



Ohio Administrative Code

Rule 5160:1-4-05 MAGI-based medicaid: coverage for a parent or caretaker relative residing with a child.

Effective: January 1, 2024

(A) This rule describes the eligibility requirements for parents and caretaker relatives residing with children as described in 42 C.F.R. 435.110 (as in effect October 1, 2023), transitional medical assistance as described in section 1925 of the Social Security Act (as in effect October 1, 2023), and extended medical assistance as described in section 1931 of the Social Security Act (as in effect October 1, 2023).

(B) Eligibility criteria for coverage because an individual is a parent or caretaker relative residing with a child.

(1) The individual must be residing with a dependent child under the age of eighteen. An individual is considered to be residing with the child even if the child is temporarily absent with the intent to return home.

(2) The individual must be the child's parent or caretaker relative, or a spouse residing with the child's parent or caretaker relative.

(3) The individual's household income must not exceed ninety per cent of the federal poverty level for the family size.

(C) Eligibility criteria for coverage under transitional medical assistance (TMA) or extended medical assistance (EMA).

(1) To be eligible for TMA or EMA an individual must have:

(a) Been enrolled in medical assistance coverage as a parent or caretaker relative as described in paragraph (B) of this rule for at least three of the six months immediately preceding the loss of eligibility.



(b) Become ineligible for medical assistance as a parent or caretaker relative as a result of:

(i) Increased earned income, to be eligible for the first six-month period of TMA. Verification of increased income is not required and can be self-declared.

(ii) Increased collection of spousal support, to be eligible for EMA. Verification of increased income is not required and can be self-declared.

(2) Duration of eligibility.

(a) A parent or caretaker relative is eligible for:

(i) Up to two six-month periods of TMA.

(A) The first six-month period of TMA beginning the first day of the month following the expiration of the required notice period under rule 5101:6-2-04 of the Administrative Code for discontinuance of coverage as a parent or caretaker relative.

(B) The second six-month period of TMA beginning the month immediately following the completion of the first six-month period when the parent or caretaker relative:

(i) Received continuous TMA for the entire first six-month period; and

(ii) Met the quarterly request for financial information requirements for the first six-month period described in paragraph (D) of this rule; and

(iii) Has average gross monthly earned income minus employment-related child care expenses (if applicable) that does not exceed one hundred eighty-five per cent of the federal poverty level for the family size.

(ii) Four months of EMA beginning the first day of the month following the expiration of the required notice period under rule 5101:6-2-04 of the Administrative Code for discontinuance of coverage as a parent or caretaker relative.



(b) The child of the parent or caretaker relative will remain eligible for medical assistance regardless of the parent or caretaker relative's increased earned income or spousal support for a continuous period of twelve months under rule 5160:1-2-14 of the Administrative Code. At the end of that twelve-month period, the child becomes eligible for any remaining months of TMA or EMA for which the parent or caretaker relative is eligible, ending in the same month as TMA or EMA ends for the parent or caretaker relative.

(c) The child of the parent or caretaker relative eligible under this rule loses TMA or EMA eligibility at the end of the month in which he or she reaches age nineteen.

(3) Resuming interrupted spans of TMA eligibility.

(a) An individual whose span of TMA was interrupted because the individual became eligible for coverage under paragraph (B) of this rule is eligible for a new span of TMA when the individual subsequently loses eligibility under paragraph (B) of this rule due to an increase in earned income and meets the criteria in paragraph (C)(1)(a) of this rule.

(b) An individual whose span of TMA was interrupted because the individual became eligible for coverage under paragraph (B) of this rule is eligible for any remaining months of the original TMA span when the individual subsequently loses eligibility under paragraph (B) of this rule due to an increase in earned income and does not meet the criteria in paragraph (C)(1)(a) of this rule.

(4) Repeated spans of eligibility. There is no limit to the number of times an individual may receive coverage under TMA or EMA, provided the individual meets all of the relevant criteria for the coverage each time.

(D) Quarterly request for financial information for TMA. The parent or caretaker relative must report his or her gross earned income and employment-related child care expenses (if applicable) quarterly to the administrative agency by the fifth business day of the fourth, seventh, and tenth months of TMA coverage.

(E) Administrative agency responsibilities. The administrative agency must:



- (1) Calculate a parent's or caretaker relative's family size and household income as described in rule 5160:1-4-01 of the Administrative Code for parent or caretaker relative eligibility.
- (2) Send a quarterly request for financial information to the parent or caretaker relative no later than the third week of the third, sixth, and ninth months of TMA coverage.
- (3) Update the electronic eligibility system with information reported from the quarterly request for financial information.
- (4) Determine eligibility for the second six-month period of TMA.
- (5) Consider an individual's eligibility for TMA or EMA as part of the renewal process described in rule 5160:1-2-01 of the Administrative Code and the pre-termination review (PTR) process described in rule 5160:1-1-01 of the Administrative Code.
 - (a) Verify in the electronic eligibility system the individual was receiving medical assistance in previous months. Approve TMA or EMA when an individual meets the requirements in paragraph (C) of this rule;
 - (b) Deny or discontinue TMA or EMA when:
 - (i) There is no longer a dependent child under the age of eighteen residing with the parent or caretaker relative; or
 - (ii) The parent or caretaker relative:
 - (A) Become eligible for another medical assistance covered group; or
 - (B) No longer has earned income for TMA; or
 - (C) No longer collects spousal support for EMA; or



(D) Fails to report gross earned income and employment-related child care expenses (if applicable) quarterly for TMA; or

(E) Is over income for the second six-month period of TMA; or

(F) Receives four months of EMA; or

(G) Receives twelve months of TMA.