Department of
Job and Family Services

Mike DeWine, Governor
Jon Husted, Lt. Governor

Matt Damschroder, Director

March 22, 2022

Family, Children and Adult Services Manual Transmittal Letter No. 489

TO: Family, Children and Adult Services Manual Holders

FROM: Matt Damschroder, Director

SUBJECT: Common Sense Initiative Office (CSIO) Updated Language Adoption Medicaid

This letter transmits amendments to Ohio Administrative Code (OAC) Rule 5101:2-44-05.2. The following is a brief explanation of the changes that will be effective April 1, 2022.

OAC 5101:2-44-05.2 entitled **Covered Families and Children (CFC) Medicaid Eligibility for State Adoption Subsidy Recipient Moving from or to Ohio** outlines the requirements of Public Children Services Agencies (PCSAs) to process paperwork related to Medicaid eligibility for state adoption subsidy recipients moving from or to Ohio. It also details the adoptive parents' responsibilities to notify the PCSA of moves to another state. In paragraph (D) the phrase "telephone number" was replaced with the phrase "contact information" in accordance with the Common Sense Initiative Office (CSIO) project to replace outdated terminology and methods of communication in OAC rules. Additionally, the revision dates for forms were removed throughout.

INSTRUCTIONS:
The following chart indicates the material that should be removed from the Family, Children and Adult Services Manual (FCASM) and the materials that are to be inserted in the FCASM.

LOCATION	REMOVE AND FILE AS OBSOLETE	INSERT/REPLACEMENT
Management and Administration	OAC 5101:2-44-05.2	OAC 5101:2-44-05.2
Transmittal Letters		FCASMTL No. 489

5101:2-44-05.2 Medicaid eligibility for state adoption subsidy recipient moving from or to Ohio.

(A) Residence in Ohio is a requirement for medicaid as outlined in rule 5160:1-4-06 of the Administrative Code. An adoptive child with special needs who is in receipt of an Ohio-executed state adoption subsidy and who does not live in Ohio is not eligible for Ohio medicaid even if the subsidy payment continues.

(B) An adoptive child described in paragraph (A) of this rule may be eligible for medicaid in the new residence state if one of the following applies:

(1) The new residence state has elected, in its state medicaid plan, the state option for its state adoption subsidy children.

(2) The new residence state and the Ohio department of job and family services (ODJFS) are parties to an interstate agreement for reciprocal medicaid coverage of state adoption subsidy children.

(3) The new residence state elects in its state medicaid plan to reciprocate with all states for medicaid coverage of state adoption subsidy children, whether or not the states are parties to an interstate agreement.

(C) If a child moves from Ohio into a new residence state, the Ohio public children services agency (PCSA) which entered into the JFS 01615 "Approval for State Adoption Maintenance Subsidy " ~~(rev. 4/2019)~~ shall:

(1) Within seven business days after notification of the child's relocation or intent to relocate to another state, complete and forward the original interstate compact on adoption and medical assistance (ICAMA) form 7.01 "Notice of Medicaid Eligibility/Case Activation," appendix A to this rule, and a copy of the current signed and dated JFS 01615 to the ODJFS ICAMA state administrator.

(2) Upon notification of an additional change in the child's or family's status, the PCSA shall, within seven business days, complete and forward the ICAMA form 7.5 " Information Exchange," appendix B to this rule, to the ODJFS ICAMA state administrator.

(3) Notify the adoptive parent that Ohio medicaid coverage will be terminated.

(4) Terminate Ohio medicaid coverage in the Ohio statewide automated child welfare information system (SACWIS).

(5) Notify the county department of job and family services (CDJFS) that the Ohio medicaid case shall be closed, if applicable.

(D) If an adoptive child moves from Ohio to another state, the adoptive parent shall inform the PCSA of the family's address and ~~telephone number~~ contact information within ten days of relocation.

(E) An adoptive child with special needs who is a resident of Ohio and in receipt of a state adoption subsidy agreement from another state is eligible to receive Ohio medicaid, as outlined in rule 5160:1-4-06 of the Administrative Code, if:

(1) The state which entered into the state adoption subsidy agreement has been identified as a member of ICAMA.

(2) The state which entered into the state adoption subsidy agreement is not identified as a member of ICAMA but has elected in its state medicaid plan to provide medicaid coverage for its own state adoption subsidy children.

