



Step By Step

Employer Health Insurance &
ACA Insurance Market
Kashich's Autism Directive,

CMS or Federal Medicaid

Office of Health
Transformation

Governor, State of Ohio

Step By Step, Inc
614-436-7837

Ohio's Family Children's
First Council – system of
care funding, multiple system
children- IFSCP

Ohio Department of Medicaid (ODM)

Single State Medicaid Agency, <http://www.medicaid.ohio.gov/>

Local County Job & Family Services Offices

ODJFS Waiver Program
Ohio Home Care Waiver
Transition Waiver (moved to DD)

Home Health /State Plan Sys 14
hours of Core Benefits 14 hours and
Healthchek 15 -56 hrs per wk, in home
care. Moving to Managed Care 2013

- Four Types of Medicaid Programs**
1. Traditional Medicaid (Fee for service)
Discontinued except for a few diagnosis.
 2. Medicaid Managed Care
(Caresource, Molina, Paramount, Buckeye,
UnitedHealth Care) *Respite Waiver*
 3. Home and Community-Based Services
(Waivers)
 4. Facility Based Care (nursing, ICF/IDD)

Children Services
“Family in need” or
“Preventative
Services” case help
support families with
resources during
challenging times.

A part of the “Cluster”
pulled together a few to
support individuals.

Opportunities for
Ohioans with
Disabilities
(formerly RSC)

Local County
Field Offices,
BVR. Job
Coaching, Job
Skills Assessments
& Employment.
Employment First
Initiative

Ohio Department of Health

Local County Boards of Health

- *IFSP, Individual Family Service Plan
- *BCMHEIS (new name 2012)
-Help Me Grow program, serves ages 0-2,
-serves children with special medical needs, ages 0-21
- Early Intervention
-county board systems, PLAY Project, ABA Play Project
- *Child Find. Assessments. Links

Ohio Department of
Developmental Disabilities

Local County Boards of DD

- *ISP, Individual Service Plan
- *Family Resources or local levy dollars
- *Individual Options (IO), Level One, SELF & Transitions (TDD) Waivers
- *SSA or caseworker
- *Respite and therapies
- *home modifications/safety
- *Serves ages 3 and up

Ohio Department of Education

Local School Districts

- *IEP, Individual Education Plan
- *504 Plans
- *MFE, Multi-factored Evaluation, ETR Report
- *Serves ages 3-through 21.
- *Autism & Jon Peterson Scholarship Program
- *Psych, OT, PT, Speech
- *Transition Plans, age 14, 16
- *Medicaid School Program

Ohio Department of Mental
Health & Addiction Services

Access services from a community
mental health center or hospital

- *ISP, Individual Service Plan
- *Behavioral Healthcare Services
- *Psychological Assessments
- *Medication Management
- *Group/Individual Counseling
- *Behavioral Consultation
- *Crisis Care
- *Takes Medicaid and private pay
- *Serves ages 3 and up

Step By Step Academy would like to offer this form to all clients, families and providers for the purpose of helping link services and funding options to those affected by mental illness and developmental disabilities. Please feel free to copy this document in its entirety and use this form as you help coordinate care. Feel free to email and request updates. Marla Root, Director of Community Affairs/Advocacy, has a complete presentation that discusses the items above. If you would like to schedule a presentation for a parent or advocacy group, school, or organization please contact Marla directly at 614-565-5765. Highlighted areas are changes occurring to Ohio's system in 2012 thru 2014. Thank you. Developed by Marla Root for Step By Step Academy; Updated: January 2014

FREQUENTLY ASKED QUESTIONS ABOUT THE OHIO AUTISM INSURANCE DIRECTIVE

An Autism Insurance Directive was signed by Governor John Kasich in December 2012.

1. Generally speaking, what does the Autism Directive do?

The Governor's directive adds autism services to the Essential Health Benefits package for plans in Ohio as provided under the Affordable Care Act (ACA). Ohio could designate what must be included in the habilitative services category of the "essential health benefits" package and this Directive specifies that treatments for autism be included.

2. Who is impacted by the Directive?

- Individuals who purchase health insurance in the individual insurance market (exchange) in the ACA beginning in 2014 are impacted by this Directive.
- Individuals covered by "non-grandfathered" health plans purchased by employers in the small business market (exchange) in the ACA are impacted by this directive (small group in Ohio is defined as employers that have between 2-50 employees). Note: "Grandfathered" health plans are not required to cover essential benefits. A plan is considered grandfathered if it existed on March 23, 2010, and has covered at least one person continuously since that date. Grandfathered status must generally be disclosed in plan materials provided to enrollees
- State Employees
- Any new health plans that start in 2014 will need to offer the essential health benefits whether they are sold in the ACA markets or in the regular insurance market.

3. What is an insurance market (exchange)?

Under the Affordable Care Act, markets (exchanges) have now been created in Ohio including an individual market and a small business market. This is where an individual or small business can compare the costs of various health plans and different types of health coverage benefits. In Ohio, the federal government will manage the exchanges.

In these markets there are 11 Health Insurance companies offering over 50 different health insurance plans in 17 different regions of Ohio. Each region has at least 3 to 8 plans to choose from. There are five categories to health plans that can be offered: Catastrophic, Bronze, Silver, Gold & Platinum.

