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# REPORT

FINAL REPORT

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## Congressionally Mandated Evaluation of the Children's Health Insurance Program: Ohio Case Study

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## I. BACKGROUND AND RECENT HISTORY

The state of Ohio's Children's Health Insurance Program (CHIP) is a Medicaid expansion program (M-CHIP) under Title XXI. *Healthy Start*, which refers to both Ohio's Medicaid program for children and pregnant women under Title XIX and its M-CHIP program under Title XXI, dates to 1989, when it covered children and pregnant women with incomes up to 100 percent of the Federal poverty level (FPL) (Irvin et al. 2004). In January 1998, five months after the passage of the Balanced Budget Act of 1997 and the creation of the state Children's Health Insurance Program, Ohio expanded coverage for children with family incomes up to 150 percent of FPL, both uninsured (Title XXI) and underinsured (Title XIX) (Ohio Department of Jobs and Family Services n.d.). The state's next expansion under Title XXI, in July 2000, covered uninsured children with family incomes up to 200 percent of FPL, the eligibility threshold the state has maintained to date.<sup>1</sup> The M-CHIP component of *Healthy Start* covers about 160,000 children on average each month (Kaiser Family Foundation 2011).

Ohio built its M-CHIP program on the Medicaid "chassis;" it shares the same program name (*Healthy Start*), application, enrollment and renewal procedures, and covered benefits. *Healthy Start* refers to both the Medicaid program and the M-CHIP component. Early on, a Governor-appointed task force recommended establishing a separate CHIP, but the state decided the efficiencies gained from using the existing Medicaid program's infrastructure outweighed the benefits of creating a separate program. To program administrators and staff, risk-based managed care organizations, providers, and families, the programs are one and the same. The Ohio Department of Job and Family Services (ODJFS) is responsible for the following programs: Medicaid; cash and food assistance; unemployment; child support; protective services; foster care and adoption; and child care.<sup>2</sup> The state sets the rules and policies for *Healthy Start*, and each of Ohio's 88 county departments of Job and Family Services (JFS) administer and determine eligibility for these programs. The state sets the formula that determines how much funding each county receives for staffing. However, county JFS directors report to either an appointed county administrator (in about half the counties) or the board of county commissioners (elected positions) (County Commissioners' Association of Ohio 2002). As a result, county offices can have different priorities and can vary substantially in the implementation of state policies, leading to differences in applicants' experiences with the eligibility determination and enrollment process across counties.

During the early days of Ohio's expansion, the state implemented several innovations to simplify the process for families to enroll and stay enrolled in *Healthy Start*, including self-declaration of residency; a combined programs application for *Healthy Start*, *Healthy Families*, women, infants, and children (WIC), and two Title V programs; a 12-month redetermination period; and *ex parte* review (in which a caseworker determines eligibility for all Medicaid and CHIP categories before

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<sup>1</sup> When Ohio expanded eligibility to 200 percent of the FPL under Title XXI, it did not similarly expand coverage under Title XIX; thus, children with family incomes between 151 and 200 percent of FPL must be uninsured to be eligible for *Healthy Start*. In 2008, the governor and legislature approved expansion for children with family incomes up to 300 percent of FPL; however, its implementation was contingent on funding that never materialized. The state, however, uses income disregards, such that families with incomes above 200 percent of FPL are covered.

<sup>2</sup> Effective July 2014, the Medicaid office (Office of Ohio Health Plans), currently a division of ODJFS, will become a state agency to help streamline Medicaid operations and enable ODJFS to focus on employment and family assistance services (Office of Health Transformation 2012c).

terminating coverage).<sup>3</sup> Since these changes, however, the antiquated eligibility system and budget deficits have hampered the state's ability to make further progress, until opportunities arose under the CHIP Reauthorization Act (CHIPRA). With support from child and family advocates, the state assessed its ability to qualify for the CHIPRA performance bonus and, in 2010, implemented presumptive eligibility and 12-month continuous eligibility and thereby qualified.<sup>4</sup> Despite these recent advances, several challenges noted in the previous case study—for example, county-level variation in the implementation of eligibility policies and procedures, notices to families that are difficult to read or misleading, and caseworkers asking for more documentation than required—largely remained according to key informants interviewed for the current case study (Irvin et al. 2004).

In the midst of higher unemployment and a decline in the number of families with employer-sponsored insurance, public coverage of children through *Healthy Start* has more than filled the gap over the past several years. The result is fewer uninsured children, in particular low-income uninsured children. Data from the American Community Survey show that the number of uninsured children in Ohio has dropped from about 185,000 in 2008 to about 162,000 in 2010, a 12 percent decrease in two years (U.S. Census Bureau 2008, 2010).<sup>5</sup> Among children eligible for Medicaid/CHIP, the number enrolled in public coverage programs increased from 83.8 percent in 2008 to 86.6 percent in 2009, placing Ohio in the middle of Medicaid/CHIP participation rates (25th) nationwide in 2009 (Kenney et al. 2011).

Within a week of taking office in January 2011, Governor John R. Kasich created the Office of Health Transformation to address three priorities: (1) modernize Medicaid, (2) streamline Health and Human Services, and (3) improve overall health system performance (Office of Health Transformation n.d.[a]). During the first year of his administration, the state focused on Medicaid, developing initiatives ranging from health homes for children with severe emotional disorders to pediatric accountable care organizations to initiatives that address structural and organizational inefficiencies, such as reducing the number of Medicaid eligibility categories and eligibility system redesign, and initiatives that address health system performance, including standard performance measurement and public reporting and payment reform.