(3) The state which entered into the state adoption subsidy agreement and ODJFS are parties to an interstate agreement for reciprocal medicaid coverage of state adoption subsidy children.

(F) If an adoptive child moves from another state to Ohio and has a state adoption subsidy agreement in effect with another state, the PCSA shall:

(1) Upon receipt of the ICAMA form 700 from the national ICAMA database and the state adoption subsidy agreement determine the child's eligibility for medicaid as outlined in paragraph (E) of this rule.

(2) After determination of medicaid eligibility, enter into Ohio SACWIS the Ohio medicaid effective date and an "active" status on the ICAMA record.

(G) Copies of all ICAMA forms and correspondence shall be maintained in the child's state adoption subsidy case record.

(H) The adoptive parents, whether moving from or to Ohio, shall provide the residence state with any information regarding medical assistance or insurance available to the child.

Effective: 4/1/2022

Five Year Review (FYR) Dates: 8/1/2024

CERTIFIED ELECTRONICALLY

Certification

03/21/2022

Date

Promulgated Under:	119.03
Statutory Authority:	5153.163
Rule Amplifies:	5153.16, 5153.163
Prior Effective Dates:	01/01/1992 (Emer.), 03/20/1992, 05/01/2003, 07/01/2004, 05/01/2009, 06/12/2014, 08/01/2018, 08/01/2019

ICAMA FORM 7.01 OHIO WorkPage
NOTICE OF MEDICAID ELIGIBILITY/CASE ACTIVATION

DATE REQUESTED FOR MEDICAID OPENING	- - (Please use digits)

DATE OF MEDICAID CLOSURE	- - (Please use digits)	(in agreement state)

A. REFERRAL INFORMATION

FROM:

To see the ICAMA Form Administrator for each state go to:
http://aaicama.org/cms/index.php/icama-forms/icama-primary-contacts-full-information

TO: Include: Name, Agency, Mailing Address, Telephone Number, Fax Number and E-mail Address

B. CHILD INFORMATION

1. NAME/BIRTHDATE/SOCIAL SECURITY NUMBER ETC.

Child A

Legal Name

***Social Security #** (SSN)
Required to open Medicaid case *(do not use dashes)*

Birthdate - -
(Please use digits)

Gender ☐ Male ☐ Female

*Race**: ☐ American Indian/ Alaskan Native ☐ Asian ☐ Black /African American ☐ Native Hawaiian/ Other Pacific Islander ☐ White ☐ Unknown
**Check all boxes that are applicable*

*Ethnicity**: ☐ Hispanic/Latino
**Check if applicable*

Basis of Medicaid eligibility *(Check only one)*

Adoption Assistance: ☐ Title IV-E ☐ State-funded

Guardianship Assistance Program: ☐ Title IV-E GAP

Child B

Legal Name

***Social Security #** (SSN)
Required to open Medicaid case *(do not use dashes)*

Birthdate - -
(Please use digits)

Gender ☐ Male ☐ Female

*Race**: ☐ American Indian/ Alaskan Native ☐ Asian ☐ Black /African American ☐ Native Hawaiian/ Other Pacific Islander ☐ White ☐ Unknown
**Check all boxes that are applicable*

*Ethnicity**: ☐ Hispanic/Latino
**Check if applicable*

Basis of Medicaid eligibility *(Check only one)*

Adoption Assistance: ☐ Title IV-E ☐ State-funded

Guardianship Assistance Program: ☐ Title IV-E GAP

Child C

Legal Name

***Social Security #** (SSN)
Required to open Medicaid case *(do not use dashes)*

*Race**: ☐ American Indian/ Alaskan Native ☐ Asian ☐ Black /African American ☐ Native Hawaiian/ Other Pacific Islander ☐ White ☐ Unknown
**Check all boxes that are applicable*

Birthdate - - *(Please use digits)*	**Gender** ☐ Male ☐ Female	*Ethnicity**	☐ Hispanic/Latino **Check if applicable*

Basis of Medicaid eligibility *(Check only one)*	***Adoption Assistance*** ☐ Title IV-E ☐ State-funded	***Guardianship Assistance Program*** ☐ Title IV-E GAP

2. ADOPTIVE PARENT(s)/GUARDIAN(s):

Parent/Guardian 1- Name:

