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<td>1021</td>
<td>Healthy Start Pregnant Women Expansion QMB</td>
<td>Healthy Start Pregnant Women Expansion who are also QMB’s. Pregnant women with a need standard &lt;= 150% FPL.</td>
</tr>
<tr>
<td>QMB + Full Medicaid</td>
<td>1022</td>
<td>Healthy Start Expedited Pregnant Women QMB</td>
<td>Healthy Start Expedited Pregnant Women who are also QMB’s. This program provides limited services for 60 days.</td>
</tr>
<tr>
<td>QMB + Full Medicaid</td>
<td>1023</td>
<td>QMB Plus Med Unknown</td>
<td>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.</td>
</tr>
</tbody>
</table>
| QMB + MAGI | 1102                   | QMB Medicaid MAGI Child under 1 | • MAGI income no more than 156% FPL  
• Under age 1 (through the end of the month in which the child turns age 1)  
• Qualified Medicare Beneficiary (QMB) |
| QMB + MAGI | 1103                   | QMB Medicaid MAGI Child Age 1-5 | • MAGI income no more than 156% FPL  
• Age 1 through 5 (through the end of the month in which the child turns age 6)  
• Qualified Medicare Beneficiary (QMB) |
| QMB + MAGI | 1104                   | QMB Medicaid MAGI Child Age 6-18 | • MAGI income no more than 156% FPL  
• Age 6 through 18 (through the end of the month in which the child turns age 19)  
• Qualified Medicare Beneficiary (QMB) |
| QMB + MAGI | 1108                   | QMB MAGI Pregnant Women | • MAGI income no more than 200% FPL  
• Pregnancy may be self-declared unless contradictory information exists  
• 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  
• Medicaid eligibility continues throughout pregnancy and postpartum period  
• Qualified Medicare Beneficiary (QMB) |
| QMB + MAGI | 1110                   | QMB MAGI Parent or Caretaker | • MAGI income no more than 90% FPL  
• Must reside with a dependent child under the age of 18 (through the end of the month in which the child turns age 18)  
• Qualified Medicare Beneficiary (QMB) |
| QMB + MAGI | 1116                   | QMB Extended medical | • Medicaid coverage for parents or caretaker relatives who become ineligible as a result of increased collection of spousal support  
• 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  
• Qualified Medicare Beneficiary (QMB) |
| QMB + MAGI | 1117                   | QMB Aged Out Former Foster Care | • Age 18 through 25 (through the end of the month in which the individual turns age 26)  
• In foster care under the responsibility of the state on his/her 18th birthday  
• Eligible for and enrolled in Medicaid while in foster care  
• Medicaid eligibility is determined without regard to income  
• Qualified Medicare Beneficiary (QMB) |
| QMB + MAGI | 1118                   | QMB Transitional Medicaid | • Medicaid coverage for parents or caretaker relatives who become ineligible as a result of an increase in earned income  
• 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  
• Qualified Medicare Beneficiary (QMB) |
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| QMB + MAGI        | 1120                   | QMB CHIP1 Child >100-150% - No Insurance | **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.**  
  • 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  
  • 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  
  • Qualified Medicare Beneficiary (QMB) |
| QMB + MAGI        | 1121                   | QMB CHIP2 Child >150-200% - No insurance | **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.**  
  • 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  
  • Qualified Medicare Beneficiary (QMB) |
| QMB + MAGI        | 1122                   | QMB Medicaid kid lost elig b/c MAGI |  
  • Child who previously received Medicaid and who lost eligibility solely as a result of the elimination of income disregards  
  • Not otherwise eligible for any category of Medicaid  
  • Was enrolled in Medicaid on December 31, 2013  
  • Will remain categorically eligible for Medicaid for one renewal period  
  • Qualified Medicare Beneficiary (QMB) |
| QMB + MAGI        | 1123                   | QMB CHIP kid lost elig b/c MAGI |  
  • Child who previously received (Medicaid-expansion) CHIP and who lost eligibility solely as a result of the elimination of income disregards  
  • Not otherwise eligible for any category of Medicaid or (Medicaid-expansion) CHIP  
  • Was enrolled in CHIP on December 31, 2013  
  • Will remain categorically eligible for (Medicaid-expansion) CHIP for one renewal period  
  • Qualified Medicare Beneficiary (QMB) |
| QMB + MAGI        | 1124                   | QMB Rib Kids |  
  • Age 19 or 20 (through the end of the month in which the individual turns age 21)  
  • MAGI income no more than 44% FPL  
  • Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1601                   | Aged SSI Recipient QMB |  
  • SSI recipient  
  • Age 65 or older  
  • Qualified Medicare Beneficiary (QMB)  
  • NOTE: Will include individuals in the Blind SSI Recipient QMB and Disabled SSI Recipient QMB groups who are age 65 or older |
| QMB + Full Medicaid | 1602                   | Blind SSI Recipient QMB |  
  • SSI recipient  
  • Blind individual  
  • Qualified Medicare Beneficiary (QMB)  
  • NOTE: Most blind individuals who are age 65 or older will be included in the Aged SSI Recipient QMB group |
| QMB + Full Medicaid | 1603                   | Disabled SSI Recipient QMB |  
  • SSI recipient  
  • Disabled individual  
  • Qualified Medicare Beneficiary (QMB)  
  • NOTE: Most disabled individuals who are age 65 or older will be included in the Aged SSI Recipient QMB group |
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| QMB + Full Medicaid | 1604 | 1619(b) Recipient QMB | • SSI recipient who is no longer receiving federal SSI cash benefits, but is still considered to be an SSI recipient for Medicaid purposes  
• Blind or disabled working individual  
• Medicaid While Working protection is determined by the SSA  
• Must meet all non-disability requirements for regular SSI benefits except for earnings  
• 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  
• Must need Medicaid coverage to continue working  
• 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  
• 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  
• Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1605 | Grandfathered SSI - Individual Receiving Mandatory State Supplements QMB | • Grandfathered SSI recipient  
• 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  
• Closed to new enrollees  
• 42 CFR 435.130  
• Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1606 | Grandfathered SSI - Certain Individual Eligible in 1973 QMB | • Grandfathered SSI recipient  
• 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  
• 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  
• Closed to new enrollees  
• 42 CFR 435.133  
• Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1607 | Grandfathered SSI - Essential Spouse in 1973 QMB | • Grandfathered SSI recipient  
• 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)  
• Must have met the eligibility requirements in December 1973 and must have continued to meet them since then in order to remain eligible  
• Closed to new enrollees  
• 42 CFR 435.131, 1905(a)  
• Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1608 | Grandfathered SSI - Individual Institutionalized & Eligible Since 1973 QMB | • Grandfathered SSI recipient  
• 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  
• Closed to new enrollees  
• 42 CFR 435.132  
• Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1609 | Grandfathered SSI - Ineligible for SSI Due to Reqs Prohibited by Medicaid QMB | • Grandfathered SSI recipient  
• 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  
• 42 CFR 435.122  
• Qualified Medicare Beneficiary (QMB) |
**Eligibility Group** | **MITS Aid Category Code** | **MITS Aid Category Name** | **MITS Aid Category Description**
---|---|---|---
QMB + Full Medicaid | 1610 | Deemed SSI - Widow(er) - Early Social Security Receipt QMB | • Deemed SSI recipient  
• Disabled widow or widower  
• At least age 60  
• Not entitled to Medicare Part A  
• 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  
• 42 CFR 435.138, 1634(d)  
• Qualified Medicare Beneficiary (QMB)

QMB + Full Medicaid | 1611 | Deemed SSI - Disabled Adult Child QMB | • Deemed SSI recipient  
• At least age 18  
• Receives SSI benefits on the basis of blindness or a disability which began before he/she attained the age of 22  
• Became ineligible for SSI benefits because he/she became entitled to OASDI child’s benefits, or because of an increase in those benefits  
• Would be eligible for SSI benefits if the OASDI child’s benefit, or the increase in that benefit, is subtracted from his/her income  
• 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  
• 1634(c)  
• Qualified Medicare Beneficiary (QMB)

QMB + Full Medicaid | 1612 | Deemed SSI - Pickle Amendment Group QMB | • Deemed SSI recipient  
• Individual must be currently receiving Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits  
• Was eligible for and receiving SSI benefits or state supplements but became ineligible for those payments after April 1977  
• 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  
• 42 CFR 435.135, 1939(a)(5)(E)  
• Qualified Medicare Beneficiary (QMB)

QMB + Full Medicaid | 1613 | Deemed SSI - Additional Reduction Factor Widow(er) QMB | • Deemed SSI recipient  
• Individual who was entitled to monthly OASDI benefits for December 1983  
• Was entitled to and received widow’s or widower’s disability benefits for January 1984  
• Became ineligible for SSI or optional state supplements due to elimination of the additional reduction factor for disabled widows and widowers under age 60  
• 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  
• Must have filed a written application for Medicaid on or before June 30, 1988 to obtain protected Medicaid coverage  
• Closed to new enrollees  
• 42 CFR 435.137, 1634(b)  
• Qualified Medicare Beneficiary (QMB)

QMB + Full Medicaid | 1614 | Grandfathered SSI - 1972 OASDI COLA QMB | • Grandfathered SSI recipient  
• 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  
• 42 CFR 435.134  
• Qualified Medicare Beneficiary (QMB)
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| QMB + Full Medicaid | 1615 | Aged Categorically Needy <=64% FPL QMB | • Age 65 or older  
• Income no more than 64% FPL  
• Qualified Medicare Beneficiary (QMB)  
• NOTE: Will include individuals in the Blind Categorically Needy <=64% FPL QMB and Disabled Categorically Needy <=64% FPL QMB groups who are age 65 or older |
| QMB + Full Medicaid | 1616 | Aged Categorically Needy >64-75% FPL QMB | • Age 65 or older  
• Income more than 64% FPL to no more than 75% FPL  
• Qualified Medicare Beneficiary (QMB)  
• NOTE: Will include individuals in the Blind Categorically Needy >64-75% FPL QMB and Disabled Categorically Needy >64-75% FPL QMB groups who are age 65 or older |
| QMB + Full Medicaid | 1617 | Blind Categorically Needy <=64% FPL QMB | • Blind individual  
• Income no more than 64% FPL  
• Qualified Medicare Beneficiary (QMB)  
• NOTE: Most blind individuals who are age 65 or older will be included in the Aged Categorically Needy <=64% FPL QMB group |
| QMB + Full Medicaid | 1618 | Blind Categorically Needy >64-75% FPL QMB | • Blind individual  
• Income more than 64% FPL to no more than 75% FPL  
• Qualified Medicare Beneficiary (QMB)  
• NOTE: Most blind individuals who are age 65 or older will be included in the Aged Categorically Needy >64-75% FPL QMB group |
| QMB + Full Medicaid | 1619 | Disabled Categorically Needy <=64% FPL QMB | • Disabled individual  
• Income no more than 64% FPL  
• Qualified Medicare Beneficiary (QMB)  
• NOTE: Most disabled individuals who are age 65 or older will be included in the Aged Categorically Needy <=64% FPL QMB group |
| QMB + Full Medicaid | 1620 | Disabled Categorically Needy >64-75% FPL QMB | • Disabled individual  
• Income more than 64% FPL to no more than 75% FPL  
• Qualified Medicare Beneficiary (QMB)  
• NOTE: Most disabled individuals who are age 65 or older will be included in the Aged Categorically Needy >64-75% FPL QMB group |
| QMB + Full Medicaid | 1621 | SSI Recipient Residential State Supplement QMB | • SSI recipient who is enrolled in the Residential State Supplement (RSS) program  
• Age 18 or older  
• Meets protective level of care  
• Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1622 | Non-SSI Recipient Residential State Supplement QMB | • Non-SSI recipient who is enrolled in the Residential State Supplement (RSS) program  
• Age 18 or older  
• Meets protective level of care  
• Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1623 | MBIWD Basic no Premium <=64% FPL QMB | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• Meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income no more than 64% FPL  
• Qualified Medicare Beneficiary (QMB) |
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| QMB + Full Medicaid | 1624 | MBIWD Basic no Premium >64-75% FPL QMB | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• Meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income more than 64% FPL to no more than 75% FPL  
• Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1625 | MBIWD Basic no Premium >75-150% FPL QMB | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• Meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income more than 75% FPL to no more than 150% FPL  
• Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1626 | MBIWD Basic with Premium QMB | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• Meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income more than 150% FPL to no more than 250% FPL  
• Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1627 | MBIWD Medically Improved no Premium <=64% FPL QMB | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• Participated in an MBIWD Basic group in the previous calendar month  
• No longer meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income no more than 64% FPL  
• Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1628 | MBIWD Medically Improved no Premium >64-75% FPL QMB | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• Participated in an MBIWD Basic group in the previous calendar month  
• No longer meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income more than 64% FPL to no more than 75% FPL  
• Qualified Medicare Beneficiary (QMB) |
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| QMB + Full Medicaid | 1629 | MBIWD Medically Improved no Premium >75-150% FPL QMB | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• Participated in an MBIWD Basic group in the previous calendar month  
• No longer meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income more than 75% FPL to no more than 150% FPL  
• Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1630 | MBIWD Medically Improved with Premium QMB | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• Participated in an MBIWD Basic group in the previous calendar month  
• No longer meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income more than 150% FPL to no more than 250% FPL  
• Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1631 | Specialized Recovery Services Program <=64% FPL QMB | • Age 21 or older  
• Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
• Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the “mental health needs” or “risk behaviors” sections or a 3 on at least one of the items in the “life domain functioning” section  
• Income no more than 64% FPL  
• Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1632 | Specialized Recovery Services Program >64-75% FPL QMB | • Age 21 or older  
• Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
• Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the “mental health needs” or “risk behaviors” sections or a 3 on at least one of the items in the “life domain functioning” section  
• Income more than 64% FPL to no more than 75% FPL  
• Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1633 | Specialized Recovery Services Program >75-100% FPL QMB | • Age 21 or older  
• Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
• Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the “mental health needs” or “risk behaviors” sections or a 3 on at least one of the items in the “life domain functioning” section  
• Income more than 75% FPL to no more than 100% FPL  
• Qualified Medicare Beneficiary (QMB) |
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| QMB + Full Medicaid | 1634 | Specialized Recovery Services Program >100-150% FPL QMB | • Age 21 or older  
  • Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
  • Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the "mental health needs" or "risk behaviors" sections or a 3 on at least one of the items in the "life domain functioning" section  
  • Income more than 100% FPL to no more than 150% FPL  
  • Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1635 | SIL Waiver >75-100% FPL QMB | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • 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  
  • Individual must meet the specific level of care required for the chosen waiver  
  • Income more than 75% FPL to no more than 100% FPL  
  • Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1636 | SIL Waiver >100-150% FPL QMB | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • 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  
  • Individual must meet the specific level of care required for the chosen waiver  
  • Income more than 100% FPL to no more than 150% FPL  
  • Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1637 | SIL Assisted Living Waiver >75-100% FPL QMB | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Age 21 or older  
  • Individual must reside in a nursing facility and require at least an intermediate level of care  
  • Income more than 75% FPL to no more than 100% FPL  
  • Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1638 | SIL Assisted Living Waiver >100-150% FPL QMB | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Age 21 or older  
  • Individual must reside in a nursing facility and require at least an intermediate level of care  
  • Income more than 100% FPL to no more than 150% FPL  
  • Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1639 | SIL PACE >75-100% FPL QMB | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Program of All-Inclusive Care for the Elderly (PACE)  
  • Age 55 or older  
  • Individual must live in the service area of Cuyahoga County  
  • Has functional limitations that meet the criteria for nursing home level of care  
  • Must be able to live safely in the community  
  • Must be willing to receive all of his/her care from PACE program providers  
  • Income more than 75% FPL to no more than 100% FPL  
  • Qualified Medicare Beneficiary (QMB) |
**MITS Aid Code Reference List - January 1, 2017**

