

Medicaid Programs and Services

Ohio Medicaid and Medicaid-related programs provide access to health care services for individuals who are aged, blind or disabled; for children up to age 21; for pregnant women; and for families with children up to age 19.

Conditions of Eligibility When Applying for Medicaid

To receive any kind of Medicaid, you must:

- Provide your Social Security number
- Live in Ohio
- Be a U.S. citizen or a qualified alien
- Give Ohio the right to obtain medical support and payments for your medical care from a third party
- Help Ohio establish the paternity of and obtain medical support for any Medicaid-eligible child
- Help Ohio identify and pursue any person or company who may be responsible for your medical care or services
- Apply for and accept any other benefits you should be getting (such as Supplemental Security Income, Social Security Disability Insurance or Medicare)
- Meet the income, resource and other program requirements
- Select a managed care plan right away, if required.

Medicaid and Other Health Care Programs

In addition to the other conditions of eligibility, you will need to meet financial and resource requirements to receive Medicaid. The chart at right shows the verifications needed for each coverage type.



Medicaid Coverage Type	Income	Resources	Other
	Verification Needed		
<i>Low-Income Families:</i> Health care coverage for families with children under 19.	X		X
<i>Pregnant Women:</i> Health care coverage for women throughout the pregnancy and 60 days postpartum.	X		X
<i>Children:</i> Health care coverage for children up to age 19. Coverage for families with incomes above 150% of the federal poverty level is available only if the family has no other creditable health insurance.	X		X
<i>Presumptive Eligibility for Children:</i> Immediate, time-limited health care coverage for children up to age 19.			
<i>Refugee Medical Assistance (RMA):</i> Time-limited health care coverage for refugees. The program provides a medical screening and other medical services to qualified aliens.	X		
<i>Alien Emergency Medical Assistance (AEMA):</i> Health care coverage for the treatment of emergency medical conditions for certain individuals who meet the Medicaid requirements other than the citizenship requirements.	X	X	X
<i>Transitional Medical Assistance (TMA):</i> Twelve months of continuous health care coverage for families who would otherwise lose coverage because a family member got a new job or is earning more money.			X
<i>Children in Care/Former Foster Children in Care:</i> Health care coverage for children in the custody of a public children services agency, in receipt of foster care or adoption assistance under Title IV-E, or in receipt of state or federal adoption assistance. The program also covers individuals who aged out of foster care on their 18th birthdays, until they turn 21.			X
<i>Continuous Eligibility for Children:</i> Twelve months of continuous eligibility is available to every child up to age 19 who gets Medicaid.			X
<i>Adults Age 19 and 20:</i> Health care coverage for individuals ages 19 and 20. Family income may be used in the eligibility determination.	X		
<i>Aged, Blind or Disabled (ABD):</i> Health care coverage for people who are at least 65 years old and individuals of any age who are blind or disabled. You may have to "spend down" to the "Medicaid Need Standard" to get Medicaid. (For more information about disability or spenddown, see page 7.)	X	X	X
<i>Medicare Premium Assistance Program (MPAP):</i> Medicaid programs that help pay Medicare costs. • Qualified Medicare Beneficiary (QMB): Pays Part A and B premiums, deductibles, co-pays and co-insurance. • Specified Low-Income Medicare Beneficiary (SLMB): Pays Part B premiums only. • Qualifying Individual (QI): Pays Part B premiums only. • Qualified Working Disabled Individual (QWDI): Pays Part B premiums only.	X	X	X
<i>Medicaid Buy-In for Workers with Disabilities (MBIWD):</i> Health care coverage for working disabled individuals ages 16 to 64. If your income is above a certain amount, you may need to pay a premium to get MBIWD.	X	X	X
<i>Residential State Supplement (RSS):</i> A supplemental cash payment program for aged, blind or disabled people who need a protected level of health care as determined by a health care provider. RSS helps to pay the costs of living in certain residential care facilities.	X	X	X
<i>Long-Term Care or Waiver Services:</i> Long-term care or waiver services are available for individuals who have special care needs, as determined by a health care provider.	X	X	X
<i>Program for All-Inclusive Care for the Elderly (PACE):</i> A "total care" program run by both Medicare and Medicaid in Hamilton and Cuyahoga counties and surrounding areas.	X	X	
<i>Breast and Cervical Cancer Project (BCCP):</i> Health care coverage for certain women who need treatment for breast or cervical cancer, breast or cervical pre-cancerous conditions, and/or breast or cervical early stage cancer. These women must have been screened for the BCCP program by the Ohio Department of Health before applying for BCCP Medicaid.			X