State efforts to close the budget deficit have focused on high-cost Medicaid services, such as nursing facility rates and fragmented care for persons dually eligible for Medicare and Medicaid. Most stakeholders view children's coverage as a potential source of future cost savings, not a cost driver, thus *Healthy Start* eligibility and enrollment have not been a target for cuts. Still, substantial staff layoffs in recent years and eligibility system inefficiencies have affected the ability of county JFS offices to be responsive to increased caseloads.

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<sup>3</sup> *Healthy Families* is Ohio's Medicaid program for parents with incomes up to 90 percent of FPL with a dependent child up to age 19. The two Title V programs include the Bureau for Children with Medical Handicaps' program for children with special health care needs and the Child and Family Health Services' perinatal program.

<sup>4</sup> Ohio implemented presumptive eligibility for children beginning in 2010 and for pregnant women beginning in June 2012.

<sup>5</sup> The state estimates that 126,538 children were uninsured in 2010, a 14 percent increase over the 2008 estimate of 111,255 (The Ohio Colleges of Medicine Government Resource Center n.d.).

Recent and soon-to-be-implemented changes in risk-based managed care are expected to improve efficiency. Children in *Healthy Start* have been required to enroll in risk-based managed care since 2006. On July 1, 2013, the state's eight service regions will consolidate into three service regions, and five risk-based managed care organizations, selected through a competitive request for application process in 2012, will operate in all three regions. The approximately 38,000 children who qualify for Medicaid under the aged, blind, and disabled eligibility criteria and currently receive care on a fee-for-service basis will transition to risk-based managed care in 2013.

CHIPRA performance bonuses and the 90 percent enhanced Federal financial participation match for Medicaid information technology-related improvements (a provision of the Affordable Care Act) were important factors in Ohio's decision and fiscal ability to move forward with its Medicaid modernization and Health and Human Services agenda. Although Ohio has an uninsured rate lower than the national average, key stakeholders expect that the increase in people eligible for Medicaid will strain the delivery system that is already under capacity. Ohio's early assessments of establishing a health insurance exchange looked fiscally untenable. As of December 2012, the state plans to use a Federally-facilitated exchange and continues to evaluate the financial viability and sustainability of a potential Medicaid expansion beyond covering those currently eligible but not enrolled.

This case study is primarily based on a site visit conducted in Ohio in May 2012 by staff from Mathematica Policy Research.<sup>6</sup> Ohio was one of 10 states selected for study in the second congressionally mandated evaluation of CHIP, authorized by CHIPRA and overseen by the Assistant Secretary for Planning and Evaluation (ASPE). The report highlights changes to Ohio's programs since 2006, with a particular focus on state responses to provisions of CHIPRA. In addition to interviewing 37 key informants (listed in Appendix A) in Columbus, Cincinnati, and Dayton, researchers conducted three focus groups for the study: one with parents of children currently enrolled in *Healthy Start* in Cincinnati, one with parents of children who were potentially eligible but not enrolled in Cincinnati, and one with parents of children currently enrolled in *Healthy Start* in a rural area, Newark, Licking County. A total of 24 parents participated in these focus groups. Findings from these focus groups are included throughout the report and serve to augment information gathered through stakeholder interviews.

The remainder of this report will describe recent *Healthy Start* program developments and their perceived effects in the key implementation areas of eligibility, enrollment, and retention; outreach; benefits; service delivery, quality, and access; cost-sharing; crowd-out; financing; and preparation for health care reform. The report concludes with cross-cutting lessons learned about the successes and challenges associated with administering Ohio's M-CHIP program.

## II. ELIGIBILITY, ENROLLMENT, AND RETENTION

Ohio has maintained its Medicaid and M-CHIP income eligibility threshold for children and pregnant women since 2000. The state has made advances in simplifying and streamlining eligibility and redetermination, receiving two CHIPRA performance bonuses for its efforts. However

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<sup>6</sup> The site visit occurred before the Supreme Court ruled on the constitutionality of the Affordable Care Act. This case study report largely reflects Ohio's Medicaid and M-CHIP program and policy developments before the ruling, but includes relevant updates to the extent possible.

challenges remain as the state looks to upgrade and streamline its systems, including consolidating over 150 eligibility categories into three, and budget deficits have hampered any further eligibility expansions. This section will review program eligibility rules, enrollment and application processes, enrollment trends, and retention policies and practices.

## A. Eligibility

In 2000 Ohio expanded their existing Medicaid program to include coverage for uninsured children with family incomes from 150 to 200 percent of FPL under Title XXI. Children from birth to age 19 and pregnant women are covered up to 150 percent of FPL by Medicaid (Title XIX), and up to 200 percent of FPL under the M-CHIP expansion (Title XXI) (ODJFS n.d.[c]). Ohio also offers *Healthy Families* coverage to parents with incomes up to 90 percent of FPL who have a dependent child up to age 19.<sup>7</sup> Since implementing the Medicaid expansion CHIP in 2000, eligibility levels have remained unchanged. In *Healthy Start*, the distinction between Medicaid and M-CHIP is not apparent to agencies or families, as the two programs operate as one. In addition to income requirements, Ohio requires that *Healthy Start* enrollees are citizens or qualified, documented aliens; currently uninsured (if Title XXI); residents of the state; and have or able to get a Social Security number (Table II.1).

**Table II.1. Medicaid and M-CHIP Eligibility Policies**

Policy	Medicaid/M-CHIP	Details
Retroactive Eligibility	Yes	Available to all Medicaid enrollees three months before the month of application
Presumptive Eligibility	Yes	Available to all children up to age 19; begins on the date the child is determined eligible and ends on the date the agency determines eligibility
Continuous Eligibility	Yes, 12 months	
Asset Test	No	
Income Test	Gross income	
Citizenship Requirement	Yes	
Identity Verification	Yes	
Redetermination Frequency	12 months	

The state has attempted to expand coverage for more children under Title XXI. In October 2008, Governor Strickland approved a state plan amendment to increase M-CHIP eligibility to 300 percent of FPL beginning on July 1, 2009. The state's fiscal year 2010–2011 budget included funding the expansion with a portion of tobacco settlement dollars, but that funding was used for other programs, and the state never implemented the expansion due to budget constraints (Center for Children and Families 2009c).