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</table>
| QMB + Full Medicaid | 1640 | SIL PACE >100-150% FPL QMB | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Program of All-Inclusive Care for the Elderly (PACE)  
  • Age 55 or older  
  • Individual must live in the service area of Cuyahoga County  
  • Has functional limitations that meet the criteria for nursing home level of care  
  • Must be able to live safely in the community  
  • Must be willing to receive all of his/her care from PACE program providers  
  • Income more than 100% FPL to no more than 150% FPL  
  • Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1641 | SIL Facility >75-100% FPL QMB | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)  
  • Income more than 75% FPL to no more than 100% FPL  
  • Qualified Medicare Beneficiary (QMB) |
| QMB + Full Medicaid | 1642 | SIL Facility >100-150% FPL QMB | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)  
  • Income more than 100% FPL to no more than 150% FPL  
  • Qualified Medicare Beneficiary (QMB) |

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<tr>
<td>SLMB + Full Medicaid</td>
<td>2001</td>
<td>Residential State Supplement and SLMB</td>
<td>Residential State Supplement persons who are also SLMB’s.</td>
</tr>
<tr>
<td>SLMB + Full Medicaid</td>
<td>2002</td>
<td>MBIWD Basic without Premium SLMB</td>
<td>Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Basic Coverage with no Premium with a need standard &lt;= 150% FPL, and are also SLMB’s. Turn Around Ohio Medicaid expansion effective 2008.04.01.</td>
</tr>
<tr>
<td>SLMB + Full Medicaid</td>
<td>2003</td>
<td>MBIWD Basic with Premium SLMB</td>
<td>Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Basic Coverage who pay a Premium with a need standard &lt;= 250% FPL, and are also SLMB’s. Turn Around Ohio Medicaid expansion effective 2008.04.01.</td>
</tr>
<tr>
<td>SLMB + Full Medicaid</td>
<td>2004</td>
<td>MBIWD Medically Improved no Premium SLMB</td>
<td>Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Medically Improved with no Premium with a need standard &lt;= 150% FPL, and are also QMB’s. Turn Around Ohio Medicaid expansion effective 2008.04.01.</td>
</tr>
<tr>
<td>SLMB + Full Medicaid</td>
<td>2005</td>
<td>MBIWD Medically Improved Premium SLMB</td>
<td>Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Medically Improved who pay a Premium with a need standard &lt;= 250% FPL, and are also SLMB’s. Turn Around Ohio Medicaid expansion effective 2008.04.01.</td>
</tr>
<tr>
<td>SLMB + Full Medicaid</td>
<td>2006</td>
<td>Aged Dual SLMB</td>
<td>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 &quot;MA B&quot; or &quot;MA D&quot; with age &lt; 65 in cases of spouses in same MA A assistance group.</td>
</tr>
<tr>
<td>SLMB + Full Medicaid</td>
<td>2007</td>
<td>Blind Dual SLMB</td>
<td>Blind persons who are also SLMB’s. Note: Most Blind persons who are 65 or older will fall into the respective Aged group.</td>
</tr>
<tr>
<td>SLMB + Full Medicaid</td>
<td>2008</td>
<td>Disabled Dual SLMB</td>
<td>Disabled persons who are also SLMB’s. Note: Most Disabled persons who are 65 or older will fall into the respective Aged group.</td>
</tr>
<tr>
<td>SLMB + Full Medicaid</td>
<td>2009</td>
<td>Breast &amp; Cervical Cancer SLMB</td>
<td>Breast &amp; Cervical Cancer persons who are also SLMB’s.</td>
</tr>
<tr>
<td>SLMB + Full Medicaid</td>
<td>2010</td>
<td>Healthy Family Child Support extended SLMB</td>
<td>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.</td>
</tr>
<tr>
<td>SLMB + Full Medicaid</td>
<td>2011</td>
<td>OWF Family Cash SLMB</td>
<td>Ohio Works First Families who receive cash assistance who are also SLMB’s. Part of the Healthy Families population.</td>
</tr>
</tbody>
</table>
## Eligibility Group | MITS Aid Category Code | MITS Aid Category Name | MITS Aid Category Description
--- | --- | --- | ---
SLMB + Full Medicaid | 2012 | 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 | 2013 | 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 | 2014 | 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 | 2015 | 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 | 2016 | 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 | 2017 | 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 | 2018 | 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 | 2019 | 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 | 2102 | SLMB Medicaid MAGI Child under 1 | MAGI income no more than 156% FPL
- Under age 1 (through the end of the month in which the child turns age 1)
- Specified Low-Income Medicare Beneficiary (SLMB)
SLMB + Full Medicaid | 2103 | SLMB Medicaid MAGI Child Age 1-5 | MAGI income no more than 156% FPL
- Age 1 through 5 (through the end of the month in which the child turns age 6)
- Specified Low-Income Medicare Beneficiary (SLMB)
SLMB + Full Medicaid | 2104 | SLMB Medicaid MAGI Child Age 6-18 | MAGI income no more than 156% FPL
- Age 6 through 18 (through the end of the month in which the child turns age 19)
- Specified Low-Income Medicare Beneficiary (SLMB)
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| SLMB + MAGI       | 2108          | SLMB MAGI Pregnant Women | • MAGI income no more than 200% FPL  
• Pregnancy may be self-declared unless contradictory information exists  
• 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  
• Medicaid eligibility continues throughout pregnancy and postpartum period  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + MAGI       | 2110          | SLMB MAGI Parent or Caretaker | • MAGI income no more than 90% FPL  
• Must reside with a dependent child under the age of 18 (through the end of the month in which the child turns age 18)  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + MAGI       | 2116          | SLMB Extended medical | • Medicaid coverage for parents or caretaker relatives who become ineligible as a result of increased collection of spousal support  
• 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  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + MAGI       | 2117          | SLMB Aged Out Former Foster Care | • Age 18 through 25 (through the end of the month in which the individual turns age 26)  
• In foster care under the responsibility of the state on his/her 18th birthday  
• Eligible for and enrolled in Medicaid while in foster care  
• Medicaid eligibility is determined without regard to income  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + MAGI       | 2118          | SLMB Transitional Medicaid | • Medicaid coverage for parents or caretaker relatives who become ineligible as a result of an increase in earned income  
• 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  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + MAGI       | 2120          | SLMB CHIP1 Child >100-150% - No Insurance | **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.**  
• 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  
• 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  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + MAGI       | 2121          | SLMB CHIP2 Child >150-200% - No Insurance | **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.**  
• 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  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + MAGI       | 2122          | SLMB Medicaid kid lost elig b/c MAGI | • Child who previously received Medicaid and who lost eligibility solely as a result of the elimination of income disregards  
• Not otherwise eligible for any category of Medicaid  
• Was enrolled in Medicaid on December 31, 2013  
• Will remain categorically eligible for Medicaid for one renewal period  
• Specified Low-Income Medicare Beneficiary (SLMB) |
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| SLMB + MAGI       | 2123                   | SLMB CHIP kid lost elig b/c MAGI | • Child who previously received (Medicaid-expansion) CHIP and who lost eligibility solely as a result of the elimination of income disregards  
• Not otherwise eligible for any category of Medicaid or (Medicaid-expansion) CHIP  
• Was enrolled in CHIP on December 31, 2013  
• Will remain categorically eligible for (Medicaid-expansion) CHIP for one renewal period  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + MAGI       | 2124                   | SLMB Rib Kids          | • Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• MAGI income no more than 44% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2601                   | Aged SSI Recipient SLMB | • SSI recipient  
• Age 65 or older  
• Specified Low-Income Medicare Beneficiary (SLMB)  
• NOTE: Will include individuals in the Blind SSI Recipient SLMB and Disabled SSI Recipient SLMB groups who are age 65 or older |
| SLMB + Full Medicaid | 2602                   | Blind SSI Recipient SLMB | • SSI recipient  
• Blind individual  
• Specified Low-Income Medicare Beneficiary (SLMB)  
• NOTE: Most blind individuals who are age 65 or older will be included in the Aged SSI Recipient SLMB group |
| SLMB + Full Medicaid | 2603                   | Disabled SSI Recipient SLMB | • SSI recipient  
• Disabled individual  
• Specified Low-Income Medicare Beneficiary (SLMB)  
• NOTE: Most disabled individuals who are age 65 or older will be included in the Aged SSI Recipient SLMB group |
| SLMB + Full Medicaid | 2604                   | 1619(b) Recipient SLMB | • SSI recipient who is no longer receiving federal SSI cash benefits, but is still considered to be an SSI recipient for Medicaid purposes  
• Blind or disabled working individual  
• Medicaid While Working protection is determined by the SSA  
• Must meet all non-disability requirements for regular SSI benefits except for earnings  
• 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  
• Must need Medicaid coverage to continue working  
• 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  
• 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  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2605                   | Grandfathered SSI - Individual Receiving Mandatory State Supplements SLMB | • Grandfathered SSI recipient  
• 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  
• Closed to new enrollees  
• 42 CFR 435.130  
• Specified Low-Income Medicare Beneficiary (SLMB) |
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| SLMB + Full Medicaid | 2606 | Grandfathered SSI - Certain Individual Eligible in 1973 SLMB | • Grandfathered SSI recipient  
• 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  
• 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  
• Closed to new enrollees  
• 42 CFR 435.133  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2607 | Grandfathered SSI - Essential Spouse in 1973 SLMB | • Grandfathered SSI recipient  
• 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)  
• Must have met the eligibility requirements in December 1973 and must have continued to meet them since then in order to remain eligible  
• Closed to new enrollees  
• 42 CFR 435.131, 1905(a)  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2608 | Grandfathered SSI - Individual Institutionalized & Eligible Since 1973 SLMB | • Grandfathered SSI recipient  
• 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  
• Closed to new enrollees  
• 42 CFR 435.132  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2609 | Grandfathered SSI - Ineligible for SSI Due to Reqs Prohibited by Medicaid SLMB | • Grandfathered SSI recipient  
• 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  
• 42 CFR 435.122  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2610 | Deemed SSI - Widow(er) - Early Social Security Receipt SLMB | • Deemed SSI recipient  
• Disabled widow or widower  
• At least age 60  
• Not entitled to Medicare Part A  
• 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  
• 42 CFR 435.138, 1634(d)  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2611 | Deemed SSI - Disabled Adult Child SLMB | • Deemed SSI recipient  
• At least age 18  
• Receives SSI benefits on the basis of blindness or a disability which began before he/she attained the age of 22  
• Became ineligible for SSI benefits because he/she became entitled to OASDI child’s benefits, or because of an increase in those benefits  
• Would be eligible for SSI benefits if the OASDI child’s benefit, or the increase in that benefit, is subtracted from his/her income  
• 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  
• 1634(c)  
• Specified Low-Income Medicare Beneficiary (SLMB) |
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| SLMB + Full Medicaid | 2612 | Deemed SSI - Pickle Amendment Group SLMB | • Deemed SSI recipient  
• Individual must be currently receiving Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits  
• Was eligible for and receiving SSI benefits or state supplements but became ineligible for those payments after April 1977  
• 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  
• 42 CFR 435.135, 1939(a)(5)(E)  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2613 | Deemed SSI - Additional Reduction Factor Widow(er) SLMB | • Deemed SSI recipient  
• Individual who was entitled to monthly OASDI benefits for December 1983  
• Was entitled to and received widow’s or widower’s disability benefits for January 1984  
• Became ineligible for SSI or optional state supplements due to elimination of the additional reduction factor for disabled widows and widowers under age 60  
• 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  
• Must have filed a written application for Medicaid on or before June 30, 1988 to obtain protected Medicaid coverage  
• Closed to new enrollees  
• 42 CFR 435.137, 1634(b)  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2614 | Grandfathered SSI - 1972 OASDI COLA SLMB | • Grandfathered SSI recipient  
• 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  
• 42 CFR 435.134  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2615 | Aged Categorically Needy <=64% FPL SLMB | • Age 65 or older  
• Income no more than 64% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB)  
• NOTE: Will include individuals in the Blind Categorically Needy <=64% FPL SLMB and Disabled Categorically Needy <=64% FPL SLMB groups who are age 65 or older |
| SLMB + Full Medicaid | 2616 | Aged Categorically Needy >64-75% FPL SLMB | • Age 65 or older  
• Income more than 64% FPL to no more than 75% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB)  
• NOTE: Will include individuals in the Blind Categorically Needy >64-75% FPL SLMB and Disabled Categorically Needy >64-75% FPL SLMB groups who are age 65 or older |
| SLMB + Full Medicaid | 2617 | Blind Categorically Needy <=64% FPL SLMB | • Blind individual  
• Income no more than 64% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB)  
• NOTE: Most blind individuals who are age 65 or older will be included in the Aged Categorically Needy <=64% FPL SLMB group |
| SLMB + Full Medicaid | 2618 | Blind Categorically Needy >64-75% FPL SLMB | • Blind individual  
• Income more than 64% FPL to no more than 75% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB)  
• NOTE: Most blind individuals who are age 65 or older will be included in the Aged Categorically Needy >64-75% FPL SLMB group |
## MITs Aid Code Reference List - January 1, 2017

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| SLMB + Full Medicaid | 2619 | Disabled Categorically Needy <=64% FPL SLMB | • Disabled individual  
• Income no more than 64% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB)  
• NOTE: Most disabled individuals who are age 65 or older will be included in the Aged Categorically Needy <=64% FPL SLMB group |
| SLMB + Full Medicaid | 2620 | Disabled Categorically Needy >64-75% FPL SLMB | • Disabled individual  
• Income more than 64% FPL to no more than 75% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB)  
• NOTE: Most disabled individuals who are age 65 or older will be included in the Aged Categorically Needy >64-75% FPL SLMB group |
| SLMB + Full Medicaid | 2621 | SSI Recipient Residential State Supplement SLMB | • SSI recipient who is enrolled in the Residential State Supplement (RSS) program  
• Age 18 or older  
• Meets protective level of care  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2622 | Non-SSI Recipient Residential State Supplement SLMB | • Non-SSI recipient who is enrolled in the Residential State Supplement (RSS) program  
• Age 18 or older  
• Meets protective level of care  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2623 | MBIWD Basic no Premium <=64% FPL SLMB | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• Meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income no more than 64% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2624 | MBIWD Basic no Premium >64-75% FPL SLMB | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• Meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income more than 64% FPL to no more than 75% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2625 | MBIWD Basic no Premium >75-150% FPL SLMB | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• Meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income more than 75% FPL to no more than 150% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2626 | MBIWD Basic with Premium SLMB | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• Meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income more than 150% FPL to no more than 250% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB) |
### Eligibility Group | MITS Aid Category Code | MITS Aid Category Name | MITS Aid Category Description
--- | --- | --- | ---
SLMB + Full Medicaid | 2627 | MBIWD Medically Improved no Premium <=64% FPL SLMB | • Medicaid Buy-In for Workers with Disabilities (MBIWD)
• Age 16 through 64 (through the end of the month in which the individual turns age 65)
• Participated in an MBIWD Basic group in the previous calendar month
• No longer meets the definition of disability used by the Social Security Administration (SSA)
• 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
• Income no more than 64% FPL
• Specified Low-Income Medicare Beneficiary (SLMB)

SLMB + Full Medicaid | 2628 | MBIWD Medically Improved no Premium >64-75% FPL SLMB | • Medicaid Buy-In for Workers with Disabilities (MBIWD)
• Age 16 through 64 (through the end of the month in which the individual turns age 65)
• Participated in an MBIWD Basic group in the previous calendar month
• No longer meets the definition of disability used by the Social Security Administration (SSA)
• 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
• Income more than 64% FPL to no more than 75% FPL
• Specified Low-Income Medicare Beneficiary (SLMB)

SLMB + Full Medicaid | 2629 | MBIWD Medically Improved no Premium >75-150% FPL SLMB | • Medicaid Buy-In for Workers with Disabilities (MBIWD)
• Age 16 through 64 (through the end of the month in which the individual turns age 65)
• Participated in an MBIWD Basic group in the previous calendar month
• No longer meets the definition of disability used by the Social Security Administration (SSA)
• 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
• Income more than 75% FPL to no more than 150% FPL
• Specified Low-Income Medicare Beneficiary (SLMB)