4. Will all of the autism spectrum diagnosis be covered?

Yes. The essential health benefit language for habilitative services specifically includes "Autism Spectrum Disorder".

5. What coverage is required by the Directive?

In addition to the services already provided under the "Essential Health Benefits Package" (general health services), habilitative services for autism will also be provided. These will include (but are not limited to):

- A. Out-Patient Physical Rehabilitation Services including
 - a. Speech and Language therapy and/or Occupational therapy, performed by a licensed therapists, 20 visits per year of each service; and
 - b. Clinical Therapeutic Intervention defined as treatments supported by empirical evidence, which include but are not limited to Applied Behavioral Analysis, provided by or under the supervision of a professional who is licensed, certified, or registered by an appropriate agency of this state to perform the services in accordance with a treatment plan, 20 hours per week;

- B. Mental/Behavioral Health Outpatient Services performed by a licensed Psychologist, Psychiatrist, or Physician to provide consultation, assessment, development and oversight of treatment plans, 30 visits per year total.”

For information on what other types of services are included in the Essential Health Benefits package for Ohio, visit the Ohio Department of Insurance EHB Summary at

<http://insurance.ohio.gov/Company/Documents/EssentialHealthBenefitsSummary.pdf>

6. Are prescription drugs covered under the Directive?

Only as included in the general essential health benefit package in Ohio. This includes generic drugs, non-formulary drugs and formulary brand name drugs. A “formulary” is essentially a list of drugs covered by the insurance plan.

7. Are there limits on what is covered under habilitative services?

Yes. As stated above Speech and Language therapy and/or Occupational therapy, performed by a licensed therapist, 20 visits per year of each service and Clinical Therapeutic Intervention like Applied Behavior analysis is limited to 20 hours/week. These services are required only for children ages birth through 21. The Ohio Department of Insurance EHB Summary list any limits on other types of coverage.

8. What types of insurance products are not covered under the Directive?

The Directive does not apply to:

Medicaid	Medicare
hospital indemnity	Medicare supplement
long-term care	disability income
one-time-limited duration policies of not longer than six months (short-term)	worker's compensation
supplemental benefit or other policies that provide coverage for specific diseases or accidents only	any federal health care program

9. How do I know if the health plan offered by my employer will provide coverage? Opting out?

You need to check with your employer. Employers that are self insured or have more than 50 employees may provide autism or habilitative services coverage, but are not required to. Opting out of your employers' health plan to move to a plan on the ACA will require an out of pocket premium cost to be more than 9.5% of your gross income at the single person premium amount not a family premium amount.

10. The Directive also mentioned State Health plans? Will state employees also have coverage for autism services?

State of Ohio employees and their families with autism will be able to receive treatment as part of their employee health insurance benefits beginning July 1, 2013. The announcement today is a result of Governor John R. Kasich's pledge late last year to make autism benefits available to State of Ohio employees, and negotiations recently concluded with state employees' unions to revise the contractually-negotiated employee health plan.

11. Where can I get more information?

<http://insurance.ohio.gov/Company/Documents/EssentialHealthBenefitsSummary.pdf>

The Affordable Care Act and You <http://www.healthcare.gov/law/index.html>

Federal Health Care Reform FAQs: <http://insurance.ohio.gov/Consumer/Pages/FederalHealthReformFAQs.aspx#one>

Small businesses affected by health reform? <http://healthreform.kff.org/en/faq/how-are-small-businesses-affected-by-health-reform.aspx>

Ohio Office of Health Transformation <http://www.healthtransformation.ohio.gov/>

Ohio Department of Insurance <http://insurance.ohio.gov/Pages/default.aspx>

Special thank you to the Ohio Department of DD and the Ohio Department of Insurance for reviewing this document.

Ohio issuers Individual market

- Ambetter from Buckeye Community Health Plan
- Anthem Blue Cross and Blue Shield AultCare
- CareSource
- HealthAmericaOne
- HealthSpan
- Humana Health Plan of Ohio, Inc.
- Kaiser Foundation Health Plan of Ohio
- MedMutual
- Molina Marketplace
- Paramount Insurance Company
- SummaCare

REQUEST FOR CASH, FOOD, AND MEDICAL ASSISTANCE

Office Use Only - You will be given an appointment date and time after you complete the following application.

Appointment Date: _____ **Appointment Time:** _____

How do I apply for assistance?



You will need to:

1. Complete this application.
2. Submit this application to your local County Department of Job and Family Services (CDJFS).
3. Complete an interview.
4. Provide verification for the programs for which you are applying. Verification is explained on the next page.

Do you need help completing this application?



1. **If English is not your primary language:** The CDJFS will provide someone who can help you understand the questions on this application at the interview.
2. **If you have a disability, are hearing-impaired or visually-impaired:** We will help you complete this application and the interview.
3. **We will also help you at other times, such as:** When you report changes, or when you have questions about your case.

How do I complete this application?