<sup>7</sup> The state refers to enrollees in *Healthy Start* and *Healthy Families* as the Covered Families and Children population and does not include children eligible for Medicaid due to the aged, blind, and disabled eligibility. Ohio also offers transitional Medicaid coverage for those formerly eligible for *Healthy Families* who have recently returned to work or increased their earned income. Because their new income makes them ineligible for Medicaid, this program is intended to provide temporary coverage (up to 12 months) while parents transition back to work. Parents must have been deemed eligible for Ohio Works First or received *Healthy Families* coverage in at least three of the six months immediately before becoming ineligible for Medicaid

In 2010, Ohio passed an amendment to implement presumptive eligibility and 12-month continuous eligibility, policies that would help the state meet five of the eight measures needed to qualify for the CHIPRA performance bonus. The state required that county JFS agencies were the only entities qualified to grant presumptive eligibility to children. In June 2012, the state extended presumptive eligibility to include pregnant women and is currently testing an expansion of the number and type of organizations that can serve as qualified entities to include federally qualified health centers (FQHCs) and FQHC look-alikes, children's hospitals, and other providers. These qualified entities will be able to access the Medicaid Information Technology System (MITS) to verify demographic, residency, and other information. This change will permit qualified providers to grant presumptive eligibility and thus medical services immediately to both children and pregnant women (while the family is at the provider seeking care), making the process easier for families who would otherwise have to apply at a county JFS office. The state will begin testing this expanded presumptive eligibility program at three sites (Nationwide Children's Hospital in Columbus, MetroHealth System in Cleveland, and the Community Action Committee of Pike County) and expects to implement this change statewide by January 2013 (Office of Health Transformation 2012f).

With the implementation of both presumptive eligibility and continuous eligibility, along with increasing enrollment, Ohio was awarded CHIPRA performance bonuses in 2010 and 2011.<sup>8</sup> Ohio received \$12.4 million in 2010 and \$21 million in 2011. The state used \$2.75 million of these funds on systems updates and training to implement the enhanced presumptive eligibility program (Office of Health Transformation 2012b). Advocates in the state have called for more transparency identifying how CHIPRA bonus funds are spent, and have suggested targeted strategic investments that would continue to streamline eligibility and renewal by reprogramming the state's eligibility system, the Client Registry Information System–Enhanced (CRIS-E), and creating an electronic verification system to enable caseworkers to verify eligibility in real time (Voices for Ohio's Children 2011). These initiatives align with current plans coming out of the state.

In January 2011, Governor Kasich created the Office of Health Transformation, with one of its top priorities to streamline the state's Health and Human Services divisions. One of the proposed initiatives is to simplify eligibility policy from the current 150 categories to 3 basic groups: (1) children and pregnant women, (2) adults who require long-term care services and supports, and (3) adults who do not need long-term care services. Other initiatives spearheaded by this office will be further discussed in Chapter IX, Preparation for Health Reform.

## **B. Enrollment and Application Processes**

Families in Ohio can complete one of two applications to be determined eligible for *Healthy Start*. Applicants interested in applying only for *Healthy Start*, *Healthy Families*, WIC, and three other health programs administered by other state agencies (Child and Family Health Services, Bureau for Children with Medical Handicaps (BCMh), and Help Me Grow) can apply using the shorter JFS 07216 application (a copy can be found in Appendix B). Applicants can request additional

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<sup>8</sup> The state requested that the Centers for Medicare & Medicaid Services (CMS) consider Ohio's data sharing between Medicaid and the Supplemental Nutrition Assistance Program (SNAP) as a form of Express Lane Eligibility (ELE). However, because both programs are housed in the same agency, CMS did not consider it to be an interagency transfer of information; thus, ELE was not included as one of the qualifying measures for the CHIPRA performance bonus.

information on child care, child support, cash assistance, and food assistance, but cannot apply for enrollment into these programs using the shorter application. Applicants can apply for all of these programs by completing one longer application, JFS 07200 (a copy can be found in Appendix C). Table II.2 summarizes current application requirements and procedures in Ohio's M-CHIP.

Use of the shorter application eliminates the need for a face-to-face interview at a county JFS office. However, key informants reported that applicants more commonly complete the longer application, even though it requires an interview with a county JFS office, because eligibility for multiple programs, other than *Healthy Start* or *Healthy Families*, are determined at the same time. Families often qualify for both Medicaid and food assistance because eligibility criteria are so similar. For example, in one county, a key informant said that 70 percent of those families applying for Medicaid and CHIP end up applying for food assistance within the next 90 days. Families completing the shorter application must include proof of income (a copy of a recent pay stub, Internal Revenue Service 1040 tax form, or a letter from an employer stating monthly gross income).