SLMB + Full Medicaid | 2630 | MBIWD Medically Improved with Premium SLMB | • Medicaid Buy-In for Workers with Disabilities (MBIWD)
• Age 16 through 64 (through the end of the month in which the individual turns age 65)
• Participated in an MBIWD Basic group in the previous calendar month
• No longer meets the definition of disability used by the Social Security Administration (SSA)
• 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
• Income more than 150% FPL to no more than 250% FPL
• Specified Low-Income Medicare Beneficiary (SLMB)

SLMB + Full Medicaid | 2631 | Specialized Recovery Services Program <=64% FPL SLMB | • Age 21 or older
• Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe
• Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the "mental health needs" or "risk behaviors" sections or a 3 on at least one of the items in the "life domain functioning" section
• Income no more than 64% FPL
• Specified Low-Income Medicare Beneficiary (SLMB)
**The list of MITS 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.**

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| SLMB + Full Medicaid | 2632 | Specialized Recovery Services Program >64-75% FPL SLMB | • Age 21 or older  
• Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
• Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the “mental health needs” or “risk behaviors” sections or a 3 on at least one of the items in the “life domain functioning” section  
• Income more than 64% FPL to no more than 75% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2633 | Specialized Recovery Services Program >75-100% FPL SLMB | • Age 21 or older  
• Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
• Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the “mental health needs” or “risk behaviors” sections or a 3 on at least one of the items in the “life domain functioning” section  
• Income more than 75% FPL to no more than 100% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2634 | Specialized Recovery Services Program >100-150% FPL SLMB | • Age 21 or older  
• Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
• Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the “mental health needs” or “risk behaviors” sections or a 3 on at least one of the items in the “life domain functioning” section  
• Income more than 100% FPL to no more than 150% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2635 | SIL Waiver >75-100% FPL SLMB | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
• 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  
• Individual must meet the specific level of care required for the chosen waiver  
• Income more than 75% FPL to no more than 100% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2636 | SIL Waiver >100-150% FPL SLMB | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
• 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  
• Individual must meet the specific level of care required for the chosen waiver  
• Income more than 100% FPL to no more than 150% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2637 | SIL Assisted Living Waiver >75-100% FPL SLMB | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
• Age 21 or older  
• Individual must reside in a nursing facility and require at least an intermediate level of care  
• Income more than 75% FPL to no more than 100% FPL  
• Specified Low-Income Medicare Beneficiary (SLMB) |
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| SLMB + Full Medicaid | 2638 | SIL Assisted Living Waiver >100-150% FPL SLMB | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Age 21 or older  
  • Individual must reside in a nursing facility and require at least an intermediate level of care  
  • Income more than 100% FPL to no more than 150% FPL  
  • Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2639 | SIL PACE >75-100% FPL SLMB | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Program of All-Inclusive Care for the Elderly (PACE)  
  • Age 55 or older  
  • Individual must live in the service area of Cuyahoga County  
  • Has functional limitations that meet the criteria for nursing home level of care  
  • Must be able to live safely in the community  
  • Must be willing to receive all of his/her care from PACE program providers  
  • Income more than 75% FPL to no more than 100% FPL  
  • Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2640 | SIL PACE >100-150% FPL SLMB | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Program of All-Inclusive Care for the Elderly (PACE)  
  • Age 55 or older  
  • Individual must live in the service area of Cuyahoga County  
  • Has functional limitations that meet the criteria for nursing home level of care  
  • Must be able to live safely in the community  
  • Must be willing to receive all of his/her care from PACE program providers  
  • Income more than 100% FPL to no more than 150% FPL  
  • Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2641 | SIL Facility >75-100% FPL SLMB | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)  
  • Income more than 75% FPL to no more than 100% FPL  
  • Specified Low-Income Medicare Beneficiary (SLMB) |
| SLMB + Full Medicaid | 2642 | SIL Facility >100-150% FPL SLMB | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)  
  • Income more than 100% FPL to no more than 150% FPL  
  • Specified Low-Income Medicare Beneficiary (SLMB) |
| Other Duals not QMB or SLMB | 3001 | 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 | 3002 | 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 | 3003 | 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. |
### MITS Aid Code Reference List - January 1, 2017

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<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3004</td>
<td>MBIWD Medically Improved no Premium DUAL</td>
<td>Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Medically Improved with no Premium with a need standard &lt;= 150% FPL, and are also enrolled in Medicare Part A or B. Turn Around Ohio Medicaid expansion effective 2008.04.01.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3005</td>
<td>MBIWD - Medically Improved with Premium DUAL</td>
<td>Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Medically Improved who pay a Premium with a need standard &lt;= 250% FPL, and are also enrolled in Medicare Part A or B. Turn Around Ohio Medicaid expansion effective 2008.04.01.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3006</td>
<td>Aged Non QMB Dual</td>
<td>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 &quot;MA B&quot; or &quot;MA D&quot; with age &lt; 65 in cases of spouses in same MA A assistance group.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3007</td>
<td>Blind Non QMB Dual</td>
<td>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.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3008</td>
<td>Disabled Non QMB Dual</td>
<td>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.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3009</td>
<td>Breast &amp; Cervical Cancer Non QMB Dual</td>
<td>Breast &amp; Cervical Cancer persons who are also enrolled in Medicare Part A or B.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3010</td>
<td>Healthy Families Child Support Extended Non QMB Dual</td>
<td>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.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3011</td>
<td>OWF Family Cash Non QMB Dual</td>
<td>Ohio Works First Families who receive cash assistance who are also enrolled in Medicare Part A or B. Part of the Healthy Families population.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3012</td>
<td>Low-Income Family NonQMB Dual</td>
<td>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.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3013</td>
<td>Healthy Families Non QMB Dual (Expan 7/00 Reduc 01/06)</td>
<td>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.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3014</td>
<td>Transitional NonQMB Dual</td>
<td>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.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3015</td>
<td>Low Income Individual Non QMB Dual</td>
<td>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.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3016</td>
<td>Healthy Start Children NonQMB Dual</td>
<td>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 &lt;= 133% FPL as well as children ages 6 through 18 with a need standard &lt;= 100% FPL.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3017</td>
<td>Healthy Start Expansion &lt;=150% Non QMB Dual</td>
<td>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.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3018</td>
<td>CHIP1 Non QMB Dual</td>
<td>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.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3019</td>
<td>CHIP2 Non QMB Dual</td>
<td>SCHIP2 persons who are also enrolled in Medicare Part A or B. Title XXI children age &lt;=18 with a need standard between 151-200% FPL who do not have other insurance.</td>
</tr>
</tbody>
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<td>Other Duals not QMB or SLMB</td>
<td>3020</td>
<td>Healthy Start Pregnant Women Non QMB Dual</td>
<td>Healthy Start Pregnant Women who are also enrolled in Medicare Part A or B. Pregnant women with a need standard &lt;= 133% FPL.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3021</td>
<td>Healthy Start Pregnant Women Expansion Non QMB Dual</td>
<td>Healthy Start Pregnant Women Expansion who are also enrolled in Medicare Part A or B. Pregnant women with a need standard &lt;= 150% FPL.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3022</td>
<td>Healthy Start Pregnant Women Expansion (&lt;=185) DUAL</td>
<td>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.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3023</td>
<td>Healthy Start Pregnant Women Expansion (&lt;=200) DUAL</td>
<td>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.</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3024</td>
<td>Healthy Start Expedited Pregnant Women Non QMB Dual</td>
<td>Healthy Start Expedited Pregnant Women who are also enrolled in Medicare Part A or B. This program provides limited services for 60 days.</td>
</tr>
</tbody>
</table>
| Other Duals not QMB or SLMB | 3025 | Title IV-E Adoption Assistance Non QMB Dual | • Title IV-E Adoption Assistance (AA)  
• 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  
• 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  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• 42 CFR 435.145  
• OAC 5101:2-49  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3026 | Title IV-E Foster Care Maintenance Non QMB Dual | • Title IV-E Foster Care Maintenance (FCM)  
• Age 0 through 17 (through the end of the month in which the child turns age 18)  
• 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  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• 42 CFR 435.145  
• OAC 5101:2-47-12  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
<p>| Other Duals not QMB or SLMB | 3027 | Other CFC Dual QMB | Covered Families and Children persons who are also QMB’s. |</p>
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</table>
| Other Duals not QMB or SLMB | 3053 | Non Title IV-E SSI Recipient Adoption Assistance Non QMB Dual | • State Adoption Maintenance Subsidy (SAMS)  
• SSI recipient  
• Blind or disabled individual  
• 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  
• 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  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• 42 CFR 435.120; 42 CFR 435.222  
• OAC 5101:2-44-06  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3054 | Non Title IV-E SSI Recipient Foster Care Maintenance Non QMB Dual | • State Foster Care Maintenance (FCM)  
• SSI recipient  
• Blind or disabled individual  
• Age 0 through 17 (through the end of the month in which the child turns age 18)  
• 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  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• 42 CFR 435.120; 42 CFR 435.222  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3055 | Non Title IV-E Adoption Assistance Non QMB Dual | • State Adoption Maintenance Subsidy (SAMS)  
• 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  
• 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  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• 42 CFR 435.222  
• OAC 5101:2-44-06  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3056 | Non Title IV-E Foster Care Maintenance Non QMB Dual | • State Foster Care Maintenance (FCM)  
• Age 0 through 17 (through the end of the month in which the child turns age 18)  
• 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  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• 42 CFR 435.222  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
### Eligibility Group | MITS Aid Category Code | MITS Aid Category Name | MITS Aid Category Description
--- | --- | --- | ---
**Other Duals not QMB or SLMB** | 3057 | Non Title IV-E Special Medical Needs State Adoption Assistance Non QMB Dual | • State Adoption Maintenance Subsidy (SAMS)  
• Child with special needs for medical, mental health, or rehabilitative care  
• 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  
• 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  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• 42 CFR 435.227  
• OAC 5101:2-44-05.1  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only

**MAGI Other Duals not QMB or SLMB** | 3102 | Non-QMB Medicaid MAGI Child under 1 | • MAGI income no more than 156% FPL  
• Under age 1 (through the end of the month in which the child turns age 1)  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only

**MAGI Other Duals not QMB or SLMB** | 3103 | Non-QMB Medicaid MAGI Child Age 1-5 | • MAGI income no more than 156% FPL  
• Age 1 through 5 (through the end of the month in which the child turns age 6)  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only

**MAGI Other Duals not QMB or SLMB** | 3104 | Non-QMB Medicaid MAGI Child Age 6-18 | • MAGI income no more than 156% FPL  
• Age 6 through 18 (through the end of the month in which the child turns age 19)  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only

**MAGI Other Duals not QMB or SLMB** | 3108 | Non-QMB MAGI Pregnant Women | • MAGI income no more than 200% FPL  
• Pregnancy may be self-declared unless contradictory information exists  
• 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  
• Medicaid eligibility continues throughout pregnancy and postpartum period  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only

**MAGI Other Duals not QMB or SLMB** | 3110 | Non-QMB MAGI Parent or Caretaker | • MAGI income no more than 90% FPL  
• Must reside with a dependent child under the age of 18 (through the end of the month in which the child turns age 18)  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only

**MAGI Other Duals not QMB or SLMB** | 3116 | Non-QMB Extended medical | • Medicaid coverage for parents or caretaker relatives who become ineligible as a result of increased collection of spousal support  
• 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  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only

**MAGI Other Duals not QMB or SLMB** | 3117 | Non-QMB Aged Out Former Foster Care | • Age 18 through 25 (through the end of the month in which the individual turns age 26)  
• In foster care under the responsibility of the state on his/her 18th birthday  
• Eligible for and enrolled in Medicaid while in foster care  
• Medicaid eligibility is determined without regard to income  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only
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| MAGI Other Duals not QMB or SLMB | 3118 | Non-QMB Transitional Medicaid | • Medicaid coverage for parents or caretaker relatives who become ineligible as a result of an increase in earned income  
• 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  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| MAGI Other Duals not QMB or SLMB | 3120 | Non-QMB CHIP1 Child >100-150% No Insurance | **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.**  
• 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  
• 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  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| MAGI Other Duals not QMB or SLMB | 3121 | Non-QMB CHIP2 Child >150-200% No Insurance | **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.**  
• 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  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| MAGI Other Duals not QMB or SLMB | 3122 | Non-QMB Medicaid kid lost elig b/c MAGI | • Child who previously received Medicaid and who lost eligibility solely as a result of the elimination of income disregards  
• Not otherwise eligible for any category of Medicaid  
• Was enrolled in Medicaid on December 31, 2013  
• Will remain categorically eligible for Medicaid for one renewal period  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| MAGI Other Duals not QMB or SLMB | 3123 | Non-QMB CHIP kid lost elig b/c MAGI | • Child who previously received (Medicaid-expansion) CHIP and who lost eligibility solely as a result of the elimination of income disregards  
• Not otherwise eligible for any category of Medicaid or (Medicaid-expansion) CHIP  
• Was enrolled in CHIP on December 31, 2013  
• Will remain categorically eligible for (Medicaid-expansion) CHIP for one renewal period  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| MAGI Other Duals not QMB or SLMB | 3124 | Non-QMB Rib Kids | • Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• MAGI income no more than 44% FPL  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3601 | Aged SSI Recipient Non QMB Dual | • SSI recipient  
• Age 65 or older  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only  
• 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 |
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| Other Duals not QMB or SLMB | 3602 | Blind SSI Recipient Non QMB Dual | • SSI recipient  
• Blind individual  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only  
• NOTE: Most blind individuals who are age 65 or older will be included in the Aged SSI Recipient Non QMB Dual group |
| Other Duals not QMB or SLMB | 3603 | Disabled SSI Recipient Non QMB Dual | • SSI recipient  
• Disabled individual  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only  
• NOTE: Most disabled individuals who are age 65 or older will be included in the Aged SSI Recipient Non QMB Dual group |
| Other Duals not QMB or SLMB | 3604 | 1619(b) Recipient Non QMB Dual | • SSI recipient who is no longer receiving federal SSI cash benefits, but is still considered to be an SSI recipient for Medicaid purposes  
• Blind or disabled working individual  
• Medicaid While Working protection is determined by the SSA  
• Must meet all non-disability requirements for regular SSI benefits except for earnings  
• 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  
• Must need Medicaid coverage to continue working  
• 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  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only  
• 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 |
| Other Duals not QMB or SLMB | 3605 | Grandfathered SSI - Individual Rcvng Mandatory State Supplements Non QMB Dual | • Grandfathered SSI recipient  
• 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  
• Closed to new enrollees  
• 42 CFR 435.130  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3606 | Grandfathered SSI - Certain Individual Eligible in 1973 Non QMB Dual | • Grandfathered SSI recipient  
• 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  
• 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  
• Closed to new enrollees  
• 42 CFR 435.133  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only |
## MITS Aid Code Reference List - January 1, 2017

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| Other Duals not QMB or SLMB | 3607 | Grandfathered SSI - Essential Spouse in 1973 Non QMB Dual | • Grandfathered SSI recipient  
• 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)  
• Must have met the eligibility requirements in December 1973 and must have continued to meet them since then in order to remain eligible  
• Closed to new enrollees  
• 42 CFR 435.131, 1905(a)  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3608 | Grandfathered SSI - Individual Institutionalized & Elig Since 1973 Non QMB Dual | • Grandfathered SSI recipient  
• 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  
• Closed to new enrollees  
• 42 CFR 435.132  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3609 | Grandfathered SSI - Inelig for SSI Due to Reqs Prohibited by Medicaid Non QMB Dual | • Grandfathered SSI recipient  
• 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  
• 42 CFR 435.122  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3610 | Deemed SSI - Widow(er) - Early Social Security Receipt Non QMB Dual | • Deemed SSI recipient  
• Disabled widow or widower  
• At least age 60  
• Not entitled to Medicare Part A  
• 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  
• 42 CFR 435.138, 1634(d)  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3611 | Deemed SSI - Disabled Adult Child Non QMB Dual | • Deemed SSI recipient  
• At least age 18  
• Receives SSI benefits on the basis of blindness or a disability which began before he/she attained the age of 22  
• Became ineligible for SSI benefits because he/she became entitled to OASDI child's benefits, or because of an increase in those benefits  
• Would be eligible for SSI benefits if the OASDI child's benefit, or the increase in that benefit, is subtracted from his/her income  
• 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  
• 1634(c)  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only |
### Eligibility Group

