Accessing Medicaid Programs
Accessing Medicaid Rules and Policy

Welcome Consumers!
Explore Ohio's Medicaid program.

Get Coverage
- How to Apply
- Apply Now
- Who Qualifies?
- Covered Services
- Locate Us

Already Enrolled?
- Copays
- Getting Care
- Healthcheck Services for Children Under Age 21
- More

Programs
- Medicaid for Pregnant Women, Children and Families
- Medicaid for Older Adults and People with Disabilities
- Medicare Premium Assistance

Other Resources
- Publications
- Fact Sheets
- Helpful Links
- Medicaid Rules & Policy

Need help?
1-800-324-8680 (voice)
1-800-292-3572 (TTY)
Locate a county office

Find a Medical Provider

Receive care in the community.
Learn about HOME Choice
Medicaid Eligibility Manual Table of Contents

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Michael B. Colbert, Director
Ohio Department of Job and Family Services

Mission: To improve Medicaid eligibility policy through quality research and collaboration with stakeholders.

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Covered Groups

Covered Families & Children (CFC)
- Pregnant women
- Children (ages 0-19)
- Children (ages 19 & 20)
- Families

Aged, Blind, & Disabled (ABD)
- Aged (65 & over)
- Blind
- Disabled
CFC Medicaid Programs

- Healthy Families
- Healthy Start
- Transitional Medical Assistance (TMA)
- 19 & 20 year olds ("Ribicoff Kids")
- Presumptive Eligibility for Pregnant Women
- Presumptive Eligibility for Children
- Former Foster Care
- Family Planning Services
• Aged
  • 65 years or older
• Blind
  • Visual acuity of 20/200 or less OR receiving SSI due to visual impairment
• Disabled
  • Physical/mental impairment inhibiting work and has lasted or will last 12 months or result in death
• Individuals who are not aged, blind or disabled (by SSA) must go through the ‘disability determination’ process before Medicaid can be approved

• The Disability Determination Unit at ODJFS determines if the individual is disabled based on medical documentation.

• The process can take up to 90 days or longer

• Individuals who meet a ‘presumptive disability’ may be approved for Medicaid while their disability is determined
Presumptive Disabilities

- Diseases and/or illnesses that are a result of human immunodeficiency virus (HIV) infection, and the diseases and/or illnesses have progressed to the point where the individual is unable to work for a minimum of twelve consecutive months, as confirmed by a licensed physician

- An individual who is receiving hospice services because of terminal illness

- Bed confinement or immobility without a wheelchair, walker, or crutches, due to a longstanding condition, excluding recent accident and recent surgery
Presumptive Disabilities

- Amputation of a leg at the hip
- Total deafness
- Total blindness
- A stroke (cerebral vascular accident) more than three months in the past and continued marked difficulty in walking or using a hand or arm
- An allegation of severe mental deficiency made by a person applying on behalf of an individual who is at least seven years of age who are diagnosed with mental retardation, which requires care and supervision of routine daily activities and are dependent upon others for meeting personal care needs. As a result of mental retardation, the individual's dependence on others grossly exceeds age-appropriate dependence
- A child who has not attained his or her first birthday and the birth certificate or other evidence (e.g., the hospital admission summary) shows a gestational age at birth on the table listed in OAC 5101:1-39-03
- A spinal cord injury producing inability to ambulate without the use of a walker or bilateral hand held assistive devices for more than two weeks
- End stage renal disease with ongoing dialysis
- Cerebral palsy, muscular dystrophy or muscle atrophy and marked difficulty in walking (e.g., use of braces), speaking or coordination of the hands or arms
- Down's syndrome
Non-Financial

- Part of a Covered Group
- Limiting Physical Factor (for ABD)
- Social Security Number
- Living Arrangement
- Ohio Residency
- U.S. Citizenship or Qualified Alien Status
- Identity
- Age
Financial

- Gross income is used for both CFC and ABD
  - certain income deductions are given
- ABD also has a resource limit
- Income must be at or below a certain income guideline for the family size for eligibility to exist
• Healthy Families- 90% FPL
• Healthy Start- <150% or 150%-200% FPL without creditable insurance
• Transitional Medical Assistance (TMA)- loss of Healthy Families due to new or increased earned income (time limited)
• 19 & 20 year olds ("Ribicoff Kids")- income < OWF payment standard for family size
• Presumptive Eligibility for Pregnant Women- 200% FPL for pregnancy (time limited)
• Presumptive Eligibility for Children- 200% FPL (time limited)
• Former Foster Care Children- no income limit
• Family Planning Services- 200% FPL- No other Medicaid eligibility
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<th>Need Standard</th>
<th>Assets</th>
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ABD Medicaid Eligibility
Assets/Resources

Countable

- Cash/Savings/Checking
- Mutual Funds
- Stocks
- Annuities
- Bonds
- Real Property

Exempt

- Home (Personal)
- Car (Personal)
- Personal or household items
- Irrevocable pre-need funeral contracts
- Other assets exempted in the OAC
What is Spenddown?

