




Eligibility Handbook

for Adult Mental Health
Clients, Family Members, and Case Managers

Developed By
 **nami** Ohio
National Alliance on Mental Illness



NAMI Ohio developed this Eligibility Handbook as a resource for adult mental health agency clients with severe and persistent mental illness, family members, and mental health case managers to help access and maintain Medicaid and Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits.

Medicaid is an essential benefit for almost all adults in Ohio with severe and persistent mental illness. It not only pays for a broad range of health services, but it also pays for case management and care coordination services not covered by other health insurance programs. SSI/SSDI benefits provide income support for adults with severe and persistent mental illness who are unable to work because of their illness. Stability requires income for housing and other essential supports.

Each of these programs is complex and difficult to navigate for adults with severe and persistent mental illness without a support. This handbook provides critical information and recommended actions for all involved in applying for and maintaining Medicaid and SSI/SSDI. In order for the handbook to be effective, it is essential that clients have mental health case management resources available and that case managers and other agency staff acquire the knowledge and skills necessary to assist their clients and family members working to support the client in applying for and maintaining these benefits.

What is Medicaid?

- Medicaid is a **public health insurance program** jointly funded by federal and state governments and administered by individual state governments. The program is available to lower income and disabled individuals and families.
- Medicaid covers a broad range of **physical and mental health and substance use services** as well as **case management and care coordination** that other health insurers do not cover.
- Medicaid is administered by the Ohio Department of Medicaid (ODM), but eligibility is processed through county departments of Job and Family Services (CDJFS).

How do I apply for Medicaid?

- You should start the Medicaid application process by going to your mental health case manager and asking for help in completing the application.
- Getting assistance from someone with experience in completing Medicaid applications will help ensure you get Medicaid benefits available to you at the earliest possible time.
- Depending on the assistance resources available to you in your local community, you and your case manager may choose one of the following options:



Your case manager may be able to assist you directly in completing an online application through the Ohio Benefits Self Service Portal (SSP) (<https://ssp.benefits.ohio.gov/>) if your case manager has received training in completing the application (also see this helpful video about use of the SSP-(<https://benefits.ohio.gov/training.html>).

Your case manager may refer you to someone else in the mental health agency who is trained in completing Medicaid applications;

Your case manager may refer you to a community organization available in your local community—you and your case manager can search localhelp.healthcare.gov for Assister organizations near you;

Your case manager can accompany you to your county’s CDJFS to complete an application; or

You or your case manager can drop off or mail the completed application to the CDJFS.

Depending on the resources available in your local community you may be able to apply for Presumptive Eligibility (PE) while your full application for Medicaid is being processed. This means Medicaid benefits can start the same day as the application is submitted and approved. Only qualified Hospitals and Federally Qualified Health Centers (FQHCs) can submit PE applications, and some of these entities are also Assister organizations referenced above. Also, a few mental health agencies are also FQHCs. You should ask your mental health agency case manager if it is possible to file an application for PE Medicaid along with your full application. Please see the following link for more information about PE: <https://www.medicaid.ohio.gov/Provider/Training/PresumptiveEligibility>.

Am I likely eligible for Medicaid?

- If you are a single, non-disabled adult living by yourself and your gross income is less than \$1,438 per month or \$17,256 per year, you are likely eligible for Expansion Medicaid.
- Many different factors affect eligibility so this is no guarantee, but if your income is below the amounts shown above,

2019 income guidelines for Ohio Medicaid					
		Adults (ages 19 – 64)	Pregnant Women	Uninsured children (up to age 19)	Children with private insurance are eligible for Medicaid (as secondary insurance)
Family Size*	100% FPL	133% FPL** gross income	200% FPL** gross income	206% FPL** gross income	156% FPL** gross income
1	\$12,492/yr	\$16,620 yr/1385 mo	\$24,984 yr/2082 mo	\$25,740 yr/2145 mo	\$19,488 yr/1624 mo
2	\$16,920/yr	\$22,500 yr/1875 mo	\$33,828 yr/2819 mo	\$34,836 yr/2903 mo	\$26,388 yr/2199 mo
3	\$21,336/yr	\$28,380 yr/2365 mo	\$42,660 yr/3555 mo	\$43,944 yr/3662 mo	\$33,276 yr/2773 mo
4	\$25,752/yr	\$34,248 yr/2854 mo	\$51,504 yr/4292 mo	\$53,052 yr/4421 mo	\$40,176 yr/3348 mo
5	\$30,180/yr	\$40,128 yr/3344 mo	\$60,348 yr/5029 mo	\$62,160 yr/5180 mo	\$47,076 yr/3923 mo
6	\$34,596/yr	\$46,008 yr/3834 mo	\$69,180 yr/5765 mo	\$71,256 yr/5938 mo	\$53,964 yr/4497 mo
7	\$39,012/yr	\$51,888 yr/4324 mo	\$78,024 yr/6502 mo	\$80,364 yr/6697 mo	\$60,864 yr/5072 mo
8	\$43,440/yr	\$57,768 yr/4814 mo	\$86,868 yr/7239 mo	\$89,472 yr/7456 mo	\$67,752 yr/5646 mo

