



Helping Older Persons with Legal & Long-Term Care Problems

Community Medicaid

1. What Is The Community Medicaid Program?

The Community Medicaid program pays most medical expenses for low income individuals. To qualify, you must meet general eligibility criteria such as citizenship, residency and living arrangement status as well as income and resource requirements. You must also be blind, disabled or age 65 or older, or not on Medicare and below the federal income poverty level of \$750 per month. [\[1\]](#)

2. What Medical Services And Equipment Will Medicaid Pay For?

Some Medicaid services are limited by dollar amount, number of visits per year or setting in which they can be provided. Other limitations may apply and some services must be authorized by Medicaid before they can be delivered by a Medicaid provider (prior authorization). A Medicaid provider is one that has contracted with the Ohio Department of Job and Family Services to accept Medicaid payment for medical goods and services. Medicaid coverage includes: [\[2\]](#)

- a) Alcohol and drug addiction;
- b) Inpatient and outpatient hospital care;
- c) Preventative health;
- d) Physician, podiatrist, chiropractor and mental health care;
- e) Prescription drugs;
- f) Nursing care;
- g) Hospice care;
- h) Medical transportation;
- i) Dental care and dentures;
- j) Optometrist services and eyeglasses;
- k) Physical therapy and related services;
- l) Some prosthetic devices, including hearing aids; and
- m) Home health care services.

3. What Home Care Services Are Available?

Medicaid-covered home health care services include part-time or intermittent skilled nursing or home health aide care, skilled therapies and related services when certified by your treating physician. Providers of home health services must be a Medicare Certified Home Health Agency. [\[3\]](#)

4. What Are The Financial Eligibility Requirements?

Income: Your countable monthly income must not exceed \$750 for an individual and \$1,125 for a couple. [\[4\]](#) Countable income means gross earned and/or unearned income, [\[5\]](#) minus \$20 from unearned income and minus the first \$65 of earned income, plus one-half of the remainder of earned income. [\[6\]](#) A married applicant living with an ineligible spouse will usually be credited with all of the ineligible spouse's income. But some income is not counted, including but not limited to Supplemental Security Income (SSI), income tax refunds, disability benefits, Residential State Supplement (RSS) and Ohio Works First (OWF). [\[7\]](#)

Resources: An individual must have available countable resources at or below \$2,000, and \$3,000 for a couple. [\[8\]](#) If you can legally access the resource, convert it to cash and use it for support, then it is an available resource. [\[9\]](#) Some resources are not counted: [\[10\]](#)

- a) The home; [\[11\]](#)
- b) Household goods and personal property; [\[12\]](#)
- c) An irrevocable burial contract; [\[13\]](#)
- d) Burial plots; [\[14\]](#)
- e) Life insurance with a face value of \$1,500 or less; [\[15\]](#)
- f) One vehicle, if used for transportation; [\[16\]](#) and
- g) Certain income-producing property. [\[17\]](#)

5. Will I Be Eligible If I Give Away Resources?

Yes, you will be eligible for Community Medicaid if you gift some or all of your resources to family or friends or sell them for less than fair market value. However, you will be ineligible for Medicaid payment of your nursing home care, if needed. [\[18\]](#) The length of time you are ineligible depends on the total amount of the gift(s). [\[19\]](#) If you have given some of your resources away or sold them for less than fair market value consult an attorney before applying for Medicaid.

6. Will Medicaid Pay Medical Bills I Received Before I Applied?

It may. Medicaid may pay your unpaid bills for Medicaid-covered services during the three months prior to the month of application. But you must be Medicaid-eligible in each of those three months. Your medical expenses must not be expenses covered by a third party, such as Medicare, an insurance company or workers' compensation. [20]

7. How Long Will I Be Eligible For Medicaid?

Your initial Medicaid application with your County Department of Job and Family Services (CDJFS) is valid for one year from date of application. Every twelve months after your initial application, your CDJFS will require you to renew your Medicaid eligibility. [21]