• When income exceeds needs standard for ABD

• Acts like a monthly deductible to get Medicaid coverage

• Spenddown must be met prior to getting monthly Medicaid card
  • Pay In
  • Incurred Medical Bills
  • Combination
Spenddown ‘Types’

• **Ongoing:** Medical expenses of the same type and amount each month
  - Individual will receive a Medicaid card each month as long as expenses continue
    • Medical insurance premiums
    • Unpaid past medical expenses

• **Delayed:** Medical expenses may vary month to month and must be verified each month (i.e. prescriptions, office visits)
  - Proof of expenses, not the proof of payment, is required

• Option to pay CDJFS spenddown amount directly in lieu of delay while incurring expenses
Provides health care coverage to working Ohioans with disabilities who are:

- 16 through 64 years old
- Must be disabled or eligible under the MBIWD medically improved category
- Employed in paid, taxed, work either part-time or full-time
- In the community, on HCBS waiver or in a LTC Facility
- Higher income and resource guidelines than ABD Medicaid
Some MBIWD recipients may have a monthly premium which is based on:

- Family income
- Family size
- Family health insurance premiums

Premiums are collected by outside vendor—not by the counties.

Termination may occur after two consecutive months of unpaid premiums.
• 3 State Agencies administer Medicaid waivers
  - Ohio Department of Job and Family Services
  - Ohio Department of Aging
  - Ohio Department of Developmental Disabilities

• Services include a variety of home health services depending on the individual waiver program
Medicare Premium Assistance Programs

- May pay Medicare Part A/B premium, coinsurance, and deductibles

- Includes:
  - Qualified Medicare Beneficiary (QMB)
  - Specified Low-Income Medicare Beneficiary (SLMB)
  - Qualifying Individual 1 (QI-1)
  - Qualified Disabled and Working Individuals (QDWI)
• Individuals without creditable health insurance
• Ineligible for other types of Medicaid, except delayed spenddown
• Ages 40-65
• Income < 200% FPL
• Screened through regional Department of Health
• Seeks to recover Medicaid costs from estates of deceased individuals

• Applies to any category of Medicaid for individuals age 55 and older or anyone who receives long-term care services

• Administered by the Ohio Attorney General’s Office
An interview is no longer required for any category of Medicaid!!

- Individuals can apply on-line ([https://odjfsbenefits.ohio.gov](https://odjfsbenefits.ohio.gov)), in person, or via mail/fax

Apply using:
- JFS 07200 “Request for Cash, Food and Medical Assistance”
  - Request HCBS using JFS 02399
- JFS 07216 “Combined Programs Application”
- JFS 07103 “Application for Help with Medicare Expenses”
- JFS 07161 “Ohio Breast & Cervical Cancer Project Medicaid Application”
- JFS 01137/01138 “The Child Care/Healthy Start and Healthy Families Supplement” and “Application for Child Care Benefits”

- Attach copies of required documents
  - Income, assets, age, disability, etc.
• An individual, 18 or older who acts on applicant’s behalf

• Written statement naming authorized representative must be presented
  * May be waived based on level of competency

• All correspondence issued on case must be issued to the authorized representative
• Processing time should not exceed 30 days (90 days for disability determination)

• Review of eligibility every 12 months

• Caseworker can explore ‘retroactive’ coverage for certain programs, if an individual meets eligibility requirements
  - Up to 3 months coverage from the date of application
Medicaid Delivery Systems

- **Fee For Service**
  - Monthly Medicaid Card

- **Managed Care Plans**
  - Managed Care Providers create and send cards
Resolving Issues

1. Consumer Hotline: 1-800-324-8680
2. CDJFS Caseworker
3. CDJFS Caseworker’s Supervisor
4. CDJFS Administrator
5. County Commissioners Office
6. State Hearings/Appeals Process
7. Constituent Correspondence
Important Contacts

• Medicaid Consumer Hotline/Managed Care Enrollment  (800) 324-8680
  – TDD (800) 292-3572
• Web sites
  – http://jfs.ohio.gov/ohp/
  – http://emanuals.odjfs.state.oh.us/emanuals
  – https://odjfsbenefits.ohio.gov
Ohio Resources

- Ohio Senior Health Insurance Information Program (OSHIIP): 1-800-686-1578
- Ohio Provider Network: 1-800-686-1516
  https://medicaidremit.ohio.gov/default/home.jsf
- Social Security Administration: 1-800-772-1213
  www.ssa.gov/regions/regional.html