

FACT SHEET

Medicaid for Older Adults and People with Disabilities

What is ABD Medicaid?

Medicaid for the Aged, Blind or Disabled (ABD) is available to certain Ohioans to assist with medical expenses. Ohioans who are aged, blind or have a disability (as classified by the Social Security Administration) must meet established financial guidelines in order to be eligible. Some consumers in the ABD Medicaid program (125,000 consumers) access services through managed care while the remaining population access care through a 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.

| ABD Consumer | Basic Requirements | Countable Monthly Income Standards* | Resources** |
|--|---|-------------------------------------|--------------------|
| Individuals & Couples age 65 and older | Documentation of age | Individuals \$589 | Individuals \$1500 |
| Individuals & Couples younger than age 65 | Medical proof of physical or mental impairment that prohibits work and that has lasted or will last 12 months or longer | Couples \$1,011 | Couples \$2250 |
| <small>* SSI is not counted; certain deductions such as medical expenses may be allowed by a process called "Spenddown". ** Some resources are exempt from asset test such as home, 1 car.</small> | | | |

What long-term care services are available?

ABD Medicaid provides long-term care services in nursing facilities and 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 Waivers** meet 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 Waivers** provide in-home services to individuals age 60 and older.
- **Individual Options and Level One Waivers** provide support services for individuals with developmental disabilities.

*Medicare beneficiaries who are eligible for Medicaid get prescriptions coverage through Medicare. Some exceptions apply.

- **Assisted Living Waivers** offer more supervision and services than what may be available in a traditional home setting and allows consumers to have more independence and fewer restrictions than a nursing facility.

How to Apply

You may apply for ABD Medicaid online by going to <http://ODJFSBenefits.Ohio.gov>, or by filling out the Request for Cash, Food and Medical Assistance (JFS 7200) form and submitting it to your county department of job and family services (CDJFS). You can get the form at your CDJFS or at <http://jfs.ohio.gov/ofam/pdf/7200.pdf>. A face-to-face interview will need to be completed at your CDJFS.

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.

A short, mail-in application is available for the Medicare Premium Assistance Program. Call the Consumer Hotline toll-free at 1-800-324-8680 or TTY at 1-800-292-3572 to receive an application or additional information.

What if an Ohioan meets ABD eligibility requirements except his or her 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 spenddown. Spenddown allows individuals to deduct medical expenses from their income so that income will fall within Medicaid income guidelines.

If eligible for spenddown, the consumer is required to submit proof of medical expenses that meet or exceed the spenddown amount, or the consumer can pay the spenddown amount to the county department of job and family services. Once the spenddown has been met, the consumer is eligible for Medicaid. The date of Medicaid eligibility depends on the date the consumer reaches his or her spenddown. Spenddown eligibility is a monthly process.