**Table II.2. *Healthy Start* Application Requirements and Procedures**

Initial Application	Details
<b>Form</b>	
Joint Application with Medicaid	Not applicable
Length of Joint Application and Languages	
JFS 07216 (for Medicaid, WIC, and other health programs only)	6 pages: 2 pages of application; 1 page of instructions, 1 page description of programs, and 2 pages for voter registration Available in English and Spanish
JFS 07200 (for cash, food, and medical assistance programs)	8 pages: 4 pages of application, 2 page of instructions, and 2 pages for voter registration Available in 14 languages (Arabic, Burmese, Chinese, Croatian, English, Hungarian, Hindi, Korean, Polish, Russian, Somali, Spanish, Ukranian, and Vietnamese)
<b>Application Requirements</b>	
Age	Yes - documentation required except deemed newborns
Income	Yes - documentation required
Deductions	Yes - income disregards require documentation
Social Security Number	Yes - self-declared; Medicaid and CHIP data match with the Social Security Administration (SSA)
Citizenship	Yes - citizenship documentation via SSA data match
<b>Enrollment Procedures</b>	
Express Lane Eligibility	No
Mail-In Application	Yes
Telephone Application	Yes
Online Application	Yes
Hotline	Yes
Out-Stationed Application Assistors	Yes - county JFS caseworkers in select hospitals
Community-Based Enrollment	Yes - county JFS offices and the Ohio Benefit Bank; soon to include additional qualified entities

Completing the longer application triggers an in-person or telephone interview with the county JFS office and requires additional documentation. The interview, typically scheduled within two weeks, can take from 10 minutes to an hour, depending on how much of the application has been completed and the family's situation. Applicants must provide proof of income (for example, pay

stubs, tax records, or child support); proof of any stocks and bonds, life insurance, trusts, or annuities; and proof of any child care costs or child support paid. County office staff instruct families to bring proof of citizenship. Although caseworkers can electronically verify citizenship, they appear to do so only as a backup when families cannot provide the documentation. In addition, the shorter application instructs families to present to the county JFS office original documents to show proof of citizenship, despite the fact that use of the shorter application should eliminate the need to go to the county office for an interview. Because caseworkers try to close the case on the same day of the interview, instructing families to bring proof of citizenship can help expedite eligibility determination, in case citizenship cannot be electronically verified. However, it is an added barrier for families, and applications can be denied if an advocate for the family does not ask the caseworker to conduct the electronic verification.

Beginning in 2005, county JFS agencies stationed caseworkers at hospitals and health centers to assist families with eligibility determination and enrollment. Hospital staff refer families without insurance to the out-stationed caseworker, who can check eligibility and enroll eligible families. Several informants cited this as a success because families do not need to make a separate trip to the county JFS office.

In addition to submitting the application through a county JFS caseworker, families can also apply for Medicaid and CHIP through the Ohio Benefit Bank (OBB). The OBB began in January 2006 to help families apply for multiple public benefits, including *Healthy Start*. More than 1,300 Benefit Bank counselor sites operate across all 88 counties in the state. Benefit counselors help applicants fill out information on a general form that populates applications for up to 20 different programs. In December 2008, ODJFS launched the eGateway web portal that allows for the electronic submission of data from the OBB to county JFS offices for Medicaid, Ohio Works First, Food Assistance, and Disability Financial Assistance applications (ODJFS 2009). eGateway acts as a holding pen for the data until county JFS caseworkers retrieve and enter the data into CRIS-E. Information is transferred seamlessly for applicants who are new to the eligibility system, but for those who already have a record in the system, caseworkers must manually enter new or updated information and identify and confirm any discrepancies between the old record and new application with the applicant (Kauff et al. 2011). Beginning in May 2009, applicants can electronically sign and submit Food Assistance and Medicaid applications to the county JFS office, where a caseworker makes the final eligibility determination (OBB 2009). In October 2010, the OBB introduced a self-serve option; parents can complete an application from any computer with Internet access (OBB 2011).

In recent years, the state has engaged in several efforts to streamline and automate the eligibility determination process. In 2009, the state launched eSignature for SNAP and Medicaid, and a web-based online application for TANF, SNAP, and Medicaid in November 2010 (CHIP Annual Reporting Template System [CARTS] 2010). In response to CHIPRA and to help simplify eligibility determination, in April 2010 the state began to request U.S. citizenship information from the Social Security Administration (SSA) using an electronic data match. CHIPRA introduced this option, which allows states to document citizenship by submitting to SSA the names, dates of birth, and Social Security numbers (SSNs) of individuals declaring they are citizens or nationals. If SSA data are consistent with an individual's declaration, citizenship verification is complete. If the information is not consistent, the county JFS office must work with the applicant and make a reasonable effort to identify and resolve the discrepancy. This electronic verification reduces the time and expense of obtaining original birth certificates for families new to the system (Voices for Ohio's Children 2012; OJDFS 2010).

Ohio's CRIS-E System, which supports eligibility determination for Medicaid and the other primary public assistance programs, is more than 30 years old, and Ohio is in the beginning stages of implementing a new system. An assessment done in 2005 found that business needs have outgrown the system, customer service is constrained, and internal processes are inefficient (OJDFS 2005). One key informant noted that the system rejects 60 percent of applicants who should be eligible, forcing caseworkers to spend additional time overriding the system manually. Governor Kasich's Jobs Budget bill (HB 153) enacted in June 2011 gave the governor's Office of Health Transformation the authority to simplify Medicaid eligibility systems. This change will enable Ohio to create a single eligibility system across multiple programs, and seek the 90 percent enhanced Federal financial participation match. The state is currently preparing a request for proposals (RFP) to procure a new system and aims to be fully functional by January 2014 (Office of Health Transformation n.d.[b]).

### Focus Group Findings: Eligibility and Enrollment

Many parents reported that applying for *Healthy Start* was relatively easy, but others noted that their children would not be enrolled had it not been for the help of a community advocate.

- *This time it was super easy, in two days, I was approved.... I found out from a letter and a phone call. She [caseworker] actually called me to tell me I was enrolled.*
- *I did mine online.... It was pretty simple, though.... When you put all your information online, it give you a "Yes, you are possibly qualified" or "No, you are not." They told me yes, I was, and when I came in and did my income originally, I was not qualified. I had to come back in 30 days ... other than that it was okay.*
- *Here in Ohio, we had to apply three times before we even heard.... At the hospital, we applied twice and never heard. Then our doctor put us in touch with Legal Aid. Then we applied again, filled out the application for the third time. Later on we found out the hospital or the system never put us on to full Medicaid, only emergency Medicaid. We got sent to collections and the bills kept coming.*
- *Well they kept denying me. Somebody put me in touch with ... Legal Aid and then we went back and forth and back and forth. I was like, I can't believe ... with him dying and having three kids and having a special needs kid, and all this kind of stuff... Then [the Legal Aid staff member] finally figured out how they were processing the income. I was getting income for each child and they were adding that all together and she told them they can't do that. It is just every year I have to go through this and they deny it and I call [Legal Aid] so she can fix it.*

Several parents mentioned poor treatment by the staff or variations from county to county.

