

TO BE RESCINDED

5160:1-4-05

Medicaid: transitional medical assistance.

(A) This rule describes transitional medical assistance (TMA), which is a covered group of individuals who lose eligibility due to earned income, as described in Section 1925 of the Social Security Act (as in effect on December 1, 2009).

(B) Eligibility criteria under this covered group.

- (1) The individual must have received, or be deemed eligible for but not receiving, Ohio works first (OWF) or received low-income families (LIF) medicaid in the state of Ohio in at least three of the six months immediately preceding the month in which the individual becomes ineligible for medicaid.
- (2) The family must have lost medicaid eligibility due to receipt of new earned income or increased earned income. Verification of income is not required and can be self-declared.
- (3) Eligibility begins the month immediately following the last month the individual received medicaid. Any months of medicaid received in error, due to unreported earned income, are counted as months of transitional medical assistance.

(C) Administrative agency responsibilities. The administrative agency shall:

- (1) Verify in the electronic eligibility system the individual was receiving medicaid in previous months. Approve TMA if an individual meets the requirements in paragraph (B) of this rule;
- (2) Deny or terminate TMA for an individual if the individual fraudulently received OWF during any of the last six months of the family's OWF eligibility;
- (3) Not consider resources;
- (4) Terminate or deny TMA when:
 - (a) There is no longer a dependent child in the family.
 - (b) The family becomes eligible for another medicaid covered group.

(D) Eligibility under this covered group is for twelve months. An individual who has

eligibility terminated prior to the completion of the twelfth month of TMA may potentially re-establish TMA.

- (1) Individuals who lose TMA eligibility and subsequently qualify for OWF or LIF medicaid may be eligible for a new period of TMA when eligibility criteria in paragraph (B) of this rule are met. There is no limit to the amount of times an individual re-establishes eligibility for TMA.
- (2) Individuals who lose TMA eligibility and subsequently qualify for OWF or LIF medicaid may be eligible for the remainder of the original TMA period when only the eligibility criterion in paragraph (B)(2) of this rule is met.

Effective: 01/01/2016

Five Year Review (FYR) Dates: 10/16/2015

CERTIFIED ELECTRONICALLY

Certification

12/21/2015

Date

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