Parent/Guardian 2- Name:

3. ADDRESS IN NEW OR CURRENT RESIDENCE STATE:

FAMILY ADDRESS: (Include: Name, Mailing Address, Telephone Number, and E-mail Address)

County: *(if known)*

E-mail: AND/OR Telephone:

4. PREVIOUS ADDRESS *(if applicable)*:

PRIOR FAMILY ADDRESS:

Include: Name, Mailing Address, Telephone Number, and E-mail Address

County: *(if known)*

E-mail: AND/OR Telephone:

(If not the same as in Section 3 above)

5. CHILD IS NOT RESIDING WITH ADOPTIVE PARENT(s)/GUARDIAN(s):

For information purposes only. Case remains open and child remains eligible for Medicaid despite absence from adoptive home.

☐ *Inpatient Residential Treatment*	☐ *School*	☐ *Temporary absence from home*	☐ *Other (explanation below)*

Other

ICAMA FORM 7.5

Information Exchange—Cases Opened with ICAMA 6.01

EFFECTIVE DATE FOR ALL CHANGE(S) INDICATED BELOW - -

TODAY'S DATE: October 25, 2021

To copy and paste addresses go to:

http://aaicama.org/cms/index.php/icama-forms/icama-primary-contacts-full-information

FROM:	TO:
Include: Name, Agency, Mailing Address, Telephone Number, Fax Number and E-mail Address	

		Basis for Medicaid Eligibility	
Child's Legal Name		☐	Title IV-E Adoption Assistance
		☐	Non title IV-E Adoption Assistance
Legal SSN		☐	Title IV-E GAP
Birthdate			

NEW INFORMATION

Contact Information Change (include phone and/or email if available)

☐	Family move within residence state	New Address:
☐	Child-only move within residence state	New Address: Reason:
☐	Family move to new state	New Address:
☐	Child-only move to new state	New Address: Reason:
☐	Family new phone/email	New Phone/email:
☐	Child-only new phone/email	New Phone/email:
☐	Other Contact Information Change	

Child's Eligibility for Assistance Ends

Medicaid case close

☐	Close Medicaid Case (Agreement State)	Reason:

☐	Medicaid Case Closing (Residence State)	Reason:

Child's Eligibility for title IV-E Assistance Extended (AGREEMENT STATE ONLY)

Eligibility for title IV-E extended by Agreement State *(REQUIRED Documentation attached)*

☐	Title IV-E eligibility extended through *(date)*	Medicaid remains open for title IV-E eligible *Under Federal law, Medicaid coverage is required for all title IV-E eligible children as long as an agreement remains in effect. Cite: SSA sections 471, 473 and 1902, CW Policy Manual, Sect. 8.2B.8

Child's Eligibility for NON-title IV-E Adoption Assistance Extended (AGREEMENT STATE ONLY)

Eligibility for NON-title IV-E Adoption Assistance extended by Agreement State *(REQUIRED Documentation attached)*

☐	NON-title IV-E Adoption Assistance eligibility extended through *(date)*	Medicaid remains open for non-title IV-E eligible at the option of the Residence State *Agreement State has determined that child is Medicaid eligible—has met all COBRA requirements including having special medical or rehabilitative needs. Cite: §1902(a)(10)(A)(ii)(VIII) of the Act (SSA).

RESIDENCE STATE Response (please check only one)

☐	Medicaid remains open for **NON-title IV-E** adoption assistance eligible through *(date)*
☐	Medicaid case DOES NOT remain open in Residence State despite extension of eligibility by Agreement State Request for extension denied for **NON-title IV-E** adoption assistance eligible. Medicaid case will be closed *(date)*

RESIDENCE STATE CONTACT

FROM:	Date:	
	Name:	
	Phone:	
	Email:	

Case Change Information

☐	Child entered Foster Care	Date:
☐	Adoption/Guardianship Finalized	Date:
☐	Adoption/Guardianship Dissolved	Date:

New SSN

☐	New Social Security Number	Please call this number

Other Information

DISTRIBUTION:

Recipient state receives (1) (with documentation if required)

Reporting state retains (1)

Birthdate - - *(Please use digits)*	**Gender** ☐ Male ☐ Female	*Ethnicity**	☐ Hispanic/Latino **Check if applicable*

