From: **Scott Partika, Director**

To: **Ohio Department of Medicaid Clearance Reviewers**

Subject: **Group VIII Work and Community Engagement Requirement**

This transmittal contains one rule which is being added to Chapter 5160:1-4 of the Administrative Code, adopted under section 111.15 of the Revised Code.

The information contained in this clearance transmittal is for informational purposes only and is not intended to be part of the clearance review. Your review of and comments on the attached material are appreciated.

Chapter 4
5160:1-4-07 MAGI-based Medicaid: Coverage for Adults Aged 19-64 (Group VIII)
This new rule will be proposed to create a work and community engagement requirement as a condition of eligibility for individuals within the Group VIII Medicaid category to comply with Section 71119 of the Working Families Tax Cuts legislation.

Fiscal Impact
The Ohio Department of Medicaid (ODM) supplies funding to Ohio's counties through the Ohio Department of Job and Family Services, which funds counties to conduct eligibility determinations and complete casework for the Medicaid program. The addition of the rule in this clearance does not impose any new requirements on county agencies and the implementation of these rule changes should result in no fiscal impact on the county agencies.

Questions pertaining to this clearance should be sent to Rules@Medicaid.Ohio.gov.

To receive notification when ODM posts draft rules for public comment please register via the Common Sense Initiative eNotifications Sign-up: eNotifications Sign Up | Governor Mike DeWine (ohio.gov). The Ohio Department of Medicaid will use this list to notify subscribers when draft rules are posted for public comment.

To receive notification when ODM original, revise, refile, or final files a rule package please register for Joint Committee on Agency Rules Review's (JCARR) RuleWatch at www.rulewatchohio.gov where an account can be created to be notified of rule actions by the rule number or department.

The main ODM web page includes links to valuable information about its services, programs, and rules; the address is http://www.medicaid.ohio.gov.

5160:1-4-07 **MAGI-based medicaid: coverage for adults aged 19-64 (group VIII).**

(A) This rule describes eligibility for adults described in 42 U.S.C. 1396a(a)(10)(A)(i)(VIII) (as in effect October 1, 2026) for applications for medical assistance.

(B) Definitions.

(1) "Applicable individual," for the purpose of this rule, means an individual who is not an excluded individual.

(2) "Community service," for the purpose of this rule, means the following:

(a) Unpaid work performed through a structured program for the benefit of the community;

(b) The work must be conducted under the supervision of a public or nonprofit organization; and

(c) The public or nonprofit organization must have a process in place to document and track the community service, including:

(i) The type of community service activity;

(ii) The dates and total number of hours completed; and

(iii) A point of contact who can verify the hours completed.

(3) "Excluded individual," for the purpose of this rule, means any of the following:

(a) An individual who is eligible for coverage under the former foster care group as described in rule 5160:1-4-03 of the Administrative Code;

(b) An individual who is an Indian or an Urban Indian as defined in section 4 of the Indian Health Care Improvement Act (Pub. L. No. 94-437), a Californian Indian as described in section 809(a) of the Indian Health Care Improvement Act (Pub. L. No. 94-437), or has otherwise been determined eligible as an Indian for the Indian Health Services;

(c) An individual who is the parent, guardian, caretaker relative, or family caregiver as defined in section 2 of the RAISE Family Caregivers Act

(Pub. L. No. 115-119) of a dependent child thirteen years of age or younger or a disabled individual;

(d) An individual who is a veteran with a disability rated as total in accordance with 38 U.S.C. 1155 (as in effect October 1, 2026);

(e) An individual who is medically frail or otherwise has special medical needs;

(f) An individual who is in compliance with any requirements imposed by section 407 of the Social Security Act (as in effect October 1, 2026), or is a member of a household that receives supplemental nutrition assistance program (SNAP) under the Food and Nutrition Act of 2008 (Pub. L. No. 88-525) and is not exempt from a work requirement under such Act;

(g) An individual participating in a drug and alcohol treatment program in accordance with section 3(h) of the Food and Nutrition Act of 2008 (Pub. L. No. 88-525);

(h) An individual who is an inmate of a public institution or, for applications, was an inmate at any point during the three-months prior to the first day of the month of the review period; or

(i) An individual who is pregnant or entitled to postpartum medical assistance as described in rule 5160:1-4-04 of the Administrative Code.

(4) "Mandatory exemption," for the purpose of this rule, means any of the following:

(a) An individual under the age of nineteen;

(b) An individual who is entitled to, or enrolled for benefits under medicare part A, or enrolled for benefits under medicare part B;

(c) An individual who is eligible for medical assistance in accordance with Chapters 5160:1-3 through 5160:1-5, other than eligibility under this rule; or

(d) An individual who was an excluded individual in the review period, but is no longer an excluded individual at the time of application or renewal.

