5101:1-37-50.1 **Medicaid: definitions.**

(A) This rule contains definitions generally used in determining medicaid eligibility.

(B) Definitions.

(1) "Abuse" means individual practices resulting in unnecessary cost to the medical assistance program.

(2) "Administrative agency" means the Ohio department of medicaid (ODM) and/or an agent of ODM authorized to determine eligibility for a medical assistance program.

(3) "AEMA" means alien emergency medical assistance as established in rule 5101:1-41-20 of the Administrative Code.

(4) "Assignment" means a medicaid-eligible individual has transferred the right to collect and retain third-party and medical support payments only to the extent of medical services which are paid under the medicaid program.

(5) "Authorized representative" means an individual, at least eighteen years old, or a legal entity who stands in place of the individual and shares the individual's responsibilities. Actions or failures of an authorized representative have the same effect as if the individual did them. If an individual has designated an authorized representative, all references to "individual" in regard to an individual's responsibilities include the individual's authorized representative.

(6) "Caretaker relative" means a relative of a dependent child by blood, adoption, or marriage with whom the child is living, who assumes primary responsibility for the child's care (as may, but is not required to, be indicated by claiming the child as a tax dependent for federal income tax purposes), and who is one of the following:

(a) The child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece.

(b) Aunts, uncles, nephews, and nieces, including such relatives with the prefix great, great-great, grand, or great-grand.

(c) First cousins and first cousins once removed.

(d) The spouse of such parent or relative, even after the marriage is terminated by death or divorce.

(7) "Case record" means electronic or paper documents and information used to determine or redetermine an individual's eligibility for medical assistance.

(8) "CDJFS" means county department of job and family services.

(9) "Child" means a person younger than age nineteen.

(10) "Confined" means serving time for a criminal offense or involuntary placement in a prison, jail, detention facility, or other penal facility. The term "confined":

(a) Includes placement while awaiting trial, sentencing, or other involuntary detainment determination.

(b) Does not include placement in a public institution pending arrangements appropriate to an individual's needs.

(11) "Conviction" or "convicted" means a judgment of conviction has been decided by a federal, state, or local court, regardless of whether an appeal from that judgment is pending.

(12) "Creditable insurance" or "creditable coverage" means health insurance coverage as defined in 42 U.S.C. 300gg (a) to (c) (as in effect on April 1, 2013).

(a) This includes:

(i) A group health plan.

(ii) Health insurance coverage.

(iii) Medicare part A, as set forth in 42 U.S.C. 1395c to 1395i-5. (as in effect on April 1, 2013) or part B, as set forth in 42 U.S.C. 1395j to 1395w-4 (as in effect on April 1, 2013).

(iv) Coverage under medicaid, as set forth in Title XIX of the Social Security Act, other than coverage consisting solely of benefits under the pediatric vaccine program set forth in 42 U.S.C. 1396s (as in effect on April 1, 2013).

(v) Armed forces health insurance as set forth in 10 U.S.C. 1071 to 1110a (as in effect on April 1, 2013).

(vi) A medical care program of the Indian health service or of a tribal organization.

(vii) A state health benefits risk pool.

(viii) A federal employee health plan offered under 5 U.S.C. 8901 to

8992 (as in effect on April 1, 2013).

(ix) A public health plan.

(x) A peace corps volunteer health benefit plan under section 22 U.S.C. 2504 (as in effect on April 1, 2013).

(b) Creditable insurance does not include:

(i) Coverage only for accident, or disability income insurance.

(ii) Liability insurance, including general liability insurance and automobile liability insurance, or coverage issued as a supplement to liability insurance.

(iii) Workers' compensation or similar insurance.

(iv) Automobile medical payment insurance.

(v) Credit-only insurance.

(vi) Coverage for on-site medical clinics.

(vii) Other similar insurance coverage under which benefits for medical care are secondary or incidental to other insurance benefits.

(viii) Limited-scope dental or vision benefits.

(ix) Benefits for long-term care, nursing home care, home health care, or community-based care.

(x) Coverage only for a specified disease or illness.

(xi) Hospital indemnity or other fixed indemnity insurance, if purchased separately.

(xii) Medicare supplemental health insurance as defined under 42 U.S.C. 1395ss (as in effect on April 1, 2013), coverage supplemental to the coverage provided to military or former military personnel under 10 U.S.C. Chapter 55 (as in effect on April 1, 2013), and similar supplemental coverage provided to coverage under a group health plan.

(13) "Electronic equivalent" means an electronic version of an ODJFS or ODM form or application which has not been modified in any way other than format prior to completion and submission of that form to the administrative agency. The administrative agency is not required to accept forms that are

materially altered.

(14) "Electronic signature" has the same meaning as in section 1306.01 of the Revised Code.

(15) "EPSDT" means early and periodic screening, diagnosis and treatment as described in rule 5101:1-38-05 of the Administrative Code, also referred to as healthchek.