- *They [CDJFS caseworkers] act like it [benefits] is coming out their pocket.*
- *I've been in [three] different counties ... it is a little bit different where you go and how you are treated.... In [one] county I did it in person ... here I did it through the mail.... I moved within the county ... the staff there were horrible.*

Several parents also found the determination letters confusing and difficult to understand.

- *It is so confusing because we apply only for my daughter, but the letter says that I am not eligible for every program, my husband is not eligible for every program, and at the very end of the letter it says my daughter is eligible. I don't understand why they have to put all that.*
- *You get a very complicated letter and try to figure out, am I in, am I not in? Especially if you have multiple children. It looks like one's not eligible, but this one is, but then two lines down, it makes the one that is eligible, not eligible. I've had to call a couple of times to verify that yes, all three are eligible. I did not get an answer this last time that I called. I reread it like 50 times and then I got the cards in the mail like a week or two weeks later when I didn't hear.*

Although the state sets Medicaid and M-CHIP rules, policies, and the formula that determines how much funding each county receives for staff, counties have some flexibility in how they administer the policies and determine eligibility. Several key informants and parents in focus groups reported that application requirements, procedures, and processing times vary across counties. For example, in Hamilton County (an urban county), parents can fax their applications and supporting

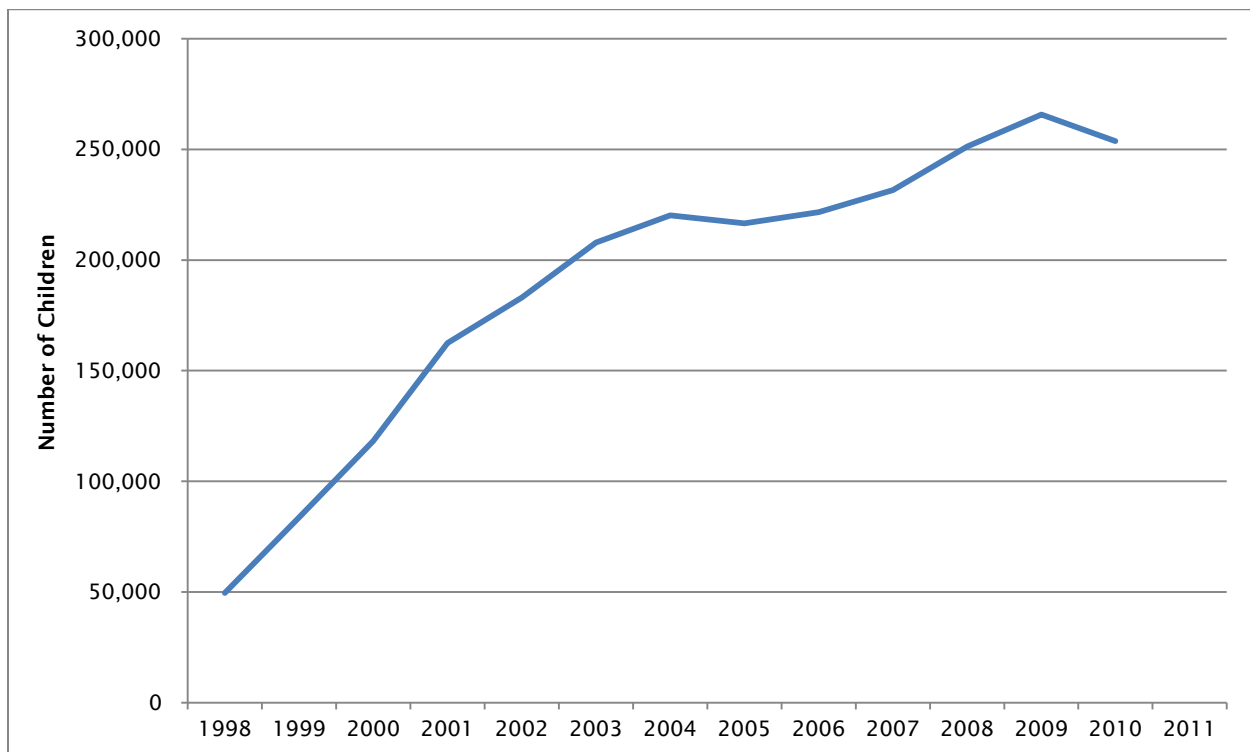


documents to a county JFS office from 41 public libraries. Key informants reported that some rural counties are less progressive in adopting web-based technology and allow longer wait times in their offices. In addition, applications can take longer to process in some counties than others due to volume and staffing shortages. Informants noted that processing applications in a timely manner can be challenging for some county offices. Some county JFS agencies experienced funding cuts that led to layoffs of up to half of the staff, while the number of applications increased. Several counties have begun piloting the use of a case banking system, which means applicants are not assigned to one specific caseworker; rather, those counties use teams of employees who work to process applications. This strategy helps manage the workload of caseworkers, but parents in the focus groups expressed frustration with not being able to reach a caseworker and having their caseworker switched frequently.