1. **Fill out this application:** Answer as many questions as you can on the application. You have the right to apply for assistance the day you contact your local CDJFS.
2. **If you cannot fill out this application today:** Fill out page one of the application with your name, address, and signature and turn it in to your local CDJFS office so that we can provide assistance from today if you are eligible. You can fill out the rest of the application at home and return it to your CDJFS office.
3. **Applying for someone else:** You can choose someone to apply for assistance for you. This person is called an authorized representative. If you are applying for someone else, answer the questions as they relate to that person.

Where do I turn in this application?

1. **Turn in the application to your local CDJFS office:** This will start the application process for all assistance programs. Office hours vary by county. To search for your county office go to http://jfs.ohio.gov/County/County_Directory.pdf

How do I complete the interview?

1. **Your interview:** The county agency will provide you notice of the time, date and location of your interview. Your interview may be a telephone interview, office interview or a home visit.
2. **Missed Interview:** If you miss your interview, the county agency will notify you of the missed interview and explain that you are responsible for rescheduling. If you do not contact the county agency within 30 days from the date you file this application, we may deny your assistance and you will have to reapply.

-- Please keep this page for your records. --

What type of verification do I need?

The table below lists the items required for each program you are applying for. Contact your local CDJFS for examples of the documents you can use as proof. If you can't bring everything, come to the interview anyway and we will help you.

- If you are not a U.S. citizen and are only applying for alien emergency medical assistance, you do not have to verify your citizenship status or immigration status, or provide a social security number.
- Your food assistance amount may increase if you also bring proof of the following costs: child/dependent care, child support paid for children not living with you, housing, utilities, medical costs for people with disabilities or for people who are over age 60 (including prescriptions).

	Cash Assistance	Food Assistance	Medical Assistance Families and children	Medical Assistance Aged, blind or disabled
Proof you have applied for a Social Security Number (if you don't already have one)	✓	✓	✓	✓
Permanent Resident Card ("green card") or other INS documentation if not a U.S. citizen	✓	✓	✓	✓
Proof of U.S. citizenship if a U.S. citizen	✓		✓	✓
Proof of income or any other money coming into your household (such as pay stubs, tax records, award letters, child support)	✓	✓	✓	✓
Most recent statements for any bank accounts (such as checking, credit union, savings)	✓			✓
Proof of ownership of vehicles (such as car, truck, motorcycles, boats, RVs)				✓
Proof of current value of stocks/bonds, certificates of deposit, life insurance, trusts, annuities	✓			✓
Proof of identity	✓	✓		
Proof of any child/dependent care costs	✓	✓	✓	
Proof of any child support paid for children not living with you	✓	✓	✓	✓
Proof of any housing and utility costs		✓		✓
Proof of any medical costs for people with disabilities or for people who are over age 60 (including prescriptions)		✓		✓
Proof of any health insurance			✓	✓

When will I receive assistance?



Cash and food assistance: We base eligibility for the cash and/or food assistance programs on the date we get your signed and dated application. Your eligibility for these programs is determined within 30 days from the date we receive your signed and dated application.

Medical assistance: We base eligibility for medical assistance on the date we get a signed and dated application. Your eligibility should be determined within 30 days unless you are claiming a disability. If you are claiming a disability, your eligibility should be determined within 90 days. We will also explore medical assistance for the 3 months before the month we get your application.

What if I need food right away?



If you need food assistance right away, and are not currently receiving it: Answer the questions on pages one and two of the application. You may qualify to get food assistance quicker.

Do I have to be a Citizen?



No. Please do not let fear of the U.S. Citizenship and Immigration Services (USCIS) keep you from seeking needed assistance for your family. Many immigrants can receive cash, food, and medical assistance. Also, alien emergency medical assistance is available without regard to your immigration status.

What other services are available?



You may be eligible to receive other services such as: Child care assistance, prenatal care, housing costs, work skills, and help getting a job. These services may require a separate application. Ask your caseworker about these services. If you need help with child care costs, contact your local CDJFS for a child care application.

-- Please keep this page for your records. --

REQUEST FOR CASH, FOOD, AND MEDICAL ASSISTANCE

1. VOTER REGISTRATION APPLICATION ATTACHED- ASSISTANCE AVAILABLE

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

☐ YES, I want to register to vote.

☐ NO, I do not want to register to vote.

If you do not check either box, you will be considered to have decided not to register to vote at this time.

2. Tell us about you (the applicant)

Complete this section for you or for the person for whom you are applying.

First Name

Middle Initial

Last Name

Are you:

Do you need any of the following services?

☐ Visually Impaired

☐ Interpreter

☐ Other:

☐ Hearing Impaired

☐ Sign Language

Office Use Only

Date Received: _____

Application Number: _____

Case Number: _____

Expedited Food Assistance: ☐ Yes ☐ No

PRC Requested: ☐ Yes ☐ No

Child Care Requested ☐ Yes ☐ No

Have you, or anyone living with you, ever received cash, food, or medical assistance? ☐ Yes ☐ No

If yes, who: _____ Where (City/County/State): _____

3. Tell us how to reach you

Complete this section for you or for the person for whom you are applying.

Street Address ☐ Check here if you are homeless

City

County

State

Zip Code

Phone Number

Best Time to Call

Additional Phone Number

E-mail Address

()

()

Mailing Address (if different):

Street Address

City

County

State

Zip Code

4. Tell us if you are an authorized representative

An authorized representative is someone who assists the applicant by completing the application process. If you are filling out this form as an authorized representative, please fill out the following.

