Medicaid and CHIP Disaster Relief MAGI-Based Verification Plan Addendum

The State Medicaid and CHIP agencies will implement the following changes to its policies and procedures described in this MAGI-based verification plan addendum, which are different from the policies and procedures otherwise applied under the state’s current MAGI-based verification plan, during the following period: March 1, 2020 through the end of month in which the COVID-19 public health emergency ends.

Check off each item and fill in the requested information if the state is electing the flexibility. Only indicate areas that are changes to your current verification plan elections. Do not check off the item if you currently use the indicated flexibility. For example, if the state currently accepts attestation of residency, that item does not need to be checked off in this addendum. For additional information regarding disaster-related verification flexibilities, refer to the CMS Disaster Preparedness Toolkits.

STATE: Ohio
Effective Date: 03/01/2020

Section A – Verification Procedures for Factors of Eligibility

Income-related Verification Processes - Reasonable Compatibility and Documentation:

15% The agency will utilize a reasonable compatibility standard threshold as follows (percent and/or dollar threshold): ________________

X The agency will accept self-attestation without additional verification of income under the circumstances specified here (note: changes in use of data sources are included in Section B below): When individuals cannot obtain or submit documentation due to COVID-19 restrictions under the state’s Stay at Home order and verification is not available via electronic data sources.

The agency will conduct post-enrollment verification of income at application. Specify when, post-enrollment, the agency will conduct the post-enrollment verification: ________________

Non-Income-related Verification Processes:

X The agency will accept attestation for the following non-income related factors of eligibility:

Residency
Age/Date of Birth
Household composition
Receipt of other coverage (such as Medicare)
Other (as permissible under applicable statute and regulations): Former foster care status

X The agency will conduct post-enrollment verification of the following non-income related factors of eligibility at application as specified here (include when, post-enrollment, the agency will conduct the post-enrollment verification):

Residency (Time Period: ________________)
Age/Date of Birth (Time Period: ________________)
Household composition (Time Period: ________________)
Receipt of other coverage (such as Medicare) (Time Period: ________________)
Other (as permissible under applicable statute and regulations): Social Security number
Section B – Use of Electronic Data Sources

___ X ___ The agency has determined that the following income-related data sources will not be checked periodically between initial application and regular renewals:

___ Internal Revenue Service
___ Social Security Administration (SSI and SSDI)
___ State Wage Income Collection Agency
___ State Unemployment Compensation
___ Supplemental Nutrition Assistance Program (SNAP)
___ Temporary Assistance for Needy Families (TANF)
___ The Work Number/TALX
___ PARIS

___ X ___ Other: _The agency will check income-related data sources for positive changes between initial application and regular renewals._

___ Additional Information/Changes: __________________________________________________________

Other – Indicate Any Additional Changes to Verification Processes That Have Not Been Addressed

___ Other: ____________________________________________________________________________