



Changes to Medicaid Eligibility for Non-Citizens Questions and Answers

(Information is subject to change as additional guidance is received.)

Question 1: Will Afghan/Iraqi special immigrant Visa (SIV) holders that entered the U.S. five or more years ago be eligible for Medicaid if they have not yet received Lawful Permanent Resident (LPR) status?

Answer 1: No, Afghan/Iraqi SIV holders will need to have LPR status (green card) to meet the citizenship requirement for full Medicaid, unless they are a pregnant woman, including during postpartum period or a child under age 21, otherwise they will transition to NCEMA.

Question 2: If someone is receiving Supplemental Security Income (SSI), they were previously automatically eligible for Medicaid. If the individual doesn't meet the new citizenship requirements, would they still be automatically eligible?

Answer 2: Federal Medicaid citizenship rules will change with House Resolution 1 (HR1) in 10/2026. However, citizenship requirements for individuals on programs such as SSI, Social Security Disability, Adoption Assistance Title IV-E, or Foster Care Title IV-E remain unchanged. Medicaid policy is being updated so individuals are no longer automatically treated as meeting citizenship criteria solely due to participation in these programs. Previously, individuals with these income types were automatically treated as meeting citizenship requirements and therefore could not be approved for Non-Citizen Emergency Medical Assistance (NCEMA) coverage. Under the updated Medicaid rules, these individuals will now qualify for NCEMA.

Question 3: Is the Ohio Benefits Self-Service Portal (OBSSP) a reliable way to submit documents for public benefits cases? I was notified that documents weren't received even though I submitted them through the portal.

Answer 3: Submissions to the OBSSP are monitored regularly, but due to automated letters being sent from our systems there are times that letters cross mailing paths with document submission through any of the methods available (i.e., OBSSP, mail, secure drop boxes, library locations).

Question 4: When does the five-year bar timeline begin? For example, an individual that entered the U.S. with a Ukrainian Humanitarian Parolee status 05/2023 and received LPR status 08/2026.

Answer 4: In this example, the five-year bar starts in August 2026. A person becomes subject to the five-year bar on the date they obtain a status that makes them a "Full Medicaid Eligible Non-Citizen," typically the date their LPR status is granted, unless an exception applies.

Question 5: For newly arriving refugees that as of October 1st will no longer qualify for Medicaid, is Refugee Medical Assistance (RMA) continuing and will they remain eligible RMA for the first eight months after arrival?

Answer 5: Yes. RMA is a time limited medical assistance program funded by the Office of Refugee Resettlement (ORR). Effective January 1, 2026, individuals with a date of entry on or after that date who apply for RMA may be eligible for up to eight months of coverage, an increase from the previous four-month limit. Rules are being updated to reflect this change, and MEPL 198 has been posted regarding the updated RMA time limit. Individuals cannot be eligible for another full category of Medicaid (eligibility must be evaluated prior to RMA determination) In most instances the individual is eligible for a full category of Medicaid because they are a lawfully present pregnant woman or child. They also cannot be a full-time college student unless enrollment is part of their SNAP E&T employability plan.

Question 6: If someone has a life-threatening health emergency that requires surgery, would NCEMA cover everything involved in the care for that emergency? Is there anything within the Ohio Administrative Code (OAC) regarding emergency surgeries?

Answer 6: According to [OAC 5160:1-5-06](#), NCEMA coverage will only provide Medicaid payment for approved emergency medical conditions. This is defined as:

- A medical condition with a sudden onset, such that the absence of immediate medical attention could reasonably result in placing the individual's health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of a bodily organ. NCEMA does not cover care and services related to an organ transplant procedure.
- Labor and delivery (routine or non-routine), not including routine prenatal or postpartum care.

The Disability Determination Area (DDA) within the Ohio Department of Medicaid confirms whether the event meets the definition of 'emergency medical condition' to be paid by Medicaid.

Question 7: Understanding that Children's Health Insurance Program Reauthorization Act (CHIPRA) will allow pregnant and postpartum women or children under age 21 with a satisfactory immigration status to remain Medicaid eligible, does this include 21-year-olds or just up to age 21?

Answer 7: CHIPRA eligibility for children is under age 21; meaning once they turn 21 years old, they are no longer considered a child based on CHIPRA.

Question 8: Are parents who are not eligible for Medicaid but have children that are eligible, responsible for meeting work requirements starting January 1st?

Answer 8: MCEA applies to individuals in receipt of Expansion (Group VIII) Medicaid. In this situation, the parents are not in receipt of Medicaid and therefore would not have a work requirement. However, a child 19 or 20 could be a Group VIII recipient and therefore the work requirement would apply to them, unless they are meeting an exemption. Full training for counties on MCEA is expected in December and we should have more information to share at that time.

Question 9: The governor used to have a program where trafficking survivors could get benefits. To your knowledge, will that program continue under these new rules?