First Name

Middle Initial

Last Name

Street Address

City

County

State

Zip Code

Phone Number

Best Time to Call

Additional Phone Number

E-mail Address

()

()

5. Sign Here

Signature of Applicant or Authorized Representative

Print Name

Date

6. Tell us if you need food assistance right away

These questions will help us decide if you qualify to get food assistance benefits quicker.

How many people live with you and buy, fix, and eat meals with you? _____

Answer the following questions for only the people who buy, fix and eat meals with you.

Is your total gross income before taxes for the current month less than \$150?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your total net income after taxes and paying for such things as housing costs, child/dependent care costs, or child support payments for the current month zero?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are your total resources in cash, checking, and savings accounts less than \$100?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are your monthly rent or mortgage and utilities (such as gas, electric, water, and phone) more than your total monthly gross income before taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a migrant or seasonal farm worker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Tell us about the people in your home

You must list everyone who lives with you even if they are not applying. Please be sure to list your name first. If you need more space, attach a separate piece of paper.

- **Social Security Number:** You only have to list a social security number for someone who is applying for cash, food, or medical assistance. You do not have to provide a social security number for someone applying for alien emergency medical assistance.
- **U.S. Citizen:** You only have to indicate if someone is a U.S. citizen if they are applying for cash, food, or medical assistance.
- **Sex (gender):** If your household is only applying for food assistance, you do not have to complete the sex (gender) question.
- **Race/Ethnicity:** Title VI of the Civil Rights Act of 1964 allows us to ask for racial/ethnic (Hispanic or Latino) information. If you do not want to give us this information, it will have no effect on your case. If you do not give us this information, the worker will enter an answer.

Name (First, Last)	Relationship to You (spouse, son, friend, etc.)	Social Security Number	Date of Birth	Sex Write M or F	U.S. Citizen Write Y or N	Race	Hispanic or Latino Write Y or N
	Self						

Are you married? ☐ Yes ☐ No Spouse's name: _____

Are you, or anyone you are applying for, pregnant? Only answer if applying for cash or medical assistance.

☐ Yes ☐ No If yes, who? _____

Do you, or anyone you are applying for, need nursing home / in-home care?

☐ Yes ☐ No If yes, who? _____

What is your preferred language? Spoken: _____ Written: _____

7. Tell us about the people in your home (continued)

Is anyone 60 years of age or older? ☐ Yes ☐ No

If yes, answer the questions in this section. If no, please skip to question 8.

Is this person(s) receiving disability benefits? ☐ Yes ☐ No

If yes, from what source? _____

Is this person(s) unable to prepare meals due to a disability? ☐ Yes ☐ No

If you answered "Yes" to the last three questions, does this person(s) wish to receive food assistance separately from the other people you live with? ☐ Yes ☐ No

8. Tell us about your finances

Will you or the people in your home receive income this month? ☐ Yes ☐ No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received

How much do you and the people in your home have in cash, checking, or savings (such as bank accounts, annuities, stocks, or bonds)?

Give your best estimate of the total: \$ _____

Did anyone in your home leave a job or lose a job within the last 60 days? ☐ Yes ☐ No

If yes, who? _____ When? _____

For what reason? _____

Is anyone in your home on strike from a job? ☐ Yes ☐ No

If yes, who? _____

9. Tell us about your expenses

Which expenses do you and the people in your home pay? Check all that apply. List the amount for each expense.

☐ **Day care costs for a child or other dependent(s)**

Estimated amount paid per month: \$ _____

If you need help with child care costs, contact your local CDJFS for a child care application.

☐ **Child/spousal/medical support payments**

Estimated amount paid per month: \$ _____

☐ **Medical expenses for anyone who is disabled or age 60 or older.** These include expenses such as medical bills, prescriptions, health insurance premiums, or other medical services. Do not include any medical support payments you entered in the check box above. Estimated amount paid per month: \$ _____

☐ **Rent / Mortgage payments**

Estimated amount paid per month: \$ _____

Utilities – Please check the utilities you pay for below.

Do you pay for heating and/or air conditioning?

☐ Yes ☐ No

☐ Gas
☐ Telephone
☐ Garbage

☐ Electricity
☐ Water
☐ Sewer
☐ Other

10. Signature of person who completed this application

By signing this application:

- I understand the questions on this form and certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member applying for assistance.
- I state under penalty of perjury I have disclosed all annuities and other similar financial devices in which I and/or my spouse have any interest.
- I understand and agree to provide documents to prove what I have said.
- I understand and agree that the CDJFS may contact other persons or organizations to obtain the necessary proof of my eligibility and level of assistance.
- I understand that by signing this application and receiving Ohio Works First, I am assigning to the State of Ohio any rights to child/spousal support that is owed to me and/or the minor children in the assistance group during the Ohio Works First eligibility period.
- I understand that by signing this application and receiving Medicaid, I am assigning to the State of Ohio any rights to medical support and any rights to payments by a liable third party for medical assistance owed to me and/or to the minor children in the assistance group during the Medicaid eligibility period.
- I understand that I may be required to cooperate with the child support enforcement agency in establishing paternity or establishing or enforcing a support order. If I am required to cooperate with the child support enforcement agency, a referral will be submitted to the agency on my behalf. I also understand that if I am not required to cooperate with the child support enforcement agency, I may request child support services by completing the JFS 07076 "Application for Child Support Services."
- I understand that in some instances, I may be asked to give consent to the CDJFS to make whatever contacts are necessary to determine my eligibility.