(16) "Erroneous payments" means medicaid reimbursement made for an individual who was ineligible at the time services were received. An erroneous payment may occur as a result of fraud or non-fraud.

(17) "Family size" means the number of persons counted as members of an individual's medicaid household.

(18) "Federal adoption assistance" (AA) means the Title IV-E subsidy program as defined by the Adoption Assistance and Child Welfare Act of 1980.

(19) "Federal means-tested public benefit" means a benefit in which eligibility for the benefit or the amount of the benefit, or both, is determined on the basis of income or resources of the individual seeking the benefit. Medicaid is a federal means-tested public benefit, but certain other benefits listed in 8 U.S.C. 1613(c) (as in effect on September 1, 2009) are not considered means-tested.

(20) "FPL" means the federal poverty level determined annually by the office of management and budget as required by 42 U.S.C. 9902(2) (as in effect on April 1, 2013).

(21) "Foster care maintenance" (FCM) means Ohio's Title IV-E foster care maintenance program, as described in rule 5101:2-47-01 of the Administrative Code.

(22) "Good cause" means circumstances that reasonably prevent an individual from cooperating with the administrative agency in the eligibility determination process. Factors relevant to good cause include, but are not limited to: natural disasters; riots or civil unrest; death or serious illness of the individual or a member of his/her immediate family; or the physical, mental, educational, or linguistic limitations of the individual.

(23) "HCB services" or "HCBS" means specific home and community-based services furnished under the provision of 42 C.F.R. 441, subpart G (as in effect on April 1, 2013), that provide specific individuals an alternative to placement in a hospital, a nursing facility (NF), or an intermediate care facility for persons with mental retardation (ICF/MR) as set forth in rule 5101:3-1-06 of the Administrative Code.

(a) HCB services are approved by the federal centers for medicare and medicaid services (CMS) for certain individuals and are not otherwise covered by medicaid. These services may be provided:

(i) Only in certain areas of the state, and

(ii) Only to certain individuals.

(b) To receive HCB services, an individual must:

(i) Be eligible for medicaid;

(ii) Apply separately for HCB services; and

(iii) Be found eligible to receive HCB services.

(24) "Home and community-based (HCB) services waiver operational agency" means ODM or its designee that performs administrative functions related to an HCB services waiver program in accordance with division 5101:3 of the Administrative Code.

(25) "Household income" is the sum of the MAGI-based income of every individual included in an applicant or recipient's medicaid household.

(26) "Immigrant" means a person who comes to the United States with plans to live here permanently. This term includes refugees, asylees, parolees, and other entrants, both legal and illegal.

(27) "Income" means any benefit in cash or in-kind, received by an individual during a calendar month.

(28) "Income and eligibility verification system" (IEVS) means the electronic system that shares income and asset information among the social security administration (SSA), internal revenue service (IRS), and the administrative agency.

(29) "Independent living services" has the same meaning as in rule 5101:2-42-19 of the Administrative Code.

(30) "Individual" means a person applying for or receiving medical assistance.

(31) "Institution for mental diseases" (IMD) means a hospital, nursing facility, or other institution of more than sixteen beds which primarily provides diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services.

(a) A facility is an IMD, whether or not it is licensed as such, if it is operated primarily for the care and treatment of individuals with mental diseases.

(b) An institution for persons with cognitive impairments or other developmental disabilities is not an IMD.

(32) "Limited English proficiency" (LEP) means any person or group of persons who cannot speak, read, write or understand the English language at a level that allows them to meaningfully communicate with county agencies or county agency contractors.

(33) "MAGI-based income" has the same meaning as in 42 C.F.R. 435.603 (as in effect on September 1, 2013).

(34) "MBIWD" means the medicaid buy-in for workers with disabilities category set forth in rule 5101:1-41-30 of the Administrative Code.

(35) "Medicaid eligibility fraud" means that an individual knowingly:

(a) Made or caused to be made a false or misleading statement; or

(b) Concealed an interest in property or failed to disclose certain transfers of property.

(36) "Medicaid household" means the a group of individuals, defined in relationship to one specific medical assistance applicant or recipient, who impact the applicant or recipient's family size or household income.

(37) "Medical support" has the same meaning as in section 5101.571 of the Revised Code.

(38) "Medical verification of pregnancy" means a written statement signed by a doctor or nurse verifying pregnancy and includes the expected date of confinement and, if more than one, the expected number of fetuses.

(39) "Non-applicant" means an individual who is not seeking an eligibility determination for himself or herself but is included in an applicant's or beneficiary's medicaid household to determine eligibility for such applicant or beneficiary

(40) "Non-cooperation" or "failure to cooperate" means failure by an individual to present required verifications, or to explain why it is not possible to present the verifications, after being notified the verification was required for eligibility determination.

(41) "ODJFS" means the Ohio department of job and family services.

(42) "ODM" means the Ohio department of medicaid.

