI	<b>2116</b>	SLMB Extended medical	<ul style="list-style-type: none"> <li>• Medicaid coverage for parents or caretaker relatives who become ineligible as a result of increased collection of spousal support</li> <li>• Must have been eligible for and enrolled in Parent/Caretaker Relative Medicaid for at least 3 of the 6 months immediately preceding the loss of eligibility</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + MAGI	<b>2117</b>	SLMB Aged Out Former Foster Care	<ul style="list-style-type: none"> <li>• Age 18 through 25 (through the end of the month in which the individual turns age 26)</li> <li>• In foster care under the responsibility of the state on his/her 18th birthday</li> <li>• Eligible for and enrolled in Medicaid while in foster care</li> <li>• Medicaid eligibility is determined without regard to income</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + MAGI	<b>2118</b>	SLMB Transitional Medicaid	<ul style="list-style-type: none"> <li>• Medicaid coverage for parents or caretaker relatives who become ineligible as a result of an increase in earned income</li> <li>• Must have been eligible for and enrolled in Parent/Caretaker Relative Medicaid for at least 3 of the 6 months immediately preceding the loss of eligibility</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + MAGI	<b>2120</b>	SLMB CHIP1 Child >100-150% - No Insurance	<p><i>**The FPL limits for this category were updated effective January 1, 2014, due to the Affordable Care Act (ACA) - the category name has not been updated to reflect this change.**</i></p> <ul style="list-style-type: none"> <li>• Age 0 through 5 (through the end of the month in which the child turns age 6) with no third-party creditable insurance and MAGI income more than 141% FPL to no more than 156% FPL</li> <li>• Age 6 through 18 (through the end of the month in which the child turns age 19) with no third-party creditable insurance and MAGI income more than 107% FPL to no more than 156% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + MAGI	<b>2121</b>	SLMB CHIP2 Child >150-200% - No Insurance	<p><i>**The FPL limit for this category was updated effective January 1, 2014, due to the Affordable Care Act (ACA) - the category name has not been updated to reflect this change.**</i></p> <ul style="list-style-type: none"> <li>• Age 0 through 18 (through the end of the month in which the child turns age 19) with no third-party creditable insurance and MAGI income more than 156% FPL to no more than 206% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
SLMB + MAGI	<b>2122</b>	SLMB Medicaid kid lost elig b/c MAGI	<ul style="list-style-type: none"> <li>Child who previously received Medicaid and who lost eligibility solely as a result of the elimination of income disregards</li> <li>Not otherwise eligible for any category of Medicaid</li> <li>Was enrolled in Medicaid on December 31, 2013</li> <li>Will remain categorically eligible for Medicaid for one renewal period</li> <li>Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + MAGI	<b>2123</b>	SLMB CHIP kid lost elig b/c MAGI	<ul style="list-style-type: none"> <li>Child who previously received (Medicaid-expansion) CHIP and who lost eligibility solely as a result of the elimination of income disregards</li> <li>Not otherwise eligible for any category of Medicaid or (Medicaid-expansion) CHIP</li> <li>Was enrolled in CHIP on December 31, 2013</li> <li>Will remain categorically eligible for (Medicaid-expansion) CHIP for one renewal period</li> <li>Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + MAGI	<b>2124</b>	SLMB Rib Kids	<ul style="list-style-type: none"> <li>Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>MAGI income no more than 44% FPL</li> <li>Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2601</b>	Aged SSI Recipient SLMB	<ul style="list-style-type: none"> <li>SSI recipient</li> <li>Age 65 or older</li> <li>Specified Low-Income Medicare Beneficiary (SLMB)</li> <li>NOTE: Will include individuals in the Blind SSI Recipient SLMB and Disabled SSI Recipient SLMB groups who are age 65 or older</li> </ul>
SLMB + Full Medicaid	<b>2602</b>	Blind SSI Recipient SLMB	<ul style="list-style-type: none"> <li>SSI recipient</li> <li>Blind individual</li> <li>Specified Low-Income Medicare Beneficiary (SLMB)</li> <li>NOTE: Most blind individuals who are age 65 or older will be included in the Aged SSI Recipient SLMB group</li> </ul>
SLMB + Full Medicaid	<b>2603</b>	Disabled SSI Recipient SLMB	<ul style="list-style-type: none"> <li>SSI recipient</li> <li>Disabled individual</li> <li>Specified Low-Income Medicare Beneficiary (SLMB)</li> <li>NOTE: Most disabled individuals who are age 65 or older will be included in the Aged SSI Recipient SLMB group</li> </ul>
SLMB + Full Medicaid	<b>2604</b>	1619(b) Recipient SLMB	<ul style="list-style-type: none"> <li>SSI recipient who is no longer receiving federal SSI cash benefits, but is still considered to be an SSI recipient for Medicaid purposes</li> <li>Blind or disabled working individual</li> <li>Medicaid While Working protection is determined by the SSA</li> <li>Must meet all non-disability requirements for regular SSI benefits except for earnings</li> <li>Must have been eligible for and received a regular SSI cash payment based on disability for any previous month within the current period of eligibility</li> <li>Must need Medicaid coverage to continue working</li> <li>Must not have sufficient earnings to replace SSI cash benefits, Medicaid benefits, and publicly-funded personal or attendant care that would be lost due to the individual's earnings</li> <li>NOTE: An individual who is age 65 or older may be eligible under section 1619(b) if he/she has been determined blind or disabled</li> <li>Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
SLMB + Full Medicaid	2605	Grandfathered SSI - Individual Receiving Mandatory State Supplements SLMB	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who receives mandatory supplemental benefits based on transition from the state cash benefit program to SSI in 1974 - because SSI benefits were lower than the state benefit amount received in December 1973</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.130</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	2606	Grandfathered SSI - Certain Individual Eligible in 1973 SLMB	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Blind or disabled individual who was eligible for Medicaid in 1973 and who meets all current requirements for Medicaid except for the blindness or disability criteria</li> <li>• Must have met the eligibility requirements in December 1973, and must have continued to meet them for each consecutive month since then in order to remain eligible</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.133</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	2607	Grandfathered SSI - Essential Spouse in 1973 SLMB	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who was eligible for Medicaid in December 1973 as an essential spouse of an aged, blind, or disabled individual who was receiving cash assistance (SSI or optional state supplements)</li> <li>• Must have met the eligibility requirements in December 1973 and must have continued to meet them since then in order to remain eligible</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.131, 1905(a)</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	2608	Grandfathered SSI - Individual Institutionalized & Eligible Since 1973 SLMB	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who was eligible for Medicaid in 1973 as an inpatient of a title XIX medical institution or intermediate care facility and who continues to meet the 1973 requirements</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.132</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	2609	Grandfathered SSI - Ineligible for SSI Due to Reqs Prohibited by Medicaid SLMB	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who would be eligible for SSI benefits or optional state supplements except for an eligibility requirement used in those programs that is specifically prohibited under title XIX</li> <li>• 42 CFR 435.122</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	2610	Deemed SSI - Widow(er) - Early Social Security Receipt SLMB	<ul style="list-style-type: none"> <li>• Deemed SSI recipient</li> <li>• Disabled widow or widower</li> <li>• At least age 60</li> <li>• Not entitled to Medicare Part A</li> <li>• Became ineligible for SSI benefits or state supplements because he/she was required to apply for and is receiving Social Security disabled widow's/widower's benefits</li> <li>• 42 CFR 435.138, 1634(d)</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>



## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
SLMB + Full Medicaid	<b>2611</b>	Deemed SSI - Disabled Adult Child SLMB	<ul style="list-style-type: none"> <li>• Deemed SSI recipient</li> <li>• At least age 18</li> <li>• Receives SSI benefits on the basis of blindness or a disability which began before he/she attained the age of 22</li> <li>• Became ineligible for SSI benefits because he/she became entitled to OASDI child's benefits, or because of an increase in those benefits</li> <li>• Would be eligible for SSI benefits if the OASDI child's benefit, or the increase in that benefit, is subtracted from his/her income</li> <li>• NOTE: Eligibility under this group is based only on the loss of SSI benefits; loss of eligibility for state supplements will not make an individual eligible under this group</li> <li>• 1634(c)</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2612</b>	Deemed SSI - Pickle Amendment Group SLMB	<ul style="list-style-type: none"> <li>• Deemed SSI recipient</li> <li>• Individual must be currently receiving Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits</li> <li>• Was eligible for and receiving SSI benefits or state supplements but became ineligible for those payments after April 1977</li> <li>• Would still be eligible for SSI benefits or state supplements if all OASDI cost-of-living increases (COLA) received since the last month he/she was eligible for both OASDI and SSI benefits or state supplements were deducted from his/her income</li> <li>• 42 CFR 435.135, 1939(a)(5)(E)</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2613</b>	Deemed SSI - Additional Reduction Factor Widow(er) SLMB	<ul style="list-style-type: none"> <li>• Deemed SSI recipient</li> <li>• Individual who was entitled to monthly OASDI benefits for December 1983</li> <li>• Was entitled to and received widow's or widower's disability benefits for January 1984</li> <li>• Became ineligible for SSI or optional state supplements due to elimination of the additional reduction factor for disabled widows and widowers under age 60</li> <li>• Would be eligible for SSI benefits or a mandatory or optional state supplement if the amount of the eliminated reduction factor and subsequent COLAs were deducted from his/her income</li> <li>• Must have filed a written application for Medicaid on or before June 30, 1988 to obtain protected Medicaid coverage</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.137, 1634(b)</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2614</b>	Grandfathered SSI - 1972 OASDI COLA SLMB	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who lost eligibility for SSI benefits or state supplements due to an increase in Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits in 1972</li> <li>• 42 CFR 435.134</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2615</b>	Aged Categorically Needy <=64% FPL SLMB	<ul style="list-style-type: none"> <li>• Age 65 or older</li> <li>• Income no more than 64% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> <li>• NOTE: Will include individuals in the Blind Categorically Needy &lt;=64% FPL SLMB and Disabled Categorically Needy &lt;=64% FPL SLMB groups who are age 65 or older</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
SLMB + Full Medicaid	2616	Aged Categorically Needy >64% FPL - Federal Benefit Rate SLMB	<ul style="list-style-type: none"> <li>• Age 65 or older</li> <li>• Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> <li>• NOTE: Will include individuals in the Blind Categorically Needy &gt;64% FPL - Federal Benefit Rate SLMB and Disabled Categorically Needy &gt;64% FPL - Federal Benefit Rate SLMB groups who are age 65 or older</li> </ul>
SLMB + Full Medicaid	2617	Blind Categorically Needy <=64% FPL SLMB	<ul style="list-style-type: none"> <li>• Blind individual</li> <li>• Income no more than 64% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> <li>• NOTE: Most blind individuals who are age 65 or older will be included in the Aged Categorically Needy &lt;=64% FPL SLMB group</li> </ul>
SLMB + Full Medicaid	2618	Blind Categorically Needy >64% FPL - Federal Benefit Rate SLMB	<ul style="list-style-type: none"> <li>• Blind individual</li> <li>• Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> <li>• NOTE: Most blind individuals who are age 65 or older will be included in the Aged Categorically Needy &gt;64% FPL - Federal Benefit Rate SLMB group</li> </ul>
SLMB + Full Medicaid	2619	Disabled Categorically Needy <=64% FPL SLMB	<ul style="list-style-type: none"> <li>• Disabled individual</li> <li>• Income no more than 64% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> <li>• NOTE: Most disabled individuals who are age 65 or older will be included in the Aged Categorically Needy &lt;=64% FPL SLMB group</li> </ul>
SLMB + Full Medicaid	2620	Disabled Categorically Needy >64% FPL - Federal Benefit Rate SLMB	<ul style="list-style-type: none"> <li>• Disabled individual</li> <li>• Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> <li>• NOTE: Most disabled individuals who are age 65 or older will be included in the Aged Categorically Needy &gt;64% FPL - Federal Benefit Rate SLMB group</li> </ul>
SLMB + Full Medicaid	2621	SSI Recipient Residential State Supplement SLMB	<ul style="list-style-type: none"> <li>• SSI recipient who is enrolled in the Residential State Supplement (RSS) program</li> <li>• Age 18 or older</li> <li>• Meets protective level of care</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	2622	Non-SSI Recipient Residential State Supplement SLMB	<ul style="list-style-type: none"> <li>• Non-SSI recipient who is enrolled in the Residential State Supplement (RSS) program</li> <li>• Age 18 or older</li> <li>• Meets protective level of care</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	2623	MBIWD Basic no Premium <=64% FPL SLMB	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in paid work (part-time or full-time) from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income no more than 64% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
SLMB + Full Medicaid	<b>2624</b>	MBIWD Basic no Premium >64-75% FPL SLMB	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in paid work (part-time or full-time) from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 64% FPL to no more than 75% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2625</b>	MBIWD Basic no Premium >75-150% FPL SLMB	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in paid work (part-time or full-time) from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 75% FPL to no more than 150% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2626</b>	MBIWD Basic with Premium SLMB	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in paid work (part-time or full-time) from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 150% FPL to no more than 250% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2627</b>	MBIWD Medically Improved no Premium <=64% FPL SLMB	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Participated in an MBIWD Basic group in the previous calendar month</li> <li>• No longer meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in at least 40 hours per month of paid work, earning the equivalent of at least state or federal minimum wage (whichever is lower), from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income no more than 64% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2628</b>	MBIWD Medically Improved no Premium >64-75% FPL SLMB	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Participated in an MBIWD Basic group in the previous calendar month</li> <li>• No longer meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in at least 40 hours per month of paid work, earning the equivalent of at least state or federal minimum wage (whichever is lower), from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 64% FPL to no more than 75% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
SLMB + Full Medicaid	<b>2629</b>	MBIWD Medically Improved no Premium >75-150% FPL SLMB	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Participated in an MBIWD Basic group in the previous calendar month</li> <li>• No longer meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in at least 40 hours per month of paid work, earning the equivalent of at least state or federal minimum wage (whichever is lower), from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 75% FPL to no more than 150% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2630</b>	MBIWD Medically Improved with Premium SLMB	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Participated in an MBIWD Basic group in the previous calendar month</li> <li>• No longer meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in at least 40 hours per month of paid work, earning the equivalent of at least state or federal minimum wage (whichever is lower), from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 150% FPL to no more than 250% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2631</b>	Specialized Recovery Services Program <=64% FPL SLMB	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income no more than 64% FPL</li> <li>• OAC 5160:1-5-07 - Group Two</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2632</b>	Specialized Recovery Services Program >64-75% FPL SLMB	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income more than 64% FPL to no more than 75% FPL</li> <li>• OAC 5160:1-5-07 - Group Two</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
SLMB + Full Medicaid	2633	Specialized Recovery Services Program >75-100% FPL SLMB	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income more than 75% FPL to no more than 100% FPL</li> <li>• OAC 5160:1-5-07 - Group Two</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	2634	Specialized Recovery Services Program >100-150% FPL SLMB	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> <li>• OAC 5160:1-5-07 - Group Two</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	2635	SIL Waiver >Federal Benefit Rate - 100% FPL SLMB	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual with a disability or chronic condition who receives care in his/her home and community instead of in a long-term care facility, hospital, or intermediate care facility</li> <li>• Individual must meet the specific level of care required for the chosen waiver</li> <li>• Income more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR) to no more than 100% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	2636	SIL Waiver >100-150% FPL SLMB	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual with a disability or chronic condition who receives care in his/her home and community instead of in a long-term care facility, hospital, or intermediate care facility</li> <li>• Individual must meet the specific level of care required for the chosen waiver</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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SLMB + Full Medicaid	<b>2637</b>	SIL Assisted Living Waiver >Federal Benefit Rate - 100% FPL SLMB	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Age 21 or older</li> <li>• Individual must reside in a nursing facility and require at least an intermediate level of care</li> <li>• Income more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR) to no more than 100% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2638</b>	SIL Assisted Living Waiver >100-150% FPL SLMB	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Age 21 or older</li> <li>• Individual must reside in a nursing facility and require at least an intermediate level of care</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2639</b>	SIL PACE >Federal Benefit Rate - 100% FPL SLMB	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Program of All-Inclusive Care for the Elderly (PACE)</li> <li>• Age 55 or older</li> <li>• Individual must live in the service area of Cuyahoga County</li> <li>• Has functional limitations that meet the criteria for nursing home level of care</li> <li>• Must be able to live safely in the community</li> <li>• Must be willing to receive all of his/her care from PACE program providers</li> <li>• Income more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR) to no more than 100% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2640</b>	SIL PACE >100-150% FPL SLMB	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Program of All-Inclusive Care for the Elderly (PACE)</li> <li>• Age 55 or older</li> <li>• Individual must live in the service area of Cuyahoga County</li> <li>• Has functional limitations that meet the criteria for nursing home level of care</li> <li>• Must be able to live safely in the community</li> <li>• Must be willing to receive all of his/her care from PACE program providers</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2641</b>	SIL Facility >Federal Benefit Rate - 100% FPL SLMB	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)</li> <li>• Income more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR) to no more than 100% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>
SLMB + Full Medicaid	<b>2642</b>	SIL Facility >100-150% FPL SLMB	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> <li>• Specified Low-Income Medicare Beneficiary (SLMB)</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Other Duals not QMB or SLMB	<b>3001</b>	Residential State Supplement and NonQMB Dual	Residential State Supplement persons who are also enrolled in Medicare Part A or B.
Other Duals not QMB or SLMB	<b>3002</b>	MBIWD Basic no Premium DUAL	Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Basic Coverage with no Premium with a need standard <= 150% FPL, and are also enrolled in Medicare Part A or B. Turn Around Ohio Medicaid expansion effective 2008.04.01.
Other Duals not QMB or SLMB	<b>3003</b>	MBIWD Basic Premium DUAL	Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Basic Coverage who pay a Premium with a need standard <= 250% FPL, and are also enrolled in Medicare Part A or B. Turn Around Ohio Medicaid expansion effective 2008.04.01.
Other Duals not QMB or SLMB	<b>3004</b>	MBIWD Medically Improved no Premium DUAL	Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Medically Improved with no Premium with a need standard <= 150% FPL, and are also enrolled in Medicare Part A or B. Turn Around Ohio Medicaid expansion effective 2008.04.01.
Other Duals not QMB or SLMB	<b>3005</b>	MBIWD - Medically Improved with Premium DUAL	Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Medically Improved who pay a Premium with a need standard <= 250% FPL, and are also enrolled in Medicare Part A or B. Turn Around Ohio Medicaid expansion effective 2008.04.01.
Other Duals not QMB or SLMB	<b>3006</b>	Aged Non QMB Dual	Aged persons who are also enrolled in Medicare Part A or B. Note: The Aged Groups will include most of the persons in the respective Blind and Disabled groups who are age 65 or older. Exception: Can include individual on "MA B" or "MA D" with age <65 in cases of spouses in same MA A assistance group.
Other Duals not QMB or SLMB	<b>3007</b>	Blind Non QMB Dual	Blind persons who are also enrolled in Medicare Part A or B. Note: Most Blind persons who are 65 or older will fall into the respective Aged group.
Other Duals not QMB or SLMB	<b>3008</b>	Disabled Non QMB Dual	Disabled persons who are also enrolled in Medicare Part A or B. Note: Most Disabled persons who are 65 or older will fall into the respective Aged group.
Other Duals not QMB or SLMB	<b>3009</b>	Breast & Cervical Cancer Non QMB Dual	Breast & Cervical Cancer persons who are also enrolled in Medicare Part A or B.
Other Duals not QMB or SLMB	<b>3010</b>	Healthy Families Child Support Extended Non QMB Dual	Healthy Families Child Support Extended persons who are also enrolled in Medicare Part A or B. This provides Medicaid coverage for up to four months to Healthy Families who lose Medicaid coverage due to collection or increased collection of child or spousal support. Part of the Healthy Families population.
Other Duals not QMB or SLMB	<b>3011</b>	OWF Family Cash Non QMB Dual	Ohio Works First Families who receive cash assistance who are also enrolled in Medicare Part A or B. Part of the Healthy Families population.
Other Duals not QMB or SLMB	<b>3012</b>	Low-Income Family NonQMB Dual	Low Income Families who do not qualify for cash assistance who are also enrolled in Medicare Part A or B. Part of the Healthy Families population.
Other Duals not QMB or SLMB	<b>3013</b>	Healthy Families Non QMB Dual (Expan 7/00 Reduc 01/06)	Healthy Families Parent Expansion persons who are also enrolled in Medicare Part A or B. In July 2000, the need standard was raised to 100% FPL. The need standard was reduced in January 2006 to 90% FPL.
Other Duals not QMB or SLMB	<b>3014</b>	Transitional NonQMB Dual	Transitional persons who are also enrolled in Medicare Part A or B. Persons formerly eligible for Healthy Families who receive temporary transitional Medicaid while they transition back to work.
Other Duals not QMB or SLMB	<b>3015</b>	Low Income Individual Non QMB Dual	Low Income persons (also known as Ribicoff Kids) who are also enrolled in Medicare Part A or B. Individuals age 19 or 20 who are not eligible under one of the Healthy Families groups.



## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Other Duals not QMB or SLMB	<b>3016</b>	Healthy Start Children NonQMB Dual	Healthy Start Children persons who are also enrolled in Medicare Part A or B. This includes children ages 0 through 5 with a need standard <= 133% FPL as well as children ages 6 through 18 with a need standard <= 100% FPL.
Other Duals not QMB or SLMB	<b>3017</b>	Healthy Start Expansion <=150% Non QMB Dual	Healthy Start Expansion persons who are also enrolled in Medicare Part A or B. This program was implemented in January 1998 to provide coverage for children ages 0 through 5 with a need standard between 134-150% FPL and coverage for children ages 6 through 18 with a need standard between 101-150% FPL.
Other Duals not QMB or SLMB	<b>3018</b>	CHIP1 Non QMB Dual	SCHIP1 persons who are also enrolled in Medicare Part A or B. Title XXI children ages 0 through 5 with a need standard between 134-150% FPL who do not have other insurance and children ages 6 through 18 with a need standard between 101-150% FPL who do not have other insurance.
Other Duals not QMB or SLMB	<b>3019</b>	CHIP2 Non QMB Dual	SCHIP2 persons who are also enrolled in Medicare Part A or B. Title XXI children age <=18 with a need standard between 151-200% FPL who do not have other insurance.
Other Duals not QMB or SLMB	<b>3020</b>	Healthy Start Pregnant Women Non QMB Dual	Healthy Start Pregnant Women who are also enrolled in Medicare Part A or B. Pregnant women with a need standard <= 133% FPL.
Other Duals not QMB or SLMB	<b>3021</b>	Healthy Start Pregnant Women Expansion Non QMB Dual	Healthy Start Pregnant Women Expansion who are also enrolled in Medicare Part A or B. Pregnant women with a need standard <= 150% FPL.
Other Duals not QMB or SLMB	<b>3022</b>	Healthy Start Pregnant Women Expansion (<=185) DUAL	Healthy Start Pregnant Women Expansion for persons with a need standard between 151-185% FPL who are also enrolled in Medicare Part A or B. Turn Around Ohio Medicaid expansion effective 2008.01.01.
Other Duals not QMB or SLMB	<b>3023</b>	Healthy Start Pregnant Women Expansion (<=200) DUAL	Healthy Start Pregnant Women Expansion for persons with a need standard between 186-200% FPL who are also enrolled in Medicare Part A or B. Turn Around Ohio Medicaid expansion effective 2008.01.01.
Other Duals not QMB or SLMB	<b>3024</b>	Healthy Start Expedited Pregnant Women Non QMB Dual	Healthy Start Expedited Pregnant Women who are also enrolled in Medicare Part A or B. This program provides limited services for 60 days.
Other Duals not QMB or SLMB	<b>3025</b>	Title IV-E Adoption Assistance Non QMB Dual	<ul style="list-style-type: none"> <li>Title IV-E Adoption Assistance (AA)</li> <li>Age 0 through 17 (through the end of the month in which the child turns age 18) for an eligible child whose adoptive parent(s) enter into an initial AA agreement prior to the child's 18th birthday</li> <li>Age exception: AA may continue through age 20 (through the end of the month in which the child turns age 21) for an eligible child with special needs</li> <li>Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>42 CFR 435.145</li> <li>OAC Chapter 5101:2-49</li> <li>Must be eligible for Medicare Part B</li> <li>Medicaid pays the individual's Medicare Part B premiums only</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Other Duals not QMB or SLMB	<b>3026</b>	Title IV-E Foster Care Maintenance Non QMB Dual	<ul style="list-style-type: none"> <li>• Title IV-E Foster Care Maintenance (FCM)</li> <li>• Age 0 through 17 (through the end of the month in which the child turns age 18)</li> <li>• Age exception: FCM eligibility may continue beyond an individual's 18th birthday if there is documentation from the educational provider that the child is a full-time student reasonably expected to complete high school or equivalent level of vocational or technical training prior to his/her 19th birthday</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.145</li> <li>• OAC 5101:2-47-12</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3027</b>	Other CFC Dual QMB	Covered Families and Children persons who are also QMB's.
Other Duals not QMB or SLMB	<b>3053</b>	Non Title IV-E SSI Recipient Adoption Assistance Non QMB Dual	<ul style="list-style-type: none"> <li>• State Adoption Maintenance Subsidy (SAMS)</li> <li>• SSI recipient</li> <li>• Blind or disabled individual</li> <li>• Age 0 through 17 (through the end of the month in which the child turns age 18) for an eligible child whose adoptive parent(s) enter into an initial adoption assistance (AA) agreement prior to the child's 18th birthday</li> <li>• Age exception: AA may continue through age 20 (through the end of the month in which the child turns age 21) for an eligible child with special needs</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.120; 42 CFR 435.222</li> <li>• OAC 5101:2-44-06</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3054</b>	Non Title IV-E SSI Recipient Foster Care Maintenance Non QMB Dual	<ul style="list-style-type: none"> <li>• State Foster Care Maintenance (FCM)</li> <li>• SSI recipient</li> <li>• Blind or disabled individual</li> <li>• Age 0 through 17 (through the end of the month in which the child turns age 18)</li> <li>• Age exception: FCM eligibility may continue beyond an individual's 18th birthday if there is documentation from the educational provider that the child is a full-time student reasonably expected to complete high school or equivalent level of vocational or technical training prior to his/her 19th birthday</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.120; 42 CFR 435.222</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Other Duals not QMB or SLMB	3055	Non Title IV-E Adoption Assistance Non QMB Dual	<ul style="list-style-type: none"> <li>• State Adoption Maintenance Subsidy (SAMS)</li> <li>• Age 0 through 17 (through the end of the month in which the child turns age 18) for an eligible child whose adoptive parent(s) enter into an initial adoption assistance (AA) agreement prior to the child's 18th birthday</li> <li>• Age exception: AA may continue through age 20 (through the end of the month in which the child turns age 21) for an eligible child with special needs</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.222</li> <li>• OAC 5101:2-44-06</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	3056	Non Title IV-E Foster Care Maintenance Non QMB Dual	<ul style="list-style-type: none"> <li>• State Foster Care Maintenance (FCM)</li> <li>• Age 0 through 17 (through the end of the month in which the child turns age 18)</li> <li>• Age exception: FCM eligibility may continue beyond an individual's 18th birthday if there is documentation from the educational provider that the child is a full-time student reasonably expected to complete high school or equivalent level of vocational or technical training prior to his/her 19th birthday</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.222</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	3057	Non Title IV-E Special Medical Needs State Adoption Assistance Non QMB Dual	<ul style="list-style-type: none"> <li>• State Adoption Maintenance Subsidy (SAMS)</li> <li>• Child with special needs for medical, mental health, or rehabilitative care</li> <li>• Age 0 through 17 (through the end of the month in which the child turns age 18) for an eligible child whose adoptive parent(s) enter into an initial adoption assistance (AA) agreement prior to the child's 18th birthday</li> <li>• Age exception: AA may continue through age 20 (through the end of the month in which the child turns age 21) for an eligible child with special needs</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.227</li> <li>• OAC 5101:2-44-05.1</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Other Duals not QMB or SLMB	3066	Title IV-E Foster Care Maintenance Non QMB Dual - with Med Support	<ul style="list-style-type: none"> <li>Title IV-E Foster Care Maintenance (FCM)</li> <li>Age 0 through 17 (through the end of the month in which the child turns age 18)</li> <li>Age exception: FCM eligibility may continue beyond an individual's 18th birthday if there is documentation from the educational provider that the child is a full-time student reasonably expected to complete high school or equivalent level of vocational or technical training prior to his/her 19th birthday</li> <li>Individual is excluded from the TPL Bypass due to a medical support order</li> <li>Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>42 CFR 435.145</li> <li>OAC 5101:2-47-12</li> <li>Must be eligible for Medicare Part B</li> <li>Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	3074	Non Title IV-E SSI Recip Foster Care Maintenance Non QMB Dual - with Med Support	<ul style="list-style-type: none"> <li>State Foster Care Maintenance (FCM)</li> <li>SSI recipient</li> <li>Blind or disabled individual</li> <li>Age 0 through 17 (through the end of the month in which the child turns age 18)</li> <li>Age exception: FCM eligibility may continue beyond an individual's 18th birthday if there is documentation from the educational provider that the child is a full-time student reasonably expected to complete high school or equivalent level of vocational or technical training prior to his/her 19th birthday</li> <li>Individual is excluded from the TPL Bypass due to a medical support order</li> <li>Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>42 CFR 435.120; 42 CFR 435.222</li> <li>Must be eligible for Medicare Part B</li> <li>Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	3076	Non Title IV-E Foster Care Maintenance Non QMB Dual - with Med Support	<ul style="list-style-type: none"> <li>State Foster Care Maintenance (FCM)</li> <li>Age 0 through 17 (through the end of the month in which the child turns age 18)</li> <li>Age exception: FCM eligibility may continue beyond an individual's 18th birthday if there is documentation from the educational provider that the child is a full-time student reasonably expected to complete high school or equivalent level of vocational or technical training prior to his/her 19th birthday</li> <li>Individual is excluded from the TPL Bypass due to a medical support order</li> <li>Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>42 CFR 435.222</li> <li>Must be eligible for Medicare Part B</li> <li>Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
MAGI Other Duals not QMB or SLMB	3102	Non-QMB Medicaid MAGI Child under 1	<ul style="list-style-type: none"> <li>MAGI income no more than 156% FPL</li> <li>Under age 1 (through the end of the month in which the child turns age 1)</li> <li>Must be eligible for Medicare Part B</li> <li>Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
MAGI Other Duals not QMB or SLMB	3103	Non-QMB Medicaid MAGI Child Age 1-5	<ul style="list-style-type: none"> <li>MAGI income no more than 156% FPL</li> <li>Age 1 through 5 (through the end of the month in which the child turns age 6)</li> <li>Must be eligible for Medicare Part B</li> <li>Medicaid pays the individual's Medicare Part B premiums only</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
MAGI Other Duals not QMB or SLMB	<b>3104</b>	Non-QMB Medicaid MAGI Child Age 6-18	<ul style="list-style-type: none"> <li>• MAGI income no more than 156% FPL</li> <li>• Age 6 through 18 (through the end of the month in which the child turns age 19)</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
MAGI Other Duals not QMB or SLMB	<b>3108</b>	Non-QMB MAGI Pregnant Women	<ul style="list-style-type: none"> <li>• MAGI income no more than 200% FPL</li> <li>• Pregnancy may be self-declared unless contradictory information exists</li> <li>• In order to substantiate eligibility determination for larger family size, medical verification of pregnancy is only required if individual is carrying more than one fetus</li> <li>• Medicaid eligibility continues throughout pregnancy and postpartum period</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
MAGI Other Duals not QMB or SLMB	<b>3110</b>	Non-QMB MAGI Parent or Caretaker	<ul style="list-style-type: none"> <li>• MAGI income no more than 90% FPL</li> <li>• Must reside with a dependent child under the age of 18 (through the end of the month in which the child turns age 18)</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
MAGI Other Duals not QMB or SLMB	<b>3116</b>	Non-QMB Extended medical	<ul style="list-style-type: none"> <li>• Medicaid coverage for parents or caretaker relatives who become ineligible as a result of increased collection of spousal support</li> <li>• Must have been eligible for and enrolled in Parent/Caretaker Relative Medicaid for at least 3 of the 6 months immediately preceding the loss of eligibility</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
MAGI Other Duals not QMB or SLMB	<b>3117</b>	Non-QMB Aged Out Former Foster Care	<ul style="list-style-type: none"> <li>• Age 18 through 25 (through the end of the month in which the individual turns age 26)</li> <li>• In foster care under the responsibility of the state on his/her 18th birthday</li> <li>• Eligible for and enrolled in Medicaid while in foster care</li> <li>• Medicaid eligibility is determined without regard to income</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
MAGI Other Duals not QMB or SLMB	<b>3118</b>	Non-QMB Transitional Medicaid	<ul style="list-style-type: none"> <li>• Medicaid coverage for parents or caretaker relatives who become ineligible as a result of an increase in earned income</li> <li>• Must have been eligible for and enrolled in Parent/Caretaker Relative Medicaid for at least 3 of the 6 months immediately preceding the loss of eligibility</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
MAGI Other Duals not QMB or SLMB	<b>3120</b>	Non-QMB CHIP1 Child >100- 150% No Insurance	<p><i>**The FPL limits for this category were updated effective January 1, 2014, due to the Affordable Care Act (ACA) - the category name has not been updated to reflect this change.**</i></p> <ul style="list-style-type: none"> <li>• Age 0 through 5 (through the end of the month in which the child turns age 6) with no third-party creditable insurance and MAGI income more than 141% FPL to no more than 156% FPL</li> <li>• Age 6 through 18 (through the end of the month in which the child turns age 19) with no third-party creditable insurance and MAGI income more than 107% FPL to no more than 156% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
MAGI Other Duals not QMB or SLMB	<b>3121</b>	Non-QMB CHIP2 Child >150-200% No Insurance	<p><b>**The FPL limit for this category was updated effective January 1, 2014, due to the Affordable Care Act (ACA) - the category name has not been updated to reflect this change.**</b></p> <ul style="list-style-type: none"> <li>• Age 0 through 18 (through the end of the month in which the child turns age 19) with no third-party creditable insurance and MAGI income more than 156% FPL to no more than 206% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
MAGI Other Duals not QMB or SLMB	<b>3122</b>	Non-QMB Medicaid kid lost elig b/c MAGI	<ul style="list-style-type: none"> <li>• Child who previously received Medicaid and who lost eligibility solely as a result of the elimination of income disregards</li> <li>• Not otherwise eligible for any category of Medicaid</li> <li>• Was enrolled in Medicaid on December 31, 2013</li> <li>• Will remain categorically eligible for Medicaid for one renewal period</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
MAGI Other Duals not QMB or SLMB	<b>3123</b>	Non-QMB CHIP kid lost elig b/c MAGI	<ul style="list-style-type: none"> <li>• Child who previously received (Medicaid-expansion) CHIP and who lost eligibility solely as a result of the elimination of income disregards</li> <li>• Not otherwise eligible for any category of Medicaid or (Medicaid-expansion) CHIP</li> <li>• Was enrolled in CHIP on December 31, 2013</li> <li>• Will remain categorically eligible for (Medicaid-expansion) CHIP for one renewal period</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
MAGI Other Duals not QMB or SLMB	<b>3124</b>	Non-QMB Rib Kids	<ul style="list-style-type: none"> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• MAGI income no more than 44% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3601</b>	Aged SSI Recipient Non QMB Dual	<ul style="list-style-type: none"> <li>• SSI recipient</li> <li>• Age 65 or older</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> <li>• NOTE: Will include individuals in the Blind SSI Recipient Non QMB Dual and Disabled SSI Recipient Non QMB Dual groups who are age 65 or older</li> </ul>
Other Duals not QMB or SLMB	<b>3602</b>	Blind SSI Recipient Non QMB Dual	<ul style="list-style-type: none"> <li>• SSI recipient</li> <li>• Blind individual</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> <li>• NOTE: Most blind individuals who are age 65 or older will be included in the Aged SSI Recipient Non QMB Dual group</li> </ul>
Other Duals not QMB or SLMB	<b>3603</b>	Disabled SSI Recipient Non QMB Dual	<ul style="list-style-type: none"> <li>• SSI recipient</li> <li>• Disabled individual</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> <li>• NOTE: Most disabled individuals who are age 65 or older will be included in the Aged SSI Recipient Non QMB Dual group</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Other Duals not QMB or SLMB	<b>3604</b>	1619(b) Recipient Non QMB Dual	<ul style="list-style-type: none"> <li>• SSI recipient who is no longer receiving federal SSI cash benefits, but is still considered to be an SSI recipient for Medicaid purposes</li> <li>• Blind or disabled working individual</li> <li>• Medicaid While Working protection is determined by the SSA</li> <li>• Must meet all non-disability requirements for regular SSI benefits except for earnings</li> <li>• Must have been eligible for and received a regular SSI cash payment based on disability for any previous month within the current period of eligibility</li> <li>• Must need Medicaid coverage to continue working</li> <li>• Must not have sufficient earnings to replace SSI cash benefits, Medicaid benefits, and publicly-funded personal or attendant care that would be lost due to the individual's earnings</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> <li>• NOTE: An individual who is age 65 or older may be eligible under section 1619(b) if he/she has been determined blind or disabled</li> </ul>
Other Duals not QMB or SLMB	<b>3605</b>	Grandfathered SSI - Individual Rcvng Mandatory State Supplements Non QMB Dual	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who receives mandatory supplemental benefits based on transition from the state cash benefit program to SSI in 1974 - because SSI benefits were lower than the state benefit amount received in December 1973</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.130</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3606</b>	Grandfathered SSI - Certain Individual Eligible in 1973 Non QMB Dual	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Blind or disabled individual who was eligible for Medicaid in 1973 and who meets all current requirements for Medicaid except for the blindness or disability criteria</li> <li>• Must have met the eligibility requirements in December 1973, and must have continued to meet them for each consecutive month since then in order to remain eligible</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.133</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3607</b>	Grandfathered SSI - Essential Spouse in 1973 Non QMB Dual	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who was eligible for Medicaid in December 1973 as an essential spouse of an aged, blind, or disabled individual who was receiving cash assistance (SSI or optional state supplements)</li> <li>• Must have met the eligibility requirements in December 1973 and must have continued to meet them since then in order to remain eligible</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.131, 1905(a)</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3608</b>	Grandfathered SSI - Individual Institutionalized & Elig Since 1973 Non QMB Dual	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who was eligible for Medicaid in 1973 as an inpatient of a title XIX medical institution or intermediate care facility and who continues to meet the 1973 requirements</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.132</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>



## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Other Duals not QMB or SLMB	<b>3609</b>	Grandfathered SSI - Inelig for SSI Due to Reqs Prohibited by Mcaid Non QMB Dual	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who would be eligible for SSI benefits or optional state supplements except for an eligibility requirement used in those programs that is specifically prohibited under title XIX</li> <li>• 42 CFR 435.122</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3610</b>	Deemed SSI - Widow(er) - Early Social Security Receipt Non QMB Dual	<ul style="list-style-type: none"> <li>• Deemed SSI recipient</li> <li>• Disabled widow or widower</li> <li>• At least age 60</li> <li>• Not entitled to Medicare Part A</li> <li>• Became ineligible for SSI benefits or state supplements because he/she was required to apply for and is receiving Social Security disabled widow's/widower's benefits</li> <li>• 42 CFR 435.138, 1634(d)</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3611</b>	Deemed SSI - Disabled Adult Child Non QMB Dual	<ul style="list-style-type: none"> <li>• Deemed SSI recipient</li> <li>• At least age 18</li> <li>• Receives SSI benefits on the basis of blindness or a disability which began before he/she attained the age of 22</li> <li>• Became ineligible for SSI benefits because he/she became entitled to OASDI child's benefits, or because of an increase in those benefits</li> <li>• Would be eligible for SSI benefits if the OASDI child's benefit, or the increase in that benefit, is subtracted from his/her income</li> <li>• NOTE: Eligibility under this group is based only on the loss of SSI benefits; loss of eligibility for state supplements will not make an individual eligible under this group</li> <li>• 1634(c)</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3612</b>	Deemed SSI - Pickle Amendment Group Non QMB Dual	<ul style="list-style-type: none"> <li>• Deemed SSI recipient</li> <li>• Individual must be currently receiving Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits</li> <li>• Was eligible for and receiving SSI benefits or state supplements but became ineligible for those payments after April 1977</li> <li>• Would still be eligible for SSI benefits or state supplements if all OASDI cost-of-living increases (COLA) received since the last month he/she was eligible for both OASDI and SSI benefits or state supplements were deducted from his/her income</li> <li>• 42 CFR 435.135, 1939(a)(5)(E)</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Other Duals not QMB or SLMB	<b>3613</b>	Deemed SSI - Additional Reduction Factor Widow(er) Non QMB Dual	<ul style="list-style-type: none"> <li>• Deemed SSI recipient</li> <li>• Individual who was entitled to monthly OASDI benefits for December 1983</li> <li>• Was entitled to and received widow's or widower's disability benefits for January 1984</li> <li>• Became ineligible for SSI or optional state supplements due to elimination of the additional reduction factor for disabled widows and widowers under age 60</li> <li>• Would be eligible for SSI benefits or a mandatory or optional state supplement if the amount of the eliminated reduction factor and subsequent COLAs were deducted from his/her income</li> <li>• Must have filed a written application for Medicaid on or before June 30, 1988 to obtain protected Medicaid coverage</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.137, 1634(b)</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3614</b>	Grandfathered SSI - 1972 OASDI COLA Non QMB Dual	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who lost eligibility for SSI benefits or state supplements due to an increase in Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits in 1972</li> <li>• 42 CFR 435.134</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3615</b>	Aged Categorically Needy <=64% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Age 65 or older</li> <li>• Income no more than 64% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> <li>• NOTE: Will include individuals in the Blind Categorically Needy &lt;=64% FPL Non QMB Dual and Disabled Categorically Needy &lt;=64% FPL Non QMB Dual groups who are age 65 or older</li> </ul>
Other Duals not QMB or SLMB	<b>3616</b>	Aged Categorically Needy >64% FPL - Federal Benefit Rate Non QMB Dual	<ul style="list-style-type: none"> <li>• Age 65 or older</li> <li>• Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> <li>• NOTE: Will include individuals in the Blind Categorically Needy &gt;64% FPL - Federal Benefit Rate Non QMB Dual and Disabled Categorically Needy &gt;64% FPL - Federal Benefit Rate Non QMB Dual groups who are age 65 or older</li> </ul>
Other Duals not QMB or SLMB	<b>3617</b>	Blind Categorically Needy <=64% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Blind individual</li> <li>• Income no more than 64% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> <li>• NOTE: Most blind individuals who are age 65 or older will be included in the Aged Categorically Needy &lt;=64% FPL Non QMB Dual group</li> </ul>
Other Duals not QMB or SLMB	<b>3618</b>	Blind Categorically Needy >64% FPL - Federal Benefit Rate Non QMB Dual	<ul style="list-style-type: none"> <li>• Blind individual</li> <li>• Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> <li>• NOTE: Most blind individuals who are age 65 or older will be included in the Aged Categorically Needy &gt;64% FPL - Federal Benefit Rate Non QMB Dual group</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Other Duals not QMB or SLMB	<b>3619</b>	Disabled Categorically Needy <=64% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Disabled individual</li> <li>• Income no more than 64% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> <li>• NOTE: Most disabled individuals who are age 65 or older will be included in the Aged Categorically Needy &lt;=64% FPL Non QMB Dual group</li> </ul>
Other Duals not QMB or SLMB	<b>3620</b>	Disabled Categorically Needy >64% FPL - Federal Benefit Rate Non QMB Dual	<ul style="list-style-type: none"> <li>• Disabled individual</li> <li>• Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> <li>• NOTE: Most disabled individuals who are age 65 or older will be included in the Aged Categorically Needy &gt;64% FPL - Federal Benefit Rate Non QMB Dual group</li> </ul>
Other Duals not QMB or SLMB	<b>3621</b>	SSI Recipient Residential State Supplement Non QMB Dual	<ul style="list-style-type: none"> <li>• SSI recipient who is enrolled in the Residential State Supplement (RSS) program</li> <li>• Age 18 or older</li> <li>• Meets protective level of care</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3622</b>	Non-SSI Recipient Residential State Supplement Non QMB Dual	<ul style="list-style-type: none"> <li>• Non-SSI recipient who is enrolled in the Residential State Supplement (RSS) program</li> <li>• Age 18 or older</li> <li>• Meets protective level of care</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3623</b>	MBIWD Basic no Premium <=64% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in paid work (part-time or full-time) from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income no more than 64% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3624</b>	MBIWD Basic no Premium >64-75% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in paid work (part-time or full-time) from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 64% FPL to no more than 75% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Other Duals not QMB or SLMB	<b>3625</b>	MBIWD Basic no Premium >75-150% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in paid work (part-time or full-time) from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 75% FPL to no more than 150% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3626</b>	MBIWD Basic with Premium Non QMB Dual	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in paid work (part-time or full-time) from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 150% FPL to no more than 250% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3627</b>	MBIWD Medically Improved no Premium <=64% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Participated in an MBIWD Basic group in the previous calendar month</li> <li>• No longer meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in at least 40 hours per month of paid work, earning the equivalent of at least state or federal minimum wage (whichever is lower), from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income no more than 64% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3628</b>	MBIWD Medically Improved no Premium >64-75% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Participated in an MBIWD Basic group in the previous calendar month</li> <li>• No longer meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in at least 40 hours per month of paid work, earning the equivalent of at least state or federal minimum wage (whichever is lower), from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 64% FPL to no more than 75% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Other Duals not QMB or SLMB	<b>3629</b>	MBIWD Medically Improved no Premium >75-150% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Participated in an MBIWD Basic group in the previous calendar month</li> <li>• No longer meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in at least 40 hours per month of paid work, earning the equivalent of at least state or federal minimum wage (whichever is lower), from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 75% FPL to no more than 150% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3630</b>	MBIWD Medically Improved with Premium Non QMB Dual	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Participated in an MBIWD Basic group in the previous calendar month</li> <li>• No longer meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in at least 40 hours per month of paid work, earning the equivalent of at least state or federal minimum wage (whichever is lower), from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 150% FPL to no more than 250% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3631</b>	Specialized Recovery Services Program <=64% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income no more than 64% FPL</li> <li>• OAC 5160:1-5-07 - Group Two</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Other Duals not QMB or SLMB	<b>3632</b>	Specialized Recovery Services Program >64-75% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income more than 64% FPL to no more than 75% FPL</li> <li>• OAC 5160:1-5-07 - Group Two</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3633</b>	Specialized Recovery Services Program >75-100% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income more than 75% FPL to no more than 100% FPL</li> <li>• OAC 5160:1-5-07 - Group Two</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3634</b>	Specialized Recovery Services Program >100-150% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> <li>• OAC 5160:1-5-07 - Group Two</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Other Duals not QMB or SLMB	3635	Specialized Recovery Services Program >150% FPL - 300% FBR Non QMB Dual	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income more than 150% FPL to no more than 300% of the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• OAC 5160:1-5-07 - Group Two</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	3636	SIL Waiver >Federal Benefit Rate - 100% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual with a disability or chronic condition who receives care in his/her home and community instead of in a long-term care facility, hospital, or intermediate care facility</li> <li>• Individual must meet the specific level of care required for the chosen waiver</li> <li>• Income more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR) to no more than 100% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	3637	SIL Waiver >100-150% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual with a disability or chronic condition who receives care in his/her home and community instead of in a long-term care facility, hospital, or intermediate care facility</li> <li>• Individual must meet the specific level of care required for the chosen waiver</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	3638	SIL Waiver >150% FPL - 300% FBR Non QMB Dual	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual with a disability or chronic condition who receives care in his/her home and community instead of in a long-term care facility, hospital, or intermediate care facility</li> <li>• Individual must meet the specific level of care required for the chosen waiver</li> <li>• Income more than 150% FPL to no more than 300% of the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>



## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Other Duals not QMB or SLMB	<b>3639</b>	SIL Assisted Living Waiver >Federal Benefit Rate - 100% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Age 21 or older</li> <li>• Individual must reside in a nursing facility and require at least an intermediate level of care</li> <li>• Income more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR) to no more than 100% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3640</b>	SIL Assisted Living Waiver >100-150% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Age 21 or older</li> <li>• Individual must reside in a nursing facility and require at least an intermediate level of care</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3641</b>	SIL Assisted Living Waiver >150% FPL - 300% FBR Non QMB Dual	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Age 21 or older</li> <li>• Individual must reside in a nursing facility and require at least an intermediate level of care</li> <li>• Income more than 150% FPL to no more than 300% of the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3642</b>	SIL PACE >Federal Benefit Rate - 100% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Program of All-Inclusive Care for the Elderly (PACE)</li> <li>• Age 55 or older</li> <li>• Individual must live in the service area of Cuyahoga County</li> <li>• Has functional limitations that meet the criteria for nursing home level of care</li> <li>• Must be able to live safely in the community</li> <li>• Must be willing to receive all of his/her care from PACE program providers</li> <li>• Income more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR) to no more than 100% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3643</b>	SIL PACE >100-150% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Program of All-Inclusive Care for the Elderly (PACE)</li> <li>• Age 55 or older</li> <li>• Individual must live in the service area of Cuyahoga County</li> <li>• Has functional limitations that meet the criteria for nursing home level of care</li> <li>• Must be able to live safely in the community</li> <li>• Must be willing to receive all of his/her care from PACE program providers</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Other Duals not QMB or SLMB	<b>3644</b>	SIL PACE >150% FPL - 300% FBR Non QMB Dual	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Program of All-Inclusive Care for the Elderly (PACE)</li> <li>• Age 55 or older</li> <li>• Individual must live in the service area of Cuyahoga County</li> <li>• Has functional limitations that meet the criteria for nursing home level of care</li> <li>• Must be able to live safely in the community</li> <li>• Must be willing to receive all of his/her care from PACE program providers</li> <li>• Income more than 150% FPL to no more than 300% of the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3645</b>	SIL Facility >Federal Benefit Rate - 100% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)</li> <li>• Income more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR) to no more than 100% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3646</b>	SIL Facility >100-150% FPL Non QMB Dual	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Other Duals not QMB or SLMB	<b>3647</b>	SIL Facility >150% FPL - 300% FBR Non QMB Dual	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)</li> <li>• Income more than 150% FPL to no more than 300% of the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• Must be eligible for Medicare Part B</li> <li>• Medicaid pays the individual's Medicare Part B premiums only</li> </ul>
Medicaid No Medicare	<b>4001</b>	Foster Care Age Out	Age out of Foster Care expansion for persons who have aged out of Foster Care and who do not qualify for another Medicaid eligibility group.
Medicaid No Medicare	<b>4002</b>	Residential State Supplement and Medicaid	Residential State Supplement persons.
Medicaid No Medicare	<b>4003</b>	MBIWD Basic without Premium	Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Basic Coverage with no Premium with a need standard <= 150% FPL. Turn Around Ohio Medicaid expansion effective 2008.04.01.
Medicaid No Medicare	<b>4004</b>	MBIWD Basic Premium	Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Basic Coverage who pay a Premium with a need standard <= 250% FPL. Turn Around Ohio Medicaid expansion effective 2008.04.01.
Medicaid No Medicare	<b>4005</b>	MBIWD Medically Improved no Premium	Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Medically Improved with no Premium with a need standard <= 150% FPL. Turn Around Ohio Medicaid expansion effective 2008.04.01.

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	<b>4006</b>	MBIWD Medically Improved Premium	Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Medically Improved who pay a Premium with a need standard <= 250% FPL. Turn Around Ohio Medicaid expansion effective 2008.04.01.
Medicaid No Medicare	<b>4007</b>	Aged	Aged persons. Note: The Aged Groups will include most of the persons in the respective Blind and Disabled groups who are age 65 or older. Exception: Can include individual on "MA B" or "MA D" with age <65 in cases of spouses in same MA A assistance group.
Medicaid No Medicare	<b>4008</b>	Blind	Blind persons. Note: Most Blind persons who are 65 or older will fall into the respective Aged group.
Medicaid No Medicare	<b>4009</b>	Disabled	Disabled persons. Note: Most Disabled persons who are 65 or older will fall into the respective Aged group.
Medicaid No Medicare	<b>4010</b>	Breast & Cervical Cancer	Breast & Cervical Cancer persons.
Medicaid No Medicare	<b>4011</b>	Healthy Families Child Support Extended	Healthy Families Child Support Extended persons. This provides Medicaid coverage for up to four months to Healthy Families who lose Medicaid coverage due to collection or increased collection of child or spousal support. Part of the Healthy Families population.
Medicaid No Medicare	<b>4012</b>	OWF Family Cash	Ohio Works First Families who receive cash assistance. Part of the Healthy Families population.
Medicaid No Medicare	<b>4013</b>	Low-Income Family	Low Income Families who do not qualify for cash assistance. Part of the Healthy Families population.
Medicaid No Medicare	<b>4014</b>	Healthy Families (Expan 7/00 Reduc 01/06)	Healthy Families Parent Expansion persons. In July 2000, the need standard was raised to 100% FPL. The need standard was reduced in January 2006 to 90% FPL.
Medicaid No Medicare	<b>4015</b>	Transitional	Transitional persons. Persons formerly eligible for Healthy Families who receive temporary transitional Medicaid while they transition back to work.
Medicaid No Medicare	<b>4016</b>	Low Income Individuals	Low Income persons (also known as Ribicoff Kids). Individuals age 19 or 20 who are not eligible under one of the Healthy Families groups.
Medicaid No Medicare	<b>4017</b>	Healthy Start Children	Healthy Start Children persons. This includes children ages 0 through 5 with a need standard <= 133% FPL as well as children ages 6 through 18 with a need standard <= 100% FPL.
Medicaid No Medicare	<b>4018</b>	Healthy Start Expansion <=150%	Healthy Start Expansion persons. This program was implemented in January 1998 to provide coverage for children ages 0 through 5 with a need standard between 134-150% FPL and coverage for children ages 6 through 18 with a need standard between 101-150% FPL.
Medicaid No Medicare	<b>4019</b>	Healthy Start CHIP 1 <=150%	SCHIP1 persons. Title XXI children ages 0 through 5 with a need standard between 134-150% FPL who do not have other insurance and children ages 6 through 18 with a need standard between 101-150% FPL who do not have other insurance.
Medicaid No Medicare	<b>4020</b>	Healthy Start CHIP 2 150-200%	SCHIP2 persons. Title XXI children age <=18 with a need standard between 151-200% FPL who do not have other insurance.
Medicaid No Medicare	<b>4021</b>	Healthy Start Pregnant Women	Healthy Start Pregnant Women. Pregnant women with a need standard <= 133% FPL.

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	<b>4022</b>	Healthy Start Pregnant Women Expansion	Healthy Start Pregnant Women Expansion. Pregnant women with a need standard <= 150% FPL.
Medicaid No Medicare	<b>4023</b>	Healthy Start Pregnant Women Expansion (<=185)	Healthy Start Pregnant Women Expansion for persons with a need standard <= 185% FPL. Turn Around Ohio Medicaid expansion effective 2008.01.01.
Medicaid No Medicare	<b>4024</b>	Healthy Start Pregnant Women Expansion (<=200)	Healthy Start Pregnant Women Expansion for persons with a need standard <= 200% FPL. Turn Around Ohio Medicaid expansion effective 2008.01.01.
Medicaid No Medicare	<b>4025</b>	Healthy Start Expedited Pregnant Women	Healthy Start Expedited Pregnant Women. This program provides limited services for 60 days.
Medicaid No Medicare	<b>4026</b>	Title IV-E Adoption Assistance	<ul style="list-style-type: none"> <li>• Title IV-E Adoption Assistance (AA)</li> <li>• Age 0 through 17 (through the end of the month in which the child turns age 18) for an eligible child whose adoptive parent(s) enter into an initial AA agreement prior to the child's 18th birthday</li> <li>• Age exception: AA may continue through age 20 (through the end of the month in which the child turns age 21) for an eligible child with special needs</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.145</li> <li>• OAC Chapter 5101:2-49</li> </ul>
Medicaid No Medicare	<b>4027</b>	Title IV-E Foster Care Maintenance	<ul style="list-style-type: none"> <li>• Title IV-E Foster Care Maintenance (FCM)</li> <li>• Age 0 through 17 (through the end of the month in which the child turns age 18)</li> <li>• Age exception: FCM eligibility may continue beyond an individual's 18th birthday if there is documentation from the educational provider that the child is a full-time student reasonably expected to complete high school or equivalent level of vocational or technical training prior to his/her 19th birthday</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.145</li> <li>• OAC 5101:2-47-12</li> </ul>
Medicaid No Medicare	<b>4028</b>	ROMPIR	ROMPIR, recipients released from Prison.
Medicaid No Medicare	<b>4029</b>	Presumptive Eligibility for Kids	Presumptive Eligibility for Kids
Medicaid No Medicare	<b>4030</b>	Portal entered for Presumptive Pregnant Women	CFC-Covered Families and Children MAS/BOE: 35, Restricted Benefits flag: 4, CHIP code: 1, Dual Code 02
Medicaid No Medicare	<b>4031</b>	Portal entered for Presumptive Children	CFC-Covered Families and Children MAS/BOE: 34, Restricted Benefits flag: 1, CHIP code: 1, Dual Code 00
Medicaid No Medicare	<b>4032</b>	Portal entered Deemed Newborns	CFC-Covered Families and Children MAS/BOE: 34, Restricted Benefits flag: 1, CHIP code: 1, Dual Code 00

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	4051	Non Title IV-E Deemed Newborn Adoption Assistance	<ul style="list-style-type: none"> <li>• State Adoption Maintenance Subsidy (SAMS)</li> <li>• Newborn child born to a Medicaid-eligible woman</li> <li>• Child is automatically eligible for Medicaid from the date of his/her birth until age one without consideration of household composition or income</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.117; 42 CFR 435.222</li> <li>• OAC 5101:2-44-06</li> </ul>
Medicaid No Medicare	4052	Non Title IV-E Deemed Newborn Foster Care Maintenance	<ul style="list-style-type: none"> <li>• State Foster Care Maintenance (FCM)</li> <li>• Newborn child born to a Medicaid-eligible woman</li> <li>• Child is automatically eligible for Medicaid from the date of his/her birth until age one without consideration of household composition or income</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.117; 42 CFR 435.222</li> </ul>
Medicaid No Medicare	4053	Non Title IV-E SSI Recipient Adoption Assistance	<ul style="list-style-type: none"> <li>• State Adoption Maintenance Subsidy (SAMS)</li> <li>• SSI recipient</li> <li>• Blind or disabled individual</li> <li>• Age 0 through 17 (through the end of the month in which the child turns age 18) for an eligible child whose adoptive parent(s) enter into an initial adoption assistance (AA) agreement prior to the child's 18th birthday</li> <li>• Age exception: AA may continue through age 20 (through the end of the month in which the child turns age 21) for an eligible child with special needs</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.120; 42 CFR 435.222</li> <li>• OAC 5101:2-44-06</li> </ul>
Medicaid No Medicare	4054	Non Title IV-E SSI Recipient Foster Care Maintenance	<ul style="list-style-type: none"> <li>• State Foster Care Maintenance (FCM)</li> <li>• SSI recipient</li> <li>• Blind or disabled individual</li> <li>• Age 0 through 17 (through the end of the month in which the child turns age 18)</li> <li>• Age exception: FCM eligibility may continue beyond an individual's 18th birthday if there is documentation from the educational provider that the child is a full-time student reasonably expected to complete high school or equivalent level of vocational or technical training prior to his/her 19th birthday</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.120; 42 CFR 435.222</li> </ul>
Medicaid No Medicare	4055	Non Title IV-E Adoption Assistance	<ul style="list-style-type: none"> <li>• State Adoption Maintenance Subsidy (SAMS)</li> <li>• Age 0 through 17 (through the end of the month in which the child turns age 18) for an eligible child whose adoptive parent(s) enter into an initial adoption assistance (AA) agreement prior to the child's 18th birthday</li> <li>• Age exception: AA may continue through age 20 (through the end of the month in which the child turns age 21) for an eligible child with special needs</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.222</li> <li>• OAC 5101:2-44-06</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	<b>4056</b>	Non Title IV-E Foster Care Maintenance	<ul style="list-style-type: none"> <li>• State Foster Care Maintenance (FCM)</li> <li>• Age 0 through 17 (through the end of the month in which the child turns age 18)</li> <li>• Age exception: FCM eligibility may continue beyond an individual's 18th birthday if there is documentation from the educational provider that the child is a full-time student reasonably expected to complete high school or equivalent level of vocational or technical training prior to his/her 19th birthday</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.222</li> </ul>
Medicaid No Medicare	<b>4057</b>	Non Title IV-E Special Medical Needs State Adoption Assistance	<ul style="list-style-type: none"> <li>• State Adoption Maintenance Subsidy (SAMS)</li> <li>• Child with special needs for medical, mental health, or rehabilitative care</li> <li>• Age 0 through 17 (through the end of the month in which the child turns age 18) for an eligible child whose adoptive parent(s) enter into an initial adoption assistance (AA) agreement prior to the child's 18th birthday</li> <li>• Age exception: AA may continue through age 20 (through the end of the month in which the child turns age 21) for an eligible child with special needs</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.227</li> <li>• OAC 5101:2-44-05.1</li> </ul>
Medicaid No Medicare	<b>4067</b>	Title IV-E Foster Care Maintenance - with Med Support	<ul style="list-style-type: none"> <li>• Title IV-E Foster Care Maintenance (FCM)</li> <li>• Age 0 through 17 (through the end of the month in which the child turns age 18)</li> <li>• Age exception: FCM eligibility may continue beyond an individual's 18th birthday if there is documentation from the educational provider that the child is a full-time student reasonably expected to complete high school or equivalent level of vocational or technical training prior to his/her 19th birthday</li> <li>• Individual is excluded from the TPL Bypass due to a medical support order</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.145</li> <li>• OAC 5101:2-47-12</li> </ul>
Medicaid No Medicare	<b>4072</b>	Non Title IV-E Deemed Newborn Foster Care Maintenance - with Med Support	<ul style="list-style-type: none"> <li>• State Foster Care Maintenance (FCM)</li> <li>• Newborn child born to a Medicaid-eligible woman</li> <li>• Child is automatically eligible for Medicaid from the date of his/her birth until age one without consideration of household composition or income</li> <li>• Individual is excluded from the TPL Bypass due to a medical support order</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.117; 42 CFR 435.222</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	4074	Non Title IV-E SSI Recipient Foster Care Maintenance - with Med Support	<ul style="list-style-type: none"> <li>• State Foster Care Maintenance (FCM)</li> <li>• SSI recipient</li> <li>• Blind or disabled individual</li> <li>• Age 0 through 17 (through the end of the month in which the child turns age 18)</li> <li>• Age exception: FCM eligibility may continue beyond an individual's 18th birthday if there is documentation from the educational provider that the child is a full-time student reasonably expected to complete high school or equivalent level of vocational or technical training prior to his/her 19th birthday</li> <li>• Individual is excluded from the TPL Bypass due to a medical support order</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.120; 42 CFR 435.222</li> </ul>
Medicaid No Medicare	4076	Non Title IV-E Foster Care Maintenance - with Med Support	<ul style="list-style-type: none"> <li>• State Foster Care Maintenance (FCM)</li> <li>• Age 0 through 17 (through the end of the month in which the child turns age 18)</li> <li>• Age exception: FCM eligibility may continue beyond an individual's 18th birthday if there is documentation from the educational provider that the child is a full-time student reasonably expected to complete high school or equivalent level of vocational or technical training prior to his/her 19th birthday</li> <li>• Individual is excluded from the TPL Bypass due to a medical support order</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• 42 CFR 435.222</li> </ul>
MAGI No Medicare	4100	Medicaid MAGI Deemed Newborn	<ul style="list-style-type: none"> <li>• Newborn child born to a Medicaid-eligible woman</li> <li>• Child is automatically eligible for Medicaid from the date of his/her birth until age one without consideration of household composition or income</li> <li>• Based on household MAGI income no more than 156% FPL</li> </ul>
MAGI No Medicare	4101	CHIP MAGI Deemed Newborn	<ul style="list-style-type: none"> <li>• Newborn child born to a Medicaid-eligible woman</li> <li>• Child is automatically eligible for Medicaid from the date of his/her birth until age one without consideration of household composition or income</li> <li>• Based on household MAGI income more than 156% FPL to no more than 206% FPL</li> </ul>
MAGI No Medicare	4102	Medicaid MAGI Child under 1	<ul style="list-style-type: none"> <li>• MAGI income no more than 156% FPL</li> <li>• Under age 1 (through the end of the month in which the child turns age 1)</li> </ul>
MAGI No Medicare	4103	Medicaid MAGI Child Age 1-5	<ul style="list-style-type: none"> <li>• MAGI income no more than 156% FPL</li> <li>• Age 1 through 5 (through the end of the month in which the child turns age 6)</li> </ul>
MAGI No Medicare	4104	Medicaid MAGI Child Age 6-18	<ul style="list-style-type: none"> <li>• MAGI income no more than 156% FPL</li> <li>• Age 6 through 18 (through the end of the month in which the child turns age 19)</li> </ul>
MAGI No Medicare	4108	MAGI Pregnant Women	<ul style="list-style-type: none"> <li>• MAGI income no more than 200% FPL</li> <li>• Pregnancy may be self-declared unless contradictory information exists</li> <li>• In order to substantiate eligibility determination for larger family size, medical verification of pregnancy is only required if individual is carrying more than one fetus</li> <li>• Eligibility continues throughout pregnancy and postpartum period</li> </ul>
MAGI No Medicare	4110	MAGI Parent or Caretaker	<ul style="list-style-type: none"> <li>• MAGI income no more than 90% FPL</li> <li>• Must reside with a dependent child under the age of 18 (through the end of the month in which the child turns age 18)</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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MAGI No Medicare	<b>4112</b>	MAGI Expansion Adult - Below 100% FPL	<ul style="list-style-type: none"> <li>Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>Age 19 through 64 (through the end of the month in which the individual turns age 65)</li> <li>MAGI income no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>4113</b>	MAGI Expansion Adult - 100-138% FPL	<ul style="list-style-type: none"> <li>Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>Age 19 through 64 (through the end of the month in which the individual turns age 65)</li> <li>MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>
MAGI No Medicare	<b>4114</b>	MAGI Expansion Adult - Medically frail/Special Medical Needs	<ul style="list-style-type: none"> <li>Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>Age 19 through 64 (through the end of the month in which the individual turns age 65)</li> </ul>
MAGI No Medicare	<b>4115</b>	MAGI Expansion Adult - Other	<ul style="list-style-type: none"> <li>Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>Age 19 through 64 (through the end of the month in which the individual turns age 65)</li> </ul>
MAGI No Medicare	<b>4116</b>	Extended medical Assistance	<ul style="list-style-type: none"> <li>Medicaid coverage for parents or caretaker relatives who become ineligible as a result of increased collection of spousal support</li> <li>Must have been eligible for and enrolled in Parent/Caretaker Relative Medicaid for at least 3 of the 6 months immediately preceding the loss of eligibility</li> </ul>
MAGI No Medicare	<b>4117</b>	Aged Out Former Foster Care	<ul style="list-style-type: none"> <li>Age 18 through 25 (through the end of the month in which the individual turns age 26)</li> <li>In foster care under the responsibility of the state on his/her 18th birthday</li> <li>Eligible for and enrolled in Medicaid while in foster care</li> <li>Eligibility is determined without regard to income</li> </ul>
MAGI No Medicare	<b>4118</b>	Transitional Medical Assistance	<ul style="list-style-type: none"> <li>Medicaid coverage for parents or caretaker relatives who become ineligible as a result of an increase in earned income</li> <li>Must have been eligible for and enrolled in Parent/Caretaker Relative Medicaid for at least 3 of the 6 months immediately preceding the loss of eligibility</li> </ul>
MAGI No Medicare	<b>4120</b>	CHIP1 Child - No Insurance >100-150%	<p><b>**The FPL limits for this category were updated effective January 1, 2014, due to the Affordable Care Act (ACA) - the category name has not been updated to reflect this change.**</b></p> <ul style="list-style-type: none"> <li>Age 0 through 5 (through the end of the month in which the child turns age 6) with no third-party creditable insurance and MAGI income more than 141% FPL to no more than 156% FPL</li> <li>Age 6 through 18 (through the end of the month in which the child turns age 19) with no third-party creditable insurance and MAGI income more than 107% FPL to no more than 156% FPL</li> </ul>
MAGI No Medicare	<b>4121</b>	CHIP2 Child - No Insurance >150-200%	<p><b>**The FPL limit for this category was updated effective January 1, 2014, due to the Affordable Care Act (ACA) - the category name has not been updated to reflect this change.**</b></p> <ul style="list-style-type: none"> <li>Age 0 through 18 (through the end of the month in which the child turns age 19) with no third-party creditable insurance and MAGI income more than 156% FPL to no more than 206% FPL</li> </ul>
MAGI No Medicare	<b>4122</b>	Medicaid kid lost elig b/c MAGI	<ul style="list-style-type: none"> <li>Child who previously received Medicaid and who lost eligibility solely as a result of the elimination of income disregards</li> <li>Not otherwise eligible for any category of Medicaid</li> <li>Was enrolled in Medicaid on December 31, 2013</li> <li>Will remain categorically eligible for one renewal period</li> </ul>