Signature of Applicant or Authorized Representative	If Authorized Representative, Relationship to Applicant	Date

11. What to do when you complete this application

Return this application to your local County Department of Job and Family Services office.

To search for your county office go to http://jfs.ohio.gov/County/County_Directory.pdf

Your civil rights

Federal law and the policies of the U.S. Department of Agriculture (USDA), the U.S. Department of Health and Human Services (HHS), the Ohio Department of Job and Family Services (ODJFS) and the local County Department of Job & Family Services (CDJFS) say that we must not discriminate on the basis of race, color, national origin, sex, age, or disability. Under the Food and Nutrition Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a discrimination complaint, write or call USDA, HHS, or ODJFS.

Write or Call:	Write or Call:	Write or Call:
USDA Director, Office of Civil Rights Room 326-W, Whitten Building 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410 (202) 720-5964 (voice and TDD)	HHS Region V, Office of Civil Rights 233 N. Michigan Ave., Suite 240 Chicago, Illinois 60601 (312) 886-2359 (voice) (312) 353-5693 (TDD) (312) 886-1807 (fax)	ODJFS Bureau of Civil Rights 30 E. Broad St., 30th Floor Columbus, OH 43215 (614) 644-2703 (voice) 1-866-227-6353 (toll free) (614) 752-6381 (fax) 1-866-221-6700 (TTY)
USDA, HHS, and ODJFS are equal opportunity providers and employers.		

Waiver Medicaid – Waiver service package plus Medicaid FFS Health Plan	Medicaid Health Plan – Fee for Service (FFS)	Medicaid Health Plan – Managed Care (MCP)	Carve Out Medicaid Benefits for Behavioral Health Services	
No income restrictions. Individual on the waiver cannot have over \$1,500 of savings or resources.	Income & Resource Restrictions for family or disability determination approved (no income restriction) Individual needs to be either on a waiver, with BCMH, or have certain diagnosis. Starts July 1 st	Income & Resource Restrictions for family or disability determination approved. (no income restriction) All individuals who are not on a waiver, with BCMH, and do not have certain diagnosis.	All individuals on Medicaid FFS or MCP have access to community MH centers in their area that are certified by ODMH.	Eligibility
Once individual receives a waiver from county board of DD, you automatically receive a Medicaid Card for FFS Medicaid Health Plan. Paper, mailed monthly to home	Work with county JFS	Work with county JFS	Call a community mental health center in your area or ask for a referral from a physician. Providers listed at ODMH website.	How do you get the benefit?
See FFS Column. See Specific set of services under the Waiver. Each waiver has different services.	Paper, mailed monthly to home Optional & Mandated Services	Hard Card that states the managed care name on it. One card per year. Optional & Mandated Services	Accepts all Medicaid and managed care numbers are turned into Medicaid numbers for billing. Psychological assessments, psychiatry, social work, counseling, partial hospitalization, CPST None	Type of Medicaid Card Services available
	Home Health Care/State Plan Services (Core Benefits): Now can get 1 to 56 hours	Home Health Care/State Plan Services (Core Benefits): Expect gradual decline to 7 to 14 hours per week. New 1915B Respite Waiver		Concerns with moving to managed care plan

FACT SHEET

Home and Community-Based Service Waivers

What is a Medicaid Home and Community-Based Services Waiver?

Medicaid Home and Community-Based Services (HCBS) waivers allow people with disabilities and chronic conditions to receive care in their homes and communities instead of in long-term care facilities, hospitals or intermediate care facilities. These programs are called waiver programs because, under current law, eligible people with disabilities and chronic conditions are entitled to facility-based care, but home- and community-based care is considered optional. Therefore, states must apply for "waivers" from the federal government in order for Medicaid to provide home and community-based services. Waivers allow individuals with disabilities and chronic conditions to have more control of their lives and remain active participants in their community.

Medicaid provides funding for and is ultimately responsible for all of Ohio's eight waivers. In state fiscal year (SFY) 2011, waivers provided alternative access to long-term care to nearly 72,000 Ohioans.

What is Level of Care?

Level of care (LOC) is used to determine the appropriate types of long-term care for which Medicaid will pay, either in an institutional setting or in the home and community. People who want to enroll in a Medicaid Home and Community Based Services (HCBS) waiver must meet the specific LOC requirements for that waiver. All individuals must meet and exceed the requirements of a Protective LOC, which includes a need for assistance with instrumental activities of daily living such as shopping, laundry and cooking. The three levels of care associated with waivers are:

Intermediate Level of Care (ILOC), which is determined by assessing the individual's ability to perform activities of daily living, such as bathing, dressing, eating, toileting and mobility, and assessing whether the person needs skilled services and can self-administer medication. A waiver requiring an ILOC provides services as an alternative to nursing facility care.