(43) "OWF Sanction" means an adult member of an Ohio works first (OWF) assistance group who, as a result of his or her own failure, has become ineligible for OWF payments for at least six months due to a third or subsequent failure or refusal, without good cause, to comply in full with a provision of a self-sufficiency contract related to a work activity.

(44) "Parents" means a natural or adoptive parent, step-parent, or legal guardian.

(45) "PCPA" means a private child placing agency as defined in rule 5101:2-1-01 of the Administrative Code.

(46) "PCSA" means a public children services agency as required by section 5153.02 of the Revised Code.

(47) "Postpartum period" means a span of at least sixty days, beginning on the date a woman's pregnancy ends and ending on the last day of the month in which the sixtieth day falls.

(48) "PTR" means pre-termination review as set forth in rule 5101:1-37-51 of the Administrative Code. This is done prior to any termination of assistance to determine whether a consumer is eligible for any other category of assistance.

(49) "Public institution" means an institution which is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.

(50) "Qualified entity" means:

(a) A county department of job and family services (CDJFS); and

(b) A hospital, federally qualified health center (FQHC) or FQHC look-alike, as described in Chapter 5101:3-28 of the Administrative Code, that:

(i) Has requested to serve as a qualified entity, and

(ii) Has been determined by ODM to be capable of making presumptive eligibility determinations, and

(iii) Is currently in compliance, as determined by ODM, with the presumptive eligibility operating addendum to its provider agreement.

(51) "Redetermination" means a review to determine whether the individual continues to meet all of the eligibility requirements of the medical assistance

category. A redetermination is performed periodically or when information about possible changes to an individual's eligibility is received by the administrative agency.

(52) "Refugee" means a person who flees his or her country due to persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a social group.

(53) "Reporting" means notifying the administrative agency of any changes that may affect an individual's eligibility for medical assistance. Reporting changes and providing verifications is the responsibility of any individual, person, or entity who has a legal or financial responsibility for or who stands in the place of an individual, including:

(a) The individual;

(b) The individual's spouse, including a community spouse;

(c) The individual's parent, guardian, or specified relative; and

(d) The individual's authorized representative.

(54) "Residence" means the place the individual considers his or her established or principal home and to which, if absent, he or she intends to return.

(55) "Residential care facility" (RCF) means a home that provides either of the following:

(a) Accommodations for seventeen or more unrelated individuals and supervision and personal care services for three or more of those individuals who are dependent on the services of others by reason of age or physical or mental impairment; or

(b) Accommodations for three or more unrelated individuals, supervision and personal care services for at least three of those individuals who are dependent on the services of others by reason of age or physical or mental impairment, and, to at least one of those individuals, any of the skilled nursing care authorized by section 3721.011 of the Revised Code.

(56) "Safeguarding" means security measures taken to ensure that the information of individuals applying for or receiving medical assistance is protected against unauthorized inspection, disclosure, or use. Safeguarding also refers to the restriction on the use of, or disclosure of, individual information including federal tax information and returns (FTI), any protected health information (PHI), or other confidential information used in the administration of the medicaid program.

(57) "Self-declaration" means a statement or statements made by an individual.

(58) "SSA" means the social security administration.

(59) "SSN" means social security number.

(60) "State adoption assistance" means the state-only adoption subsidy program as described in rule 5101:2-44-03 of the Administrative Code.

(61) "Suspend" or "suspended" means the temporary closing or terminating of eligibility.

(62) "Temporary absence" means that an individual (parent or child) who is otherwise considered part of the family is considered not to have changed residence

(a) An individual is considered to be temporarily absent when all of the following conditions are met:

(i) The location of the absent individual is known;

(ii) There is a definite plan for the return of the absent individual to the family's place of residence; and

(iii) The absent individual shared the place of residence with the family immediately prior to the absence, except for individuals described in paragraph (B)(6) of rule 5101:1-40-02.2 of the Administrative Code.

(b) Child(ren) removed by the PCSA are considered temporarily absent as long as the reunification requirements specified in the reunification plan are met.

(63) "Terminate" or "terminated" means a determination by the administrative agency that an individual is no longer eligible, or has failed to cooperate with verification of eligibility, for one or more categories of assistance currently being received by that individual, resulting in a written notice of the administrative agency's intention to cease coverage under that category and providing notice of hearing rights as required by 42 C.F.R. 435.919 (as in effect on April 1, 2013).

(64) "United States citizen or national" means any individual who is:

(a) A citizen or national through birth or collective naturalization as set forth in 8 U.S.C. Chapter 12, Subchapter Ill, Part I (as in effect on April 1, 2013); or

(b) A naturalized citizen or national as set forth in 8 U.S.C. Chapter 12, Subchapter III, Part II (as in effect on April 1, 2013).

(65) "Verification" means a document, statement, or other confirmation of information provided by an individual or by a third party confirming statements made by the individual about any requirement for eligibility for medical assistance. A verification document or written statement may be an original, photocopy, facsimile (fax), or electronic version of the original, unless otherwise stated.

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Certification

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