## ODM 271 Code Crosswalk - February 2023

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MAGI No Medicare	<b>4123</b>	CHIP kid lost elig b/c MAGI	<ul style="list-style-type: none"> <li>Child who previously received (Medicaid-expansion) CHIP and who lost eligibility solely as a result of the elimination of income disregards</li> <li>Not otherwise eligible for any category of Medicaid or (Medicaid-expansion) CHIP</li> <li>Was enrolled in CHIP on December 31, 2013</li> <li>Will remain categorically eligible for one renewal period</li> </ul>
MAGI No Medicare	<b>4124</b>	Ribicoff Kid <=44% FPL	<ul style="list-style-type: none"> <li>Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>MAGI income no more than 44% FPL</li> </ul>
MAGI No Medicare	<b>4125</b>	AEMA Medicaid MAGI Deemed Newborn	<ul style="list-style-type: none"> <li>Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>Newborn child born to a Medicaid-eligible woman</li> <li>Child is automatically eligible for Medicaid from the date of his/her birth until age one without consideration of household composition or income</li> <li>Based on household MAGI income no more than 156% FPL</li> </ul>
MAGI No Medicare	<b>4126</b>	AEMA CHIP MAGI Deemed Newborn	<ul style="list-style-type: none"> <li>Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>Newborn child born to a Medicaid-eligible woman</li> <li>Child is automatically eligible for Medicaid from the date of his/her birth until age one without consideration of household composition or income</li> <li>Based on household MAGI income more than 156% FPL to no more than 206% FPL</li> </ul>
MAGI No Medicare	<b>4127</b>	AEMA Medicaid MAGI Child under 1	<ul style="list-style-type: none"> <li>Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>MAGI income no more than 156% FPL</li> <li>Under age 1 (through the end of the month in which the child turns age 1)</li> </ul>
MAGI No Medicare	<b>4128</b>	AEMA Medicaid MAGI Child Age 1-5	<ul style="list-style-type: none"> <li>Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>MAGI income no more than 156% FPL</li> <li>Age 1 through 5 (through the end of the month in which the child turns age 6)</li> </ul>
MAGI No Medicare	<b>4129</b>	AEMA Medicaid MAGI Child Age 6-18	<ul style="list-style-type: none"> <li>Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>MAGI income no more than 156% FPL</li> <li>Age 6 through 18 (through the end of the month in which the child turns age 19)</li> </ul>
MAGI No Medicare	<b>4130</b>	AEMA MAGI Pregnant Women	<ul style="list-style-type: none"> <li>Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>MAGI income no more than 200% FPL</li> <li>Pregnancy may be self-declared unless contradictory information exists</li> <li>In order to substantiate eligibility determination for larger family size, medical verification of pregnancy is only required if individual is carrying more than one fetus</li> </ul>
MAGI No Medicare	<b>4131</b>	AEMA MAGI Parent or Caretaker	<ul style="list-style-type: none"> <li>Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>MAGI income no more than 90% FPL</li> <li>Must reside with a dependent child under the age of 18 (through the end of the month in which the child turns age 18)</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
MAGI No Medicare	4132	AEMA MAGI Expansion Adult Below 100% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible as an AEMA MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• MAGI income no more than 100% FPL</li> </ul>
MAGI No Medicare	4133	AEMA MAGI Expansion Adult 100-138% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible as an AEMA MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>
MAGI No Medicare	4134	AEMA MAGI Expansion Adult Medically frail/ Special Medical Needs	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible as an AEMA MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 through 64 (through the end of the month in which the individual turns age 65)</li> </ul>
MAGI No Medicare	4135	AEMA MAGI Expansion Adult - Other	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible as an AEMA MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 through 64 (through the end of the month in which the individual turns age 65)</li> </ul>
MAGI No Medicare	4136	AEMA CHIP1 Child >100-150% No Insurance	<p><i>**The FPL limits for this category were updated effective January 1, 2014, due to the Affordable Care Act (ACA) - the category name has not been updated to reflect this change.**</i></p> <ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Age 0 through 5 (through the end of the month in which the child turns age 6) with no third-party creditable insurance and MAGI income more than 141% FPL to no more than 156% FPL</li> <li>• Age 6 through 18 (through the end of the month in which the child turns age 19) with no third-party creditable insurance and MAGI income more than 107% FPL to no more than 156% FPL</li> </ul>
MAGI No Medicare	4137	AEMA CHIP2 Child >150-200% No Insurance	<p><i>**The FPL limits for this category were updated effective January 1, 2014, due to the Affordable Care Act (ACA) - the category name has not been updated to reflect this change.**</i></p> <ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Age 0 through 18 (through the end of the month in which the child turns age 19) with no third-party creditable insurance and MAGI income more than 156% FPL to no more than 206% FPL</li> </ul>
MAGI No Medicare	4138	AEMA - Ribicoff Kid <=44% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• MAGI income no more than 44% FPL</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
MAGI No Medicare	<b>4139</b>	Presumptive Children	<ul style="list-style-type: none"> <li>Time-limited assistance as a result of an initial, simplified determination of eligibility</li> <li>Based on individual's self-declaration</li> <li>Age 0 through 18 (through the end of the month in which the child turns age 19)</li> <li>Limited to one presumptive coverage period per 12-month span</li> <li>MAGI income no more than 206% FPL</li> </ul>
MAGI No Medicare	<b>4140</b>	Presumptive Pregnant Women	<ul style="list-style-type: none"> <li>Time-limited assistance as a result of an initial, simplified determination of eligibility</li> <li>Based on individual's self-declaration</li> <li>In order to substantiate eligibility determination for larger family size, medical verification of pregnancy is only required if individual is carrying more than one fetus</li> <li>Limited to one presumptive coverage period per pregnancy</li> <li>Coverage is restricted to ambulatory prenatal care</li> <li>MAGI income no more than 200% FPL</li> </ul>
MAGI No Medicare	<b>4141</b>	Presumptive Parent/ Caretaker	<ul style="list-style-type: none"> <li>Time-limited assistance as a result of an initial, simplified determination of eligibility</li> <li>Based on individual's self-declaration</li> <li>Must reside with a dependent child under the age of 18 (through the end of the month in which the child turns age 18)</li> <li>Limited to one presumptive coverage period per 12-month span</li> <li>MAGI income no more than 90% FPL</li> </ul>
MAGI No Medicare	<b>4142</b>	Presumptive Adult	<ul style="list-style-type: none"> <li>Time-limited assistance as a result of an initial, simplified determination of eligibility</li> <li>Based on individual's self-declaration</li> <li>Age 19 through 64 (through the end of the month in which the individual turns age 65)</li> <li>Limited to one presumptive coverage period per 12-month span</li> <li>MAGI income no more than 138% FPL</li> </ul>
MAGI No Medicare	<b>4143</b>	Ribicoff Kid in an Institutional Setting <=44% FPL	<ul style="list-style-type: none"> <li>Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other category</li> <li>Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>Living in an institutional setting</li> <li>MAGI income no more than 44% FPL</li> </ul>
MAGI No Medicare	<b>4144</b>	Ribicoff Kid Receiving HCBS <=44% FPL	<ul style="list-style-type: none"> <li>Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other category</li> <li>Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>Receiving HCBS</li> <li>MAGI income no more than 44% FPL</li> </ul>
MAGI No Medicare	<b>4145</b>	MAGI Expansion Ribicoff-like Disabled Kid >44-66% FPL	<ul style="list-style-type: none"> <li>Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>Determined blind or disabled by SSA or DDU</li> <li>NOT receiving institutional or HCBS services</li> <li>MAGI income more than 44% FPL to no more than 66% FPL</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
MAGI No Medicare	<b>4146</b>	MAGI Expansion Ribicoff-like Disabled Kid >66-100% FPL	<ul style="list-style-type: none"> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 66% FPL to no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>4147</b>	MAGI Expansion Ribicoff-like Disabled Kid >100-138% FPL	<ul style="list-style-type: none"> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>
MAGI No Medicare	<b>4148</b>	MAGI Expansion Ribicoff-like non-Disabled Kid >44-66% FPL	<ul style="list-style-type: none"> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• NOT determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 44% FPL to no more than 66% FPL</li> </ul>
MAGI No Medicare	<b>4149</b>	MAGI Expansion Ribicoff-like non-Disabled Kid >66-100% FPL	<ul style="list-style-type: none"> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• NOT determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 66% FPL to no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>4150</b>	MAGI Expansion Ribicoff-like non-Disabled Kid >100-138% FPL	<ul style="list-style-type: none"> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• NOT determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>
MAGI No Medicare	<b>4151</b>	MAGI Expansion Ribicoff-like Kid in an Institutional Setting >44-66% FPL	<ul style="list-style-type: none"> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Living in an institutional setting</li> <li>• MAGI income more than 44% FPL to no more than 66% FPL</li> </ul>
MAGI No Medicare	<b>4152</b>	MAGI Expansion Ribicoff-like Kid in an Institutional Setting >66-100% FPL	<ul style="list-style-type: none"> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Living in an institutional setting</li> <li>• MAGI income more than 66% FPL to no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>4153</b>	MAGI Expansion Ribicoff-like Kid in an Institutional Setting >100-138% FPL	<ul style="list-style-type: none"> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Living in an institutional setting</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
MAGI No Medicare	<b>4154</b>	MAGI Expansion Ribicoff-like Kid Receiving HCBS >44-66% FPL	<ul style="list-style-type: none"> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Receiving HCBS</li> <li>• MAGI income more than 44% FPL to no more than 66% FPL</li> </ul>
MAGI No Medicare	<b>4155</b>	MAGI Expansion Ribicoff-like Kid Receiving HCBS >66-100% FPL	<ul style="list-style-type: none"> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Receiving HCBS</li> <li>• MAGI income more than 66% FPL to no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>4156</b>	MAGI Expansion Ribicoff-like Kid Receiving HCBS >100-138% FPL	<ul style="list-style-type: none"> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Receiving HCBS</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>
MAGI No Medicare	<b>4157</b>	MAGI Expansion Disabled Adult <=66% FPL	<ul style="list-style-type: none"> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income no more than 66% FPL</li> </ul>
MAGI No Medicare	<b>4158</b>	MAGI Expansion Disabled Adult >66-100% FPL	<ul style="list-style-type: none"> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 66% FPL but no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>4159</b>	MAGI Expansion Disabled Adult >100-138% FPL	<ul style="list-style-type: none"> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 100% FPL but no more than 138% FPL</li> </ul>
MAGI No Medicare	<b>4160</b>	MAGI Expansion non-Disabled Adult <=66% FPL	<ul style="list-style-type: none"> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• NOT determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income no more than 66% FPL</li> </ul>
MAGI No Medicare	<b>4161</b>	MAGI Expansion non-Disabled Adult >66-100% FPL	<ul style="list-style-type: none"> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• NOT determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 66% FPL but no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>4162</b>	MAGI Expansion non-Disabled Adult >100-138% FPL	<ul style="list-style-type: none"> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• NOT determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 100% FPL but no more than 138% FPL</li> </ul>