Answer 9: HR1 does not impact eligibility for Refugee Medical Assistance (RMA), Non-Citizen Emergency Medical Assistance (NCEMA), or the State-Funded Medical Assistance for Non-Citizen Victims of Trafficking program (NCVOT). However, official state announcements from ODM have not explicitly indicated a continuation or cancelation of the NCVOT.

Question 10: The federal rule doesn't define medical frailty. Will this be left up to the state? And if it is up to the state, how will they be determining that?

Answer 10: Yes, the state can determine medical frailty. They are reviewing case data to develop a definition. This information has not been shared at this time.

Question 11: Do we have any indication of the number of lawful non-citizen disenrollment for Medicaid?

Answer 11: Non-citizens who are not full Medicaid eligible will transition to NCEMA effective 10/1/2026. After a batch run on 9/11/2026, we will have a better understanding of the volume. We know that approximately 3,500 individuals in Cuyahoga County were unable to have their immigration status verified through the VLP process. This would be the population we expect to potentially be impacted.

Question 12: Will the updated citizenship requirements for citizenship apply to the Specialist Recovery Services (SRS) program too?

Answer 12: Yes, SRS is a full Medicaid program, so the changes to citizenship requirements would apply to that program as well.

Question 13: There appears to be a high error rate in the reverification letters that state a client has successfully completed the process when they haven't. We expect this to result in a high number of people not completing the reverification. If people miss the reverification of immigration process with JFS, what is the route to re-enrollment and the anticipated time there will be a gap in coverage?

Answer 13: We have received one example of this which was helpful. In the example, the person did not successfully go through the electronic "Verify Lawful Presence" (VLP) process. However, in the description section of the checklist issued it does say next to the request for USCIS Document "Successful". We understand how this may cause confusion and have reached out to ODM to share the example with them. In the meantime, partners can help reinforce the message to non-citizens that received a checklist where the "Type of verification requested lists "USCIS Document", they should submit verification to the agency regardless of what is indicated in the "Description" section.

If individuals do not reverify, they will be transitioned to NCEMA effective 10/1. If the individual submits documentation that verifies they met the criteria for full Medicaid without a 5-year bar and just failed to provide the documentation before the 10/1 change to be placed on NCEMA, they will be reinstated to full Medicaid without a break in benefits.

Question 14: During the SNAP first round of disenrollment there was a high error rate. Should we anticipate this again for Medicaid?

Answer 14: The Ohio Department of Medicaid (ODM) has had time to get ready for this change and learned from the experience with SNAP, however there will likely be some issues. As a partner, if you have issues related to these changes, please email us at Cuyahoga-PEI@jfs.ohio.gov so that we can track and address the issues.

Question 15: For young children who were born in the U.S. whose parents are not legal residents, what types of documentation would have to be submitted for those children in order for them to continue to receive and use Medicaid?

Answer 15: We will attempt to verify U.S. citizenship electronically prior to requesting documentation. If electronic verification fails, a birth certificate or U.S. Passport can be submitted as verification.

However, children that are citizens should not be going through the reverification process and should not have been requested to provide documentation as they would not be moved to NCEMA.

Question 16: When someone receives their green card, should they submit it to Cuyahoga Job and Family Services (CJFS) and will it reinstate the Medicaid benefits or is a new application necessary?

Answer 16: Different situations will warrant different actions. The best option would be to contact the agency so the case can be reviewed and proper guidance provided. Most likely a new application will be necessary, it will depend on the length of time since they were eligible, if NCEMA is active, and if they meet an exemption to the five-year bar.

Question 17: Is there any estimate for how long it might take for reinstatement once individuals receive their green card?

Answer 17: A time estimate cannot be given, generally the agency has up to 45 days to address Medicaid applications.

Question 18: How is the determination made for who will receive termination letters in September? Does the list just include those who fail to submit verification documents or has some other determination of ineligibility already been made for others?

Answer 18: A one-time batch run is scheduled for September 11, 2026 implementing the non-citizen rule changes for Medicaid. Individuals that meet the updated citizenship requirements should not receive any notices, unless they fail to respond to the request for immigration documents. The system will review the citizenship status in our system to make this determination. Terminations of Medicaid benefits are not expected. If the individual is not a full Medicaid eligible non-citizen, they will transition to NCEMA.

Question 19: Can you provide us with copies of the letter(s) that will go out in September? Will the letter explicitly state the recipient is ineligible based on status or just that they have not provided sufficient documentation to prove eligibility?

Answer 19: We have not received a copy of the letter yet; however, sample verbiage has been provided. Below is an example of what we expect the letter to state:
“Due to a federal policy change, you no longer meet the qualified non-citizen status for Medicaid. Public Law 119-21.

<Person Name> is eligible for Non-Citizen Emergency Medical Assistance (NCEMA) for the period of <NCEMA Alpha Approval Snippet Begin Date> through <Last day of the RE Due Month>. During this timeframe you must report changes within 10 days, such as changes in income or immigration status. Eligibility could end based on the reported changes. If your eligibility ends prior to <Last day of the RE Due Month>, a new application is needed. Medicaid will only pay for approved emergency medical events during this timeframe. Report emergency medical events to your caseworker immediately.”