Intermediate Care Facility for the Mentally Retarded Level of Care (ICF-MR LOC), which is determined by the presence of a developmental disability and an individual's assistance needs for economic independence, communication, capacity for independent living and personal care. A waiver requiring an ICF-MR LOC provides an alternative to institutional care for individuals with intellectual or developmental disabilities.

Skilled Level of Care (SLOC), which is needed when an individual's condition requires more medical care than is provided under an ILOC or ICF-MR LOC. Individuals with an SLOC need daily skilled services for unstable medical conditions with complications or complex treatments. A nurse or therapist must perform the skilled services. A waiver requiring an SLOC provides an alternative to nursing facilities, hospitals or rehabilitation facilities.

Waiver rules in the Ohio Administrative Code can be found online at <http://codes.ohio.gov/oac/5101%3A3-12>.

Waivers Administered by the Ohio Department of Job and Family Services (ODJFS)

ODJFS determines the level of care for all waivers it administers.

	Eligibility	Services	Application	Administrative Agency
Ohio Home Care Waiver (OHCW)	<ul style="list-style-type: none"> Specific financial criteria Intermediate or skilled level of care Age 59 or younger <p><i>Medically Fragile Individuals</i></p>	<ul style="list-style-type: none"> Adult day health Emergency response Home-delivered meals Home modification Out-of-home respite Personal care aide Supplemental adaptive and assistive device Supplemental transportation Waiver nursing Home care attendant 	<ul style="list-style-type: none"> The JFS 02399 form is the application. It can be obtained at and submitted to any county department of job and family services (CDJFS). If a waiting list exists at the time of application, applicants must re-apply when they are notified that space is available. 	<ul style="list-style-type: none"> ODJFS administers this waiver program. ODJFS contracts with a case management agency to provide case management services.
Transitions Developmental Disabilities (DD) Waiver	<ul style="list-style-type: none"> Specific financial criteria ICF-MR level of care All ages Participants in the HOME Choice program who meet certain criteria. 	<ul style="list-style-type: none"> Adult day health Emergency response Home-delivered meals Home modification Out-of-home respite Personal care aide Supplemental adaptive and assistive device Supplemental transportation Waiver nursing 	<ul style="list-style-type: none"> Closed to new enrollment, except for certain HOME Choice program participants. 	<ul style="list-style-type: none"> ODJFS administers this waiver program. ODJFS contracts with a case management agency to provide case management services.
Transitions Curve-Out Waiver (T2)	<ul style="list-style-type: none"> Specific financial criteria Intermediate or skilled level of care Age 60 or older and must transfer from the OHCW Participants in the HOME Choice program who meet certain criteria 	<ul style="list-style-type: none"> Adult day health Emergency response Home-delivered meals Home modification Out-of-home respite Personal care aide Supplemental adaptive and assistive device Supplemental transportation Waiver nursing Home care attendant 	<ul style="list-style-type: none"> Closed to new enrollment, except for certain HOME Choice program participants. 	<ul style="list-style-type: none"> ODJFS administers this waiver program. ODJFS contracts with a case management agency to provide case management services.

Waivers Administered by the Ohio Department of Aging (ODA)

The area agencies on aging determine the level of care for ODA waivers.

	Eligibility	Services	Application	Administrative Agency
Assisted Living Waiver	<ul style="list-style-type: none"> Specific financial criteria Age 21 or older At least an Intermediate Level of Care 	<ul style="list-style-type: none"> Assisted living Community transition (for nursing facility residents only) 	<ul style="list-style-type: none"> The JFS 02399 form is the application. It can be obtained at and submitted to any CDJFS or regional PASSPORT Administration Agency. 	<ul style="list-style-type: none"> ODA administers this waiver under the direction of ODJFS. The PASSPORT Administrative Agencies act as regional administrators and provide case management services.
Choices Waiver	<ul style="list-style-type: none"> Must be a current PASSPORT waiver beneficiary Specific financial criteria At least an Intermediate Level of Care Age 60 or older Lives in an approved service area (one of four PASSPORT administrative agency areas) Attend training and be willing and able to direct provider activities and negotiate rates within cost 	<ul style="list-style-type: none"> Adult day health Alternative meals service Environmental accessibility adaptations Home care attendant Home-delivered meals Personal emergency response systems Pest control Specialized medical equipment and supplies. 	<ul style="list-style-type: none"> The JFS 02399 form is the application. It can be obtained at and submitted to any CDJFS or regional PASSPORT Administration Agency. 	<ul style="list-style-type: none"> ODA administers this waiver program under the direction of ODJFS. The PASSPORT Administrative Agencies act as regional administrators and provide case management services
PASSPORT	<ul style="list-style-type: none"> Specific financial criteria At least an Intermediate Level of Care Age 60 or older. 	<ul style="list-style-type: none"> Adult day health Environmental accessibility adaptations Home-delivered meals Personal emergency response systems Specialized medical equipment and supplies Chores Community transition Independent living assistance Non-medical transportation Nutritional consultation Personal care services work Social work and counseling Transportation Homemaker Enhanced community living 	<ul style="list-style-type: none"> The JFS 02399 form is the application. It can be obtained at and submitted to any CDJFS or regional PASSPORT Administration Agency. 	<ul style="list-style-type: none"> ODA administers this waiver program under the direction of ODJFS The PASSPORT Administrative Agencies act as regional administrators and provide case management services.

