#### TO BE RESCINDED

5101:2-44-05.1 Covered families and children medicaid eligibility for special needs children who are receiving a state adoption subsidy.

(A) This rule describes the manner in which a child for whom there is in effect a "State Adoption Subsidy Agreement" (ODHS 1615), between a public children services agency (PCSA) and the child's adoptive parent or parents, can be found eligible by the county department of human services (CDHS) for covered families and children medicaid based only upon the child's income and resources.

#### (B) Eligibility criteria:

- (1) For any such child for whom such an agreement was entered into before April 7, 1986, covered families and children medicaid eligibility is contingent upon the following:
  - (a) A determination by the PCSA administering the agreement that the child's state adoption subsidy case record contains sufficient documentation that at the time of adoptive placement the child had special needs for medical or rehabilitative care that made the child difficult to place; and
  - (b) A finding by the CDHS in the child's county of residence that the child was eligible for medicaid prior to such agreement being entered into.
- (2) For any such child for whom such an agreement is entered into on or after April 7, 1986, covered families and children medicaid eligibility is contingent upon the following:
  - (a) A determination by the PCSA administering the agreement, that the child's state adoption subsidy case record contains sufficient documentation that the child cannot be placed with adoptive parents without medical assistance because of the child's special needs for medical or rehabilitation care; and
  - (b) A finding by the CDHS of the child's residence that either the child was eligible for medicaid prior to the "State Adoption Subsidy Agreement" being entered into; or that the child would have been eligible for covered families and children medicaid, based on the child's income and resources, during any of the six months prior to the "State Adoption Subsidy Agreement" being entered into.
- (3) For purposes of this rule, "special needs for medical, mental health, or rehabilitative care" means either of the following:

- (a) A physical, behavioral, emotional, mental or developmental handicap, disorder, disturbance, or problem, or
- (b) An identified or anticipated risk of any such condition which is based on circumstances or conditions in the medical or social history of the child's biological family or in the child's personal history prior to the "State Adoption Subsidy Agreement" being entered into.

## (C) PCSA duties:

- (1) Beginning April 1, 1990, after entering into an agreement for a State Adoption Subsidy, the PCSA must make the determination described in paragraph (B)(2)(a) of this rule, and record it on the ODHS 1449 "Determination of Special Needs for Medical, mental health, or Rehabilitative Care."
- (2) By June 1, 1990, the PCSA must complete a review of the state adoption subsidy case records for all such agreements which are currently in effect, and which were executed prior to the PCSA's implementation of paragraph (C)(1) of this rule. For each such case, the PCSA must complete an ODHS 1449 based upon the child's situation at the time the subsidy agreement was entered into, applying either the standard set forth in paragraph (B)(1)(a) of this rule or that set forth in paragraph (B)(2)(a) of this rule, as appropriate.
- (3) Upon completion of any ODHS 1449, the PCSA shall file a copy of it and all supporting documentation in the child's state adoption subsidy case record. Such documents may include such items as medical statements, case history information, or other pertinent analysis by a licensed professional such as a physician, psychologist, psychiatrist, social worker, counselor, or nurse.
- (4) The PCSA determination whether or not a child has special needs for medical, mental health, or rehabilitative care is final and not appealable. Whenever the PCSA determines that a child meets the special needs criteria described in this rule, it must provide the adoptive parent(s) with copies of the ODHS 1615, ODHS 1449, and an ODHS 7100 "Common Application Form", as well as general information on filing a medicaid application with the CDHS. Upon request of the CDHS, the PCSA shall provide any available information that would assist the CDHS. For any such child who is determined by the CDHS to be eligible for medicaid in accordance with this rule, the PCSA shall advise the CDHS within ten days of termination of the "State Adoption Subsidy Agreement."

## (D) CDHS duties:

- (1) Upon filing by an adoptive parent of a completed ODHS 7100 with supporting ODHS 1449 and ODHS 1615, the CDHS shall determine whether the child meets the eligibility criteria described in either paragraph (B)(1)(b) or (B)(2)(b) of this rule, based upon the best available reconstruction of the child's circumstances prior to execution of the ODHS 1615. If the child does not meet any of these criteria, the CDHS shall determine whether the child meets the criteria for any other basis of ADC-related medicaid eligibility. In either event, medicaid eligibility for any approved application shall extend back no further than three months from the month that the ODHS 7100 was filed with the CDHS. Notice of the CDHS decision on medicaid eligibility shall be provided in accordance with agency-level designation 5101:6 of the Administrative Code. In addition, the CDHS shall send a copy to the PCSA of the notice of medicaid approval sent to any applicant who meets the criteria set forth in paragraph (B) of this rule.
- (2) A child who is determined by the CDHS to be eligible for covered families and children medicaid in accordance with the criteria set forth in paragraph (B) of this rule shall remain eligible until the state adoption subsidy is terminated. Upon being informed by the PCSA that the "State Adoption Subsidy Agreement" is no longer in effect, the CDHS shall determine whether there is any other basis to continue the child's medicaid eligibility. If there is not, the CDHS shall propose termination of medicaid in accordance with agency-level designation 5101:6 of the Administrative Code.

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# CERTIFIED ELECTRONICALLY

Certification

06/18/2004

Date

Promulgated Under: 111.15

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