* For families/households with more than 8 persons, add \$4,420 for each additional person.

**If over income for all MAGI categories subtract 5% FPL for that family size from the income.

For additional information about eligibility requirements, visit <https://medicaid.ohio.gov/FOR-OHIOANS/Who-Qualifies>

you should consult with your mental health case manager or someone else at the mental health agency about making an application.

- If you have different family circumstances different income criteria apply and are shown in the table. Factors other than income may affect eligibility.

What are helpful tips to ensure your application for Medicaid is processed timely?

No matter which of the above options you choose, here are three (3) items to bring with you when you complete the application for expansion Medicaid:



Social Security card



Photo ID

[illegible]

Proof of income,
if receiving income

- When completing the application, make sure to provide all information even if that information is not a required field in the application.
- Make sure you provide your correct home address, and if you do not have one, provide an address where you are most likely to be frequently present, such as a homeless shelter or mental health agency.
- Ask your case manager, or possibly someone else at the mental health agency or the agency itself, to become your Authorized Representative for Medicaid by completing the form contained in this link <https://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM06723fillx.pdf> Please note the form allows for your case manager to specify very limited responsibilities, such as responding to communications about your application.

Once completed the form can be submitted to your local CDJFS. This will enable your case manager or someone else at your mental health agency to receive copies of follow up communications as your application is processed.

What do I do if I am denied for Medicaid?

You and your case manager should carefully review the denial notice you receive and if you feel you have been inappropriately denied benefits then you can request a State Hearing through one of the methods below.

- Mail: ODJFS Bureau of State Hearings, PO Box 182825, Columbus, OH 43218;
- Phone: 866-635-3748;
- Fax: 614-728-9574; or
- Email: bsh@jfs.ohio.gov

What happens after I am determined eligible for Medicaid?

- After you are determined eligible for Medicaid, you will most likely be enrolled in a managed care plan to provide your Medicaid benefits. Enrollment will be effective the first of the month you are determined Medicaid eligible.
- You will get a letter letting you know that you have been enrolled in a managed care plan, what plan you were enrolled in, and instructions on how to change plans if you wish.
- Your managed care plan will mail you an ID card and new member materials.
- ☞ Please contact the Ohio Medicaid Consumer Hotline at 1-800-324-8680 if you have additional questions about managed care or visit ohiomh.com.

What is Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI)?

SSI VERSUS SSDI

COMPARING THE 2 TYPES OF BENEFITS

SSI

Supplemental Security Income
SSI are income benefits for disabled individuals who have never worked or do not have enough work credits to qualify for SSDI

\$

\$771 for an individual or \$1,157 for a couple

SSDI

Social Security Disability
SSDI is only available to individuals who worked long enough and paid into social security and those eligible to claim benefits on a parent's account

\$

The benefit amount for SSDI varies by individual based on the claimant's earnings

Am I likely eligible for SSI/SSDI?

You may be eligible for SSI benefits if:

- 1 You are currently unable to work because of your severe and persistent mental illness and will likely be unable to work at least one year, and
- 2 You have limited income and assets.

You may be eligible for SSDI benefits if:

- 1 You are unable to work because of your severe and persistent mental illness; and
- 2 You have a significant prior work history of your own; or
- 3 You are the child of a retired, deceased or disabled parent and your disability began prior to the age of 22 years.

You should discuss the decision to apply for SSI/SSDI with your case manager.

How do I apply for SSI/SSDI?