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| Other Duals not QMB or SLMB | 3612 | Deemed SSI - Pickle Amendment Group Non QMB Dual | - Deemed SSI recipient  
- Individual must be currently receiving Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits  
- Was eligible for and receiving SSI benefits or state supplements but became ineligible for those payments after April 1977  
- 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  
- 42 CFR 435.135, 1939(a)(5)(E)  
- Must be eligible for Medicare Part B  
- Medicaid pays the individual’s Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3613 | Deemed SSI - Additional Reduction Factor Widow(er) Non QMB Dual | - Deemed SSI recipient  
- Individual who was entitled to monthly OASDI benefits for December 1983  
- Was entitled to and received widow’s or widower’s disability benefits for January 1984  
- Became ineligible for SSI or optional state supplements due to elimination of the additional reduction factor for disabled widows and widowers under age 60  
- 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  
- Must have filed a written application for Medicaid on or before June 30, 1988 to obtain protected Medicaid coverage  
- Closed to new enrollees  
- 42 CFR 435.137, 1634(b)  
- Must be eligible for Medicare Part B  
- Medicaid pays the individual’s Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3614 | Grandfathered SSI - 1972 OASDI COLA Non QMB Dual | - Grandfathered SSI recipient  
- 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  
- 42 CFR 435.134  
- Must be eligible for Medicare Part B  
- Medicaid pays the individual’s Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3615 | Aged Categorically Needy <=64% FPL Non QMB Dual | - Age 65 or older  
- Income no more than 64% FPL  
- Must be eligible for Medicare Part B  
- Medicaid pays the individual’s Medicare Part B premiums only  
- NOTE: Will include individuals in the Blind Categorically Needy <=64% FPL Non QMB Dual and Disabled Categorically Needy <=64% FPL Non QMB Dual groups who are age 65 or older |
| Other Duals not QMB or SLMB | 3616 | Aged Categorically Needy >64-75% FPL Non QMB Dual | - Age 65 or older  
- Income more than 64% FPL to no more than 75% FPL  
- Must be eligible for Medicare Part B  
- Medicaid pays the individual’s Medicare Part B premiums only  
- NOTE: Will include individuals in the Blind Categorically Needy >64-75% FPL Non QMB Dual and Disabled Categorically Needy >64-75% FPL Non QMB Dual groups who are age 65 or older |
| Other Duals not QMB or SLMB | 3617 | Blind Categorically Needy <=64% FPL Non QMB Dual | - Blind individual  
- Income no more than 64% FPL  
- Must be eligible for Medicare Part B  
- Medicaid pays the individual’s Medicare Part B premiums only  
- NOTE: Most blind individuals who are age 65 or older will be included in the Aged Categorically Needy <=64% FPL Non QMB Dual group |
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<td>Other Duals not QMB or SLMB</td>
<td>3618</td>
<td>Blind Categorically Needy &gt;64-75% FPL Non QMB Dual</td>
<td>• Blind individual &lt;br&gt; • Income more than 64% FPL to no more than 75% FPL &lt;br&gt; • Must be eligible for Medicare Part B &lt;br&gt; • Medicaid pays the individual's Medicare Part B premiums only &lt;br&gt; • NOTE: Most blind individuals who are age 65 or older will be included in the Aged Categorically Needy &gt;64-75% FPL Non QMB Dual group</td>
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<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3619</td>
<td>Disabled Categorically Needy &lt;=64% FPL Non QMB Dual</td>
<td>• Disabled individual &lt;br&gt; • Income no more than 64% FPL &lt;br&gt; • Must be eligible for Medicare Part B &lt;br&gt; • Medicaid pays the individual's Medicare Part B premiums only &lt;br&gt; • 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</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3620</td>
<td>Disabled Categorically Needy &gt;64-75% FPL Non QMB Dual</td>
<td>• Disabled individual &lt;br&gt; • Income more than 64% FPL to no more than 75% FPL &lt;br&gt; • Must be eligible for Medicare Part B &lt;br&gt; • Medicaid pays the individual's Medicare Part B premiums only &lt;br&gt; • NOTE: Most disabled individuals who are age 65 or older will be included in the Aged Categorically Needy &gt;64-75% FPL Non QMB Dual group</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3621</td>
<td>SSI Recipient Residential State Supplement Non QMB Dual</td>
<td>• SSI recipient who is enrolled in the Residential State Supplement (RSS) program &lt;br&gt; • Age 18 or older &lt;br&gt; • Meets protective level of care &lt;br&gt; • Must be eligible for Medicare Part B &lt;br&gt; • Medicaid pays the individual's Medicare Part B premiums only</td>
</tr>
<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3622</td>
<td>Non-SSI Recipient Residential State Supplement Non QMB Dual</td>
<td>• Non-SSI recipient who is enrolled in the Residential State Supplement (RSS) program &lt;br&gt; • Age 18 or older &lt;br&gt; • Meets protective level of care &lt;br&gt; • Must be eligible for Medicare Part B &lt;br&gt; • Medicaid pays the individual's Medicare Part B premiums only</td>
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<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3623</td>
<td>MBIWD Basic no Premium &lt;=64% FPL Non QMB Dual</td>
<td>• Medicaid Buy-In for Workers with Disabilities (MBIWD) &lt;br&gt; • Age 16 through 64 (through the end of the month in which the individual turns age 65) &lt;br&gt; • Meets the definition of disability used by the Social Security Administration (SSA) &lt;br&gt; • 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 &lt;br&gt; • Income no more than 64% FPL &lt;br&gt; • Must be eligible for Medicare Part B &lt;br&gt; • Medicaid pays the individual's Medicare Part B premiums only</td>
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<tr>
<td>Other Duals not QMB or SLMB</td>
<td>3624</td>
<td>MBIWD Basic no Premium &gt;64-75% FPL Non QMB Dual</td>
<td>• Medicaid Buy-In for Workers with Disabilities (MBIWD) &lt;br&gt; • Age 16 through 64 (through the end of the month in which the individual turns age 65) &lt;br&gt; • Meets the definition of disability used by the Social Security Administration (SSA) &lt;br&gt; • 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 &lt;br&gt; • Income more than 64% FPL to no more than 75% FPL &lt;br&gt; • Must be eligible for Medicare Part B &lt;br&gt; • Medicaid pays the individual's Medicare Part B premiums only</td>
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### MITS Aid Code Reference List - January 1, 2017

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</table>
| Other Duals not QMB or SLMB | 3625 | MBIWD Basic no Premium >75-150% FPL Non QMB Dual | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• Meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income more than 75% FPL to no more than 150% FPL  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3626 | MBIWD Basic with Premium Non QMB Dual | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• Meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income more than 150% FPL to no more than 250% FPL  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3627 | MBIWD Medically Improved no Premium <=64% FPL Non QMB Dual | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• No longer meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income no more than 64% FPL  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3628 | MBIWD Medically Improved no Premium >64-75% FPL Non QMB Dual | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• No longer meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income more than 64% FPL to no more than 75% FPL  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
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| Other Duals not QMB or SLMB | 3629 | MBIWD Medically Improved no Premium >75-150% FPL Non QMB Dual | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• Participated in an MBIWD Basic group in the previous calendar month  
• No longer meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income more than 75% FPL to no more than 150% FPL  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3630 | MBIWD Medically Improved with Premium Non QMB Dual | • Medicaid Buy-In for Workers with Disabilities (MBIWD)  
• Age 16 through 64 (through the end of the month in which the individual turns age 65)  
• Participated in an MBIWD Basic group in the previous calendar month  
• No longer meets the definition of disability used by the Social Security Administration (SSA)  
• 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  
• Income more than 150% FPL to no more than 250% FPL  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3631 | Specialized Recovery Services Program <=64% FPL Non QMB Dual | • Age 21 or older  
• Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
• Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the “mental health needs” or “risk behaviors” sections or a 3 on at least one of the items in the “life domain functioning” section  
• Income no more than 64% FPL  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3632 | Specialized Recovery Services Program >64-75% FPL Non QMB Dual | • Age 21 or older  
• Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
• Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the “mental health needs” or “risk behaviors” sections or a 3 on at least one of the items in the “life domain functioning” section  
• Income more than 64% FPL to no more than 75% FPL  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3633 | Specialized Recovery Services Program >75-100% FPL Non QMB Dual | • Age 21 or older  
• Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
• Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the “mental health needs” or “risk behaviors” sections or a 3 on at least one of the items in the “life domain functioning” section  
• Income more than 75% FPL to no more than 100% FPL  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual's Medicare Part B premiums only |
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| Other Duals not QMB or SLMB | 3634 | Specialized Recovery Services Program >100-150% FPL Non QMB Dual | • Age 21 or older  
• Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
• Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the “mental health needs” or “risk behaviors” sections or a 3 on at least one of the items in the “life domain functioning” section  
• Income more than 100% FPL to no more than 150% FPL  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3635 | Specialized Recovery Services Program >150-225% FPL Non QMB Dual | • Age 21 or older  
• Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
• Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the “mental health needs” or “risk behaviors” sections or a 3 on at least one of the items in the “life domain functioning” section  
• Income more than 150% FPL to no more than 225% FPL  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3636 | SIL Waiver >75-100% FPL Non QMB Dual | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
• 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  
• Individual must meet the specific level of care required for the chosen waiver  
• Income more than 75% FPL to no more than 100% FPL  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3637 | SIL Waiver >100-150% FPL Non QMB Dual | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
• 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  
• Individual must meet the specific level of care required for the chosen waiver  
• Income more than 100% FPL to no more than 150% FPL  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only |
| Other Duals not QMB or SLMB | 3638 | SIL Waiver >150-225% FPL Non QMB Dual | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
• 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  
• Individual must meet the specific level of care required for the chosen waiver  
• Income more than 150% FPL to no more than 225% FPL  
• Must be eligible for Medicare Part B  
• Medicaid pays the individual’s Medicare Part B premiums only |
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| Other Duals not QMB or SLMB       | 3639                   | SIL Assisted Living Waiver >75-100% FPL Non QMB Dual | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Age 21 or older  
  • Individual must reside in a nursing facility and require at least an intermediate level of care  
  • Income more than 75% FPL to no more than 100% FPL  
  • Must be eligible for Medicare Part B  
  • Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB       | 3640                   | SIL Assisted Living Waiver >100-150% FPL Non QMB Dual | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Age 21 or older  
  • Individual must reside in a nursing facility and require at least an intermediate level of care  
  • Income more than 100% FPL to no more than 150% FPL  
  • Must be eligible for Medicare Part B  
  • Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB       | 3641                   | SIL Assisted Living Waiver >150-225% FPL Non QMB Dual | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Age 21 or older  
  • Individual must reside in a nursing facility and require at least an intermediate level of care  
  • Income more than 150% FPL to no more than 225% FPL  
  • Must be eligible for Medicare Part B  
  • Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB       | 3642                   | SIL PACE >75-100% FPL Non QMB Dual                | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Program of All-Inclusive Care for the Elderly (PACE)  
  • Age 55 or older  
  • Individual must live in the service area of Cuyahoga County  
  • Has functional limitations that meet the criteria for nursing home level of care  
  • Must be able to live safely in the community  
  • Must be willing to receive all of his/her care from PACE program providers  
  • Income more than 75% FPL to no more than 100% FPL  
  • Must be eligible for Medicare Part B  
  • Medicaid pays the individual's Medicare Part B premiums only |
| Other Duals not QMB or SLMB       | 3643                   | SIL PACE >100-150% FPL Non QMB Dual              | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Program of All-Inclusive Care for the Elderly (PACE)  
  • Age 55 or older  
  • Individual must live in the service area of Cuyahoga County  
  • Has functional limitations that meet the criteria for nursing home level of care  
  • Must be able to live safely in the community  
  • Must be willing to receive all of his/her care from PACE program providers  
  • Income more than 100% FPL to no more than 150% FPL  
  • Must be eligible for Medicare Part B  
  • Medicaid pays the individual's Medicare Part B premiums only |
**The list of MITS 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.**

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</thead>
</table>
| **Other Duals not QMB or SLMB** | 3644 | SIL PACE >150-225% FPL Non QMB Dual | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Program of All-Inclusive Care for the Elderly (PACE)  
  • Age 55 or older  
  • Individual must live in the service area of Cuyahoga County  
  • Has functional limitations that meet the criteria for nursing home level of care  
  • Must be able to live safely in the community  
  • Must be willing to receive all of his/her care from PACE program providers  
  • Income more than 150% FPL to no more than 225% FPL  
  • Must be eligible for Medicare Part B  
  • Medicaid pays the individual's Medicare Part B premiums only |
| **Other Duals not QMB or SLMB** | 3645 | SIL Facility >75-100% FPL Non QMB Dual | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)  
  • Income more than 75% FPL to no more than 100% FPL  
  • Must be eligible for Medicare Part B  
  • Medicaid pays the individual's Medicare Part B premiums only |
| **Other Duals not QMB or SLMB** | 3646 | SIL Facility >100-150% FPL Non QMB Dual | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)  
  • Income more than 100% FPL to no more than 150% FPL  
  • Must be eligible for Medicare Part B  
  • Medicaid pays the individual's Medicare Part B premiums only |
| **Other Duals not QMB or SLMB** | 3647 | SIL Facility >150-225% FPL Non QMB Dual | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
  • Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)  
  • Income more than 150% FPL to no more than 225% FPL  
  • Must be eligible for Medicare Part B  
  • Medicaid pays the individual's Medicare Part B premiums only |
<p>| Medicaid No Medicare | 4001 | 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 | 4003 | MBIWD Basic without Premium | Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Basic Coverage with no Premium with a need standard &lt;= 150% FPL. Turn Around Ohio Medicaid expansion effective 2008.04.01. |
| Medicaid No Medicare | 4004 | MBIWD Basic Premium | Persons enrolled in the Medicaid Buy In for Workers with Disabilities - Basic Coverage who pay a Premium with a need standard &lt;= 250% FPL. Turn Around Ohio Medicaid expansion effective 2008.04.01. |
| Medicaid No Medicare | 4005 | 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 &lt;= 150% FPL. Turn Around Ohio Medicaid expansion effective 2008.04.01. |
| Medicaid No Medicare | 4006 | 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 &lt;= 250% FPL. Turn Around Ohio Medicaid expansion effective 2008.04.01. |</p>
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</tr>
</thead>
<tbody>
<tr>
<td>Medicaid No Medicare</td>
<td>4007</td>
<td>Aged</td>
<td>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 &quot;MA B&quot; or &quot;MA D&quot; with age &lt; 65 in cases of spouses in same MA A assistance group.</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4008</td>
<td>Blind</td>
<td>Blind persons. Note: Most Blind persons who are 65 or older will fall into the respective Aged group.</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4009</td>
<td>Disabled</td>
<td>Disabled persons. Note: Most Disabled persons who are 65 or older will fall into the respective Aged group.</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4011</td>
<td>Healthy Families Child Support Extended</td>
<td>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.</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4012</td>
<td>OWF Family Cash</td>
<td>Ohio Works First Families who receive cash assistance. Part of the Healthy Families population.</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4013</td>
<td>Low-Income Family</td>
<td>Low Income Families who do not qualify for cash assistance. Part of the Healthy Families population.</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4014</td>
<td>Healthy Families (Expan 7/00 Reduc 01/06)</td>
<td>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.</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4015</td>
<td>Transitional</td>
<td>Transitional persons. Persons formerly eligible for Healthy Families who receive temporary transitional Medicaid while they transition back to work.</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4016</td>
<td>Low Income Individuals</td>
<td>Low Income persons (also known as Ribicoff Kids). Individuals age 19 or 20 who are not eligible under one of the Healthy Families groups.</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4017</td>
<td>Healthy Start Children</td>
<td>Healthy Start Children persons. This includes children ages 0 through 5 with a need standard &lt;= 133% FPL as well as children ages 6 through 18 with a need standard &lt;= 100% FPL.</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4018</td>
<td>Healthy Start Expansion &lt;=150%</td>
<td>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.</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4019</td>
<td>Healthy Start CHIP 1 &lt;=150%</td>
<td>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.</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4020</td>
<td>Healthy Start CHIP 2 150-200%</td>
<td>SCHIP2 persons. Title XXI children age &lt;=18 with a need standard between 151-200% FPL who do not have other insurance.</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4021</td>
<td>Healthy Start Pregnant Women</td>
<td>Healthy Start Pregnant Women. Pregnant women with a need standard &lt;= 133% FPL.</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4022</td>
<td>Healthy Start Pregnant Women Expansion</td>
<td>Healthy Start Pregnant Women Expansion. Pregnant women with a need standard &lt;= 150% FPL.</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4023</td>
<td>Healthy Start Pregnant Women Expansion (&lt;=185)</td>
<td>Healthy Start Pregnant Women Expansion for persons with a need standard &lt;= 185% FPL. Turn Around Ohio Medicaid expansion effective 2008.01.01.</td>
</tr>
</tbody>
</table>
MITS Aid Code Reference List - January 1, 2017