Question 20: Are there any other lessons we can learn from the SNAP progress that we can reasonably prepare for?

Answer 20: Communication with us is key. Talk with the staff at the Welcome Center. Send inquiries regarding issues to the Cuyahoga-PEI@jfs.ohio.gov mailbox. Be specific with case examples when sharing information for us to review.

Question 21: Is CHIPRA going to be automatically assigned beginning October 1st for pregnant women and the children or are they going to have to reapply?

Answer 21: Lawfully residing pregnant woman and children under 21 will retain full Medicaid eligibility. Effective 10/1/2026, they are full Medicaid eligible non-citizens. A new application is not required.

Question 22: Do we have any more clarity around Medicare and the disenrollment we are anticipating on Jan 4, 2027 and the anticipated number of people in Cuyahoga County that will lose access?

Answer 22: Medicare is managed by the Center for Medicare & Medicaid Services and the Social Security Administration, not through Job & Family Services, so at this time information regarding Medicare changes is unknown.

Question 23: When does the eligibility for NCEMA begin, one year from the enrollment date, or from the first admittance for an emergency medical condition?

Answer 23: NCEMA is approved for 12 months from the date of application. The individual can apply during a medical episode or apply separately and be approved under a suspended span.

For those being transitioned to NCEMA due to the rule changes effective 10/1/2026, they will have NCEMA coverage from 10/1/2026 through 9/30/2027.

Question 24: Clients have been receiving letters from JFS stating that in January they'll have to show that they're working or taking part in an approved activity. Does that mean that they'll get Medicaid until then?

Answer 24: Notices regarding work requirements were sent to all individuals in receipt of a Group VIII, Medicaid expansion category of Medicaid that would potentially be impacted by MCEA. Those notices were generated using different criteria and are not related to non-citizen eligibility changes effective 10/1/2026.

Question 25: Are those approved under CHIPRA going to receive a Medicaid card for this as opposed to a managed care plan card?

Answer 25: They may receive a Fee for Service (FFS) card or they may be enrolled in a Managed Care Plan (MCP). County agencies are not involved with managed care assignments. Individuals eligible to be enrolled in managed care will continue to be enrolled in managed care. However, there are a variety of scenarios that can occur, in which an individual **may not** be enrolled in a managed care plan. We cannot provide "across the board" guidance on this particular topic.

Question 26: What terminology would you use if working with a medical institution so they can bill the state Medicaid? There have been situations when the medical institution says they need the managed care information, but the client is not under a managed care provider.

Answer 26: The individual should advise the medical institution that they are enrolled in Medicaid. It is our understanding that if a medical institution accepts Medicaid, they must provide care to patients in receipt of Medicaid regardless of whether they are Fee for Service or Managed Care Plan enrolled. Providing their Medicaid Billing number to the institution should allow the institution to verify they are enrolled in Medicaid that will cover their services. (If an example situation with case number can be provided, we can work with ODM to review the situation and possibly provide a better response.)

Question 27: Do you know if Medicaid taxis will still be accessible for children with coverage under CHIPRA?

Answer 27: This should be still accessible with Medicaid Net Transportation.

Question 28: Are individuals 19-20 who are eligible for Medicaid under CHIPRA 214 subject to the MCEA work requirements?

Answer 28: Yes. The new federal laws will apply to individuals eligible for and enrolled in Group VIII coverage (also known as MAGI Adult or Ribicoff coverage).

Question 29: For Afghan individuals who adjust from Afghan Humanitarian Parolee to SIV/Asylee to LPR, is CJFS staff also reviewing the dates they initially arrived with parole or does their most recent status of SIV/Asylee override that requirement?

Answer 29: Their most recent status of SIV exempts them from the 5-year bar. If they were just admitted as a parolee and then adjusted to LPR, they are subject to the 5-year bar beginning the date they became LPR.

Question 30: Will Medicaid be automatically extended for individuals who are eligible under CHIPRA 214 or is there another step they need to take?

Answer 30: Individuals who are eligible will not need to take any additional action. CHIPRA 214 (which extends satisfactory immigration status for Medicaid to pregnant/postpartum women and children) exists today and is not a new concept beginning 10/1/2026.

Question 31: Are Ukrainian Humanitarian Parolees who arrived outside of the 2/24/2022 to 9/30/2024 range still considered lawfully present for the purposes of Medicaid under the CHIPRA 214 expansion?

Answer 31: Yes. The groups included in the definition of “lawfully present” will not be changed. “Lawfully Present” includes but is not limited to: All immigrant statuses such as refugees, asylees, parolees, etc. Individuals in a non-immigrant status such as Visa holders and those groups in a TPS. It does NOT include undocumented individuals, DACA, or individuals with Voluntary Departure status.