

Medicaid Eligibility Procedure Letter No. 116

Effective Date: August 1, 2016

OAC Rule: 5160:1-2-01

To: All Medicaid Eligibility Manual Holders

From: John B. McCarthy, Director

Subject: Medicaid: Deferral of Scheduled Renewals for Aged, Blind, or Disabled Eligibility Groups

Reason for Change: For the first five months after Ohio's transition to 1634 status, annual renewals for aged, blind, or disabled (ABD) eligibility groups are deferred except in situations where the covered group has a change in circumstances that may impact eligibility.

Prior Policy: Eligibility for Medicaid is required to be renewed annually or upon report or discovery of a change.

New Policy: From August 1, 2016, through December 31, 2016, renewals for aged, blind, or disabled eligibility groups will only be conducted upon report or discovery of certain changes in an eligibility group member's circumstances. Annual renewals will resume in January 2017.

Action Required: Aged, blind, or disabled eligibility groups that are converted from Ohio's legacy eligibility determination system, CRIS-E, to the Ohio Benefits Worker Portal (OBWP) will have renewal dates automatically set to incorporate the deferral period. ABD eligibility groups that are manually converted from CRIS-E to OBWP should have renewal dates assigned based on the following criteria:

- An ABD eligibility group with a renewal date scheduled in 2016 or before will have a future renewal date of the originally-scheduled renewal month, but in calendar year 2017.

For example: If the CRIS-E renewal date is November 2016, the newly assigned renewal date will be November 2017.

- An ABD eligibility group with a renewal date scheduled in 2017 will maintain the originally-scheduled renewal date. For example: If the CRIS-E renewal date is February 2017, no renewal date change is required. The eligibility group will still be scheduled for renewal in February 2017.

From August 1, 2016, through December 31, 2016, eligibility must be renewed for any aged, blind, or disabled eligibility group enrolled in Medicaid in the following situations:

- If there is a change in one or more of an eligibility group member's demographic factors, specifically:
 - (1) A member of the eligibility group moves out of Ohio
 - (2) An individual who is (or would be) a member of the eligibility group moves into or out of the eligibility group's household
 - (3) A member of the eligibility group is born or dies
 - (4) A member of the eligibility group reaches a trigger age
 - Age 18
 - Age 65
 - (5) A member of the eligibility group gets married or divorced
 - (6) A member of the eligibility group experiences a limiting physical factor (LPF) change, such as:
 - Determination of blindness or disability
 - Determination that a member of the eligibility group is **not** blind or disabled
 - Determination that a member of the eligibility group's level of care (LOC) is different than previously indicated
- If a member of an eligibility group experiences an approval, denial, or termination of Supplemental Security Income (SSI) benefits
- If the eligibility group reports, for the purposes of the Medicaid program, a change in one or more of a group member's:
 - (1) Income sources or amounts that result in an increase of his or her gross monthly income by more than ten percent; or
 - (2) Resource types or amounts that result in his or her countable resources exceeding the resource limit identified in Ohio Administrative Code rule 5160:1-3-05.1.

Changes reported for purposes of another assistance program (and therefore, for which entry into the Ohio Benefits Worker Portal would not be necessary), do not trigger the need for a renewal.
- If a member of the eligibility group, or the member's authorized representative, requests a renewal
- If a renewal is necessary to correct an eligibility group member's level of benefits or eligibility category

A renewal is **not** required in situations where an improper transfer is made by a member of an ABD eligibility group. If this circumstance occurs, the restricted Medicaid coverage period (RMCP) and partial month restricted coverage (PMRC) amount must be calculated and applied against the eligibility group member.

If a member of an ABD eligibility group changes from one waiver category to another waiver category, Eligibility Determination and Benefit Calculation (EDBC) must be run in order to send the updated information to MITS; however, if OBWP fails the eligibility group because a qualified income trust (QIT) is needed the case worker must override the EDBC result and maintain the previous renewal date.

Passive renewals of eligibility for SSI recipients who are not members of an eligibility group with any other Medicaid recipient will continue to occur during the deferral period.

Non-ABD eligibility groups continue to be subject to the renewal requirements identified in Ohio Administrative Code rule 5160:1-2-01.

All notice requirements, including timely notice of adverse actions, remain in full effect and workers should annotate the OBWP Journal regarding details of each eligibility group's renewal.

An Ohio Benefits Worker Portal Announcement is issued with the information contained in this MEPL.

This information is also available on the Ohio Department of Medicaid website and may be accessed at:

Resources > Publications > ODM Guidance > Medicaid Policy > Behavioral Health Eligibility & CHIP > Medicaid Eligibility Procedure Letter (MEPL)

<http://medicaid.ohio.gov/RESOURCES/Publications/ODMGuidance.aspx#1535541-medicaid-policy>

Training Statement

For further assistance or clarification regarding the processing of specific cases, please contact ODM Eligibility Technical Assistance at Medicaid_Eligibility_TA@Medicaid.Ohio.gov.