

Medicaid Program Overview

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What is Medicaid?

Medicaid is a state and federally funded health care program providing assistance to certain low-income and medically vulnerable people. Ohioans eligible for Medicaid are entitled to all medically necessary services. The state cannot limit the number of eligible persons enrolled in Medicaid or deny access to medically necessary services in order to control costs.

Who is covered by Medicaid?

Medicaid provides health care coverage to people who meet certain financial requirements including:

- **Families and Children:** Most families, children up to age 19 and pregnant women with limited incomes are covered through Medicaid under Healthy Start or Healthy Families. Additionally, families with children younger than age 18 who participate in the Ohio Works First (OWF) cash assistance program are automatically covered by Medicaid. Families who leave OWF for employment are eligible for 6-12 months of coverage during that transitional period. Low-income adults without dependent children do not qualify for Medicaid under existing eligibility categories.
- **Aged, Blind and Disabled (ABD):** Adults age 65 and older can be eligible for Medicaid. Ohioans of any age with disabilities, including those who are legally blind, can also qualify for Medicaid. In some cases, individuals can “spend down” their income to become Medicaid eligible. Spenddown Medicaid is for ABD consumers who meet the Medicaid eligibility guidelines except their income is too high. These individuals can use paid or incurred medical expenses to “spend down” their income to qualifying Medicaid income levels. Once the consumer reaches his or her designated “spenddown” limit each month he or she becomes qualified for Medicaid. The date of eligibility each month depends on the date the consumer reaches the spenddown amount.
- **Medicare Premium Assistance Program:** Individuals with low incomes who are eligible for Medicare can receive help with all or part of their Medicare Part B premiums, co-payments and/or other deductibles. Different levels of assistance are available depending on income.

Monthly FPL Guidelines

Family Size	90% FPL	150% FPL	200% FPL
1	\$766	\$1,277	\$1,702
2	\$1,027	\$1,712	\$2,282
3	\$1,288	\$2,147	\$2,862
4	\$1,549	\$2,582	\$3,442



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Eligibility

Ohio county departments of job & family services determine eligibility for Medicaid programs. Some programs require a face-to-face meeting while you can apply for others by mail or fax. The Medicaid Consumer Hotline has information on applying for Medicaid and can direct consumers to their local county office: 1-800-324-8680.

How do consumers receive Medicaid services?

Medicaid provides primary and acute care services through a fee-for-service system or managed care plans. Both delivery systems provide all medically necessary primary care, specialty, and emergency care and preventive services.

Ohio Medicaid also provides both home health care and facility-based services for those consumers requiring a long-term care benefit package. Home care services allow consumers to remain in their homes and communities. Long-term care services are also available for consumers needing care in nursing homes and facilities for persons with mental retardation. Alternatives to institutional care are offered through Home and Community-Based Services Waivers.

What services does Medicaid cover?

Ohio's Medicaid program includes services mandated by the federal government as well as optional services Ohio has elected to provide. Some services are limited by dollar amount, the number of visits per year, or the setting in which they can be provided. With some exceptions, all medically necessary services are available to all Medicaid consumers. See page 3 for a list of covered services.

Eligibility At A Glance*

Who's Covered?	Income Guideline
Children (up to 19)	200% FPL
Pregnant Women	150% FPL
Parents	90% FPL
Disabled Persons	~ 64% FPL**
Persons 65 & over	~ 64% FPL**
Medicare Premium Assistance Program	Varies
Institutional Level of Care	Income less than the cost of care

* Exceptions and calculations will affect final amount counted toward eligibility. Actual determination of eligibility is done at a county department of job & family services office. Some eligibility categories consider resources other than income.



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Federally Mandated Services

- Ambulatory Surgery Centers
- Certified family nurse practitioner services
- Certified pediatric nurse practitioner services
- Transportation to Medicaid services (NET)
- Family planning services & supplies
- Healthchek (EPSDT) program services (screening & treatment services to children 21 and younger)
- Home health services
- Inpatient hospital
- Lab & x-ray
- Medical & surgical dental services
- Medical & surgical vision services
- Medicare Premium Assistance
- Non-Emergency Transportation
- Nurse midwife services
- Nursing Facility care
- Outpatient services, including those provided by Rural Health Clinics & Federally Qualified Health Centers
- Physician services

Ohio's Optional Services

- Ambulance / ambulette
- Chiropractic services for children
- Community alcohol & drug addiction treatment
- Community mental health services
- Dental services
- Durable medical equipment & supplies
- Home and Community Based Services Waivers
- Hospice care
- Independent psychological services for children
- Intermediate Care Facility services for people with Mental Retardation (ICF-MR)
- Occupational therapy
- Physical therapy
- Podiatry
- Prescription drugs
- Private Duty Nursing
- Speech therapy
- Vision care, including eyeglasses

