



Ohio Administrative Code

Rule 5180:2-49-19 Title XIX medicaid coverage for Title IV-E adoption assistance (AA) eligible children (COBRA).

Effective: July 1, 2024

(A) A child eligible for AA, is eligible for Title XIX medicaid coverage beginning with the effective date of the JFS 01453 "Title IV-E Adoption Assistance Agreement."

(B) The public children services agency (PCSA) is to inform the adoptive parent(s) that he or she is to notify the PCSA within fifteen calendar days after moving to another county or state.

(C) The parent(s) is to cooperate with the PCSA to assure that a move out-of-state complies with any applicable interstate requirements. Failure to notify the PCSA may result in the interruption of Title XIX medical coverage.

(D) For a child with an AA agreement in effect who moves or resides out-of-state, the following is to apply:

(1) Within seven business days after the PCSA is notified by the adoptive parent(s) that the AA eligible child is moving to or residing in another state, the PCSA is to transfer Title XIX medical coverage to the state of residence by:

(a) Completing and forwarding the current signed and dated JFS 01453 to the Ohio department of job and family services (ODJFS) interstate compact on adoption and medical assistance (ICAMA) state administrator pursuant to rule 5101:2-44-05.2 of the Administrative Code.

(b) Providing written notification to the adoptive parent(s) of Ohio's intent to terminate the Title XIX medical coverage. Notification is to, at a minimum, include all of the following:

(i) The effective termination date of Ohio's Title XIX medical coverage.

(ii) A completed JFS 04065 "Prior Notice of Right To A State Hearing."



(iii) A statement that the child will continue to receive AA payments from Ohio or, if no payments are being made, a statement that the JFS 01453 remains in effect and Title XIX medical coverage will be provided by the state in which the child resides.

(c) Terminating the medical coverage in the Ohio statewide automated child welfare information system (SACWIS).

(2) Upon notification of any change that would affect the medicaid status, the PCSA is to, within seven business days, complete and forward the ICAMA form 7.5 "Information Exchange" which can be found at: <https://aaicama.org/cms/index.php/the-aaicama/new-icama-forms/icama-forms> to the ODJFS ICAMA state administrator.

(3) No less than annually, the PCSA is to provide the responsible Title XIX medical authority in the state where the child resides with written verification that the child meets the continuing eligibility requirements for medicaid. If the PCSA determines the child does not meet the continuing eligibility requirements, within twenty business days the PCSA is to:

(a) Complete a medicaid pre-termination review (PTR) of continuing medicaid eligibility pursuant to rule 5160:1-2-01 of the Administrative Code.

(b) Provide written notification of the date Title XIX medical coverage is to be terminated to the responsible Title XIX medical authority in the state in which the AA eligible child resides.

(E) For a child with an out-of-state AA agreement in effect who moves to or resides in Ohio, the following is to apply:

(1) The child is automatically eligible for Title XIX medical coverage provided by Ohio.

(2) The PCSA is to, within twenty business days after being notified by the ODJFS ICAMA administrator take the following actions to activate Title XIX medical coverage:

(a) Verify the following information is included on the ICAMA form 7.01 received from the responsible Title XIX authority and the national ICAMA database:



- (i) The child's name, social security number, date of birth, and address.
 - (ii) The name of adoptive parent(s).
 - (iii) The address where the medical card should be sent.
 - (iv) A copy of the sending state's AA agreement.
 - (v) The name, address and telephone number of a contact person in the state with Title IV-E case management responsibility.
 - (vi) The termination date of Title XIX medical coverage in the state with Title IV-E case management responsibility or the state where the child moved.
 - (vii) Any additional information regarding other health insurance coverage the child may have, including third-party liability.
- (b) Enter into Ohio SACWIS the Ohio medicaid effective date and an "active" status on the ICAMA record.
- (c) Complete the ODM 06612 "Health Insurance Information Sheet" if there is information that the child is covered by a private health insurance plan.
- (3) The PCSA is to maintain a separate case record for each AA eligible child who resides in Ohio. The case record is to contain all of the information required in paragraph (D) of this rule for all children with AA agreements in effect who move to or reside in Ohio.