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. There are two programs for which you may qualify, MAGI-based Medicaid and Community Medicaid for aged, blind or disabled individuals (ABD Community Medicaid). If your household income is below 138% of the Federal Poverty Guidelines, $1,677 in 2023 for an individual, you are younger than age 65 and not covered by Medicare, you will qualify for MAGI-based Medicaid. The income limit increases depending on your household size. There are no resource limits. If you are blind or disabled or age 65 or older and Medicare eligible, your income and resources must meet the limits for ABD Community Medicaid. [1]

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

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) Dental
b) Emergency
c) Family Planning
d) Healthchek
e) Hospital
f) Medical Equipment
g) Mental Health
h) Pregnancy
i) Prescriptions
j) Preventive Health
k) Professional Medical Services
l) Private Duty Nursing
m) Substance Use Disorder Treatment
n) Transportation
o) Vision

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 for ABD Community Medicaid?

Income: If you are over 65 or blind or disabled, your countable monthly income must not exceed the SSI rate $914 for an individual and $1,371 for a couple. (2023) [4] Countable income means the applicant's gross earned and/or unearned income, [5] minus $20 from certain types of the applicant's unearned income, minus the first $65 of the applicant's earned income, and minus any other applicant income exclusions. [6] A married applicant living with an ineligible spouse will usually be credited with some or all of the ineligible spouse's income minus any income exclusions applicable to the ineligible spouse's income. [7]

Resources: Countable resources must be at or below $2,000 for an individual 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, including: [10]

a) The home; [11]
b) Household goods and personal property; [12]
c) Irrevocable prepaid burial contracts; [13]
d) Burial plots; [14]
e) Life insurance for any one individual with a combined 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 may be ineligible for Medicaid payment of your long-term care, if needed, depending on when you gave away the resources. [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?

Medicaid will pay your unpaid bills for Medicaid-covered services during the three months prior to the month of application. But only if you were Medicaid-eligible in each of those three months. Your medical expenses cannot 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 the Medicaid managed care program designed for Ohioans who receive both Medicaid and Medicare benefits, also known as dual eligible beneficiaries. Ohio has 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 Community Medicaid, with some exceptions, if you are 18 or older, eligible for Parts A, B, and D of Medicare as well as full Medicaid benefits, and reside in a plan demonstration county, you must choose a MyCare Ohio plan. The MyCare Ohio plan must provide all your medical, behavioral, and long-term services and supports covered by Ohio Medicaid. [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?

No. Although enrollment in the Medicaid managed care is required, the Medicare managed care is not. 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 with your Medicare plan. If you wish to opt-out of Medicare Managed Care, follow the instructions on the MyCare Ohio notice you receive on how to opt out. 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 your prior Medicare plan. [25]

10. Is Medicare MyCare Ohio Managed Care A Good Choice For Me?

Switching from your Medicare plan to a Medicare MyCare Ohio Managed Care plan has both good and bad aspects and requires careful analysis of how the pros and cons will affect your individual healthcare needs. Get help with your choice by contacting the Ohio Department of Insurance's Ohio Senior Health Insurance Information Program (OSHIIP) and talk to a health insurance expert at 1.800.686.1578. 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 Helpline for Older Ohioans at (513) 345-4160 or (800) 488-6070.

Pro Seniors' Legal Helpline 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 Helpline or consult an attorney in elder law.

Pro Seniors, Inc.
7162 Reading Rd.
Suite 1150
Cincinnati, Ohio 45237

Switchboard: 513.345.4160
Clients Toll-free: 800.488.6070
Fax: 513.621.5613
TDD: 513.345.4160

E-mail: proseniors@proseniors.org
Web Site: www.proseniors.org

Endnotes: [*Click the endnote number "[1]" to return to the text*]

[1] OAC 5160:1-4-01 MAGI-based Medicaid: income and household income;
OAC 5160:1-3-02.4 Medicaid: coverage for the categorically needy
OAC 5160:1-3-02.5 Medicaid: supplemental security income (SSI) recipients qualifying under section 1619 of the Social Security Act for continued medical assistance coverage.

OAC 5160:1-3-02.3 Medicaid: coverage for individuals receiving supplemental security income (SSI) benefits

[2] Ohio Department of Medicaid Covered Services

[3] Ohio Department of Medicaid Home Health Services
See also, OAC Chapter 5160-12 - Ohio Home Care Program

[4] OAC 5160:1-3-03.5 Medicaid: application of income standards
A Guide to SSI 2023

[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(C) Medicaid: deeming of income

[8] OAC 5160:1-3-05.1(B)(9) Medicaid: resource requirement

[9] OAC 5160:1-1-01(B)(82) Medicaid: definitions

[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: administrative agency responsibilities;
OAC 5160:1-2-01(M)(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(N)(2) The administrative agency shall schedule an individual's renewal of eligibility for medical assistance twelve months after the most recent eligibility determination.

[22] OAC 5160-58-02 MyCare Ohio plans: eligibility and enrollment.
MyCare Ohio FAQs

[23] OAC 5160-58-03 MyCare Ohio plans: covered services
OAC 5160-58-02 MyCare Ohio plans: eligibility and enrollment

[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 an NME by ODM and one additional notice, will be assigned to a plan by ODM, the Medicaid consumer hotline, or other ODM-approved entity.”
MyCare Ohio FAQ

[25] Appendix 5: Ohio’s Department of Medicaid Specific Eligibility Requirements for Enrollment in MyCare Ohio Plans (PDF). 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
MyCare Ohio FAQ
OAC 5160-58-02(B)(2)(b)(i) MyCare Ohio plans: eligibility and enrollment.

[26] MyCare Ohio ODM FAQ
OSHIIP website

[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