- COHHIO, a statewide homelessness and housing program, operates the SSI/SSDI Outreach, Access and Recovery (SOAR) program in a number of communities in Ohio. This program offers expedited SSI assistance to people who meet the program's requirements. (see <https://cohhio.org/member-services/ssi-ohio/>) There are also several mental health agencies that have special programs set up with SSA to expedite SSI/SSDI applications. You should check with your case manager to see if a COHHIO program is in your community or your own mental health agency offers this type of assistance.
- If you do not have access to one of these special programs then you and your case manager should contact SSA by phone at 1-800-772-1213 to schedule an in-office appointment.
- While you have the option to only apply for SSI benefits you should always apply for both SSI and SSDI benefits because there is always the chance that you are eligible for SSDI either on your own work history or a retired, deceased, or disabled parent's account.
- The appointment you schedule will be to apply for SSI benefits. To apply for SSDI benefits you and your case manager should complete the online SSDI application at <https://secure.ssa.gov/iClaim/dib>. The online SSDI application should be completed prior to the appointment to apply for SSI.

What are helpful tips to ensure your application for SSI/SSDI is timely processed?

You will need the following information for both the online SSDI application and the in-office appointment to apply for SSI:

- Education/Training History
- Job History
- Proof of Birth and Citizenship
- Marriage/Divorce Information

- Military Service
- Information on Any Children Living in Household
- List of Medical Conditions—Include diagnoses related to severe and persistent mental illness.
- List of contact information for mental health agency, doctors, and hospitals---please make certain your case manager and mental health agency medical records contact are prominently noted.

After your application is submitted to SSA your information is sent to a state agency in Columbus, the Opportunities for Ohioans with Disabilities-Division of Disability Determination (OOD-DDD), to determine if you meet SSA's criteria to be determined disabled. This process may take several months, but can be expedited if you and your case manager make sure you follow the tips below in responding to requests for clinical and functional information.

Once you make the decision to apply, you and your case manager should work to make certain that all of your medical records related to your illness are available to the OOD-DDD when they reach out to the mental health agency for information after your application is submitted.

Any records from hospitals and other providers related to mental health treatment that are contained in your mental health agency's medical records can be released to the OOD-DDD with your authorization.

NAMI Ohio also encourages that the case manager and other mental health agency staff complete the following forms developed by Southeast Healthcare located on the homepage, under SSI Forms, on the NAMI Ohio website at www.namiohio.org and be ready to submit these completed forms along with the other medical records when OOD-DDD requests medical records:

- 1 Clinical Interview-Mental Status Report-must be signed by your MD/OD Psychiatrist, Licensed Psychologist, or Nurse Practitioner;
- 2 Daily Activities Questionnaire-completed by you and your case manager; and
- 3 Case Manager Report-completed by your case manager.

What do I do if I am denied for SSI/SSDI?

- You and your case manager should carefully review the denial notice and if you feel you have been inappropriately denied, you may request a formal Reconsideration. That process is explained in detail in the denial notice.
- A common reason for denial is that there was not sufficient evidence that you are disabled. You and your case manager should carefully review the medical evidence on which the DDD based their determination. If you identify medical documentation and reports that are now available that were not available for the initial application, the Reconsideration process is the opportunity to provide that additional information.
- The Reconsideration process can take a couple of months to conclude. There are additional levels of appeals to Administrative Law Judges and Courts but that process can take two years or more. You should make every effort to resolve your application at Reconsideration if your initial application is denied.

What happens after I am determined eligible for SSI/SSDI?

- After the DDD determines you are disabled, your local SSA office will make final non-Medical determinations regarding income, resources, and living circumstances in order to make a final determination and process payment.
- You and your case manager should carefully review the SSA award notice. As stated previously the maximum amount for an individual in 2019 is \$771, but the amount can be less than that depending on a variety of factors. All of this will be explained in the SSA Award notice. If you or your case manager have questions you can follow up with your local SSA office.

What is the impact of SSI/SSDI on my Medicaid?

SSI

If you are currently eligible under the Expansion Medicaid program and begin receiving SSI in any amount you will become automatically eligible for Medicaid as an SSI recipient. There is no impact on the Medicaid services you may receive.

SSDI

If you are currently eligible under the Expansion Medicaid program and begin receiving SSDI in an amount less than the Expansion income limit (\$1,438 per month in 2019) you can likely remain on Expansion Medicaid for a period of 24 months after the date of entitlement.

- After you become Medicare eligible you are no longer eligible for Expansion Medicaid.