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<tr>
<td>Medicaid No Medicare</td>
<td>4024</td>
<td>Healthy Start Pregnant Women Expansion (&lt;=200)</td>
<td>Healthy Start Pregnant Women Expansion for persons with a need standard &lt;= 200% FPL. Turn Around Ohio Medicaid expansion effective 2008.01.01.</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4025</td>
<td>Healthy Start Expedited Pregnant Women</td>
<td>Healthy Start Expedited Pregnant Women. This program provides limited services for 60 days.</td>
</tr>
</tbody>
</table>
| Medicaid No Medicare | 4026 | Title IV-E Adoption Assistance | • Title IV-E Adoption Assistance (AA)  
• 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  
• 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  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• 42 CFR 435.145  
• OAC Chapter 5101:2-49 |
| Medicaid No Medicare | 4027 | Title IV-E Foster Care Maintenance | • Title IV-E Foster Care Maintenance (FCM)  
• Age: 0 through 17 (through the end of the month in which the child turns age 18)  
• 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  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• 42 CFR 435.145  
• OAC 5101:2-47-12 |
| Medicaid No Medicare | 4028 | ROMPIR | ROMPIR, recipients released from Prison. |
| Medicaid No Medicare | 4029 | Presumptive Eligibility for Kids | Presumptive Eligibility for Kids |
| Medicaid No Medicare | 4030 | 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 | 4031 | 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 | 4032 | Portal entered Deemed Newborns | CFC-Covered Families and Children  
MAS/BOE: 34, Restricted Benefits flag: 1, CHIP code: 1, Dual Code 00 |
| Medicaid No Medicare | 4051 | Non Title IV-E Deemed Newborn Adoption Assistance | • State Adoption Maintenance Subsidy (SAMS)  
• Newborn child born to a Medicaid-eligible woman  
• Child is automatically eligible for Medicaid from the date of his/her birth until age one without consideration of household composition or income  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• 42 CFR 435.117; 42 CFR 435.222  
• OAC 5101:2-44-06 |
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| Medicaid No Medicare | 4052 | Non Title IV-E Deemed Newborn Foster Care Maintenance | • State Foster Care Maintenance (FCM)  
• Newborn child born to a Medicaid-eligible woman  
• Child is automatically eligible for Medicaid from the date of his/her birth until age one without consideration of household composition or income  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• 42 CFR 435.117; 42 CFR 435.222 |
| Medicaid No Medicare | 4053 | Non Title IV-E SSI Recipient Adoption Assistance | • State Adoption Maintenance Subsidy (SAMS)  
• SSI recipient  
• Blind or disabled individual  
• 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  
• 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  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• 42 CFR 435.120; 42 CFR 435.222  
• OAC 5101:2-44-06 |
| Medicaid No Medicare | 4054 | Non Title IV-E SSI Recipient Foster Care Maintenance | • State Foster Care Maintenance (FCM)  
• SSI recipient  
• Blind or disabled individual  
• Age 0 through 17 (through the end of the month in which the child turns age 18)  
• 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  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• 42 CFR 435.120; 42 CFR 435.222 |
| Medicaid No Medicare | 4055 | Non Title IV-E Adoption Assistance | • State Adoption Maintenance Subsidy (SAMS)  
• 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  
• 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  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• 42 CFR 435.222  
• OAC 5101:2-44-06 |
| Medicaid No Medicare | 4056 | Non Title IV-E Foster Care Maintenance | • State Foster Care Maintenance (FCM)  
• Age 0 through 17 (through the end of the month in which the child turns age 18)  
• 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  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• 42 CFR 435.222 |
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| Medicaid No Medicare | 4057 | Non Title IV-E Special Medical Needs State Adoption Assistance | • State Adoption Maintenance Subsidy (SAMS)  
• Child with special needs for medical, mental health, or rehabilitative care  
• 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  
• 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  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• 42 CFR 435.227  
• OAC 5101:2-44-05.1 |
| MAGI No Medicare | 4100 | Medicaid MAGI Deemed Newborn | • Newborn child born to a Medicaid-eligible woman  
• Child is automatically eligible for Medicaid from the date of his/her birth until age one without consideration of household composition or income  
• Based on household MAGI income no more than 156% FPL |
| MAGI No Medicare | 4101 | CHIP MAGI Deemed Newborn | • Newborn child born to a Medicaid-eligible woman  
• Child is automatically eligible for Medicaid from the date of his/her birth until age one without consideration of household composition or income  
• Based on household MAGI income more than 156% FPL to no more than 206% FPL |
| MAGI No Medicare | 4102 | Medicaid MAGI Child under 1 | • MAGI income no more than 156% FPL  
• Under age 1 (through the end of the month in which the child turns age 1) |
| MAGI No Medicare | 4103 | Medicaid MAGI Child Age 1-5 | • MAGI income no more than 156% FPL  
• Age 1 through 5 (through the end of the month in which the child turns age 6) |
| MAGI No Medicare | 4104 | Medicaid MAGI Child Age 6-18 | • MAGI income no more than 156% FPL  
• Age 6 through 18 (through the end of the month in which the child turns age 19) |
| MAGI No Medicare | 4108 | MAGI Pregnant Women | • MAGI income no more than 200% FPL  
• Pregnancy may be self-declared unless contradictory information exists  
• 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  
• Eligibility continues throughout pregnancy and postpartum period |
| MAGI No Medicare | 4110 | MAGI Parent or Caretaker | • MAGI income no more than 90% FPL  
• Must reside with a dependent child under the age of 18 (through the end of the month in which the child turns age 18) |
| MAGI No Medicare | 4112 | MAGI Expansion Adult - Below 100% FPL | • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 through 64 (through the end of the month in which the individual turns age 65)  
• MAGI income no more than 100% FPL |
| MAGI No Medicare | 4113 | MAGI Expansion Adult - 100-138% FPL | • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 through 64 (through the end of the month in which the individual turns age 65)  
• MAGI income more than 100% FPL to no more than 138% FPL |
| MAGI No Medicare | 4114 | MAGI Expansion Adult - Medically frail/Special Medical Needs | • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 through 64 (through the end of the month in which the individual turns age 65) |
| MAGI No Medicare | 4115 | MAGI Expansion Adult - Other | • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 through 64 (through the end of the month in which the individual turns age 65) |
<table>
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<tr>
<th>Eligibility Group</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>4116</td>
<td>Extended medical Assistance</td>
<td>• Medicaid coverage for parents or caretaker relatives who become ineligible as a result of increased collection of spousal support&lt;br&gt;• 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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4117</td>
<td>Aged Out Former Foster Care</td>
<td>• Age 18 through 25 (through the end of the month in which the individual turns age 26)&lt;br&gt;• In foster care under the responsibility of the state on his/her 18th birthday&lt;br&gt;• Eligible for and enrolled in Medicaid while in foster care&lt;br&gt;• Eligibility is determined without regard to income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4118</td>
<td>Transitional Medical Assistance</td>
<td>• Medicaid coverage for parents or caretaker relatives who become ineligible as a result of an increase in earned income&lt;br&gt;• 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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4120</td>
<td>CHIP1 Child - No Insurance</td>
<td><strong>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.</strong>&lt;br&gt;• 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&lt;br&gt;• 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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4121</td>
<td>CHIP2 Child - No Insurance</td>
<td><strong>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.</strong>&lt;br&gt;• 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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4122</td>
<td>Medicaid kid lost elig b/c MAGI</td>
<td>• Child who previously received Medicaid and who lost eligibility solely as a result of the elimination of income disregards&lt;br&gt;• Not otherwise eligible for any category of Medicaid&lt;br&gt;• Was enrolled in Medicaid on December 31, 2013&lt;br&gt;• Will remain categorically eligible for one renewal period</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4123</td>
<td>CHIP kid lost elig b/c MAGI</td>
<td>• Child who previously received (Medicaid-expansion) CHIP and who lost eligibility solely as a result of the elimination of income disregards&lt;br&gt;• Not otherwise eligible for any category of Medicaid or (Medicaid-expansion) CHIP&lt;br&gt;• Was enrolled in CHIP on December 31, 2013&lt;br&gt;• Will remain categorically eligible for one renewal period</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4124</td>
<td>Ribicoff Kid &lt;=44% FPL</td>
<td>• Age 19 or 20 (through the end of the month in which the individual turns age 21)&lt;br&gt;• MAGI income no more than 44% FPL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4125</td>
<td>AEMA Medicaid MAGI Deemed Newborn</td>
<td>• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement&lt;br&gt;• Newborn child born to a Medicaid-eligible woman&lt;br&gt;• Child is automatically eligible for Medicaid from the date of his/her birth until age one without consideration of household composition or income&lt;br&gt;• Based on household MAGI income no more than 156% FPL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4126</td>
<td>AEMA CHIP MAGI Deemed Newborn</td>
<td>• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement&lt;br&gt;• Newborn child born to a Medicaid-eligible woman&lt;br&gt;• Child is automatically eligible for Medicaid from the date of his/her birth until age one without consideration of household composition or income&lt;br&gt;• Based on household MAGI income more than 156% FPL to no more than 206% FPL</td>
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</tr>
</tbody>
</table>
| MAGI No Medicare  | 4127                   | AEMA Medicaid MAGI Child under 1 | Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• MAGI income no more than 156% FPL  
• Under age 1 (through the end of the month in which the child turns age 1) |
| MAGI No Medicare  | 4128                   | AEMA Medicaid MAGI Child Age 1-5 | Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• MAGI income no more than 156% FPL  
• Age 1 through 5 (through the end of the month in which the child turns age 6) |
| MAGI No Medicare  | 4129                   | AEMA Medicaid MAGI Child Age 6-18 | Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• MAGI income no more than 156% FPL  
• Age 6 through 18 (through the end of the month in which the child turns age 19) |
| MAGI No Medicare  | 4130                   | AEMA MAGI Pregnant Women | Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• MAGI income no more than 200% FPL  
• Pregnancy may be self-declared unless contradictory information exists  
• 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 |
| MAGI No Medicare  | 4131                   | AEMA MAGI Parent or Caretaker | Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• MAGI income no more than 90% FPL  
• Must reside with a dependent child under the age of 18 (through the end of the month in which the child turns age 18) |
| MAGI No Medicare  | 4132                   | AEMA MAGI Expansion Adult Below 100% FPL | Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible as an AEMA MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 through 64 (through the end of the month in which the individual turns age 65)  
• MAGI income no more than 100% FPL |
| MAGI No Medicare  | 4133                   | AEMA MAGI Expansion Adult 100-138% FPL | Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible as an AEMA MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 through 64 (through the end of the month in which the individual turns age 65)  
• MAGI income more than 100% FPL to no more than 138% FPL |
| MAGI No Medicare  | 4134                   | AEMA MAGI Expansion Adult Medically frail/ Special Medical Needs | Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible as an AEMA MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 through 64 (through the end of the month in which the individual turns age 65) |
| MAGI No Medicare  | 4135                   | AEMA MAGI Expansion Adult - Other | Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible as an AEMA MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 through 64 (through the end of the month in which the individual turns age 65) |
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| MAGI No Medicare  | 4136                   | AEMA CHIP1 Child >100-150% No Insurance | **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.**  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• 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  
• 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 |
| MAGI No Medicare  | 4137                   | AEMA CHIP2 Child >150-200% No Insurance | **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.**  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• 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 |
| MAGI No Medicare  | 4138                   | AEMA - Ribicoff Kid <=44% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• MAGI income no more than 44% FPL |
| MAGI No Medicare  | 4139                   | Presumptive Children | • Time-limited assistance as a result of an initial, simplified determination of eligibility  
• Based on individual’s self-declaration  
• Age 0 through 18 (through the end of the month in which the child turns age 19)  
• Limited to one presumptive coverage period per 12-month span  
• MAGI income no more than 206% FPL |
| MAGI No Medicare  | 4140                   | Presumptive Pregnant Women | • Time-limited assistance as a result of an initial, simplified determination of eligibility  
• Based on individual’s self-declaration  
• 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  
• Limited to one presumptive coverage period per pregnancy  
• Coverage is restricted to ambulatory prenatal care  
• MAGI income no more than 200% FPL |
| MAGI No Medicare  | 4141                   | Presumptive Parent/ Caretaker | • Time-limited assistance as a result of an initial, simplified determination of eligibility  
• Based on individual’s self-declaration  
• Must reside with a dependent child under the age of 18 (through the end of the month in which the child turns age 18)  
• Limited to one presumptive coverage period per 12-month span  
• MAGI income no more than 90% FPL |
| MAGI No Medicare  | 4142                   | Presumptive Adult | • Time-limited assistance as a result of an initial, simplified determination of eligibility  
• Based on individual’s self-declaration  
• Age 19 through 64 (through the end of the month in which the individual turns age 65)  
• Limited to one presumptive coverage period per 12-month span  
• MAGI income no more than 138% FPL |
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| MAGI No Medicare  | 4143                   | Ribicoff Kid in an Institutional Setting <=44% FPL                                     | • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other category  
 • Age 19 or 20 (through the end of the month in which the individual turns age 21)  
 • Living in an institutional setting  
 • MAGI income no more than 44% FPL                                                                 |
| MAGI No Medicare  | 4144                   | Ribicoff Kid Receiving HCBS <=44% FPL                                                 | • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other category  
 • Age 19 or 20 (through the end of the month in which the individual turns age 21)  
 • Receiving HCBS  
 • MAGI income no more than 44% FPL                                                                 |
| MAGI No Medicare  | 4145                   | MAGI Expansion Ribicoff-like Disabled Kid >44-66% FPL                                | • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
 • Age 19 or 20 (through the end of the month in which the individual turns age 21)  
 • Determined blind or disabled by SSA or DDU  
 • NOT receiving institutional or HCBS services  
 • MAGI income more than 44% FPL to no more than 66% FPL                                                                 |
| MAGI No Medicare  | 4146                   | MAGI Expansion Ribicoff-like Disabled Kid >66-100% FPL                               | • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
 • Age 19 or 20 (through the end of the month in which the individual turns age 21)  
 • Determined blind or disabled by SSA or DDU  
 • NOT receiving institutional or HCBS services  
 • MAGI income more than 66% FPL to no more than 100% FPL                                                                 |
| MAGI No Medicare  | 4147                   | MAGI Expansion Ribicoff-like Disabled Kid >100-138% FPL                              | • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
 • Age 19 or 20 (through the end of the month in which the individual turns age 21)  
 • Determined blind or disabled by SSA or DDU  
 • NOT receiving institutional or HCBS services  
 • MAGI income more than 100% FPL to no more than 138% FPL                                                                 |
| MAGI No Medicare  | 4148                   | MAGI Expansion Ribicoff-like non-Disabled Kid >44-66% FPL                            | • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
 • Age 19 or 20 (through the end of the month in which the individual turns age 21)  
 • NOT determined blind or disabled by SSA or DDU  
 • NOT receiving institutional or HCBS services  
 • MAGI income more than 44% FPL to no more than 66% FPL                                                                 |
| MAGI No Medicare  | 4149                   | MAGI Expansion Ribicoff-like non-Disabled Kid >66-100% FPL                            | • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
 • Age 19 or 20 (through the end of the month in which the individual turns age 21)  
 • NOT determined blind or disabled by SSA or DDU  
 • NOT receiving institutional or HCBS services  
 • MAGI income more than 66% FPL to no more than 100% FPL                                                                 |
| MAGI No Medicare  | 4150                   | MAGI Expansion Ribicoff-like non-Disabled Kid >100-138% FPL                          | • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
 • Age 19 or 20 (through the end of the month in which the individual turns age 21)  
 • NOT determined blind or disabled by SSA or DDU  
 • NOT receiving institutional or HCBS services  
 • MAGI income more than 100% FPL to no more than 138% FPL                                                                 |
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<tr>
<td>MAGI No Medicare</td>
<td>4151</td>
<td>MAGI Expansion Ribicoff-like Kid in an Institutional Setting &gt;44-66% FPL</td>
<td></td>
</tr>
</tbody>
</table>
  • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category
  • Age 19 or 20 (through the end of the month in which the individual turns age 21)
  • Living in an institutional setting
  • MAGI income more than 44% FPL to no more than 66% FPL |
| MAGI No Medicare  | 4152                   | MAGI Expansion Ribicoff-like Kid in an Institutional Setting >66-100% FPL | 
  • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category
  • Age 19 or 20 (through the end of the month in which the individual turns age 21)
  • Living in an institutional setting
  • MAGI income more than 66% FPL to no more than 100% FPL |
| MAGI No Medicare  | 4153                   | MAGI Expansion Ribicoff-like Kid in an Institutional Setting >100-138% FPL | 
  • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category
  • Age 19 or 20 (through the end of the month in which the individual turns age 21)
  • Living in an institutional setting
  • MAGI income more than 100% FPL to no more than 138% FPL |
| MAGI No Medicare  | 4154                   | MAGI Expansion Ribicoff-like Kid Receiving HCBS >44-66% FPL | 
  • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category
  • Age 19 or 20 (through the end of the month in which the individual turns age 21)
  • Receiving HCBS
  • MAGI income more than 44% FPL to no more than 66% FPL |
| MAGI No Medicare  | 4155                   | MAGI Expansion Ribicoff-like Kid Receiving HCBS >66-100% FPL | 
  • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category
  • Age 19 or 20 (through the end of the month in which the individual turns age 21)
  • Receiving HCBS
  • MAGI income more than 66% FPL to no more than 100% FPL |
| MAGI No Medicare  | 4156                   | MAGI Expansion Ribicoff-like Kid Receiving HCBS >100-138% FPL | 
  • Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category
  • Age 19 or 20 (through the end of the month in which the individual turns age 21)
  • Receiving HCBS
  • MAGI income more than 100% FPL to no more than 138% FPL |
| MAGI No Medicare  | 4157                   | MAGI Expansion Disabled Adult <=66% FPL | 
  • Not eligible under any other prior category
  • Age 21 through 64 (through the end of the month in which the individual turns age 65)
  • Determined blind or disabled by SSA or DDU
  • NOT receiving institutional or HCBS services
  • MAGI income no more than 66% FPL |
| MAGI No Medicare  | 4158                   | MAGI Expansion Disabled Adult >66-100% FPL | 
  • Not eligible under any other prior category
  • Age 21 through 64 (through the end of the month in which the individual turns age 65)
  • Determined blind or disabled by SSA or DDU
  • NOT receiving institutional or HCBS services
  • MAGI income more than 66% FPL but no more than 100% FPL |
| MAGI No Medicare  | 4159                   | MAGI Expansion Disabled Adult >100-138% FPL | 
  • Not eligible under any other prior category
  • Age 21 through 64 (through the end of the month in which the individual turns age 65)
  • Determined blind or disabled by SSA or DDU
  • NOT receiving institutional or HCBS services
  • MAGI income more than 100% FPL but no more than 138% FPL |
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<td><strong>MITS Aid Code</strong></td>
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<td>4162</td>
<td>4163</td>
<td>4164</td>
<td>4165</td>
<td>4166</td>
<td>4167</td>
</tr>
<tr>
<td><strong>MITS Aid Category Code</strong></td>
<td>MAGI Expansion non-Disabled Adult &lt;=66% FPL</td>
<td>MAGI Expansion non-Disabled Adult &gt;66-100% FPL</td>
<td>MAGI Expansion non-Disabled Adult &gt;100-138% FPL</td>
<td>MAGI Expansion Adult in an Institutional Setting &lt;=66% FPL</td>
<td>MAGI Expansion Adult in an Institutional Setting &gt;66-100% FPL</td>
<td>MAGI Expansion Adult in an Institutional Setting &gt;100-138% FPL</td>
<td>MAGI Expansion Adult Receiving HCBS &lt;=66% FPL</td>
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<td>MAGI Expansion non-Disabled Adult &lt;=66% FPL</td>
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**MITS Aid Code Reference List - January 1, 2017**