Basis of Medicaid eligibility *(Check only one)*	***Adoption Assistance*** ☐ Title IV-E ☐ State-funded	***Guardianship Assistance Program*** ☐ Title IV-E GAP

2. ADOPTIVE PARENT(s)/GUARDIAN(s):

Parent/Guardian 1- Name:

Parent/Guardian 2- Name:

3. ADDRESS IN NEW OR CURRENT RESIDENCE STATE:

FAMILY ADDRESS: (Include: Name, Mailing Address, Telephone Number, and E-mail Address)

County: *(if known)*

E-mail: AND/OR Telephone:

4. PREVIOUS ADDRESS *(if applicable)*:

PRIOR FAMILY ADDRESS:

Include: Name, Mailing Address, Telephone Number, and E-mail Address

County: *(if known)*

E-mail: AND/OR Telephone:

(If not the same as in Section 3 above)

5. CHILD IS NOT RESIDING WITH ADOPTIVE PARENT(s)/GUARDIAN(s):

For information purposes only. Case remains open and child remains eligible for Medicaid despite absence from adoptive home.

☐ *Inpatient Residential Treatment*	☐ *School*	☐ *Temporary absence from home*	☐ *Other (explanation below)*

Other

ICAMA FORM 7.5
Information Exchange—Cases Opened with ICAMA 6.01

EFFECTIVE DATE FOR ALL CHANGE(S) INDICATED BELOW - -

TODAY'S DATE: October 25, 2021
To copy and paste addresses go to:
http://aaicama.org/cms/index.php/icama-forms/icama-primary-contacts-full-information

FROM:	TO:
Include: Name, Agency, Mailing Address, Telephone Number, Fax Number and E-mail Address	

		Basis for Medicaid Eligibility	
Child's Legal Name		☐	Title IV-E Adoption Assistance
		☐	Non title IV-E Adoption Assistance
Legal SSN		☐	Title IV-E GAP
Birthdate			

NEW INFORMATION

Contact Information Change (include phone and/or email if available)

☐	Family move within residence state	New Address:	
☐	Child-only move within residence state	New Address:	
			Reason:
☐	Family move to new state	New Address:	
☐	Child-only move to new state	New Address:	
			Reason:
☐	Family new phone/email	New Phone/email:	
☐	Child-only new phone/email	New Phone/email:	
☐	Other Contact Information Change		

Child's Eligibility for Assistance Ends

Medicaid case close

☐	Close Medicaid Case (Agreement State)	Reason:

☐	Medicaid Case Closing (Residence State)	Reason:

Child's Eligibility for title IV-E Assistance Extended (AGREEMENT STATE ONLY)

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☐	Title IV-E eligibility extended through *(date)*	Medicaid remains open for title IV-E eligible *Under Federal law, Medicaid coverage is required for all title IV-E eligible children as long as an agreement remains in effect. Cite: SSA sections 471, 473 and 1902, CW Policy Manual, Sect. 8.2B.8

Child's Eligibility for NON-title IV-E Adoption Assistance Extended (AGREEMENT STATE ONLY)

Eligibility for NON-title IV-E Adoption Assistance extended by Agreement State *(REQUIRED Documentation attached)*

☐	NON-title IV-E Adoption Assistance eligibility extended through *(date)*	Medicaid remains open for non-title IV-E eligible at the option of the Residence State *Agreement State has determined that child is Medicaid eligible—has met all COBRA requirements including having special medical or rehabilitative needs. Cite: §1902(a)(10)(A)(ii)(VIII) of the Act (SSA).

RESIDENCE STATE Response (please check only one)

☐	Medicaid remains open for **NON-title IV-E** adoption assistance eligible through *(date)*
☐	Medicaid case DOES NOT remain open in Residence State despite extension of eligibility by Agreement State Request for extension denied for **NON-title IV-E** adoption assistance eligible. Medicaid case will be closed *(date)*

RESIDENCE STATE CONTACT

RESIDENCE STATE CONTACT	FROM:	Date:	
		Name:	
		Phone:	
		Email:	

Case Change Information

☐	Child entered Foster Care	Date:
☐	Adoption/Guardianship Finalized	Date:
☐	Adoption/Guardianship Dissolved	Date:

New SSN

☐	New Social Security Number	Please call this number

Other Information

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