### C. Enrollment Trends

Since the program's inception, M-CHIP enrollment has grown most years through 2009. Figure II.1 shows the number of children ever enrolled in Ohio's M-CHIP from Federal fiscal years (FYs) 1998 through 2011. The peak in enrollment in 2009 (roughly 266,000 ever enrolled) can probably be attributed to economic conditions, as state officials reported the recession had a strong impact on Ohio. Family advocates and providers point to job losses from plant closures and a decrease in the number of employers who offer insurance as key factors in the increase in demand for *Healthy Start*. Enrollment also grew as a result of simplifications implemented to receive the CHIPRA performance bonus. Since 2009, monthly enrollment for M-CHIP has hovered around 160,000 (Kaiser Family Foundation 2011).

**Figure II.1. Number of Children Ever Enrolled Each Year in Ohio's M-CHIP, Federal Fiscal Years 1998–2011**



Source: Centers for Medicare & Medicaid Services (CMS) 2011.

## D. Renewal

Ohio has yet to adopt many of the renewal strategies that have been shown to simplify the renewal process for families and improve retention in other states. Instead, the state utilizes an active renewal process, requiring enrollees to verify information about their family's situation, resubmit documentation, and interview with a caseworker before renewal is approved. Table II.3 shows renewal procedures for *Healthy Start*.

On the 20th of the month before the renewal date, county JFS offices mail a notification with a time and date for an interview, along with a packet of information, often also containing renewal forms for other programs such as cash and food assistance. Caseworkers conduct an interview with families either over the telephone or in person at the county office to find out if the family's situation has changed (for example, whether another child was born or income changes). Families have 20 days from the date of the interview to submit all of the required paperwork and documentation.

**Table II.3. Renewal Procedures in Ohio's *Healthy Start* Program**

<i>Healthy Start</i> (Medicaid and M-CHIP)	
Passive/Active	Active
Ex Parte Renewal	No
Rolling Renewal	Yes
Same Form as Application	No
Preprinted/Populated Form	No
Mail-In or Online Redetermination	Yes, can submit by mail or online
Income Verification Required	Yes, documentation required
Administrative Verification of Income	No, documentation required
Other Verification Required	No

Stakeholders uniformly agree that there is substantial room to improve retention and reduce churning in *Healthy Start*. They indicate that children and families lose coverage for a variety of reasons, including renewal processes that are unclear or confusing to parents and difficulties contacting families. Key informants and parents reported that the renewal packets that enrollees receive are not clear on what should be filled out and what documentation they need to bring. Feedback on the renewal letter was that it is not literacy-friendly, does not explicitly state that a child might lose coverage, and is buried among paperwork that ODJFS says it has to include. Interview times are scheduled automatically and parents are not always aware that the interview was scheduled. Although most key informants conveyed their belief that most families remain eligible at renewal, adopting a policy for administrative renewal is not likely to gain traction among policymakers who feel families should be active in the renewal process. For example, a few key informants indicated that families have little incentive to remain enrolled because they do not have accountability or know they can get retroactive eligibility when a medical need arises. Stakeholders agreed, however, that the state could develop strategies to reduce churning, such as sharing income data among state agencies and sharing redetermination dates with managed care organizations (MCOs) and enrollment assistors, better alignment between a child and parent's assigned managed care plan and redetermination date, and improving the design and readability of renewal letters.

Community-based organizations that assist families with the application process and risk-based MCOs have begun to play a role in renewal, with some offering reminder telephone calls or allowing the transportation benefit to be used for travel to redetermination appointments. Advocates have

suggested that MCOs could take a larger role in reminding and assisting families at renewal. However the state limits the interaction between MCOs and consumers to ensure MCOs do not coerce and take advantage of consumers. The state provides each MCO with an enrollment file containing information about consumers newly enrolled in that plan, but the original eligibility date, which MCOs would use to calculate the renewal date and make outreach calls, is often missing or inaccurate, so opportunities for improved data sharing exist.

#### Focus Group Findings: Redetermination

Focus group participants had mixed feelings about redetermination. In one focus group in a rural county, all of the parents found the renewal process to be easy. No one had to go in person to the county JFS office; renewal was completed by mail or over the telephone.

- *[Reenrollment] is all on paper, through the mail.*
- *They just sent me my letter last week. Yes [it was straightforward].*

Other parents found the renewal process to be much more cumbersome.

- *I am going through that [renewal] right now and it is really confusing. I got a phone call last weekend and I didn't even know it was coming. Then I hear a voicemail like, "You missed your phone interview." She did call me back, but then I had like three days to get everything in. I have a phone interview where they told me all the things I'm going to need to re-enroll.*
- *I hated it, I anticipate it every year because you have to redo everything. I know it is necessary. You have to fill out all your tax stuff ... it's a pretty long form. I always anticipate that they're going to deny me. I always call [Legal Aid] and let them know what I am doing.... I think we've worked out some of the kinks because she'll [Legal Aid staff member] tell me to send this letter with the application and hopefully that will help. It's just not fun. [All in paper, mail everything in.]*

## E. Discussion

Because *Healthy Start* is a county-administered program, families often find themselves at their county JFS office to provide documentation or for an interview. Several key informants and many parents in the focus groups talked about the stigma of the Medicaid program and JFS offices. Parents feel they are treated poorly; to encourage participation in the program, community enrollers even admit to not using the word *Medicaid* until after they fully explain the program to a potential applicant. Informants also reported that it is difficult to implement policy changes consistently in a county-based system because changes sometimes occur very rapidly and require clear communication and training across 88 counties, which have different staff resources and caseloads.

Ohio has implemented a number of streamlined enrollment practices and continues to identify opportunities for improvements through the Office of Health Transformation. Parents in the focus groups and key informants indicated that the notices sent to families about their application status are confusing and contain denials for programs to which families were not even aware they had applied. Upgrading the eligibility system will have widespread effects, including generating clearer letters to communicate with families and making it easier for qualified providers other than the county JFS agencies to determine presumptive eligibility.