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
MAGI No Medicare	<b>4163</b>	MAGI Expansion Adult in an Institutional Setting <=66% FPL	<ul style="list-style-type: none"> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Living in an institutional setting</li> <li>• MAGI income no more than 66% FPL</li> </ul>
MAGI No Medicare	<b>4164</b>	MAGI Expansion Adult in an Institutional Setting >66-100% FPL	<ul style="list-style-type: none"> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Living in an institutional setting</li> <li>• MAGI income more than 66% FPL but no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>4165</b>	MAGI Expansion Adult in an Institutional Setting >100-138% FPL	<ul style="list-style-type: none"> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Living in an institutional setting</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>
MAGI No Medicare	<b>4166</b>	MAGI Expansion Adult Receiving HCBS <=66% FPL	<ul style="list-style-type: none"> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Receiving HCBS</li> <li>• MAGI income no more than 66% FPL</li> </ul>
MAGI No Medicare	<b>4167</b>	MAGI Expansion Adult Receiving HCBS >66-100% FPL	<ul style="list-style-type: none"> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Receiving HCBS</li> <li>• MAGI income more than 66% FPL but no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>4168</b>	MAGI Expansion Adult Receiving HCBS >100-138% FPL	<ul style="list-style-type: none"> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Receiving HCBS</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>
MAGI No Medicare	<b>4169</b>	AEMA MAGI Expansion Ribicoff-like Disabled Kid >44-66% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Determined blind or disabled by DDU</li> <li>• MAGI income more than 44% FPL to no more than 66% FPL</li> </ul>
MAGI No Medicare	<b>4170</b>	AEMA MAGI Expansion Ribicoff-like Disabled Kid >66-100% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Determined blind or disabled by DDU</li> <li>• MAGI income more than 66% FPL to no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>4171</b>	AEMA MAGI Expansion Ribicoff-like Disabled Kid >100-138% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Determined blind or disabled by DDU</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
MAGI No Medicare	<b>4172</b>	AEMA MAGI Expansion Ribicoff-like non-Disabled Kid >44-66% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• NOT determined blind or disabled by DDU</li> <li>• MAGI income more than 44% FPL to no more than 66% FPL</li> </ul>
MAGI No Medicare	<b>4173</b>	AEMA MAGI Expansion Ribicoff-like non-Disabled Kid >66-100% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• NOT determined blind or disabled by DDU</li> <li>• MAGI income more than 66% FPL to no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>4174</b>	AEMA MAGI Expansion Ribicoff-like non-Disabled Kid >100-138% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• NOT determined blind or disabled by DDU</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>
MAGI No Medicare	<b>4175</b>	AEMA MAGI Expansion Disabled Adult <=66% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Determined blind or disabled by DDU</li> <li>• MAGI income no more than 66% FPL</li> </ul>
MAGI No Medicare	<b>4176</b>	AEMA MAGI Expansion Disabled Adult >66-100% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Determined blind or disabled by DDU</li> <li>• MAGI income more than 66% FPL to no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>4177</b>	AEMA MAGI Expansion Disabled Adult >100-138% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Determined blind or disabled by DDU</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>
MAGI No Medicare	<b>4178</b>	AEMA MAGI Expansion non-Disabled Adult <=66% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• NOT determined blind or disabled by DDU</li> <li>• MAGI income no more than 66% FPL</li> </ul>



## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
MAGI No Medicare	4179	AEMA MAGI Expansion non-Disabled Adult >66-100% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• NOT determined blind or disabled by DDU</li> <li>• MAGI income more than 66% FPL to no more than 100% FPL</li> </ul>
MAGI No Medicare	4180	AEMA MAGI Expansion non-Disabled Adult >100-138% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• NOT determined blind or disabled by DDU</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>
MAGI No Medicare	4181	Presumptive Former Foster Care	<ul style="list-style-type: none"> <li>• Time-limited assistance as a result of an initial, simplified determination of eligibility</li> <li>• Based on individual's self-declaration</li> <li>• Age 18 through 25 (under age 26)</li> <li>• In foster care under the responsibility of the state on his/her 18th birthday</li> <li>• Eligible for and enrolled in medicaid while in foster care</li> </ul>
Medicaid No Medicare	4601	Aged SSI Recipient	<ul style="list-style-type: none"> <li>• SSI recipient</li> <li>• Age 65 or older</li> <li>• NOTE: Will include individuals in the Blind SSI Recipient and Disabled SSI Recipient groups who are age 65 or older</li> </ul>
Medicaid No Medicare	4602	Blind SSI Recipient	<ul style="list-style-type: none"> <li>• SSI recipient</li> <li>• Blind individual</li> <li>• NOTE: Most blind individuals who are age 65 or older will be included in the Aged SSI Recipient group</li> </ul>
Medicaid No Medicare	4603	Disabled SSI Recipient	<ul style="list-style-type: none"> <li>• SSI recipient</li> <li>• Disabled individual</li> <li>• NOTE: Most disabled individuals who are age 65 or older will be included in the Aged SSI Recipient group</li> </ul>
Medicaid No Medicare	4604	1619(b) Recipient	<ul style="list-style-type: none"> <li>• SSI recipient who is no longer receiving federal SSI cash benefits, but is still considered to be an SSI recipient for Medicaid purposes</li> <li>• Blind or disabled working individual</li> <li>• Medicaid While Working protection is determined by the SSA</li> <li>• Must meet all non-disability requirements for regular SSI benefits except for earnings</li> <li>• Must have been eligible for and received a regular SSI cash payment based on disability for any previous month within the current period of eligibility</li> <li>• Must need Medicaid coverage to continue working</li> <li>• Must not have sufficient earnings to replace SSI cash benefits, Medicaid benefits, and publicly-funded personal or attendant care that would be lost due to the individual's earnings</li> <li>• NOTE: An individual who is age 65 or older may be eligible under section 1619(b) if he/she has been determined blind or disabled</li> </ul>
Medicaid No Medicare	4605	Grandfathered SSI - Individual Receiving Mandatory State Supplements	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who receives mandatory supplemental benefits based on transition from the state cash benefit program to SSI in 1974 - because SSI benefits were lower than the state benefit amount received in December 1973</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.130</li> </ul>



## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	4606	Grandfathered SSI - Certain Individual Eligible in 1973	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Blind or disabled individual who was eligible for Medicaid in 1973 and who meets all current requirements for Medicaid except for the blindness or disability criteria</li> <li>• Must have met the eligibility requirements in December 1973, and must have continued to meet them for each consecutive month since then in order to remain eligible</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.133</li> </ul>
Medicaid No Medicare	4607	Grandfathered SSI - Essential Spouse in 1973	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who was eligible for Medicaid in December 1973 as an essential spouse of an aged, blind, or disabled individual who was receiving cash assistance (SSI or optional state supplements)</li> <li>• Must have met the eligibility requirements in December 1973 and must have continued to meet them since then in order to remain eligible</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.131, 1905(a)</li> </ul>
Medicaid No Medicare	4608	Grandfathered SSI - Individual Institutionalized & Eligible Since 1973	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who was eligible for Medicaid in 1973 as an inpatient of a title XIX medical institution or intermediate care facility and who continues to meet the 1973 requirements</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.132</li> </ul>
Medicaid No Medicare	4609	Grandfathered SSI - Ineligible for SSI Due to Reqs Prohibited by Medicaid	<ul style="list-style-type: none"> <li>• Grandfathered SSI recipient</li> <li>• Individual who would be eligible for SSI benefits or optional state supplements except for an eligibility requirement used in those programs that is specifically prohibited under title XIX</li> <li>• 42 CFR 435.122</li> </ul>
Medicaid No Medicare	4610	Deemed SSI - Widow(er) - Early Social Security Receipt	<ul style="list-style-type: none"> <li>• Deemed SSI recipient</li> <li>• Disabled widow or widower</li> <li>• At least age 60</li> <li>• Not entitled to Medicare Part A</li> <li>• Became ineligible for SSI benefits or state supplements because he/she was required to apply for and is receiving Social Security disabled widow's/widower's benefits</li> <li>• 42 CFR 435.138, 1634(d)</li> </ul>
Medicaid No Medicare	4611	Deemed SSI - Disabled Adult Child	<ul style="list-style-type: none"> <li>• Deemed SSI recipient</li> <li>• At least age 18</li> <li>• Receives SSI benefits on the basis of blindness or a disability which began before he/she attained the age of 22</li> <li>• Became ineligible for SSI benefits because he/she became entitled to OASDI child's benefits, or because of an increase in those benefits</li> <li>• Would be eligible for SSI benefits if the OASDI child's benefit, or the increase in that benefit, is subtracted from his/her income</li> <li>• NOTE: Eligibility under this group is based only on the loss of SSI benefits; loss of eligibility for state supplements will not make an individual eligible under this group</li> <li>• 1634(c)</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	4612	Deemed SSI - Pickle Amendment Group	<ul style="list-style-type: none"> <li>Deemed SSI recipient</li> <li>Individual must be currently receiving Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits</li> <li>Was eligible for and receiving SSI benefits or state supplements but became ineligible for those payments after April 1977</li> <li>Would still be eligible for SSI benefits or state supplements if all OASDI cost-of-living increases (COLA) received since the last month he/she was eligible for both OASDI and SSI benefits or state supplements were deducted from his/her income</li> <li>42 CFR 435.135, 1939(a)(5)(E)</li> </ul>
Medicaid No Medicare	4613	Deemed SSI - Additional Reduction Factor Widow(er)	<ul style="list-style-type: none"> <li>Deemed SSI recipient</li> <li>Individual who was entitled to monthly OASDI benefits for December 1983</li> <li>Was entitled to and received widow's or widower's disability benefits for January 1984</li> <li>Became ineligible for SSI or optional state supplements due to elimination of the additional reduction factor for disabled widows and widowers under age 60</li> <li>Would be eligible for SSI benefits or a mandatory or optional state supplement if the amount of the eliminated reduction factor and subsequent COLAs were deducted from his/her income</li> <li>Must have filed a written application for Medicaid on or before June 30, 1988 to obtain protected Medicaid coverage</li> <li>Closed to new enrollees</li> <li>42 CFR 435.137, 1634(b)</li> </ul>
Medicaid No Medicare	4614	Grandfathered SSI - 1972 OASDI COLA	<ul style="list-style-type: none"> <li>Grandfathered SSI recipient</li> <li>Individual who lost eligibility for SSI benefits or state supplements due to an increase in Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits in 1972</li> <li>42 CFR 435.134</li> </ul>
Medicaid No Medicare	4615	Aged Categorically Needy <=64% FPL	<ul style="list-style-type: none"> <li>Age 65 or older</li> <li>Income no more than 64% FPL</li> <li>NOTE: Will include individuals in the Blind Categorically Needy &lt;=64% FPL and Disabled Categorically Needy &lt;=64% FPL groups who are age 65 or older</li> </ul>
Medicaid No Medicare	4616	Aged Categorically Needy >64% FPL - Federal Benefit Rate	<ul style="list-style-type: none"> <li>Age 65 or older</li> <li>Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>NOTE: Will include individuals in the Blind Categorically Needy &gt;64% FPL - Federal Benefit Rate and Disabled Categorically Needy &gt;64% FPL - Federal Benefit Rate groups who are age 65 or older</li> </ul>
Medicaid No Medicare	4617	Blind Categorically Needy <=64% FPL	<ul style="list-style-type: none"> <li>Blind individual</li> <li>Income no more than 64% FPL</li> <li>NOTE: Most blind individuals who are age 65 or older will be included in the Aged Categorically Needy &lt;=64% FPL group</li> </ul>
Medicaid No Medicare	4618	Blind Categorically Needy >64% FPL - Federal Benefit Rate	<ul style="list-style-type: none"> <li>Blind individual</li> <li>Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>NOTE: Most blind individuals who are age 65 or older will be included in the Aged Categorically Needy &gt;64% FPL - Federal Benefit Rate group</li> </ul>
Medicaid No Medicare	4619	Disabled Categorically Needy <=64% FPL	<ul style="list-style-type: none"> <li>Disabled individual</li> <li>Income no more than 64% FPL</li> <li>NOTE: Most disabled individuals who are age 65 or older will be included in the Aged Categorically Needy &lt;=64% FPL group</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	<b>4620</b>	Disabled Categorically Needy >64% FPL - Federal Benefit Rate	<ul style="list-style-type: none"> <li>• Disabled individual</li> <li>• Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• NOTE: Most disabled individuals who are age 65 or older will be included in the Aged Categorically Needy &gt;64% FPL - Federal Benefit Rate group</li> </ul>
Medicaid No Medicare	<b>4621</b>	SSI Recipient Residential State Supplement	<ul style="list-style-type: none"> <li>• SSI recipient who is enrolled in the Residential State Supplement (RSS) program</li> <li>• Age 18 or older</li> <li>• Meets protective level of care</li> </ul>
Medicaid No Medicare	<b>4622</b>	Non-SSI Recipient Residential State Supplement	<ul style="list-style-type: none"> <li>• Non-SSI recipient who is enrolled in the Residential State Supplement (RSS) program</li> <li>• Age 18 or older</li> <li>• Meets protective level of care</li> </ul>
Medicaid No Medicare	<b>4623</b>	MBIWD Basic no Premium <=64% FPL	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in paid work (part-time or full-time) from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income no more than 64% FPL</li> </ul>
Medicaid No Medicare	<b>4624</b>	MBIWD Basic no Premium >64-75% FPL	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in paid work (part-time or full-time) from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 64% FPL to no more than 75% FPL</li> </ul>
Medicaid No Medicare	<b>4625</b>	MBIWD Basic no Premium >75-150% FPL	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in paid work (part-time or full-time) from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 75% FPL to no more than 150% FPL</li> </ul>
Medicaid No Medicare	<b>4626</b>	MBIWD Basic with Premium	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in paid work (part-time or full-time) from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 150% FPL to no more than 250% FPL</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	<b>4627</b>	MBIWD Medically Improved no Premium <=64% FPL	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Participated in an MBIWD Basic group in the previous calendar month</li> <li>• No longer meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in at least 40 hours per month of paid work, earning the equivalent of at least state or federal minimum wage (whichever is lower), from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income no more than 64% FPL</li> </ul>
Medicaid No Medicare	<b>4628</b>	MBIWD Medically Improved no Premium >64-75% FPL	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Participated in an MBIWD Basic group in the previous calendar month</li> <li>• No longer meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in at least 40 hours per month of paid work, earning the equivalent of at least state or federal minimum wage (whichever is lower), from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 64% FPL to no more than 75% FPL</li> </ul>
Medicaid No Medicare	<b>4629</b>	MBIWD Medically Improved no Premium >75-150% FPL	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Participated in an MBIWD Basic group in the previous calendar month</li> <li>• No longer meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in at least 40 hours per month of paid work, earning the equivalent of at least state or federal minimum wage (whichever is lower), from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 75% FPL to no more than 150% FPL</li> </ul>
Medicaid No Medicare	<b>4630</b>	MBIWD Medically Improved with Premium	<ul style="list-style-type: none"> <li>• Medicaid Buy-In for Workers with Disabilities (MBIWD)</li> <li>• Age 16 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Participated in an MBIWD Basic group in the previous calendar month</li> <li>• No longer meets the definition of disability used by the Social Security Administration (SSA)</li> <li>• Employed or self-employed in at least 40 hours per month of paid work, earning the equivalent of at least state or federal minimum wage (whichever is lower), from which state or federal income and payroll taxes are paid or withheld</li> <li>• Income more than 150% FPL to no more than 250% FPL</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	<b>4631</b>	Specialized Recovery Services Program <=64% FPL	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income no more than 64% FPL</li> <li>• OAC 5160:1-5-07 - Group Two</li> </ul>
Medicaid No Medicare	<b>4632</b>	Specialized Recovery Services Program >64-75% FPL	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income more than 64% FPL to no more than 75% FPL</li> <li>• OAC 5160:1-5-07 - Group Two</li> </ul>
Medicaid No Medicare	<b>4633</b>	Specialized Recovery Services Program >75-100% FPL	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income more than 75% FPL to no more than 100% FPL</li> <li>• OAC 5160:1-5-07 - Group Two</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	<b>4634</b>	Specialized Recovery Services Program >100-150% FPL	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> <li>• OAC 5160:1-5-07 - Group Two</li> </ul>
Medicaid No Medicare	<b>4635</b>	Specialized Recovery Services Program >150% FPL - 300% FBR	<ul style="list-style-type: none"> <li>• Age 21 or older</li> <li>• Individual with severe and persistent mental illness (SPMI), is active on the solid organ or soft tissue waiting list, or has certain diagnosed chronic conditions</li> <li>• Determined to meet the definition of disability used by the Social Security Administration (SSA) for purposes of SSI or SSDI benefits</li> <li>• Meets the clinical diagnostic, needs assessment and risk criteria described in OAC 5160-43-02</li> <li>• Must reside in a home and community-based setting consistent with the qualities identified in 42 CFR 441.710</li> <li>• Cannot be concurrently enrolled in another HCBS authority, such as a section 1915(c) waiver</li> <li>• Income more than 150% FPL to no more than 300% of the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• OAC 5160:1-5-07 - Group Two</li> </ul>
Medicaid No Medicare	<b>4636</b>	SIL Waiver >Federal Benefit Rate - 100% FPL	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual with a disability or chronic condition who receives care in his/her home and community instead of in a long-term care facility, hospital, or intermediate care facility</li> <li>• Individual must meet the specific level of care required for the chosen waiver</li> <li>• Income more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR) to no more than 100% FPL</li> </ul>
Medicaid No Medicare	<b>4637</b>	SIL Waiver >100-150% FPL	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual with a disability or chronic condition who receives care in his/her home and community instead of in a long-term care facility, hospital, or intermediate care facility</li> <li>• Individual must meet the specific level of care required for the chosen waiver</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Medicaid No Medicare	<b>4638</b>	SIL Waiver >150% FPL - 300% FBR	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual with a disability or chronic condition who receives care in his/her home and community instead of in a long-term care facility, hospital, or intermediate care facility</li> <li>• Individual must meet the specific level of care required for the chosen waiver</li> <li>• Income more than 150% FPL to no more than 300% of the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> </ul>
Medicaid No Medicare	<b>4639</b>	SIL Assisted Living Waiver >Federal Benefit Rate - 100% FPL	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Age 21 or older</li> <li>• Individual must reside in a nursing facility and require at least an intermediate level of care</li> <li>• Income more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR) to no more than 100% FPL</li> </ul>
Medicaid No Medicare	<b>4640</b>	SIL Assisted Living Waiver >100-150% FPL	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Age 21 or older</li> <li>• Individual must reside in a nursing facility and require at least an intermediate level of care</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> </ul>
Medicaid No Medicare	<b>4641</b>	SIL Assisted Living Waiver >150% FPL - 300% FBR	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Age 21 or older</li> <li>• Individual must reside in a nursing facility and require at least an intermediate level of care</li> <li>• Income more than 150% FPL to no more than 300% of the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> </ul>
Medicaid No Medicare	<b>4642</b>	SIL PACE >Federal Benefit Rate - 100% FPL	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Program of All-Inclusive Care for the Elderly (PACE)</li> <li>• Age 55 or older</li> <li>• Individual must live in the service area of Cuyahoga County</li> <li>• Has functional limitations that meet the criteria for nursing home level of care</li> <li>• Must be able to live safely in the community</li> <li>• Must be willing to receive all of his/her care from PACE program providers</li> <li>• Income more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR) to no more than 100% FPL</li> </ul>
Medicaid No Medicare	<b>4643</b>	SIL PACE >100-150% FPL	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Program of All-Inclusive Care for the Elderly (PACE)</li> <li>• Age 55 or older</li> <li>• Individual must live in the service area of Cuyahoga County</li> <li>• Has functional limitations that meet the criteria for nursing home level of care</li> <li>• Must be able to live safely in the community</li> <li>• Must be willing to receive all of his/her care from PACE program providers</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	4644	SIL PACE >150% FPL - 300% FBR	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Program of All-Inclusive Care for the Elderly (PACE)</li> <li>• Age 55 or older</li> <li>• Individual must live in the service area of Cuyahoga County</li> <li>• Has functional limitations that meet the criteria for nursing home level of care</li> <li>• Must be able to live safely in the community</li> <li>• Must be willing to receive all of his/her care from PACE program providers</li> <li>• Income more than 150% FPL to no more than 300% of the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> </ul>
Medicaid No Medicare	4645	SIL Facility >Federal Benefit Rate - 100% FPL	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)</li> <li>• Income more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR) to no more than 100% FPL</li> </ul>
Medicaid No Medicare	4646	SIL Facility >100-150% FPL	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)</li> <li>• Income more than 100% FPL to no more than 150% FPL</li> </ul>
Medicaid No Medicare	4647	SIL Facility >150% FPL - 300% FBR	<ul style="list-style-type: none"> <li>• Special Income Level (SIL) calculation to determine eligibility for long-term care services and support</li> <li>• Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)</li> <li>• Income more than 150% FPL to no more than 300% of the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> </ul>
Medicaid No Medicare	4715	AEMA Aged Categorically Needy <=64% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Age 65 or older</li> <li>• Income no more than 64% FPL</li> <li>• NOTE: Will include individuals in the AEMA Blind Categorically Needy &lt;=64% FPL and AEMA Disabled Categorically Needy &lt;=64% FPL groups who are age 65 or older</li> </ul>
Medicaid No Medicare	4716	AEMA Aged Categorically Needy >64% FPL - Federal Benefit Rate	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Age 65 or older</li> <li>• Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• NOTE: Will include individuals in the AEMA Blind Categorically Needy &gt;64% FPL - Federal Benefit Rate and AEMA Disabled Categorically Needy &gt;64% FPL - Federal Benefit Rate groups who are age 65 or older</li> </ul>
Medicaid No Medicare	4717	AEMA Blind Categorically Needy <=64% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Determined blind by DDU</li> <li>• Income no more than 64% FPL</li> <li>• NOTE: Most blind individuals who are age 65 or older will be included in the AEMA Aged Categorically Needy &lt;=64% FPL group</li> </ul>



## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	4718	AEMA Blind Categorically Needy >64% FPL - Federal Benefit Rate	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Determined blind by DDU</li> <li>• Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• NOTE: Most blind individuals who are age 65 or older will be included in the AEMA Aged Categorically Needy &gt;64% FPL - Federal Benefit Rate group</li> </ul>
Medicaid No Medicare	4719	AEMA Disabled Categorically Needy <=64% FPL	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Determined disabled by DDU</li> <li>• Income no more than 64% FPL</li> <li>• NOTE: Most disabled individuals who are age 65 or older will be included in the AEMA Aged Categorically Needy &lt;=64% FPL group</li> </ul>
Medicaid No Medicare	4720	AEMA Disabled Categorically Needy >64% FPL - Federal Benefit Rate	<ul style="list-style-type: none"> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Determined disabled by DDU</li> <li>• Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• NOTE: Most disabled individuals who are age 65 or older will be included in the AEMA Aged Categorically Needy &gt;64% FPL - Federal Benefit Rate group</li> </ul>
	5001	Alien Assistance	Temporary assistance to persons who meet all Medicaid eligibility requirements but they do not meet the Medicaid citizenship or non-citizen status requirement.
	5002	Refugee	Medical refugee. Not a Medicaid eligibility group.
	5006	SLMB QI-1	Specified Low Income Medicare Beneficiaries - Qualified Individuals 1. These individuals are entitled to Medicare Part A, have income of at least 120% FPL but less than 135% FPL, resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays their Medicare Part B premiums only.
	5007	SLMB QI-2	Specified Low Income Medicare Beneficiaries - Qualified Individuals 2. This group is effective 1998.01.01 to 2002.12.31. These individuals are entitled to Medicare Part A, have income of at least 120% FPL but less than 135% FPL, resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays a portion of their Medicare Part B premiums only.
	5008	QMB Only	Qualified Medicare Beneficiaries who do not have any Medicaid benefits. These individuals are entitled to Medicare Part A, enrolled in either Medicare Part A or Medicare Part B, have income of 100% FPL or less, resources that do not exceed twice the limit for SSI eligibility, and are eligible for full Medicaid benefits. Medicaid pays their Medicare Part A premiums (if any), Medicare Part B premiums, and to the extent consistent with the Medicaid State Plan, Medicare deductibles, co-pays, and coinsurance costs. There is no retroactive eligibility for QMB coverage.
	5009	Qualified Disabled and Working Individuals	<ul style="list-style-type: none"> <li>• Must be enrolled in Medicare Part A under Section 1818A of the Social Security Act</li> <li>• Countable income no more than 200% FPL</li> <li>• Individual cannot be otherwise eligible for Medicaid</li> <li>• Medicaid pays the individual's Medicare Part A premiums only</li> </ul>
	5010	SLMB (MAUS)	Specified Low Income Medicare Beneficiaries who do not have any Medicaid benefits. These individuals are entitled to Medicare Part A, have income of greater than 100% FPL but less than 120% FPL, and resources that do not exceed twice the limit for SSI eligibility. Medicaid pays their Medicare Part B premiums only.

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
	<b>5012</b>	Disability Assistance	Disability Medical Assistance Program. Not a Medicaid eligibility group. State funds only.
	<b>5013</b>	Family Planning Limited Elig	A limited benefit packet consisting of family planning and family planning-related services is available to members of the eligibility group described in rule 5101:1-41-40 of the Administrative Code.
	<b>5014</b>	Victim of Trafficking	<ul style="list-style-type: none"> <li>• State-funded medical assistance for a non-citizen victim of a severe form of human trafficking</li> <li>• Must have applied for, or be in the process of preparing to file an application with the USCIS for, "T" non-immigration status</li> <li>• Income no more than 100% FPL</li> <li>• Not eligible under any other category</li> </ul>
MAGI No Medicare	<b>6201</b>	Incarcerated Medicaid MAGI Child Age 6-18	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• MAGI income no more than 156% FPL</li> <li>• Age 6 through 18 (through the end of the month in which the child turns age 19)</li> </ul>
MAGI No Medicare	<b>6202</b>	Incarcerated MAGI Pregnant Woman	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• MAGI income no more than 200% FPL</li> <li>• Pregnancy may be self-declared unless contradictory information exists</li> <li>• In order to substantiate eligibility determination for larger family size, medical verification of pregnancy is only required if individual is carrying more than one fetus</li> <li>• Eligibility continues throughout pregnancy and postpartum period</li> </ul>
MAGI No Medicare	<b>6203</b>	Incarcerated Transitional Medical Assistance	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Medicaid coverage for parents or caretaker relatives who become ineligible as a result of an increase in earned income</li> <li>• Must have been eligible for and enrolled in Parent/Caretaker Relative Medicaid for at least 3 of the 6 months immediately preceding the loss of eligibility</li> </ul>
MAGI No Medicare	<b>6204</b>	Incarcerated Extended Medical Assistance	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Medicaid coverage for parents or caretaker relatives who become ineligible as a result of increased collection of spousal support</li> <li>• Must have been eligible for and enrolled in Parent/Caretaker Relative Medicaid for at least 3 of the 6 months immediately preceding the loss of eligibility</li> </ul>
MAGI No Medicare	<b>6205</b>	Incarcerated Ribicoff Kid <=44% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• MAGI income no more than 44% FPL</li> </ul>
MAGI No Medicare	<b>6206</b>	Incarcerated CHIP1 Child - No Insurance >107-156%	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Age 6 through 18 (through the end of the month in which the child turns age 19) with no third-party creditable insurance and MAGI income more than 107% FPL to no more than 156% FPL</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
MAGI No Medicare	<b>6207</b>	Incarcerated CHIP2 Child - No Insurance >156-206%	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Age 0 through 18 (through the end of the month in which the child turns age 19) with no third-party creditable insurance and MAGI income more than 156% FPL to no more than 206% FPL</li> </ul>
MAGI No Medicare	<b>6208</b>	Incarcerated Aged Out Former Foster Care	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Age 18 through 25 (through the end of the month in which the individual turns age 26)</li> <li>• In foster care under the responsibility of the state on his/her 18th birthday</li> <li>• Eligible for and enrolled in Medicaid while in foster care</li> <li>• Eligibility is determined without regard to income</li> </ul>
MAGI No Medicare	<b>6209</b>	Incarcerated MAGI Expansion Ribicoff-like Disabled Kid >44-66% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 44% FPL to no more than 66% FPL</li> </ul>
MAGI No Medicare	<b>6210</b>	Incarcerated MAGI Expansion Ribicoff-like Disabled Kid >66-100% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 66% FPL to no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>6211</b>	Incarcerated MAGI Expansion Ribicoff-like Disabled Kid >100-138% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>
MAGI No Medicare	<b>6212</b>	Incarcerated MAGI Expansion Ribicoff-like non-Disabled Kid >44-66% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• NOT determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 44% FPL to no more than 66% FPL</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
MAGI No Medicare	<b>6213</b>	Incarcerated MAGI Expansion Ribicoff-like non-Disabled Kid >66-100% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• NOT determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 66% FPL to no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>6214</b>	Incarcerated MAGI Expansion Ribicoff-like non-Disabled Kid >100-138% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• NOT determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>
MAGI No Medicare	<b>6215</b>	Incarcerated MAGI Expansion Disabled Adult <=66% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income no more than 66% FPL</li> </ul>
MAGI No Medicare	<b>6216</b>	Incarcerated MAGI Expansion Disabled Adult >66-100% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 66% FPL but no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>6217</b>	Incarcerated MAGI Expansion Disabled Adult >100-138% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 100% FPL but no more than 138% FPL</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
MAGI No Medicare	6218	Incarcerated MAGI Expansion non-Disabled Adult <=66% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• NOT determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income no more than 66% FPL</li> </ul>
MAGI No Medicare	6219	Incarcerated MAGI Expansion non-Disabled Adult >66-100% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• NOT determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 66% FPL but no more than 100% FPL</li> </ul>
MAGI No Medicare	6220	Incarcerated MAGI Expansion non-Disabled Adult >100-138% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• NOT determined blind or disabled by SSA or DDU</li> <li>• NOT receiving institutional or HCBS services</li> <li>• MAGI income more than 100% FPL but no more than 138% FPL</li> </ul>
MAGI No Medicare	6251	Incarcerated Portal Entered Presumptive Child	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Time-limited assistance as a result of an initial, simplified determination of eligibility</li> <li>• Based on individual's self-declaration</li> <li>• Age 0 through 18 (through the end of the month in which the child turns age 19)</li> <li>• Limited to one presumptive coverage period per 12-month span</li> <li>• MAGI income no more than 206% FPL</li> <li>• Eligibility determined in the MITS Provider Portal</li> </ul>
MAGI No Medicare	6252	Incarcerated Presumptive Child	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Time-limited assistance as a result of an initial, simplified determination of eligibility</li> <li>• Based on individual's self-declaration</li> <li>• Age 0 through 18 (through the end of the month in which the child turns age 19)</li> <li>• Limited to one presumptive coverage period per 12-month span</li> <li>• MAGI income no more than 206% FPL</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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MAGI No Medicare	6253	Incarcerated Presumptive Former Foster Care	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Time-limited assistance as a result of an initial, simplified determination of eligibility</li> <li>• Based on individual's self-declaration</li> <li>• Age 18 through 25 (under age 26)</li> <li>• In foster care under the responsibility of the state on his/her 18th birthday</li> <li>• Eligible for and enrolled in medicaid while in foster care</li> </ul>
MAGI No Medicare	6254	Incarcerated Presumptive Adult	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Time-limited assistance as a result of an initial, simplified determination of eligibility</li> <li>• Based on individual's self-declaration</li> <li>• Age 19 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Limited to one presumptive coverage period per 12-month span</li> <li>• MAGI income no more than 138% FPL</li> </ul>
Medicaid No Medicare	6255	Incarcerated SACWIS Adoption Assistance	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Title IV-E Adoption Assistance (AA)</li> <li>• Age -0 through 17 (through the end of the month in which the child turns age 18) for an eligible child whose adoptive parent(s) enter into an initial AA agreement prior to the child's 18th birthday</li> <li>• Age exception: AA may continue through age 20 (through the end of the month in which the child turns age 21) for an eligible child with special needs</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• OAC 5101:2-49-04</li> </ul>
Medicaid No Medicare	6256	Incarcerated SACWIS Foster Care Maintenance	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Title IV-E Foster Care Maintenance (FCM)</li> <li>• Age -0 through 17 (through the end of the month in which the child turns age 18)</li> <li>• Age exception: FCM eligibility may continue beyond an individual's 18th birthday if there is documentation from the educational provider that the child is a full-time student reasonably expected to complete high school or equivalent level of vocational or technical training prior to his/her 19th birthday</li> <li>• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)</li> <li>• OAC 5101:2-47-12</li> </ul>
MAGI No Medicare	6301	Incarcerated AEMA Medicaid MAGI Child Age 6-18	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• MAGI income no more than 156% FPL</li> <li>• Age 6 through 18 (through the end of the month in which the child turns age 19)</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
MAGI No Medicare	6302	Incarcerated AEMA MAGI Pregnant Woman	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• MAGI income no more than 200% FPL</li> <li>• Pregnancy may be self-declared unless contradictory information exists</li> <li>• In order to substantiate eligibility determination for larger family size, medical verification of pregnancy is only required if individual is carrying more than one fetus</li> </ul>
MAGI No Medicare	6305	Incarcerated AEMA - Ribicoff Kid <=44% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• MAGI income no more than 44% FPL</li> </ul>
MAGI No Medicare	6306	Incarcerated AEMA CHIP1 Child - No Insurance >107-156%	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Age 6 through 18 (through the end of the month in which the child turns age 19) with no third-party creditable insurance and MAGI income more than 107% FPL to no more than 156% FPL</li> </ul>
MAGI No Medicare	6307	Incarcerated AEMA CHIP2 Child - No Insurance >156-206%	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Age 0 through 18 (through the end of the month in which the child turns age 19) with no third-party creditable insurance and MAGI income more than 156% FPL to no more than 206% FPL</li> </ul>
MAGI No Medicare	6309	Incarcerated AEMA MAGI Expansion Ribicoff-like Disabled Kid >44-66% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Determined blind or disabled by DDU</li> <li>• MAGI income more than 44% FPL to no more than 66% FPL</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
MAGI No Medicare	<b>6310</b>	Incarcerated AEMA MAGI Expansion Ribicoff-like Disabled Kid >66-100% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Determined blind or disabled by DDU</li> <li>• MAGI income more than 66% FPL to no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>6311</b>	Incarcerated AEMA MAGI Expansion Ribicoff-like Disabled Kid >100-138% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• Determined blind or disabled by DDU</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>
MAGI No Medicare	<b>6312</b>	Incarcerated AEMA MAGI Expansion Ribicoff-like non-Disabled Kid >44-66% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• NOT determined blind or disabled by DDU</li> <li>• MAGI income more than 44% FPL to no more than 66% FPL</li> </ul>
MAGI No Medicare	<b>6313</b>	Incarcerated AEMA MAGI Expansion Ribicoff-like non-Disabled Kid >66-100% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• NOT determined blind or disabled by DDU</li> <li>• MAGI income more than 66% FPL to no more than 100% FPL</li> </ul>



## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
MAGI No Medicare	<b>6314</b>	Incarcerated AEMA MAGI Expansion Ribicoff-like non-Disabled Kid >100-138% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category</li> <li>• Age 19 or 20 (through the end of the month in which the individual turns age 21)</li> <li>• NOT determined blind or disabled by DDU</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>
MAGI No Medicare	<b>6315</b>	Incarcerated AEMA MAGI Expansion Disabled Adult <=66% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Determined blind or disabled by DDU</li> <li>• MAGI income no more than 66% FPL</li> </ul>
MAGI No Medicare	<b>6316</b>	Incarcerated AEMA MAGI Expansion Disabled Adult >66-100% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Determined blind or disabled by DDU</li> <li>• MAGI income more than 66% FPL to no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>6317</b>	Incarcerated AEMA MAGI Expansion Disabled Adult >100-138% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• Determined blind or disabled by DDU</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>
MAGI No Medicare	<b>6318</b>	Incarcerated AEMA MAGI Expansion non-Disabled Adult <=66% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• NOT determined blind or disabled by DDU</li> <li>• MAGI income no more than 66% FPL</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
MAGI No Medicare	<b>6319</b>	Incarcerated AEMA MAGI Expansion non-Disabled Adult >66-100% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• NOT determined blind or disabled by DDU</li> <li>• MAGI income more than 66% FPL to no more than 100% FPL</li> </ul>
MAGI No Medicare	<b>6320</b>	Incarcerated AEMA MAGI Expansion non-Disabled Adult >100-138% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Not eligible under any other prior category</li> <li>• Age 21 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• NOT determined blind or disabled by DDU</li> <li>• MAGI income more than 100% FPL to no more than 138% FPL</li> </ul>
Medicaid No Medicare	<b>6401</b>	Incarcerated Aged SSI Recipient	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• SSI recipient</li> <li>• Age 65 or older</li> <li>• NOTE: Will include individuals in the Incarcerated Blind SSI Recipient and Incarcerated Disabled SSI Recipient groups who are age 65 or older</li> </ul>
Medicaid No Medicare	<b>6402</b>	Incarcerated Blind SSI Recipient	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• SSI recipient</li> <li>• Blind individual</li> <li>• NOTE: Most blind individuals who are age 65 or older will be included in the Incarcerated Aged SSI Recipient group</li> </ul>
Medicaid No Medicare	<b>6403</b>	Incarcerated Disabled SSI Recipient	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• SSI recipient</li> <li>• Disabled individual</li> <li>• NOTE: Most disabled individuals who are age 65 or older will be included in the Incarcerated Aged SSI Recipient group</li> </ul>
Medicaid No Medicare	<b>6404</b>	Incarcerated Grandfathered SSI - Individual Rcvng Mandatory State Supplements	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Grandfathered SSI recipient</li> <li>• Individual who receives mandatory supplemental benefits based on transition from the state cash benefit program to SSI in 1974 - because SSI benefits were lower than the state benefit amount received in December 1973</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.130</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	6405	Incarcerated Grandfathered SSI - Certain Individual Eligible in 1973	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Grandfathered SSI recipient</li> <li>• Blind or disabled individual who was eligible for Medicaid in 1973 and who meets all current requirements for Medicaid except for the blindness or disability criteria</li> <li>• Must have met the eligibility requirements in December 1973, and must have continued to meet them for each consecutive month since then in order to remain eligible</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.133</li> </ul>
Medicaid No Medicare	6406	Incarcerated Grandfathered SSI - Essential Spouse in 1973	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Grandfathered SSI recipient</li> <li>• Individual who was eligible for Medicaid in December 1973 as an essential spouse of an aged, blind, or disabled individual who was receiving cash assistance (SSI or optional state supplements)</li> <li>• Must have met the eligibility requirements in December 1973 and must have continued to meet them since then in order to remain eligible</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.131, 1905(a)</li> </ul>
Medicaid No Medicare	6407	Incarcerated Grandfathered SSI - Inelig for SSI Due to Reqs Prohibited by Mcaid	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Grandfathered SSI recipient</li> <li>• Individual who would be eligible for SSI benefits or optional state supplements except for an eligibility requirement used in those programs that is specifically prohibited under title XIX</li> <li>• 42 CFR 435.122</li> </ul>
Medicaid No Medicare	6408	Incarcerated Deemed SSI - Widow(er) - Early Social Security Receipt	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Deemed SSI recipient</li> <li>• Disabled widow or widower</li> <li>• At least age 60</li> <li>• Not entitled to Medicare Part A</li> <li>• Became ineligible for SSI benefits or state supplements because he/she was required to apply for and is receiving Social Security disabled widow's/widower's benefits</li> <li>• 42 CFR 435.138, 1634(d)</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	6409	Incarcerated Deemed SSI - Disabled Adult Child	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Deemed SSI recipient</li> <li>• At least age 18</li> <li>• Receives SSI benefits on the basis of blindness or a disability which began before he/she attained the age of 22</li> <li>• Became ineligible for SSI benefits because he/she became entitled to OASDI child's benefits, or because of an increase in those benefits</li> <li>• Would be eligible for SSI benefits if the OASDI child's benefit, or the increase in that benefit, is subtracted from his/her income</li> <li>• NOTE: Eligibility under this group is based only on the loss of SSI benefits; loss of eligibility for state supplements will not make an individual eligible under this group</li> <li>• 1634(c)</li> </ul>
Medicaid No Medicare	6410	Incarcerated Deemed SSI - Pickle Amendment Group	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Deemed SSI recipient</li> <li>• Individual must be currently receiving Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits</li> <li>• Was eligible for and receiving SSI benefits or state supplements but became ineligible for those payments after April 1977</li> <li>• Would still be eligible for SSI benefits or state supplements if all OASDI cost-of-living increases (COLA) received since the last month he/she was eligible for both OASDI and SSI benefits or state supplements were deducted from his/her income</li> <li>• 42 CFR 435.135, 1939(a)(5)(E)</li> </ul>
Medicaid No Medicare	6411	Incarcerated Deemed SSI - Additional Reduction Factor Widow(er)	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Deemed SSI recipient</li> <li>• Individual who was entitled to monthly OASDI benefits for December 1983</li> <li>• Was entitled to and received widow's or widower's disability benefits for January 1984</li> <li>• Became ineligible for SSI or optional state supplements due to elimination of the additional reduction factor for disabled widows and widowers under age 60</li> <li>• Would be eligible for SSI benefits or a mandatory or optional state supplement if the amount of the eliminated reduction factor and subsequent COLAs were deducted from his/her income</li> <li>• Must have filed a written application for Medicaid on or before June 30, 1988 to obtain protected Medicaid coverage</li> <li>• Closed to new enrollees</li> <li>• 42 CFR 435.137, 1634(b)</li> </ul>
Medicaid No Medicare	6412	Incarcerated Grandfathered SSI - 1972 OASDI COLA	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Grandfathered SSI recipient</li> <li>• Individual who lost eligibility for SSI benefits or state supplements due to an increase in Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits in 1972</li> <li>• 42 CFR 435.134</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	<b>6413</b>	Incarcerated Aged Categorically Needy <=64% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Age 65 or older</li> <li>• Income no more than 64% FPL</li> <li>• NOTE: Will include individuals in the Incarcerated Blind Categorically Needy &lt;=64% FPL and Incarcerated Disabled Categorically Needy &lt;=64% FPL groups who are age 65 or older</li> </ul>
Medicaid No Medicare	<b>6414</b>	Incarcerated Aged Categorically Needy >64% FPL - Federal Benefit Rate	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Age 65 or older</li> <li>• Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• NOTE: Will include individuals in the Incarcerated Blind Categorically Needy &gt;64% FPL - Federal Benefit Rate and Incarcerated Disabled Categorically Needy &gt;64% FPL - Federal Benefit Rate groups who are age 65 or older</li> </ul>
Medicaid No Medicare	<b>6415</b>	Incarcerated Blind Categorically Needy <=64% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Blind individual</li> <li>• Income no more than 64% FPL</li> <li>• NOTE: Most blind individuals who are age 65 or older will be included in the Incarcerated Aged Categorically Needy &lt;=64% FPL group</li> </ul>
Medicaid No Medicare	<b>6416</b>	Incarcerated Blind Categorically Needy >64% FPL - Federal Benefit Rate	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Blind individual</li> <li>• Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• NOTE: Most blind individuals who are age 65 or older will be included in the Incarcerated Aged Categorically Needy &gt;64% FPL - Federal Benefit Rate group</li> </ul>
Medicaid No Medicare	<b>6417</b>	Incarcerated Disabled Categorically Needy <=64% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Disabled individual</li> <li>• Income no more than 64% FPL</li> <li>• NOTE: Most disabled individuals who are age 65 or older will be included in the Incarcerated Aged Categorically Needy &lt;=64% FPL group</li> </ul>
Medicaid No Medicare	<b>6418</b>	Incarcerated Disabled Categorically Needy >64% FPL - Federal Benefit Rate	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Disabled individual</li> <li>• Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• NOTE: Most disabled individuals who are age 65 or older will be included in the Incarcerated Aged Categorically Needy &gt;64% FPL - Federal Benefit Rate group</li> </ul>

## ODM 271 Code Crosswalk - February 2023

*\*\*The list of Aid Codes is a living document. The information is current as of the date indicated, but is subject to change periodically as new information becomes known. For a complete description of eligibility criteria, please refer to the Ohio Administrative Code.\*\**

Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	6419	Incarcerated Breast & Cervical Cancer Project	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Breast and Cervical Cancer Project (BCCP) program enrollee</li> <li>• Must have been screened for breast or cervical cancer through the Ohio Department of Health</li> <li>• Age 40 through 64 (through the end of the month in which the individual turns age 65)</li> <li>• In need of treatment for breast and/or cervical cancer, including precancerous conditions</li> <li>• No third-party creditable insurance</li> <li>• Does not meet the eligibility criteria of any other Medicaid program</li> <li>• Eligibility is determined without regard to income or resources</li> </ul>
Medicaid No Medicare	6420	Incarcerated RoMPIR	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Reinstatement of Medicaid for Public Institution Recipients (RoMPIR)</li> <li>• Short-term Medicaid coverage for an individual recently released from state or county custody</li> <li>• Medicaid recipient at the time of his/her incarceration</li> <li>• Incarcerated for less than one year</li> <li>• Eligibility is limited to 60 days from the date of release from incarceration</li> </ul>
Medicaid No Medicare	6513	Incarcerated AEMA Aged Categorically Needy <=64% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Age 65 or older</li> <li>• Income no more than 64% FPL</li> <li>• NOTE: Will include individuals in the Incarcerated AEMA Blind Categorically Needy &lt;=64% FPL and Incarcerated AEMA Disabled Categorically Needy &lt;=64% FPL groups who are age 65 or older</li> </ul>
Medicaid No Medicare	6514	Incarcerated AEMA Aged Categorically Needy >64% FPL - Federal Benefit Rate	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Age 65 or older</li> <li>• Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• NOTE: Will include individuals in the Incarcerated AEMA Blind Categorically Needy &gt;64% FPL - Federal Benefit Rate and Incarcerated AEMA Disabled Categorically Needy &gt;64% FPL - Federal Benefit Rate groups who are age 65 or older</li> </ul>
Medicaid No Medicare	6515	Incarcerated AEMA Blind Categorically Needy <=64% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Determined blind by DDU</li> <li>• Income no more than 64% FPL</li> <li>• NOTE: Most blind individuals who are age 65 or older will be included in the Incarcerated AEMA Aged Categorically Needy &lt;=64% FPL group</li> </ul>

## ODM 271 Code Crosswalk - February 2023

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Eligibility Group	Aid Category Code	Aid Category Name	Aid Category Description
Medicaid No Medicare	6516	Incarcerated AEMA Blind Categorically Needy >64% FPL - Federal Benefit Rate	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Determined blind by DDU</li> <li>• Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• NOTE: Most blind individuals who are age 65 or older will be included in the Incarcerated AEMA Aged Categorically Needy &gt;64% FPL - Federal Benefit Rate group</li> </ul>
Medicaid No Medicare	6517	Incarcerated AEMA Disabled Categorically Needy <=64% FPL	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Determined disabled by DDU</li> <li>• Income no more than 64% FPL</li> <li>• NOTE: Most disabled individuals who are age 65 or older will be included in the Incarcerated AEMA Aged Categorically Needy &lt;=64% FPL group</li> </ul>
Medicaid No Medicare	6518	Incarcerated AEMA Disabled Categorically Needy >64% FPL - Federal Ben Rate	<ul style="list-style-type: none"> <li>• Inmate of a public institution who has been admitted as an inpatient in a hospital, nursing facility, juvenile psychiatric facility, or ICF-IID for a 24 hour period or longer</li> <li>• Temporary assistance to an individual who does not meet the Medicaid citizenship or non-citizen status requirement</li> <li>• Determined disabled by DDU</li> <li>• Income more than 64% FPL to no more than the current Supplemental Security Income (SSI) Federal Benefit Rate (FBR)</li> <li>• NOTE: Most disabled individuals who are age 65 or older will be included in the Incarcerated AEMA Aged Categorically Needy &gt;64% FPL - Federal Benefit Rate group</li> </ul>