(5) "Medically frail," for the purpose of this rule, means a physical, mental, or other behavioral health condition that significantly impairs the individual's ability to comply with the group VIII work and community engagement requirement defined in paragraph (D) of this rule and meets any of the following:

(a) Is blind or disabled in accordance with section 1614 of the Social Security Act (as in effect on October 1, 2026);

(b) With a substance use disorder;

(c) With a disabling mental disorder;

(d) With a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living; or

(e) With a serious or complex medical condition.

(6) "Review period," for the purpose of this rule, means:

(a) For applications, the review period is the month prior to the application month; or

(b) For renewals, the review period is the period of time between the effective date of the individual's last eligibility determination and the date the renewal is due.

(C) Eligibility criteria.

(1) To be eligible for coverage under group VIII an individual shall:

(a) Be at least nineteen years of age but less than sixty-five years of age;

(b) Not be pregnant;

(c) Not be enrolled in or eligible for coverage under medicare part A or part B;

(d) Have household income that does not exceed one hundred thirty-three per cent of the federal poverty level for the family size using MAGI budgeting;

(e) Not be eligible for coverage under another category of full Medicaid; and

(f) Meet the group VIII work and community engagement requirement described in paragraph (D) of this rule unless the individual is identified as an excluded individual at the time of application or renewal.

(2) When the individual is a parent or caretaker relative of a child and resides with that child, that child shall have creditable coverage through medicaid or other creditable coverage before the individual is eligible for coverage under this group.

(D) Group VIII work and community engagement requirement.

(1) Unless the applicable individual meets a mandatory exemption during the review period, the individual must demonstrate compliance with the group VIII work and community engagement requirement.

(2) To demonstrate compliance, the applicable individual must show that within the review period, the individual completed one or more of the following activities for one calendar month:

(a) The individual worked not less than eighty hours;

(b) The individual completed not less than eighty hours of community service;

(c) The individual participated in a work program for not less than eighty hours;

(d) The individual was enrolled in an educational program at least half-time;

(e) The individual had a monthly household income using MAGI budgeting that is not less than the applicable federal minimum wage requirement in accordance with section 6 of the Fair Labor Standards Act of 1938 (Pub. L. No. 117-328), multiplied by eighty hours;

(f) The individual had an average monthly income over the preceding six months that is not less than the applicable federal minimum wage requirement under section 6 of the Fair Labor Standards Act of 1938 (Pub. L. No. 117-328), multiplied by eighty hours, and is a seasonal worker as described in section 45R(d)(5)(B) of the Internal Revenue Code of 1986 (as in effect October 1, 2026); or

(g) A combination of activities described in paragraphs (D)(2)(a) through (D)(2)(f) of this rule.

(E) Non-compliance with the group VIII work and community engagement requirement. If the administrative agency is unable to verify that an applicable individual has met a mandatory exemption or has demonstrated compliance with the group VIII work and community engagement requirement as described in paragraph (D) of this rule, the administrative agency shall:

(1) Provide the applicable individual with a notice describing the noncompliance;

(2) Provide the applicable individual with a period of thirty calendar days allowing the individual to:

(a) Make a satisfactory showing that the applicable individual meets the definition of an excluded individual;

(b) Make a satisfactory showing that the applicable individual meets the criteria of a mandatory exemption; or

(c) Make a satisfactory showing of compliance with the group VIII work and community engagement requirement.

(3) The thirty calendar day period begins on the date that the notice of noncompliance is received by the individual, which is considered to be five days after the date on the notice, unless the individual shows the notice was not recevied within the five-day period.

(4) When providing the notice of noncompliance during a renewal of eligibility, the administrative agency shall continue the applicable individual's medical assistance coverage during the thirty calendar day period.

(5) When the applicable individual does not make a satisfactory showing of exemption or compliance, the administrative agency shall deny the applicable individual's application for medical assistance for initial applications, or discontinue the applicable individual from ongoing medical assistance no later than the end of the month following the month in which the thirty calendar day period ends.

(6) Prior to discontinuing an applicable individual's medical coverage for failure to demonstrate compliance for the group VIII work and community engagement requirement, the administrative agency shall:

(a) Conduct a pre-termination review (PTR) as defined in rule 5160:1-1-01 of the Administrative Code to determine that the applicable individual is no longer eligible for coverage under any eligibility category; and

(b) Provide notice of hearing rights in accordance with 42 C.F.R. 435.917 (as in effect October 1, 2026).

(F) Administrative agency responsibilities.

(1) Calculate the individual's family size and household income as described in rule 5160:1-4-01 of the Administrative Code.

(2) Verify exclusion from or compliance with the group VIII work and community engagement requirement in accordance with paragraph (H) of rule 5160:1-2-01 of the Administrative Code except that an individual's statement cannot

be accepted as verification for the status of medically frail as described in paragraph (B)(5) of this rule.

Effective:

Five Year Review (FYR)
Dates:

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Certification

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Date

Promulgated Under:	111.15
Statutory Authority:	5160.02, 5161.02, 5161.12, 5162.03, 5163.02, 5163.40
Rule Amplifies:	5160.02, 5161.02, 5161.12, 5162.03, 5163.02, 5163.40