8. What Is MyCare Ohio?

MyCare Ohio is a new Medicaid managed care program designed for dual eligible beneficiaries, Ohioans who receive both Medicaid and Medicare benefits. Ohio has 7 MyCare regions that contain 29 counties where, with limited exceptions, all Medicaid dual eligible beneficiaries must enroll in a MyCare Ohio Managed Care Plan. Each Ohio region has multiple MyCare Ohio providers. [22] When you enroll in Medicaid, you must choose a MyCare Ohio plan that will provide all your Medicaid medical, behavioral, and long-term services and supports. [23] If you do not make a choice, a MyCare Ohio plan will be selected for you and you will have 90 days to change your MyCare Ohio plan, if you wish. [24] Your Medicaid benefits will only be available through your chosen MyCare Ohio Managed Care Plan.

9. Do I have to enroll in Medicare Managed Care too?

No. However, your CDJFS will automatically include your Medicare benefits in your MyCare Ohio Managed Care plan when you are enrolled in Medicaid unless you choose to opt-out of such enrollment and remain in Original Medicare. If you wish to opt-out of Medicare Managed Care, tell your CDJFS' caseworker that you want to remain in Original Medicare, also called fee-for-service Medicare. If you are already enrolled in Medicare Managed Care, you must call 1-800-MEDICARE or the Ohio Medicaid Consumer Hotline at 800-324-8680 and tell them you want to drop your Medicare MyCare Ohio Managed Care plan and return to Original Medicare. [25]

10. Is Medicare MyCare Ohio Managed Care Good or Bad?

A Medicare MyCare Ohio Managed Care Plan (MCP) has advantages and disadvantages. Advantages include person-centered care, coordinated care,

coordinated care teams, continuum of care, enhanced benefits, guaranteed access to required providers and simplified processes.

Disadvantages include a) you may have to change your doctor or hospital to one within the MCP's network for coverage; b) you may have to follow strict rules to get coverage for certain services or health products, like getting referrals to see specialists; c) MCP benefits, services and prescription drug coverage may change each year; and d) if you stay in a MCP for more than one year and then switch to Original Medicare, your Medigap choices may be limited or nonexistent.

Switching from Original Medicare to a MCP has both good and bad aspects and requires careful analysis of how the pros and cons will affect your individual healthcare needs. [26](#)

11. What Can I Do If My Medicaid Application Is Denied?

If your application for Medicaid is denied, you can appeal the decision in writing or by calling the Ohio Department of Job and Family Services within 90 days of the date the notice was mailed [27](#) If your Medicaid services are reduced or ended you must request a state hearing within 15 days of the date the notice was mailed in order for your Medicaid services to continue while your appeal is pending [28](#) After the state hearing, further administrative appeal [29](#) and court review [30](#) are available.

12. Is Help Available To Appeal Medicaid Decisions?

Yes. Ohio residents age 60 or older can contact Pro Seniors for help regarding their Medicaid denials, reductions or terminations. Pro Seniors can provide information, advice, representation and/or referrals to seniors who wish to appeal their Medicaid cases. All of these free services are available by calling Pro Seniors' Legal Hotline for Older Ohioans at (513) 345-4160 or (800) 488-6070. [31](#)

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Pro Seniors' Legal Hotline for Older Ohioans provides free legal information and advice by toll-free telephone to all residents of Ohio age 60 or older. If you have a concern that cannot be resolved over the phone, then the hotline will try to match you with an attorney who will handle your problem at a fee you can afford.

In southwest Ohio, Pro Seniors' staff attorneys and long-term care ombudsmen handle matters that private attorneys do not, such as nursing facility, adult care

facility, home care, Medicare, Medicaid, Social Security, protective services, insurance and landlord/tenant problems.

This pamphlet provides general information and not legal advice. The law is complex and changes frequently. Before you apply this information to a particular situation, call Pro Seniors' free Legal Hotline or consult an attorney in elder law.