Opportunities exist to enhance the renewal process for *Healthy Start*. Advocates and community organizations in the state shared ideas and their own best practices to reduce churning and keep children and families enrolled. In a pilot program in one county, telephone calls were made to eligible families up for redetermination, which increased the number of families that recertified by 50 percent. Another key informant suggested including a letter on bright-colored paper that says, "STOP! Your coverage is going to end." Many key informants agreed that the information sent to

families at redetermination is not clear enough, and not all families understand that they need to recertify or how to do so. Families are also confused by different names for the program (CHIP, Medicaid, *Healthy Start*, *Healthy Families*, Covered Families and Children), as well as by the specific name of the plan; for example, some parents only know the program by CareSource. The state could streamline this process by sending prepopulated forms so that families would remain enrolled even if they do not follow through with documentation. Although some policymakers might be reluctant to implement administrative renewal, it would likely improve efficiency for county staff and MCOs that reenroll families. Enhancing data sharing capabilities would also enable state agencies to verify income electronically, eliminating the need for families to provide pay stubs. Online change reporting is another advancement Ohio is working toward so that families can report address changes, the birth of another child, or income changes online.

### III. OUTREACH

The state of Ohio supports outreach through the OBB, an internet-based enrollment assistance program operating through a public–private partnership, but does not conduct any statewide outreach campaigns for *Healthy Start*, reflecting both the state’s emphasis on local administration of programs and its budget constraints. Federally supported initiatives, such as the CHIPRA outreach grants and the U.S. Department of Health and Human Services “Get Covered, Get in the Game” campaign, regional efforts supported by local foundations, county JFS caseworkers stationed in health care facilities who assist with outreach and enrollment assistance, and educational efforts by health plans round out outreach efforts in Ohio.

The Ohio Association of Second Harvest Foodbanks (OASHF) has led the implementation of The Benefit Bank in Ohio since Ohio was selected as a pilot state in 2006 (OASHF n.d.).<sup>9</sup> Combined funding from Federal, state, and local sources, including state general revenue funds and a Federal match for outreach from the Supplemental Nutrition Assistance Program (SNAP), supports OBB operations and program enhancements, such as an expedited Medicaid assets module and self-serve functionality. In addition to managing the online program and providing free training, marketing support, and technical assistance for OBB sites throughout the state, OASHF conducts outreach directly to potentially eligible families and to community organizations to become OBB sites.<sup>10</sup> Outreach strategies include television and radio public service announcements, print brochures, community events such as health fairs and park parties, Internet ads that display after keyword searches on Google, social media outlets such as Facebook, and a mobile van that travels throughout the state to serve hard-to-reach populations with limited Internet access.<sup>11</sup> Examples of messages to engage potentially eligible families include “We work hard all of our lives but there are times we still need help,” and “You work hard to take care of your kids.”

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<sup>9</sup> For a comprehensive description of the OBB, its origin, and its operations, see Kauff et al. 2011.

<sup>10</sup> One stakeholder questioned the effectiveness of outreach efforts directing consumers to OBB sites because consumers ultimately end up in county JFS offices for eligibility determination, repeating their stories to county JFS caseworkers, and because county agency staff receive more substantial training (six months) in the complexities of benefits eligibility than staff and volunteers at OBB sites receive (two days as reported by this key informant).

<sup>11</sup> The OBB mobile van, called OBB Mobile Express, is funded by the Columbus Foundation.

Since CHIPRA's passage, CHIPRA outreach grants have played an important role in funding outreach and enrollment assistance in the state. Several grants have focused on improving awareness of *Healthy Start* among school-based staff to increase referrals to community-based organizations that assist families with enrollment.

- The Dayton Public Schools received a CHIPRA outreach grant in Cycle I (\$327,900) and partnered with the Center for Healthy Communities to provide education for school nurses and link families to community health workers who provide one-on-one enrollment assistance for families in the greater Dayton area (CMS n.d.). As part of the CHIPRA grant, community health workers attended school registration and other community events. Parents who indicate that their children did not receive the necessary immunizations for school or do not have primary care physicians are referred to community health workers, who then contact the family, walk through the eligibility requirements, help complete the application, and track the application with the county JFS office. Personnel changes, cuts to school nurse staff, reluctance to turn cases over to community health workers, and application processing delays during the state's transition to the new electronic eligibility system hampered efforts. Despite these challenges, the Center for Healthy Communities reported that community health workers helped to enroll 437 children during the grant period.
- The Legal Aid Society of Greater Cincinnati (Legal Aid) received CHIPRA outreach grants in both Cycle I (\$316,418) and Cycle II (\$360,000) (CMS n.d.). During Legal Aid's first outreach grant, it partnered with Health Source of Ohio, a community health center, to conduct targeted marketing and one-on-one assistance to children and families in a nine-county area including rural Appalachian counties east of Cincinnati. This grant focused on outreach to Hispanic families, homeless children, and rural families. The second grant is focused on partnering with schools to identify children enrolled in the free and reduced-price school lunch program. During both grants, Legal Aid developed partnerships with schools, community organizations, businesses, clinics, hospitals, and health departments to identify and refer potentially eligible children. Legal Aid staff members call or meet parents, help complete and submit the application with supporting documentation, troubleshoot problems with applications, and follow up with county JFS offices.<sup>12</sup> Legal Aid sends the JFS agencies a list to verify upcoming renewals and contacts parents to remind them to complete the renewal application.
- Legal Aid's partnership with the Cincinnati Health Department is one example of a fruitful outreach collaboration. Through a partnership with the public schools and with support from AmeriCorps members, the health department funds nurses who provide services in the city's 42 elementary and combination (preschool through grade 12) schools (Cincinnati Public Schools 2012). With support from Federal and county grants, the health department provides training for school staff to identify potentially eligible children and conducts outreach at school events and through fliers and brochures. School nurses and staff refer families to Legal Aid, which follows up with families to help with the enrollment process. Legal Aid updates the health department coordinator every six months with a list of all of the children referred and the status of their

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<sup>12</sup> Legal Aid has office space at Cincinnati Children's Hospital Medical Center to meet with families.

applications. Billing for services at its health centers, including one FQHC, is a key factor in the health department's ability to sustain this work. Through its grants and partnerships, the city has expanded its capacity, obtaining FQHC status at a second health center in 2012 and plans for three more in 2013.