You and your case manager should note the date you will become eligible for Medicare (24 months after the entitlement date) when you are first awarded benefits. Not less than 4 months before that date you and your case manager should contact your CDJFS caseworker and explore what Medicaid programs you may be eligible for. Options may include the following:

- Regular Medicaid—if your income is at or below the Medicaid need standard (\$771 per month for 2019) and your resources are below \$2,000;
- Disabled Adult Child—if you received SSI and then lost it because you later received SSDI as a Disabled Adult Child which means your disability began before 22 years of age—discuss with your CDJFS case worker and also refer to the DAC Inquiry Form under SSI forms on the NAMI Ohio website www.namiohio.org;
- Medicaid Buy-In for Workers with Disabilities if you are working; or
- Waiver programs- if you have special medical needs.

If you are not eligible for Medicaid under any of the programs above you and your case manager should discuss with your CDJFS caseworker referral for the Specialized Recovery Services (SRS) program. Your case manager can also make a referral to the SRS program by contacting the Ohio Department of Medicaid at this email address BHCP@medicaid.ohio.gov . The email should include:

- Your name and contact information;

- Your case manager's name and contact information;
- Your date of birth (only for people 21 and older);
- Your Social Security number; and
- A brief description of your disabling condition.

Shortly after referral you will be contacted by one of the two SRS Recovery Management agencies, CareSource or CareStar, to conduct an assessment to see if you meet the criteria for the program. This will include verification of diagnosis and other information about your illness. Your case manager should be prepared to help you provide needed information to the Recovery Management agency.

If you are found eligible for SRS you will be able to retain Medicaid eligibility and also have access to one or more of the following services: Recovery Management, Peer Recovery Support, and Individualized Placement Services-Supported Employment (IPS-SE).

What are helpful tips in maintaining my Medicaid benefits?

There are several times throughout the year that you will be at increased risk of losing your benefits unless you and your case manager remain vigilant carefully reviewing all notices you receive about your Medicaid benefits and promptly respond to all requests for information.

Annual renewal is the most critical event, but there are other events that occur, such as Cost of Living Adjustments that occur at the end of the year.

In order to be certain you are receiving and responding to all requests for information your case manager or someone at the mental health agency should continue as Authorized Representative even after you have been found eligible ([see information about Authorized Representative in What are helpful tips to ensure your Medicaid application is processed timely?](#))

You and your case manager should write down your renewal date in your record at the mental health agency so you keep track of it. You can contact your CDJFS caseworker if you do not know your renewal date. The Ohio Department of Medicaid (ODM) will send you a reminder before your next scheduled renewal.

You should make certain that your CDJFS caseworker has your current address and phone number at all times and can verify that the contact information is current in Ohio Benefits.

You must also promptly report to your CDJFS caseworker any changes in income or family composition within ten (10) days of the change.

If you do receive a termination notice you should review that with your case manager and quickly follow up with your CDJFS caseworker if you think the termination is in error.

You can also request a State Hearing if contacting your caseworker does not resolve the problem (see **What to do if I am denied for Medicaid?** for State Hearing contact information).

What are helpful tips in maintaining my SSI/SSDI benefits?

You should stay alert to any notices you receive from SSA and review these with your case manager. SSA periodically conducts continuing disability reviews to determine if you are still eligible for benefits and SSA also may need to verify income and resources periodically.

You should promptly report any changes in address, income, resources, or family composition.

You should also ask your case manager to help you in setting up a MySSA account (see <https://www.ssa.gov/myaccount/>) so that you always have award documents and other notices readily available.

Can I work if I am receiving both SSI/SSDI and Medicaid?

YES, both Medicaid and SSA have special provisions that allow people who are disabled to work and continue receiving benefits.

Ohio Medicaid has the Medicaid Buy-In for Workers with Disabilities (MBIWD) program. If you are working or intend to work and are receiving disability Medicaid you and your case manager should carefully review the information contained in this link <https://medicaid.ohio.gov/FOR-OHIOANS/Programs/MBIWD>.

SSA also has special programs to incentivize people to work. Please see <https://choosework.ssa.gov/about/work-incentives/index.html>.

Medicaid Contacts

If you have further questions regarding Medicaid, you may contact:

- Your CDJFS case manager;
- Medicaid Consumer Hotline-1-800-324-8680; or
- The “Contact Us” page on the ODM website (<https://www.medicaid.ohio.gov/Contact>)

SSDI/SSI Contact

If you have further questions regarding SSI/SSDI you may follow up by calling the National SSA 800 number at **1-800-772 1213**.

Notes

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Notes

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