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| MAGI No Medicare  | 4170          | AEMA MAGI Expansion Ribicoff-like Disabled Kid >66-100% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• Determined blind or disabled by DDU  
• MAGI income more than 66% FPL to no more than 100% FPL |
| MAGI No Medicare  | 4171          | AEMA MAGI Expansion Ribicoff-like Disabled Kid >100-138% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• Determined blind or disabled by DDU  
• MAGI income more than 100% FPL to no more than 138% FPL |
| MAGI No Medicare  | 4172          | AEMA MAGI Expansion Ribicoff-like non-Disabled Kid >44-66% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• NOT determined blind or disabled by DDU  
• MAGI income more than 44% FPL to no more than 66% FPL |
| MAGI No Medicare  | 4173          | AEMA MAGI Expansion Ribicoff-like non-Disabled Kid >66-100% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• NOT determined blind or disabled by DDU  
• MAGI income more than 66% FPL to no more than 100% FPL |
| MAGI No Medicare  | 4174          | AEMA MAGI Expansion Ribicoff-like non-Disabled Kid >100-138% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• NOT determined blind or disabled by DDU  
• MAGI income more than 100% FPL to no more than 138% FPL |
| MAGI No Medicare  | 4175          | AEMA MAGI Expansion Disabled Adult <=66% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible under any other prior category  
• Age 21 through 64 (through the end of the month in which the individual turns age 65)  
• Determined blind or disabled by DDU  
• MAGI income no more than 66% FPL |
| MAGI No Medicare  | 4176          | AEMA MAGI Expansion Disabled Adult >66-100% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible under any other prior category  
• Age 21 through 64 (through the end of the month in which the individual turns age 65)  
• Determined blind or disabled by DDU  
• MAGI income more than 66% FPL to no more than 100% FPL |
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| MAGI No Medicare  | 4177                   | AEMA MAGI Expansion Disabled Adult >100-138% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
  • Not eligible under any other prior category  
  • Age 21 through 64 (through the end of the month in which the individual turns age 65)  
  • Determined blind or disabled by DDU  
  • MAGI income more than 100% FPL to no more than 138% FPL |
| MAGI No Medicare  | 4178                   | AEMA MAGI Expansion non-Disabled Adult <=66% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
  • Not eligible under any other prior category  
  • Age 21 through 64 (through the end of the month in which the individual turns age 65)  
  • NOT determined blind or disabled by DDU  
  • MAGI income no more than 66% FPL |
| MAGI No Medicare  | 4179                   | AEMA MAGI Expansion non-Disabled Adult >66-100% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
  • Not eligible under any other prior category  
  • Age 21 through 64 (through the end of the month in which the individual turns age 65)  
  • NOT determined blind or disabled by DDU  
  • MAGI income more than 66% FPL to no more than 100% FPL |
| MAGI No Medicare  | 4180                   | AEMA MAGI Expansion non-Disabled Adult >100-138% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
  • Not eligible under any other prior category  
  • Age 21 through 64 (through the end of the month in which the individual turns age 65)  
  • NOT determined blind or disabled by DDU  
  • MAGI income more than 100% FPL to no more than 138% FPL |
| MAGI No Medicare  | 4181                   | Presumptive Former Foster Care | • Time-limited assistance as a result of an initial, simplified determination of eligibility  
  • Based on individual’s self-declaration  
  • Age 18 through 25 (under age 26)  
  • In foster care under the responsibility of the state on his/her 18th birthday  
  • Eligible for and enrolled in medicaid while in foster care |
| Medicaid No Medicare | 4601                  | Aged SSI Recipient | • SSI recipient  
  • Age 65 or older  
  • NOTE: Will include individuals in the Blind SSI Recipient and Disabled SSI Recipient groups who are age 65 or older |
| Medicaid No Medicare | 4602                  | Blind SSI Recipient | • SSI recipient  
  • Blind individual  
  • NOTE: Most blind individuals who are age 65 or older will be included in the Aged SSI Recipient group |
| Medicaid No Medicare | 4603                  | Disabled SSI Recipient | • SSI recipient  
  • Disabled individual  
  • NOTE: Most disabled individuals who are age 65 or older will be included in the Aged SSI Recipient group |
### Eligibility Group