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Endnotes: [Click the endnote number “[1]” to return to the text]

- [1] [Ohio Administrative Code \(OAC\) § 5160:1-2-10](#) Medicaid: conditions of eligibility and verifications
See also, [OAC § 5160:1-3-02.4](#) Medicaid: coverage for the categorically needy
- [2] [Ohio Medicaid Covered Services](#), Ohio Department of Medicaid
- [3] [Home Health Services](#), Ohio Department of Medicaid
See also, [OAC Chapter 5160-12](#) - Ohio Home Care Program
- [4] [OAC § 5160:1-3-03.5](#) Medicaid: application of income standards
- [5] [OAC § 5160:1-3-03.1](#) Medicaid: income
- [6] [OAC § 5160:1-3-03.2](#) Medicaid: income exclusions
- [7] [OAC § 5160:1-3-03.3](#) Medicaid: deeming of income
- [8] [OAC § 5160:1-3-05.1\(B\)\(8\)](#) Medicaid: resource requirement

- [9] [OAC § 5160:1-1-01\(B\)\(72\)](#) Eligibility for enrollment in the PASSPORT HCBS waiver program
- [10] [OAC § 5160:1-3-05.14](#) Medicaid: resource exclusion
- [11] [OAC § 5160:1-3-05.13](#) Medicaid: treatment of the home
- [12] [OAC § 5160:1-3-05.10](#) Medicaid: household goods and personal effects as resources
- [13] [OAC § 5160:1-3-05.6](#) Medicaid: burial funds and contracts
- [14] [OAC § 5160:1-3-05.7](#) Medicaid: burial spaces
- [15] [OAC § 5160:1-3-05.12](#) Medicaid: life insurance
- [16] [OAC § 5160:1-3-05.11](#) Medicaid: automobiles and other modes of transportation as resources
- [17] [OAC § 5160:1-3-05.19](#) Medicaid: real or personal property essential to self-support
- [18] [OAC § 5160:1-6-06](#) Medicaid: transfer of assets
[OAC § 5160:1-6-06\(A\)](#) This transfer of assets rule only applies to institutionalized individuals.
- [19] [OAC § 5160:1-6-06.5](#) Medicaid: restricted medicaid coverage period
- [20] [OAC § 5160:1-2-01](#) Medicaid: Medicaid Application Processing;
[OAC § 5160:1-2-01\(L\)\(1\)\(b\)](#) The administrative agency shall approve retroactive eligibility for medical assistance effective no later than the first day of the third month before the month of application . . .
- [21] [OAC § 5160:1-2-01\(M\)\(2\)\(a\)](#) The administrative agency shall determine an individual's eligibility for a renewal of medical assistance twelve months after the most recent eligibility determination.
- [22] [OAC § 5160-58-02](#) MyCare Ohio plans: eligibility and enrollment
- [23] [OAC § 5160-58-03](#) MyCare Ohio plans: covered services

- [24] [OAC § 5160-58-02\(B\)\(2\)\(b\)\(i\)](#) MyCare Ohio plans: eligibility and enrollment. “A newly eligible individual who does not make a choice following issuance of a NME by ODM and one additional notice, will be assigned to a plan by ODM, the medicaid consumer hotline, or other ODM-approved entity.”
- [25] [Appendix 5: Ohio’s Department of Medicaid Specific Eligibility Requirements for Enrollment in MyCare Ohio Plans](#) (PDF), supplementing and clarifying the requirements of the MMP Enrollment and Disenrollment Guidance. States participating in the capitated model demonstrations are required to follow the [National Medicare-Medicaid Plan \(MMP\) Enrollment Guidance & Exhibits](#), as well as utilize the enrollment resources listed, to ensure individuals have full access to seamless, high quality integrated health care
- [26] [I’m New to Medicare. Should I Sign Up for a Medicare Advantage Plan?](#), My Medicare Matters by the National Council on Aging, May 2, 2016
- [27] [OAC § 5101:6-3-02\(B\)\(1\)](#) State hearings: state hearing requests
- [28] [OAC § 5101:6-4-01\(A\)](#) State hearings: continuation of benefits when a state hearing is requested
- [29] [OAC § 5101:6-8-01\(A\)](#) State hearings: administrative appeal of the state hearing decision
- [30] [OAC § 5101:6-9-01](#) State hearings: further appeal rights
- [31] See, [ProSeniors.org](#) for more information about our Legal Hotline