

**2005 ABD Eligibility Guidelines**

**What is ABD Medicaid and Who is Eligible?**

ABD Medicaid assists with medical expenses for Ohioans who are Aged 65 years or older, Blind, or Disabled (disability as classified by the Social Security Administration for an adult or child.)

ABD Medicaid is a health care coverage program funded by both federal and state monies. Ohioans who are aged, blind or have a disability must meet established financial guidelines in order to be eligible. Consumers in the ABD Medicaid program access services through the Fee-for-Service delivery system.

**What Services Are Covered Under Medicaid?**

ABD health care coverage consists of the primary and acute care benefit package and long-term care if a person has the required level of care need. Covered services include prescription drugs, home care, doctor visits, hospital care, laboratory and x-rays, medical equipment and supplies, dental care, transportation, mental health, vision services, long-term care, alcohol and drug rehabilitation and other services.

**What Long-Term Care Services Are Available?**

ABD Medicaid provides long-term care services in Nursing Facilities (NFs) and Intermediate Care Facilities for the mentally retarded (ICF-MRs). Home and Community Based Services Waivers provide home health care to individuals who wish to stay in their home but otherwise need institutional care. The number of consumers that can be enrolled in a waiver program at any one time is limited. There are several types of waivers.

*Ohio Home Care Waiver* meets the home care needs of individuals, up to age 60, whose medical condition would otherwise require them to live in a nursing home or other institution.

*PASSPORT* Waiver provides in-home services to individuals age 60 and older.

Individual Options Waiver provides support services for persons with mental retardation and/or developmental disabilities.

*Residential Facilities Waiver* is for persons with mental retardation and/or developmental disabilities who live in a residential facility.

**Medicare Premium Assistance Program**

Ohioans who are on Medicare may be able to receive Medicaid assistance to pay for all or some of the Medicare premiums and/or coinsurance and deductibles. Refer to Fact Sheet 1.2 for more detailed information.

**How To Apply**

To apply for ABD Medicaid, an application and an interview need to be completed at the local county department of job and family services. For phone numbers to the local departments, call the Consumer Hotline at 1-800-324-8680.

For help with Medicare expenses only, a short, mail-in application is available. Call the Consumer Hotline toll-free at 1-800-324-8680 or TDD at 1-800-292-5732 to receive an application or additional information.

ABD Consumer	Basic Requirements	Countable Monthly Income Standards*	Resources**
Individuals & Couples 65 and over	Documentation of Age	Individuals \$504	Individuals \$1500
Individuals & Couples under 65	Medical Proof of physical or mental impairment that prohibits work and that has lasted or will last 12 months or longer	Couples \$869	Couples \$2250
* SSI is not counted; certain deductions such as medical expenses may be allowed by a process called "Spenddown" (see other side). ** Some resources are exempt from asset test such as home, 1 car.			

## What if an Ohioan meets ABD Eligibility Except that their Income is Too High?

Ohioans who are aged, blind or have a disability may qualify for Medicaid after they have incurred or paid a specific amount of medical bills. This is called Medicaid "Spendedown." Spendedown allows individuals to deduct medical expenses from their income so that income will fall within Medicaid income guidelines (See example in Figure 2, page 2). The Spendedown amount is the difference between the ABD monthly income standard and an applicant's countable monthly income.

If eligible for Spendedown, the consumer is required to submit proof of medical expenses that meet or exceed the Spendedown amount. Once the Spendedown amount has been met, the consumer is then eligible for Medicaid. The date of Medicaid eligibility depends on the date the consumer reaches his or her spenddown amount. Spendedown eligibility is a monthly process.

The Spendedown amount can be met in three ways:

1. If the consumer has monthly medical expenses (i.e., medical premiums or unpaid past medical bills) that meet or exceed the Spendedown amount consistently each month, they receive a monthly Medicaid card. This situation is referred to as "on-going" Spendedown.
2. If the consumer does not have monthly medical expenses that meet or exceed the Spendedown amount each month, then the consumer can submit medical expenses until the Spendedown amount is met. Medicaid eligibility begins on the day the Spendedown amount is met and is valid until the end of the month. This situation is commonly referred to as "delayed" Spendedown.
3. The consumer also has the option to pay the Spendedown amount directly to the county department of job and family services. This type of Spendedown is referred to as "pay-in" Spendedown.

### Medicaid Spendedown Example

Monthly Income for Individual	\$800
Subtract \$20 Income Disregard*	-\$20
Subtract Countable Monthly Income Standard	\$504
Result equals the Spendedown amount** to be met every month	\$276

\* \$20 of income is automatically disregarded for every ABD Medicaid applicant.

\*\* \$276 is the spenddown amount so \$276 of medical expenses would need to be paid or incurred by the individual in order for the individual to be eligible for Medicaid.