

5101:2-46-11**Title XIX medicaid coverage for Title IV-E kinship guardianship assistance program (KGAP) eligible children.**

- (A) A child eligible for KGAP, is eligible for Title XIX medicaid coverage beginning with the effective date of the JFS 00133 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement."
- (B) Ohio department of job and family services (ODJFS) is to inform the kinship caregiver(s) that they are to notify ODJFS within fifteen calendar days after moving to another county or state.
- (C) The kinship caregiver(s) is to cooperate with ODJFS to assure that a move out-of-state complies with any applicable interstate requirements pursuant to rule 5101:2-44-05.2 of the Administrative Code. Failure to notify ODJFS may result in the interruption of Title XIX medical coverage.
- (D) For a child with a KGAP agreement in effect who moves or resides out-of-state, the following is to apply:
- (1) After seven business days after ODJFS is notified by the kinship caregiver(s) that the KGAP eligible child is moving to or residing in another state, ODJFS is to transfer Title XIX medical coverage to the state of residence by:
- (a) Completing and forwarding the current signed and dated JFS 00133 to the Ohio department of job and family services (ODJFS) interstate compact and medical assistance (ICAMA) state administrator pursuant to rule 5101:2-44-05.2 of the Administrative Code.
- (b) Providing notification to the kinship caregiver(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 KGAP payments from Ohio or, if no payments are being made, a statement that the JFS 00133 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement" 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, ODJFS is to, 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 ODJFS ICAMA state administrator.
- (3) ODJFS is to provide the responsible Title XIX medical authority in the state where the child resides with verification that the child meets the continuing eligibility requirements for medicaid. If ODJFS determines the child does not meet the continuing eligibility requirements, within twenty business days ODJFS 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 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 KGAP eligible child resides.
- (E) For a child with an out-of-state KGAP 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) ODJFS ICAMA administrator is to 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 kinship caregiver(s).
 - (iii) The address where the medical card should be sent.
 - (iv) A copy of the sending state's KGAP agreement.
 - (v) The name, address, and telephone number of a contact person in the state with KGAP case management responsibility.
 - (vi) The termination date of Title XIX medical coverage in the state with KGAP 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) ODJFS is to maintain a separate case record for each KGAP 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 KGAP agreements in effect who move to or reside in Ohio.

Effective:

Five Year Review (FYR) Dates:

Certification

Date

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