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<tr>
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| **1619(b) Recipient**| 4604                   | 1619(b) Recipient       | • SSI recipient who is no longer receiving federal SSI cash benefits, but is still considered to be an SSI recipient for Medicaid purposes  
• Blind or disabled working individual  
• Medicaid While Working protection is determined by the SSA  
• Must meet all non-disability requirements for regular SSI benefits except for earnings  
• 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  
• Must need Medicaid coverage to continue working  
• 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  
• 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 |
| **Grandfathered SSI - Individual Receiving Mandatory State Supplements**| 4605                   | Grandfathered SSI - Individual Receiving Mandatory State Supplements | • Grandfathered SSI recipient  
• 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  
• Closed to new enrollees  
• 42 CFR 435.130 |
| **Grandfathered SSI - Certain Individual Eligible in 1973**| 4606                   | Grandfathered SSI - Certain Individual Eligible in 1973 | • Grandfathered SSI recipient  
• 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  
• 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  
• Closed to new enrollees  
• 42 CFR 435.133 |
| **Grandfathered SSI - Essential Spouse in 1973**| 4607                   | Grandfathered SSI - Essential Spouse in 1973 | • Grandfathered SSI recipient  
• 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)  
• Must have met the eligibility requirements in December 1973 and must have continued to meet them since then in order to remain eligible  
• Closed to new enrollees  
• 42 CFR 435.131, 1905(a) |
| **Grandfathered SSI - Individual Institutionalized & Eligible Since 1973**| 4608                   | Grandfathered SSI - Individual Institutionalized & Eligible Since 1973 | • Grandfathered SSI recipient  
• 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  
• Closed to new enrollees  
• 42 CFR 435.132 |
| **Grandfathered SSI - Ineligible for SSI Due to Reqs Prohibited by Medicaid**| 4609                   | Grandfathered SSI - Ineligible for SSI Due to Reqs Prohibited by Medicaid | • Grandfathered SSI recipient  
• 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  
• 42 CFR 435.122 |
| **Deemed SSI - Widow(er) - Early Social Security Receipt**| 4610                   | Deemed SSI - Widow(er) - Early Social Security Receipt | • Deemed SSI recipient  
• Disabled widow or widower  
• At least age 60  
• Not entitled to Medicare Part A  
• 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  
• 42 CFR 435.138, 1634(d) |
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| Medicaid No Medicare | 4611 | Deemed SSI - Disabled Adult Child | • Deemed SSI recipient  
• At least age 18  
• Receives SSI benefits on the basis of blindness or a disability which began before he/she attained the age of 22  
• Became ineligible for SSI benefits because he/she became entitled to OASDI child’s benefits, or because of an increase in those benefits  
• Would be eligible for SSI benefits if the OASDI child’s benefit, or the increase in that benefit, is subtracted from his/her income  
• 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  
• 1634(c) |
| Medicaid No Medicare | 4612 | Deemed SSI - Pickle Amendment Group | • Deemed SSI recipient  
• Individual must be currently receiving Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits  
• Was eligible for and receiving SSI benefits or state supplements but became ineligible for those payments after April 1977  
• 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  
• 42 CFR 435.135, 1939(a)(5)(E) |
| Medicaid No Medicare | 4613 | Deemed SSI - Additional Reduction Factor Widow(er) | • Deemed SSI recipient  
• Individual who was entitled to monthly OASDI benefits for December 1983  
• Was entitled to and received widow’s or widower’s disability benefits for January 1984  
• Became ineligible for SSI or optional state supplements due to elimination of the additional reduction factor for disabled widows and widowers under age 60  
• 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  
• Must have filed a written application for Medicaid on or before June 30, 1988 to obtain protected Medicaid coverage  
• Closed to new enrollees  
• 42 CFR 435.137, 1634(b) |
| Medicaid No Medicare | 4614 | Grandfathered SSI - 1972 OASDI COLA | • Grandfathered SSI recipient  
• 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  
• 42 CFR 435.134 |
| Medicaid No Medicare | 4615 | Aged Categorically Needy <=64% FPL | • Age 65 or older  
• Income no more than 64% FPL  
• NOTE: Will include individuals in the Blind Categorically Needy <=64% FPL and Disabled Categorically Needy <=64% FPL groups who are age 65 or older |
| Medicaid No Medicare | 4616 | Aged Categorically Needy >64-75% FPL | • Age 65 or older  
• Income more than 64% FPL to no more than 75% FPL  
• NOTE: Will include individuals in the Blind Categorically Needy >64-75% FPL and Disabled Categorically Needy >64-75% FPL groups who are age 65 or older |
| Medicaid No Medicare | 4617 | Blind Categorically Needy <=64% FPL | • Blind individual  
• Income no more than 64% FPL  
• NOTE: Most blind individuals who are age 65 or older will be included in the Aged Categorically Needy <=64% FPL group |
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<tbody>
<tr>
<td>Medicaid No Medicare</td>
<td>4618</td>
<td>Blind Categorically Needy &gt;64-75% FPL</td>
<td>• Blind individual • Income more than 64% FPL to no more than 75% FPL • NOTE: Most blind individuals who are age 65 or older will be included in the Aged Categorically Needy &gt;64-75% FPL group</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4619</td>
<td>Disabled Categorically Needy &lt;=64% FPL</td>
<td>• Disabled individual • Income no more than 64% FPL • NOTE: Most disabled individuals who are age 65 or older will be included in the Aged Categorically Needy &lt;=64% FPL group</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4620</td>
<td>Disabled Categorically Needy &gt;64-75% FPL</td>
<td>• Disabled individual • Income more than 64% FPL to no more than 75% FPL • NOTE: Most disabled individuals who are age 65 or older will be included in the Aged Categorically Needy &gt;64-75% FPL group</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4621</td>
<td>SSI Recipient Residential State Supplement</td>
<td>• SSI recipient who is enrolled in the Residential State Supplement (RSS) program • Age 18 or older • Meets protective level of care</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4622</td>
<td>Non-SSI Recipient Residential State Supplement</td>
<td>• Non-SSI recipient who is enrolled in the Residential State Supplement (RSS) program • Age 18 or older • Meets protective level of care</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4623</td>
<td>MBIWD Basic no Premium &lt;=64% FPL</td>
<td>• Medicaid Buy-In for Workers with Disabilities (MBIWD) • Age 16 through 64 (through the end of the month in which the individual turns age 65) • Meets the definition of disability used by the Social Security Administration (SSA) • 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 • Income no more than 64% FPL</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4624</td>
<td>MBIWD Basic no Premium &gt;64-75% FPL</td>
<td>• Medicaid Buy-In for Workers with Disabilities (MBIWD) • Age 16 through 64 (through the end of the month in which the individual turns age 65) • Meets the definition of disability used by the Social Security Administration (SSA) • 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 • Income more than 64% FPL to no more than 75% FPL</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4625</td>
<td>MBIWD Basic no Premium &gt;75-150% FPL</td>
<td>• Medicaid Buy-In for Workers with Disabilities (MBIWD) • Age 16 through 64 (through the end of the month in which the individual turns age 65) • Meets the definition of disability used by the Social Security Administration (SSA) • 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 • Income more than 75% FPL to no more than 150% FPL</td>
</tr>
<tr>
<td>Medicaid No Medicare</td>
<td>4626</td>
<td>MBIWD Basic with Premium</td>
<td>• Medicaid Buy-In for Workers with Disabilities (MBIWD) • Age 16 through 64 (through the end of the month in which the individual turns age 65) • Meets the definition of disability used by the Social Security Administration (SSA) • 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 • Income more than 150% FPL to no more than 250% FPL</td>
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</tr>
</tbody>
</table>
| Medicaid No Medicare | 4627 | MBIWD Medically Improved no Premium <=64% FPL | - Medicaid Buy-In for Workers with Disabilities (MBIWD)  
- Age 16 through 64 (through the end of the month in which the individual turns age 65)  
- Participated in an MBIWD Basic group in the previous calendar month  
- No longer meets the definition of disability used by the Social Security Administration (SSA)  
- 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  
- Income no more than 64% FPL |
| Medicaid No Medicare | 4628 | MBIWD Medically Improved no Premium >64-75% FPL | - Medicaid Buy-In for Workers with Disabilities (MBIWD)  
- Age 16 through 64 (through the end of the month in which the individual turns age 65)  
- Participated in an MBIWD Basic group in the previous calendar month  
- No longer meets the definition of disability used by the Social Security Administration (SSA)  
- 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  
- Income more than 64% FPL to no more than 75% FPL |
| Medicaid No Medicare | 4629 | MBIWD Medically Improved no Premium >75-150% FPL | - Medicaid Buy-In for Workers with Disabilities (MBIWD)  
- Age 16 through 64 (through the end of the month in which the individual turns age 65)  
- Participated in an MBIWD Basic group in the previous calendar month  
- No longer meets the definition of disability used by the Social Security Administration (SSA)  
- 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  
- Income more than 75% FPL to no more than 150% FPL |
| Medicaid No Medicare | 4630 | MBIWD Medically Improved with Premium | - Medicaid Buy-In for Workers with Disabilities (MBIWD)  
- Age 16 through 64 (through the end of the month in which the individual turns age 65)  
- Participated in an MBIWD Basic group in the previous calendar month  
- No longer meets the definition of disability used by the Social Security Administration (SSA)  
- 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  
- Income more than 150% FPL to no more than 250% FPL |
| Medicaid No Medicare | 4631 | Specialized Recovery Services Program <=64% FPL | - Age 21 or older  
- Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
- Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the "mental health needs" or "risk behaviors" sections or a 3 on at least one of the items in the "life domain functioning" section  
- Income no more than 64% FPL |
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| Medicaid No Medicare | 4632 | Specialized Recovery Services Program >64-75% FPL | - Age 21 or older  
- Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
- Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the "mental health needs" or "risk behaviors" sections or a 3 on at least one of the items in the "life domain functioning" section  
- Income more than 64% FPL to no more than 75% FPL |
| Medicaid No Medicare | 4633 | Specialized Recovery Services Program >75-100% FPL | - Age 21 or older  
- Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
- Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the "mental health needs" or "risk behaviors" sections or a 3 on at least one of the items in the "life domain functioning" section  
- Income more than 75% FPL to no more than 100% FPL |
| Medicaid No Medicare | 4634 | Specialized Recovery Services Program >100-150% FPL | - Age 21 or older  
- Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
- Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the "mental health needs" or "risk behaviors" sections or a 3 on at least one of the items in the "life domain functioning" section  
- Income more than 100% FPL to no more than 150% FPL |
| Medicaid No Medicare | 4635 | Specialized Recovery Services Program >150-225% FPL | - Age 21 or older  
- Individual with a Severe and Persistent Mental Illness (SPMI) diagnosis of Schizophrenia, Bipolar, or Major Depressive Affective Disorders - Severe  
- Adult Needs and Strengths Assessment (ANSA) score of 2 or above on at least one of the items in the "mental health needs" or "risk behaviors" sections or a 3 on at least one of the items in the "life domain functioning" section  
- Income more than 150% FPL to no more than 225% FPL |
| Medicaid No Medicare | 4636 | SIL Waiver >75-100% FPL | - Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
- 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  
- Individual must meet the specific level of care required for the chosen waiver  
- Income more than 75% FPL to no more than 100% FPL |
| Medicaid No Medicare | 4637 | SIL Waiver >100-150% FPL | - Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
- 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  
- Individual must meet the specific level of care required for the chosen waiver  
- Income more than 100% FPL to no more than 150% FPL |
| Medicaid No Medicare | 4638 | SIL Waiver >150-225% FPL | - Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
- 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  
- Individual must meet the specific level of care required for the chosen waiver  
- Income more than 150% FPL to no more than 225% FPL |
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| Medicaid No Medicare | 4639 | SIL Assisted Living Waiver >75-100% FPL | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
• Age 21 or older  
• Individual must reside in a nursing facility and require at least an intermediate level of care  
• Income more than 75% FPL to no more than 100% FPL |
| Medicaid No Medicare | 4640 | SIL Assisted Living Waiver >100-150% FPL | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
• Age 21 or older  
• Individual must reside in a nursing facility and require at least an intermediate level of care  
• Income more than 100% FPL to no more than 150% FPL |
| Medicaid No Medicare | 4641 | SIL Assisted Living Waiver >150-225% FPL | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
• Age 21 or older  
• Individual must reside in a nursing facility and require at least an intermediate level of care  
• Income more than 150% FPL to no more than 225% FPL |
| Medicaid No Medicare | 4642 | SIL PACE >75-100% FPL | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
• Program of All-Inclusive Care for the Elderly (PACE)  
• Age 55 or older  
• Individual must live in the service area of Cuyahoga County  
• Has functional limitations that meet the criteria for nursing home level of care  
• Must be able to live safely in the community  
• Must be willing to receive all of his/her care from PACE program providers  
• Income more than 75% FPL to no more than 100% FPL |
| Medicaid No Medicare | 4643 | SIL PACE >100-150% FPL | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
• Program of All-Inclusive Care for the Elderly (PACE)  
• Age 55 or older  
• Individual must live in the service area of Cuyahoga County  
• Has functional limitations that meet the criteria for nursing home level of care  
• Must be able to live safely in the community  
• Must be willing to receive all of his/her care from PACE program providers  
• Income more than 100% FPL to no more than 150% FPL |
| Medicaid No Medicare | 4644 | SIL PACE >150-225% FPL | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
• Program of All-Inclusive Care for the Elderly (PACE)  
• Age 55 or older  
• Individual must live in the service area of Cuyahoga County  
• Has functional limitations that meet the criteria for nursing home level of care  
• Must be able to live safely in the community  
• Must be willing to receive all of his/her care from PACE program providers  
• Income more than 150% FPL to no more than 225% FPL |
| Medicaid No Medicare | 4645 | SIL Facility >75-100% FPL | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
• Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)  
• Income more than 75% FPL to no more than 100% FPL |
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| Medicaid No Medicare | 4646 | SIL Facility >100-150% FPL | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
• Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)  
• Income more than 100% FPL to no more than 150% FPL |
| Medicaid No Medicare | 4647 | SIL Facility >150-225% FPL | • Special Income Level (SIL) calculation to determine eligibility for long-term care services and support  
• Individual who resides in a Medicaid-certified nursing facility, skilled nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF-IID)  
• Income more than 150% FPL to no more than 225% FPL |
| Medicaid No Medicare | 4715 | AEMA Aged Categorically Needy <=64% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Age 65 or older  
• Income no more than 64% FPL  
• NOTE: Will include individuals in the AEMA Blind Categorically Needy <=64% FPL and AEMA Disabled Categorically Needy <=64% FPL groups who are age 65 or older |
| Medicaid No Medicare | 4716 | AEMA Aged Categorically Needy >64-75% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Age 65 or older  
• Income more than 64% FPL to no more than 75% FPL  
• NOTE: Will include individuals in the AEMA Blind Categorically Needy >64-75% FPL and AEMA Disabled Categorically Needy >64-75% FPL groups who are age 65 or older |
| Medicaid No Medicare | 4717 | AEMA Blind Categorically Needy <=64% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Determined blind by DDU  
• Income no more than 64% FPL  
• NOTE: Most blind individuals who are age 65 or older will be included in the AEMA Aged Categorically Needy <=64% FPL group |
| Medicaid No Medicare | 4718 | AEMA Blind Categorically Needy >64-75% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Determined blind by DDU  
• Income more than 64% FPL to no more than 75% FPL  
• NOTE: Most blind individuals who are age 65 or older will be included in the AEMA Aged Categorically Needy >64-75% FPL group |
| Medicaid No Medicare | 4719 | AEMA Disabled Categorically Needy <=64% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Determined disabled by DDU  
• Income no more than 64% FPL  
• NOTE: Most disabled individuals who are age 65 or older will be included in the AEMA Aged Categorically Needy <=64% FPL group |
| Medicaid No Medicare | 4720 | AEMA Disabled Categorically Needy >64-75% FPL | • Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Determined disabled by DDU  
• Income more than 64% FPL to no more than 75% FPL  
• NOTE: Most disabled individuals who are age 65 or older will be included in the AEMA Aged Categorically Needy >64-75% FPL group |
| 5001 | Alien Assistance | Temporary assistance to persons who meet all Medicaid eligibility requirements but they do not meet the Medicaid citizenship requirement. |
| 5002 | Refugee | Medical refugee. Not a Medicaid eligibility group. |
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| **MAGI No Medicare** | 6201                  | Incarcerated Medicaid MAGI Child Age 6-18 | • 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  
• MAGI income no more than 156% FPL  
• Age 6 through 18 (through the end of the month in which the child turns age 19) |
| **MAGI No Medicare** | 6202                  | Incarcerated MAGI Pregnant Woman | • 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  
• MAGI income no more than 200% FPL  
• Pregnancy may be self-declared unless contradictory information exists  
• 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  
• Eligibility continues throughout pregnancy and postpartum period |
| **MAGI No Medicare** | 6203                  | Incarcerated Transitional Medical Assistance | • 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  
• Medicaid coverage for parents or caretaker relatives who become ineligible as a result of an increase in earned income  
• 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 |
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</table>
| MAGI No Medicare  | 6204                   | Incarcerated Extended Medical Assistance | • 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  
• Medicaid coverage for parents or caretaker relatives who become ineligible as a result of increased collection of spousal support  
• 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 |
| MAGI No Medicare  | 6205                   | Incarcerated Ribicoff Kid <=44% FPL | • 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  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• MAGI income no more than 44% FPL |
| MAGI No Medicare  | 6206                   | Incarcerated CHIP1 Child - No Insurance >107-156% | • 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  
• 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 |
| MAGI No Medicare  | 6207                   | Incarcerated CHIP2 Child - No Insurance >156-206% | • 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  
• 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 |
| MAGI No Medicare  | 6208                   | Incarcerated Aged Out Former Foster Care | • 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  
• Age 18 through 25 (through the end of the month in which the individual turns age 26)  
• In foster care under the responsibility of the state on his/her 18th birthday  
• Eligible for and enrolled in Medicaid while in foster care  
• Eligibility is determined without regard to income |
| MAGI No Medicare  | 6209                   | Incarcerated MAGI Expansion Ribicoff-like Disabled Kid >44-66% FPL | • 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  
• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• Determined blind or disabled by SSA or DDU  
• NOT receiving institutional or HCBS services  
• MAGI income more than 44% FPL to no more than 66% FPL |
| MAGI No Medicare  | 6210                   | Incarcerated MAGI Expansion Ribicoff-like Disabled Kid >66-100% FPL | • 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  
• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• Determined blind or disabled by SSA or DDU  
• NOT receiving institutional or HCBS services  
• MAGI income more than 66% FPL to no more than 100% FPL |
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| MAGI No Medicare  | 6211                   | Incarcerated MAGI Expansion Ribicoff-like Disabled Kid >100-138% FPL | • 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  
• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• Determined blind or disabled by SSA or DDU  
• NOT receiving institutional or HCBS services  
• MAGI income more than 100% FPL to no more than 138% FPL |
| MAGI No Medicare  | 6212                   | Incarcerated MAGI Expansion Ribicoff-like non-Disabled Kid >44-66% FPL | • 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  
• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• NOT determined blind or disabled by SSA or DDU  
• NOT receiving institutional or HCBS services  
• MAGI income more than 44% FPL to no more than 66% FPL |
| MAGI No Medicare  | 6213                   | Incarcerated MAGI Expansion Ribicoff-like non-Disabled Kid >66-100% FPL | • 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  
• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• NOT determined blind or disabled by SSA or DDU  
• NOT receiving institutional or HCBS services  
• MAGI income more than 66% FPL to no more than 100% FPL |
| MAGI No Medicare  | 6214                   | Incarcerated MAGI Expansion Ribicoff-like non-Disabled Kid >100-138% FPL | • 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  
• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• NOT determined blind or disabled by SSA or DDU  
• NOT receiving institutional or HCBS services  
• MAGI income more than 100% FPL to no more than 138% FPL |
| MAGI No Medicare  | 6215                   | Incarcerated MAGI Expansion Disabled Adult <=66% FPL | • 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  
• Not eligible under any other prior category  
• Age 21 through 64 (through the end of the month in which the individual turns age 65)  
• Determined blind or disabled by SSA or DDU  
• NOT receiving institutional or HCBS services  
• MAGI income no more than 66% FPL |
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<td>Incarcerated MAGI</td>
<td>66-100% FPL</td>
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<td>Expansion Disabled Adult</td>
<td>66-100% FPL</td>
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<td>- NOT receiving institutional or HCBS services</td>
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<td>- MAGI income more than 66% FPL but no more than 100% FPL</td>
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<td>- MAGI income more than 100% FPL but no more than 138% FPL</td>
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<td>Expansion non-Disabled Adult</td>
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<td>- MAGI income no more than 66% FPL</td>
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<td>Incarcerated MAGI</td>
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<td>Expansion non-Disabled Adult</td>
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<td>Incarcerated MAGI</td>
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<tr>
<td>MAGI No Medicare</td>
<td>6251</td>
<td>Incarcerated Portal Entered Presumptive Child</td>
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<td>- Time-limited assistance as a result of an initial, simplified determination of eligibility</td>
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<td>- Based on individual's self-declaration</td>
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<td>- Age 0 through 18 (through the end of the month in which the child turns age 19)</td>
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<td>- Limited to one presumptive coverage period per 12-month span</td>
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<td>- MAGI income no more than 206% FPL</td>
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<td>- Eligibility determined in the MITS Provider Portal</td>
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</table>
| MAGI No Medicare  | 6252                   | Incarcerated Presumptive Child                     | • 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  
• Time-limited assistance as a result of an initial, simplified determination of eligibility  
• Based on individual’s self-declaration  
• Age 0 through 18 (through the end of the month in which the child turns age 19)  
• Limited to one presumptive coverage period per 12-month span  
• MAGI income no more than 206% FPL |
| MAGI No Medicare  | 6253                   | Incarcerated Presumptive Former Foster Care        | • 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  
• Time-limited assistance as a result of an initial, simplified determination of eligibility  
• Based on individual’s self-declaration  
• Age 18 through 25 (under age 26)  
• In foster care under the responsibility of the state on his/her 18th birthday  
• Eligible for and enrolled in medicaid while in foster care |
| MAGI No Medicare  | 6254                   | Incarcerated Presumptive Adult                     | • 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  
• Time-limited assistance as a result of an initial, simplified determination of eligibility  
• Based on individual’s self-declaration  
• Age 19 through 64 (through the end of the month in which the individual turns age 65)  
• Limited to one presumptive coverage period per 12-month span  
• MAGI income no more than 138% FPL |
| Medicaid No Medicare | 6255                  | Incarcerated SACWIS Adoption Assistance            | • 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  
• Title IV-E Adoption Assistance (AA)  
• 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  
• 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  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• OAC 5101:2-49-04 |
| Medicaid No Medicare | 6256                  | Incarcerated SACWIS Foster Care Maintenance        | • 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  
• Title IV-E Foster Care Maintenance (FCM)  
• Age 0 through 17 (through the end of the month in which the child turns age 18)  
• 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  
• Eligibility determined in the Statewide Automated Child Welfare Information System (SACWIS)  
• OAC 5101:2-47-12 |
## Eligibility Group: MAGI No Medicare