Home and Community-Based Service Waivers

Page 4

Waivers Administered by the Ohio Department of Developmental Disabilities (DODD)

The county boards of developmental disabilities determine the level of care for DODD waivers.

	Eligibility	Services	Application	Administrative Agency
Level One Waiver	<ul style="list-style-type: none"> Specific financial criteria ICF-MR level of care All ages <p>(Small)</p> <p>Capped at \$5000 - plus you get FFS Medicaid card and benefits.</p>	<ul style="list-style-type: none"> Adult day supports Environmental accessibility and adaptations \$ 3000 - Homemaker/personal care Personal emergency response system Respite - informal Respite - institutional Specialized medical equipment and supplies Supported employment (community and enclave) Supported employment-adapted equipment Transportation Non-medical transportation Vocational habilitation <p>Emergency Funding \$ 8000 -</p>	<ul style="list-style-type: none"> The JFS 02399 form is the application. It can be obtained at and submitted to any CDJFS or county board of developmental disabilities. A waiting list exists at this time. 	<ul style="list-style-type: none"> DODD administers this waiver program under the direction of ODJFS. Local county boards of developmental disabilities provide case management.
Individual Options Waiver	<ul style="list-style-type: none"> Specific financial criteria ICF-MR Level of Care All ages <p>(large)</p> <p>Capped by DODD assessment tool.</p>	<ul style="list-style-type: none"> Homemaker/personal care Transportation Respite - institutional Environmental accessibility adaptations Social work/counseling Nutrition Interpreter Home-delivered meals Adaptive and assistive equipment Adult day support Vocational habilitation Supported employment - enclave Supported employment - community Supported employment - adapted equipment Non-medical transportation Adult foster care Homemaker/personal care 	<ul style="list-style-type: none"> The JFS 02399 form is the application. It can be obtained at and submitted to any CDJFS or county board of developmental disabilities. A waiting list exists at this time. 	<ul style="list-style-type: none"> DODD administers this waiver program under the direction of ODJFS. Local county boards of developmental disabilities provide case management. <p>Department is moving away from the IO being the primary waiver provided.</p>

Ohio Department of Job and Family Services
Request for Medicaid Home and Community-Based Services (HCBS)

You must receive Medicaid to receive waiver services. If you have not applied for Medicaid or you have applied in the past but have been denied, you must apply at this time.

Section I: To be completed by the individual or HCBS referring agency:

(Please Print)

Name (Last, First, MI)	Social Security Number
Address (Apartment #)	Date of Birth
City, State, and Zip Code	Phone Number
Name of authorized representative (Last, First, MI)	Phone Number
Address of authorized representative (Apartment #)	
City, State, and Zip Code of authorized representative	

Indicate applicable waiver(s) below (check all that apply):

<input type="checkbox"/> Ohio Department of Job and Family Services <input type="checkbox"/> Ohio Home Care Waiver	
<input type="checkbox"/> Ohio Department of Developmental Disabilities (specify waiver): <input type="checkbox"/> Individual Options Waiver <input type="checkbox"/> Self Empowered Life Funding (SELF) Waiver <input type="checkbox"/> Level One Waiver	<i>Check all</i>
<input type="checkbox"/> Ohio Department of Aging (specify waiver): <input type="checkbox"/> PASSPORT Waiver <input type="checkbox"/> CHOICES Waiver <input type="checkbox"/> Assisted Living Waiver <input type="checkbox"/> PACE	
<input type="checkbox"/> Other (specify):	

I authorize the County Department of Job and Family Services (CDJFS) and its designees to explore my eligibility for Medicaid coverage of HCBS waiver services.

Signature of Individual requesting medical assistance (or Authorized Representative)	Date
Name of Person who helped complete this form (please print):	Signature of Person who helped complete this form: Date

Section II: To be completed by the CDJFS:

Name of CDJFS Case Worker (please print):	Is the individual currently on Medicaid or is an application for Medical Assistance pending? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> If yes: CRIS-E Number: Application Date:
Signature of CDJFS Case Worker	
Date Received By CDJFS:	



click here to
DONATE NOW
using Just Give

Slide 15

Login Form

Username

Password

Login

Lost Password?

No account yet? Register

Medicaid Appeals Process

The Arc of Ohio has received many requests regarding due process and appeal rights in Medicaid/Waivers/CAFS.

Following is a document provided by the Ohio Department of Job and Family Services:

What You Need to Know About....

Main Menu

Home

About Us

Event Calendar

Sponsor The Arc!

Info and Resources

Public Policy

[Due Process](#)

[Right To Appeal](#)

[Medicaid Fair Hearing](#)

What Can I appeal?

Actions Related to Medicaid

- ☐ Denial
- ☐ Termination
- ☐ Reduction
- ☐ Delay (Being placed on a Waiting List.)

Medicaid Services Include:

- ☐ Waivers
- ☐ CAFS Therapies
- ☐ Medicaid Card Services

How do I ask for a hearing?

