Ohio Department of Medicaid

Long-term care

Frequently Asked Questions

FAQs

COUNTY OF SUMMIT 1840

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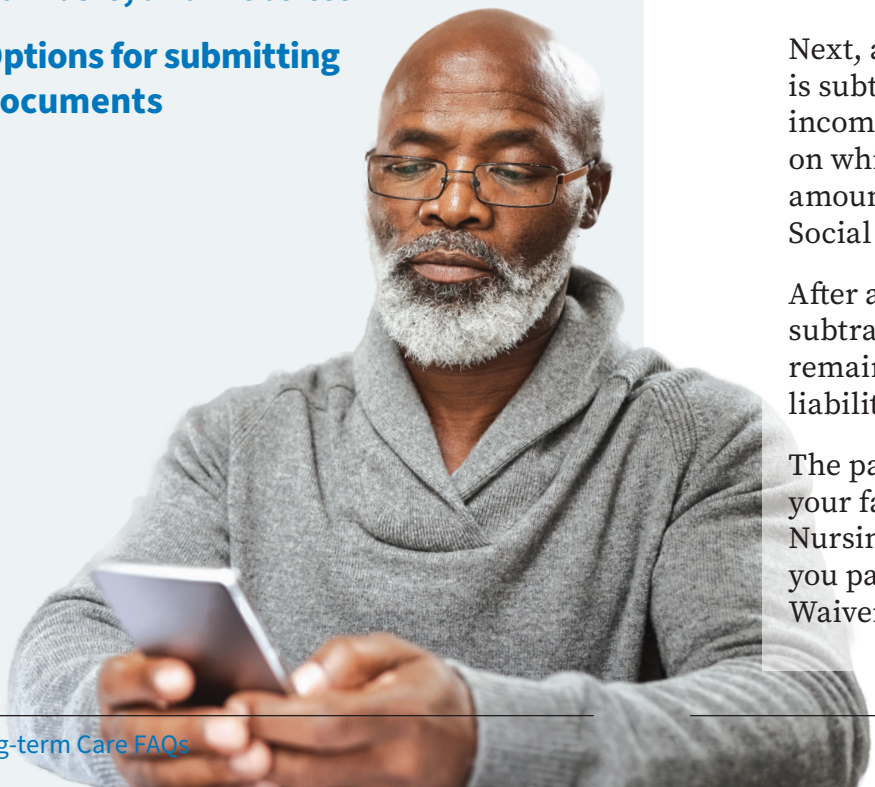
COUNTY EXECUTIVE

DEPARTMENT OF
JOB AND FAMILY SERVICES

TERRI BURNS
Director

Long-term Care provides a wide range of essential services and assistance designed to meet individuals' personal care needs. These services include assistance with 24/7 nursing facilities, assisted living facilities, and Home- and Community-based Waiver Services.

- **Frequently Asked Questions** (FAQs)
- **Applying for assistance**
- **Helpful resources, phone numbers, and websites**
- **Options for submitting documents**



Q1: What is a patient liability/share of cost, how is it calculated, and where are payments sent?

Patient liability is the monthly portion of services you are required to pay. The amount is calculated by taking your total gross monthly income and subtracting allowable expenses (Medicare premiums, health insurance premiums, etc.).

Next, a Personal Needs Allowance (PNA) is subtracted. The PNA is the amount of income you keep and varies depending on which services you require. This amount also changes annually when Social Security adjusts for cost of living.

After allowable expenses and the PNA are subtracted from your total income, the remaining amount becomes the patient liability.

The patient liability is paid directly to your facility for Assisted Living and Nursing Home care. If you have a waiver, you pay your Managed Care Plan or Waiver provider.

FAQs

Q2: Why am I no longer on the Buy-in program?

If you are no longer on the buy-in program, it may be because your Medicaid was discontinued, you are possibly no longer eligible for Medicaid, or your Medicare Part B has been discontinued by Medicare. Please contact the Long-term Care department for further assistance.

Q3: Why am I no longer on a Managed Care Plan (MCP)?