### MITS Aid Category Code 6301
- **Incarcerated AEMA Medicaid MAGI Child Age 6-18**
  - 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
  - Temporary assistance to an individual who does not meet the Medicaid citizenship requirement
  - MAGI income no more than 156% FPL
  - Age 6 through 18 (through the end of the month in which the child turns age 19)

### MITS Aid Category Code 6302
- **Incarcerated AEMA MAGI Pregnant Woman**
  - 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
  - Temporary assistance to an individual who does not meet the Medicaid citizenship requirement
  - MAGI income no more than 200% FPL
  - Pregnancy may be self-declared unless contradictory information exists
  - 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

### MITS Aid Category Code 6305
- **Incarcerated AEMA - Ribicoff Kid <=44% FPL**
  - 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
  - Temporary assistance to an individual who does not meet the Medicaid citizenship requirement
  - Age 19 or 20 (through the end of the month in which the individual turns age 21)
  - MAGI income no more than 44% FPL

### MITS Aid Category Code 6306
- **Incarcerated AEMA CHIP1 Child - No Insurance >107-156%**
  - 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
  - Temporary assistance to an individual who does not meet the Medicaid citizenship requirement
  - 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

### MITS Aid Category Code 6307
- **Incarcerated AEMA CHIP2 Child - No Insurance >156-206%**
  - 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
  - Temporary assistance to an individual who does not meet the Medicaid citizenship requirement
  - 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

### MITS Aid Category Code 6309
- **Incarcerated AEMA MAGI Expansion Ribicoff-like Disabled Kid >44-66% FPL**
  - 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
  - Temporary assistance to an individual who does not meet the Medicaid citizenship requirement
  - Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category
  - Age 19 or 20 (through the end of the month in which the individual turns age 21)
  - Determined blind or disabled by DDU
  - MAGI income more than 44% FPL to no more than 66% FPL
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| MAGI No Medicare  | 6310                   | Incarcerated AEMA MAGI Expansion Ribicoff-like Disabled Kid >66-100% FPL | • 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  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• Determined blind or disabled by DDU  
• MAGI income more than 66% FPL to no more than 100% FPL |
| MAGI No Medicare  | 6311                   | Incarcerated AEMA MAGI Expansion Ribicoff-like Disabled Kid >100-138% FPL | • 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  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• Determined blind or disabled by DDU  
• MAGI income more than 100% FPL to no more than 138% FPL |
| MAGI No Medicare  | 6312                   | Incarcerated AEMA MAGI Expansion Ribicoff-like non-Disabled Kid >44-66% FPL | • 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  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• NOT determined blind or disabled by DDU  
• MAGI income more than 44% FPL to no more than 66% FPL |
| MAGI No Medicare  | 6313                   | Incarcerated AEMA MAGI Expansion Ribicoff-like non-Disabled Kid >66-100% FPL | • 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  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• NOT determined blind or disabled by DDU  
• MAGI income more than 66% FPL to no more than 100% FPL |
| MAGI No Medicare  | 6314                   | Incarcerated AEMA MAGI Expansion Ribicoff-like non-Disabled Kid >100-138% FPL | • 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  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible as a MAGI Child, Pregnant Woman, or Parent or under any other prior category  
• Age 19 or 20 (through the end of the month in which the individual turns age 21)  
• NOT determined blind or disabled by DDU  
• MAGI income more than 100% FPL to no more than 138% FPL |
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| MAGI No Medicare  | 6315                   | Incarcerated AEMA MAGI Expansion Disabled Adult <=66% FPL  | • 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  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible under any other prior category  
• Age 21 through 64 (through the end of the month in which the individual turns age 65)  
• Determined blind or disabled by DDU  
• MAGI income no more than 66% FPL |
| MAGI No Medicare  | 6316                   | Incarcerated AEMA MAGI Expansion Disabled Adult >66-100% FPL | • 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  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible under any other prior category  
• Age 21 through 64 (through the end of the month in which the individual turns age 65)  
• Determined blind or disabled by DDU  
• MAGI income more than 66% FPL to no more than 100% FPL |
| MAGI No Medicare  | 6317                   | Incarcerated AEMA MAGI Expansion Disabled Adult >100-138% FPL | • 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  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible under any other prior category  
• Age 21 through 64 (through the end of the month in which the individual turns age 65)  
• Determined blind or disabled by DDU  
• MAGI income more than 100% FPL to no more than 138% FPL |
| MAGI No Medicare  | 6318                   | Incarcerated AEMA MAGI Expansion non-Disabled Adult <=66% FPL | • 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  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible under any other prior category  
• Age 21 through 64 (through the end of the month in which the individual turns age 65)  
• NOT determined blind or disabled by DDU  
• MAGI income no more than 66% FPL |
| MAGI No Medicare  | 6319                   | Incarcerated AEMA MAGI Expansion non-Disabled Adult >66-100% FPL | • 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  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Not eligible under any other prior category  
• Age 21 through 64 (through the end of the month in which the individual turns age 65)  
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• MAGI income more than 66% FPL to no more than 100% FPL |
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| MAGI No Medicare  | 6320                   | Incarcerated AEMA MAGI Expansion non-Disabled Adult >100-138% FPL | ▪ 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  
▪ Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
▪ Not eligible under any other prior category  
▪ Age 21 through 64 (through the end of the month in which the individual turns age 65)  
▪ NOT determined blind or disabled by DDU  
▪ MAGI income more than 100% FPL to no more than 138% FPL |
| Medicaid No Medicare | 6401 | Incarcerated Aged SSI Recipient | ▪ 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  
▪ SSI recipient  
▪ Age 65 or older  
▪ NOTE: Will include individuals in the Incarcerated Blind SSI Recipient and Incarcerated Disabled SSI Recipient groups who are age 65 or older |
| Medicaid No Medicare | 6402 | Incarcerated Blind SSI Recipient | ▪ 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  
▪ SSI recipient  
▪ Blind individual  
▪ NOTE: Most blind individuals who are age 65 or older will be included in the Incarcerated Aged SSI Recipient group |
| Medicaid No Medicare | 6403 | Incarcerated Disabled SSI Recipient | ▪ 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  
▪ SSI recipient  
▪ Disabled individual  
▪ NOTE: Most disabled individuals who are age 65 or older will be included in the Incarcerated Aged SSI Recipient group |
| Medicaid No Medicare | 6404 | Incarcerated Grandfathered SSI - Individual Rcvng Mandatory State Supplements | ▪ 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  
▪ Grandfathered SSI recipient  
▪ 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  
▪ Closed to new enrollees  
▪ 42 CFR 435.130 |
| Medicaid No Medicare | 6405 | Incarcerated Grandfathered SSI - Certain Individual Eligible in 1973 | ▪ 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  
▪ Grandfathered SSI recipient  
▪ 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  
▪ 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  
▪ Closed to new enrollees  
▪ 42 CFR 435.133 |
### MITS Aid Code Reference List - January 1, 2017

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| Medicaid No Medicare | 6406 | Incarcerated Grandfathered SSI - Essential Spouse in 1973 | • 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  
 • Grandfathered SSI recipient  
 • 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)  
 • Must have met the eligibility requirements in December 1973 and must have continued to meet them since then in order to remain eligible  
 • Closed to new enrollees  
 • 42 CFR 435.131, 1905(a) |
| Medicaid No Medicare | 6407 | Incarcerated Grandfathered SSI - Inelig for SSI Due to Reqs Prohibited by Mcaid | • 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  
 • Grandfathered SSI recipient  
 • 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  
 • 42 CFR 435.122 |
| Medicaid No Medicare | 6408 | Incarcerated Deemed SSI - Widow(er) - Early Social Security Receipt | • 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  
 • Deemed SSI recipient  
 • Disabled widow or widower  
 • At least age 60  
 • Not entitled to Medicare Part A  
 • 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  
 • 42 CFR 435.138, 1634(d) |
| Medicaid No Medicare | 6409 | Incarcerated Deemed SSI - Disabled Adult Child | • 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  
 • Deemed SSI recipient  
 • At least age 18  
 • Receives SSI benefits on the basis of blindness or a disability which began before he/she attained the age of 22  
 • Became ineligible for SSI benefits because he/she became entitled to OASDI child’s benefits, or because of an increase in those benefits  
 • Would be eligible for SSI benefits if the OASDI child’s benefit, or the increase in that benefit, is subtracted from his/her income  
 • 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  
 • 1634(c) |
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| Medicaid No Medicare | 6410 | Incarcerated Deemed SSI - Pickle Amendment Group | • 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  
• Deemed SSI recipient  
• Individual must be currently receiving Social Security Old Age, Survivors, and Disability Insurance (OASDI) benefits  
• Was eligible for and receiving SSI benefits or state supplements but became ineligible for those payments after April 1977  
• 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  
• 42 CFR 435.135, 1939(a)(5)(E) |
| Medicaid No Medicare | 6411 | Incarcerated Deemed SSI - Additional Reduction Factor Widow(er) | • 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  
• Deemed SSI recipient  
• Individual who was entitled to monthly OASDI benefits for December 1983  
• Was entitled to and received widow's or widower's disability benefits for January 1984  
• Became ineligible for SSI or optional state supplements due to elimination of the additional reduction factor for disabled widows and widowers under age 60  
• 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  
• Must have filed a written application for Medicaid on or before June 30, 1988 to obtain protected Medicaid coverage  
• Closed to new enrollees  
• 42 CFR 435.137, 1634(b) |
| Medicaid No Medicare | 6412 | Incarcerated Grandfathered SSI - 1972 OASDI COLA | • 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  
• Grandfathered SSI recipient  
• 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  
• 42 CFR 435.134 |
| Medicaid No Medicare | 6413 | Incarcerated Aged Categorically Needy <=64% FPL | • 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  
• Age 65 or older  
• Income no more than 64% FPL  
• NOTE: Will include individuals in the Incarcerated Blind Categorically Needy <=64% FPL and Incarcerated Disabled Categorically Needy <=64% FPL groups who are age 65 or older |
| Medicaid No Medicare | 6414 | Incarcerated Aged Categorically Needy >64-75% FPL | • 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  
• Age 65 or older  
• Income more than 64% FPL to no more than 75% FPL  
• NOTE: Will include individuals in the Incarcerated Blind Categorically Needy >64-75% FPL and Incarcerated Disabled Categorically Needy >64-75% FPL groups who are age 65 or older |
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<th>MITS Aid Category Description</th>
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| Medicaid No Medicare | 6415 | Incarcerated Blind Categorically Needy <=64% FPL | • 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  
• Blind individual  
• Income no more than 64% FPL  
• NOTE: Most blind individuals who are age 65 or older will be included in the Incarcerated Aged Categorically Needy <=64% FPL group |
| Medicaid No Medicare | 6416 | Incarcerated Blind Categorically Needy >64-75% FPL | • 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  
• Blind individual  
• Income more than 64% FPL to no more than 75% FPL  
• NOTE: Most blind individuals who are age 65 or older will be included in the Incarcerated Aged Categorically Needy >64-75% FPL group |
| Medicaid No Medicare | 6417 | Incarcerated Disabled Categorically Needy <=64% FPL | • 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  
• Disabled individual  
• Income no more than 64% FPL  
• NOTE: Most disabled individuals who are age 65 or older will be included in the Incarcerated Aged Categorically Needy <=64% FPL group |
| Medicaid No Medicare | 6418 | Incarcerated Disabled Categorically Needy >64-75% FPL | • 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  
• Disabled individual  
• Income more than 64% FPL to no more than 75% FPL  
• NOTE: Most disabled individuals who are age 65 or older will be included in the Incarcerated Aged Categorically Needy >64-75% FPL group |
| Medicaid No Medicare | 6419 | Incarcerated Breast & Cervical Cancer Project | • 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  
• Breast and Cervical Cancer Project (BCCP) program enrollee  
• Must have been screened for breast or cervical cancer through the Ohio Department of Health  
• Age 40 through 64 (through the end of the month in which the individual turns age 65)  
• In need of treatment for breast and/or cervical cancer, including precancerous conditions  
• No third-party creditable insurance  
• Does not meet the eligibility criteria of any other Medicaid program  
• Eligibility is determined without regard to income or resources |
| Medicaid No Medicare | 6420 | Incarcerated RoMIPR | • 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  
• Reinstatement of Medicaid for Public Institution Recipients (RoMIPR)  
• Short-term Medicaid coverage for an individual recently released from state or county custody  
• Medicaid recipient at the time of his/her incarceration  
• Incarcerated for less than one year  
• Eligibility is limited to 60 days from the date of release from incarceration |
### MITS Aid Code Reference List - January 1, 2017

**The list of MITS 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.**

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| Medicaid No Medicare | 6513 | Incarcerated AEMA Aged Categorically Needy <=64% FPL | • 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  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Age 65 or older  
• Income no more than 64% FPL  
• NOTE: Will include individuals in the Incarcerated AEMA Blind Categorically Needy <=64% FPL and Incarcerated AEMA Disabled Categorically Needy <=64% FPL groups who are age 65 or older |
| Medicaid No Medicare | 6514 | Incarcerated AEMA Aged Categorically Needy >64-75% FPL | • 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  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Age 65 or older  
• Income more than 64% FPL to no more than 75% FPL  
• NOTE: Will include individuals in the Incarcerated AEMA Blind Categorically Needy >64-75% FPL and Incarcerated AEMA Disabled Categorically Needy >64-75% FPL groups who are age 65 or older |
| Medicaid No Medicare | 6515 | Incarcerated AEMA Blind Categorically Needy <=64% FPL | • 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  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Determined blind by DDU  
• Income no more than 64% FPL  
• NOTE: Most blind individuals who are age 65 or older will be included in the Incarcerated AEMA Aged Categorically Needy <=64% FPL group |
| Medicaid No Medicare | 6516 | Incarcerated AEMA Blind Categorically Needy >64-75% FPL | • 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  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Determined blind by DDU  
• Income more than 64% FPL to no more than 75% FPL  
• NOTE: Most blind individuals who are age 65 or older will be included in the Incarcerated AEMA Aged Categorically Needy >64-75% FPL group |
| Medicaid No Medicare | 6517 | Incarcerated AEMA Disabled Categorically Needy <=64% FPL | • 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  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Determined disabled by DDU  
• Income no more than 64% FPL  
• NOTE: Most disabled individuals who are age 65 or older will be included in the Incarcerated AEMA Aged Categorically Needy <=64% FPL group |
| Medicaid No Medicare | 6518 | Incarcerated AEMA Disabled Categorically Needy >64-75% FPL | • 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  
• Temporary assistance to an individual who does not meet the Medicaid citizenship requirement  
• Determined disabled by DDU  
• Income more than 64% FPL to no more than 75% FPL  
• NOTE: Most disabled individuals who are age 65 or older will be included in the Incarcerated AEMA Aged Categorically Needy >64-75% FPL group |