Ohio Medicaid

A Health Care Program for Ohioans with Limited Income
Who can Medicaid help?

To qualify for Medicaid, you must meet Medicaid citizenship requirements (certain non-citizens may apply), be an Ohio resident, have or get a social security number, and meet certain financial requirements.

Ohio Medicaid provides coverage to the following:

- Children younger than age 19
- Pregnant women
- Families with children younger than age 19
- Adults age 65 and older
- People who are legally blind
- People with disabilities

Medicaid and Medicare: What’s the difference?

**Medicare** is a federal health plan administered by the Social Security Administration serving the elderly, blind and disabled. Most persons on Medicare pay a monthly premium. Medicare is the same nationwide.

**Medicaid** is funded by state and federal monies and is administered by each state for its residents. Medicaid coverage and eligibility standards vary from state to state.

It is possible to have both Medicare and Medicaid.
What about income?

Income is considered when you apply for all Medicaid programs. The type of program you qualify for depends on your income and the number of people in your household.

The most common types of income are:
- Wages
- Pensions
- Veterans Benefits
- Child Support
- Unemployment
- Social Security Benefits
- Rental Income

What about my home and other resources?

Some Medicaid programs have a limit on resources and some do not. Resources are assets that you own such as bank accounts, stocks, bonds, mutual funds, trusts, vehicles and property. The home you live in, your personal belongings and one car are usually not counted even when a program has a resource limit.

What if my income is too high?

Ohioans who are age 65 and older, blind, or have a disability may qualify for Medicaid after they have received or paid a specific amount of medical bills in a given month. This is called Medicaid Spenddown. Spenddown allows individuals to deduct medical expenses so that their income will fall within Medicaid income guidelines.
What types of services are covered by Medicaid?

Medicaid health care includes a wide array of medical benefits as well as long-term care benefits if a person has a medical need for 24 hour supervision and support.

Services include: (Note: Small co-payments may apply)

- Prescriptions
- Doctor visits
- Hospital care
- Surgery
- Lab and X-ray
- Physical therapy
- Ambulance
- Family planning
- Prenatal care
- Substance abuse services
- Medical equipment and supplies
- Dental and vision services
- Long-term home health care
- Long-term case management
- Home and Community Services

### 2007 Income Guidelines

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<tr>
<th>Family Size</th>
<th>Gross Monthly Income</th>
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<tbody>
<tr>
<td>1</td>
<td>$1702</td>
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<tr>
<td>2</td>
<td>$2282</td>
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<tr>
<td>3</td>
<td>$2862</td>
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<td>4</td>
<td>$3442</td>
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**for Pregnant Women**

<table>
<thead>
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<th>Family Size</th>
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<tbody>
<tr>
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<tr>
<td>2</td>
<td>$1712</td>
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<tr>
<td>3</td>
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<td>4</td>
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**for Adults with Children**

<table>
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<td>3</td>
<td>$1288</td>
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<tr>
<td>4</td>
<td>$1549</td>
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**for People 65 or Older and People with Disabilities**

<table>
<thead>
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<th>Gross Monthly Income</th>
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</thead>
<tbody>
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<tr>
<td>2</td>
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Resource Limit for single person in this category: $1500

Resource Limit for a couple in this category: $2250

Applicants may be eligible for deductions that could reduce their income to help them qualify. Actual determination of eligibility is done by the county office of job & family services. Income guidelines change each year.
Medicare Premium Assistance is a Medicaid program that helps pay a portion of Medicare costs. Program eligibility standards vary. Contact your county office of job and family services for more information.

How do I apply?

Local county offices of job and family services determine eligibility for Medicaid programs. Some programs require a face-to-face meeting, while you can apply for others by mail.

The Medicaid Consumer Hotline has information on applying for Medicaid and can direct you to your county. Please call 1-800-324-8680 or the TTY/TDD for hearing impaired 1-800-292-3572.

Medicaid Programs

Healthy Start is the name of Ohio’s Medicaid program for children younger than age 19 and pregnant women.

Healthy Families is the name of Ohio’s Medicaid program for families, both parents and children.

Aged, Blind & Disabled Medicaid offers health care coverage to Ohioans who are 65 years of age and older and Ohioans who are blind or disabled at any age.
If I am eligible for Medicaid, how will I get my services?

Ohio Medicaid services are delivered in one of two ways:

Some people can choose any doctor or hospital that will accept the Medicaid card. This system is called “Fee-for-Service” or “Traditional Medicaid.”

Others must be enrolled in a Managed Care Plan and go to doctors and hospitals that belong to that plan. The information you receive from the Managed Care Plan will tell you how to get your services.

Medicaid Estate Recovery

Ohio has the right to recover the cost of services paid by Medicaid from the estates of Medicaid consumers age 55 and older. This recovery cannot take place as long as a spouse, minor child, or disabled adult child are still alive.

Details on estate recovery are available on the Web at: jfs.ohio.gov/ohp/bcps/FactSheets/EstateRecovery.pdf (JFS 07400) or at your local county office of job and family services.

Medicaid Contact Information

For more information and answers to your questions, please call:

The Medicaid Consumer Hotline: 1-800-324-8680
TTY/TDD for hearing impaired: 1-800-292-3572