- ☐ The following information must be provided when asking for a hearing:

- The Individual's Name
- Social Security Number
- Action you want to appeal
- Any other important information

- ☐ **Call: 1-866-635-3748 or**

- ☐ Email: bsh@odjfs.state.oh.us or

- ☐ Write to: ODJFS State Hearings
PO Box 182825
Columbus, OH 43218-2825

- ☐ FAX to: (614) 728-9574

- ☐ If you receive a written notice of you appeal rights from your local County Board of MR/DD or Job and Family Services, fill out the form and mail it in. **You have a right to appeal, even if you have only been told that your request for services has been denied or your services are being reduced or terminated.**

- ☐ Who is in charge of the hearing? Ohio Department of Job and Family Services Hearings

Who can request a hearing?

- ☐ An individual or guardian
- ☐ Someone else may request on behalf of an individual 18 or over who does not have a guardian, if the individual provides a

written statement giving permission for a person to serve as his/her "Authorized Representative".

What are the timelines?

- Ø If you appeal a decision to Terminate or Reduce services within 15 days of the notice, services will continue until the hearing without change. This is called **Stay Put**.
- Ø You have 90 days total to appeal the decision, but between 15-90 days the change will occur, but it can be reversed pending the outcome of the hearing.

Where is the Hearing held?

- Ø Usually at the County Office of Job and Family Services
- Ø You can ask for it to be someplace else such as your home.
- Ø You will receive written notice of the hearing at least 10 days prior.
- Ø If you cannot attend, you must call or the hearing will be dismissed.

Who attends the hearing?

- Ø The individual and anyone else the individual requests.
 - The Hearing Officer (*The Hearing Officer is often on a telephone conference call from Columbus. You can request a video conference.*)
 - The State or County Representative (*This would include your county board of MR/DD for Waivers and some CAFS issues.*)

What happens at the hearing?

- Ø Hearing officers are independent of MR/DD, so do not assume they are familiar with the MR/DD system or the particulars with waivers or other service issues.
- Ø County or State Representatives state why they made their decision.
- Ø The individual or representatives state why they think the decision was wrong. You may bring notes from meetings, letters, or any other "evidence" you wish. You may have an attorney, but you do not need to.
- Ø The Hearing Officer listens and records the hearing. They review the rules, laws and evidence and write a decision.
- Ø An individual or Authorized Representative will receive the decision by mail.
- Ø An individual may request an Administrative Review of the Hearing Officer's decision if he/she does not agree.
- Ø The Decision is binding on the State or County.

**If Services were changed without a written notice,
call your district office of Job and Family Services:**

- | | |
|--------------|----------------|
| Ø Canton | 1-800-686-1569 |
| Ø Cincinnati | 1-800-686-1571 |
| Ø Cleveland | 1-800-686-1551 |
| Ø Columbus | 1-800-686-1568 |
| Ø Toledo | 1-800-686-1572 |

[< Prev](#)

[\[Back \]](#)

What to do when your loved ones needs are beyond your family's ability to meet the level of need.

- How do I know I am in crisis:
 - Individual with ASD is unstable and having dangerous and/or challenging behavior.
 - Individual with ASD has moved beyond the family's level of care they can provide.
 - Assuring health and safety in the home is difficult for the individual with ASD and family members.
 - School is struggling to maintain health and safety.
- Work with a licensed professional to build a joint statement that you need help.
- Build a crisis plan for your child.
 - Call 211 (in 38 counties) or your local mental health crisis hotline
 - Which ER should your child go to in your area
 - Cincinnati Children's P3SW, Bellefaire in Cleveland area

Pulling Supports to Help with Crisis

- When your SSA with the CBDD or service provider is not understanding the severity or is not providing resources to help your family. –
 - Ask for technical assistance from a developmental center
- Ask for Case Management Supports from your county's FCFC
 - Ask your counties family and children first council (FCFC) to engage the FCSS (Family-Centered Services and Supports (FCSS) focuses on maintaining children and youth in their own homes and communities by providing non-clinical family-centered services and supports.
 - They can help engage other agencies and support families with case management services during times of crisis
 - Pull System of Care (higher level of service coordination)
 - System of Care (SOC) approach has demonstrated effectiveness in improving individual outcomes; including; but not limited to the following outcomes: decreased behavioral concerns, improved academic performance, and decreased contacts with the juvenile justice system.

Funding a Placement

- In-Home Supports
 - Pull Cluster Funders
 - Provide more preventative supports in the home to:
 - Support health and safety till a decision is made on the ability to keep the individual at home or move them to a treatment center.
 - County board of DD, School, & Family & Children Council (county case coordination)
 - Pay for additional staffing in the home (possible 2:1 staffing) and school
 - Pay for in-home and in-school psychology and behavioral supports
 - CBDD and Children Services
 - Request from children services a preventative or family in need case. Ask Children Services to help fund additional supports in the home.
- Out of Home Placements
 - Room & Board expenditures – paid for by parent, children services and possible DD board.
 - Treatment Services – paid for by employer mental health benefits in insurance, Medicaid
 - Educational Services – paid for by local school district

Need handout/ digital ahead of time
Need ppt ahead of time

Sum of Presenter made
More light on the stage