There are a variety of reasons you may be disenrolled from your MCP. If you are no longer on an MCP, please call the Ohio Medicaid Consumer Hotline at 1-800-324-8680 for further assistance.

Q4: What is the process after the application is submitted? What will I need to submit?

Once the application is received, a case manager will review the application and if any verifications are needed, they will mail you a checklist, that will be due 10 days from the date of mailing, listing what you will need to provide and where to submit it. Verifications that typically need to be provideded include, but are not limited to, verification of income, bank statements, life insurance policies. We may also request proof of any stocks, bonds, trusts, annuities, 401k, retirement accounts, properties or vehicles in your name, and any other financial assets you may have.

FAQs

Q5: What are my options if my application is denied?

Your Notice of Action will explain why your application was denied. Depending on the reason, you may complete a necessary step, like spending down resources, to become eligible again. You may also contact community services like United Way. For more information on your denial and options, contact the Long-term Care department.

Q6: What are some options for spending down my resources?

You can pay any past due medical bills, purchase personal items for yourself, items for your new facility room, etc. The money cannot be gifted/given away, donated, or transferred to a trust in order to become eligible.

Q7: Who can I contact with questions regarding Medicaid Estate Recovery?

Estate Recovery is handled by the Medicaid Estate Recovery Unit of the Ohio Attorney General's office. Contact them at the Ohio Medicaid Consumer Hotline, 1-800-324-8680; online at **OhioAttorneyGeneral.gov/Business/Collections**; or by mail at:

Medicaid Estate Recovery Unit
150 E Gay St, 21st Floor
Columbus, Ohio 43215

FAQs

Q8: What do I do if I have benefits in another state?

Benefits in another state must be closed before benefits can be approved in Ohio. You will need to request benefits be closed by that state agency. Verification of benefit closure will have to be provided to JFS.

Q9: Can you switch to Waiver services, or do I need to start the application process over again?

If you already receive Medicaid benefits, you do not need to reapply. Simply contact the Long-term Care department and inform us you would like to apply for waiver. We will make a referral, and the assigned agency will contact you to schedule your waiver needs assessment. One of our case managers will reach out if additional information is needed for Medicaid to process the application.

FAQs

Q10: What if I'm married, not legally separated or divorced, or I am unable to get my spouses information.

If you are still legally married, we are required to get income and possibly resource information from both spouses. You must either have documentation of a legal separation or divorce to submit to us. If you are unable to obtain the relevant information from your spouse, please contact us as soon as possible for further guidance.

Q11: What is Homestead Exemption and how can I apply?

Homestead Exemption is outlined under Ohio Administrative Code Rule 5160:1-6-06(D)(1–2) and allows you to keep your home from counting toward your resource budget for Medicaid and Long-Term Care.

There is a Homestead Property Exemption form that can be obtained from Summit County Department of Job & Family Services. The form must be completed by your physician and returned to us. This exemption applies only if all program requirements are met and eligibility is approved.

FAQs

Q12: What do I do if I have unpaid past medical bills (UPME)?

Clients and Authorized Representatives/ Powers of Attorney/Guardians can submit copies of the unpaid past medical bills to the Long-term Care department with the application or any time after approval. We will then review the bills to see if they qualify for UPME. If the UPME is approved, you will then use your monthly share of cost to pay the bill until it is paid off. Once the bill is paid off, or the time frame allotted for the UPME has passed, you will resume paying your share of cost to your wavier provider, Managed Care Plan, or facility.

Q13: Who can be an Authorized Representative and/or how do I become one?

Guardians, Financial Powers of Attorney, or any person you choose who agrees to be your Authorized Representative.

If you choose to have a non-Guardian or Power of Attorney as your Authorized Representative for Medicaid and Long-term Care, you must request an Ohio Department of Medicaid Designation of Authorized Representative form from your county JFS that must be filled out and signed by both the applicant/client and the Authorized Representative.

FAQs

Q14: I'm having issues getting my prescriptions, who do I contact?

If you have a Medicare Part D plan, contact your plan provider first. Medicare is your primary insurance and Medicaid is secondary.

If you have Medicare but not a Part D plan, enroll in a Part D plan, then contact us to update your case, followed by your Managed Care Plan for billing assistance. If you do not have Medicare or another primary insurance, contact your Managed Care Plan provider.

More information on MCPs can be found at **ManagedCare.Medicaid.Ohio.gov** individuals.

Q15: What is a Qualified Income Trust (QIT), why do I need one, and how do I set one up?

A QIT is a special trust opened to deposit income monthly that allows the Ohio Department of Medicaid to exclude income over the Medicaid Special Income Limit (SIL). You need to establish a QIT if your income exceeds the SIL. QITs can be opened with most financial institutions. For more information, contact the Long-term Care department or the Ohio Medicaid Consumer Hotline.

FAQs

Q16: I want to switch my health insurance from CareSource (example) to another provider. How can I change providers and who do I contact for this?

To change your managed care plan, you will contact the Ohio Medicaid Consumer Hotline at **(800) 324-8680** and they will provide the next steps.

More information on Managed Care Plans can be found at **ManagedCare.Medicaid.Ohio.gov/individuals**.

Q17: What type of services do I get for waiver?

Waivers can cover a variety of services and supports that allow you to remain in your home including, but not limited to, adult day health and support, Community integration and transition, home care attendant, and many other services. Please contact the Long-term Care department for more information on specific waiver services.

FAQs

Q18: Who do I contact to get paid to take care of my parent/grandparent/etc.?

You can easily fill out an application online to become a provider. The Ohio Department of Medicaid currently does not accept any paper applications.

Please go to **Medicaid.Ohio.gov/resources-for providers/managed-care/become-a-provider** and carefully follow the instructions given.

You will choose the application for "Medicaid Waiver (ODM)"

APPLY NOW

Applying for assistance

1. **Telephone**
   (Monday – Friday 8:00 a.m. to 3:00 p.m.)
   Call 844.640.6446 (OHIO), select the option for Nursing Home and in-home care services.

2. **Ohio Benefits Self-service Portal** (SSP)
   ssp.benefits.ohio.gov

3. **In-person**
   (Monday – Friday 8:00 a.m. to 3:00 p.m.)
   Summit County DJFS
   1180 S. Main Street, Suite 102
   Akron, OH 44301

Options for submitting documents

Document upload
SummitE-Docs@JFS.Ohio.gov

Fax
866.351.8292

Online Self-service Portal (SSP)
ssp.Benefits.Ohio.gov

Drop box
Located outside main entrance

Public Library
SummitDJFS.org/outreach/libraries for participating libraries, including days, times, and locations.

In-person
(Monday – Friday 8:00 a.m. to 3:00 p.m.)
Summit County DJFS
1180 S. Main Street, Suite 102
Akron, OH 44301

U.S. Mail
Summit County DJFS
1180 S. Main Street, Suite 102
Akron, OH 44301

Helpful resources, phone numbers, and websites

Adult Protective Services

330.643.7217 (24/7 hotline)
SummitDJFS.org

Assessments Agencies

Direction Home Akron Canton Area Agency of Aging and Disibilities

800.421.7277

CareStar
800-616-3718

Find a Long-term Care Facility

LTC.Ohio.gov/find-facilities

Managed Care Resources

Anthem	844.912.0938
Buckeye Health	866.246.4356
CareSource	800.488.0134
Molina Healthcare	800.642.4168
United Healthcare	800.895.2017

Ohio Consumer Medicaid Hotline

800.324.8680

Ohio EppiCard

866.320.8822

Ohio Direction Card

866.386.3071
ebt.acs-inc.com

Social Security Administration

800.772.1213
SocialSecurity.gov

Unemployment

877.644.6562
UnemploymentHelp.Ohio.gov

Veterans Affairs Hotline

800.827.1000

Department of Medicaid

Long-term Care Assistance

Scan, click, or tap the QR code for more information, or call 844-640-6446 (Ohio).