- A newcomer to CHIP outreach, the Economic and Community Development Institute (ECDI) received a Cycle II CHIPRA grant (\$200,000) to develop and integrate outreach and enrollment assistance into its economic development program to help low-income entrepreneurs move out of poverty. ECDI provides loans ranging from \$500 to \$100,000 to underserved entrepreneurs predominantly in Franklin County and its seven contiguous counties. ECDI focuses on engaging small business owners, their employees, and the broader business community, tailoring its outreach and messaging to independent-minded entrepreneurs who do not see themselves as welfare recipients. ECDI's outreach messages emphasize that health insurance is good for business and helps people become more successful and that *Healthy Start* can play a role in helping families build financial security. About 10 ECDI staff members received training through OBB, including Spanish-, French-, and Arabic-speaking staff, and are available to assist individuals with enrollment using the OBB online application. One staff member is available until 9:30 p.m. two evenings a week and on Saturdays. ECDI holds weekly information sessions about its services and has begun to conduct outreach at employer sites, such as child care businesses, restaurants, and a home health care provider, to take applications from interested employees.

In a tight fiscal environment, the state has leaned on health plans to provide more education without direct marketing to consumers. Health plans partner with providers, schools, and community organizations, including OBB sites, to host or attend community events and health fairs to raise awareness about Medicaid and increase brand recognition. The state restricts health plans from interacting with individuals before they are enrolled unless the consumer initiates contact. Health plans have developed innovative programs to engage their enrolled members in prevention and wellness activities. For example, United Healthcare developed a smart phone application that helps members track well baby visits and rewards milestones with points that can be redeemed for items from a catalog. Outreach specialists also conduct telephone outreach to remind members of prevention visits tied to Healthcare Effectiveness Data and Information Set (HEDIS) measures.

#### Focus Group Findings: Outreach

Parents described hearing about CHIP through a variety of sources, including acquaintances, a hospital or Legal Aid staff member, a neighbor who saw a commercial, and a school nurse.

- *My neighbor called me to say that she saw a commercial online that your child could get insurance.... I'm always trying to get insurance.... I was told by Job and Family Services that I didn't qualify.*
- *My mom works with an advocate and she heard about it.*
- *I was pregnant and I was going to the UC health center to get my prenatal care. I didn't want to stay on my mom's insurance because I couldn't afford the copay. The lady there told me that since I was pregnant I could apply for my own insurance ... my son has been on since he was born.*
- *My husband passed away six years ago and a family from my church paid for our health insurance for like three years because it is so expensive. Once the COBRA was over ... I can't remember who, but somebody said I should apply [for Healthy Start].*

## IV. BENEFITS

As a Medicaid-expansion CHIP program, Ohio uses the Medicaid benefits package and covers any service deemed medically necessary. Most key informants and parents in the focus groups viewed *Healthy Start's* benefit package as comprehensive, some saying it was better than private coverage. Table IV.1 summarizes the Federally mandated benefits and the optional benefits Ohio covers. *Healthchek*, the state's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, covers 10 well-child visits through age 2 and annually every year thereafter, with the goal of discovering and treating health problems early (ODJFS n.d.[b]). Currently, responsibility for overseeing behavioral health benefits is delegated to the Ohio Department of Mental Health and the Ohio Department of Alcohol and Drug Addiction Services, and about 50 county alcohol, drug addiction, and mental health boards administer benefits through certified community-based service providers. In 2013, the Office of Health Transformation will consolidate these two state agencies, and ODJFS will administer the behavioral health benefits for *Healthy Start*.

Ohio was already in compliance with CHIPRA mental health and dental benefits parity rules before the passage of CHIPRA, so the state did not have to update its benefit package. One key informant noted that CHIPRA reinforced the importance of dental benefits during a difficult budget climate, speculating that the state might have tried to cut dental benefits for children, as it did for adults, had it not been for CHIPRA. The benefit package currently includes regular dental check-ups and cleanings every six months, and fillings, extractions, and root canals as needed. The state requires prior authorization for braces, noting that it approves braces "only in extreme cases" (ODJFS n.d.[a]).

**Table IV.1. Federally Mandated Services and Optional Services in Ohio's *Healthy Start* Program**

Federally Mandated Services in Medicaid	Other Covered Services in Ohio
Ambulatory surgery centers	Ambulance/ambulette
Certified family nurse practitioner services	Chiropractic services for children
Certified pediatric nurse practitioner services	Community alcohol and drug addiction treatment
Family planning services and supplies	Community mental health services
Healthchek (EPSDT) program services (screening and treatment services for children up to age 21)	Dental services*
Home health services	Durable medical equipment and supplies
Inpatient hospital	Home- and community-based waiver services
Laboratory testing and X-rays	Hospice care
Medical and surgical dental	Independent psychological services for children
Medical and surgical vision services	Intermediate care facility services for people with developmental disabilities (ICF-DD)
Medicare premium assistance	Occupational therapy
Nurse midwife services	Physical therapy
Nursing facility care	Podiatry
Outpatient services, including those provided by rural health clinics and FQHCs	Prescription drugs
Physician services	Private duty nursing
Transportation to Medicaid services	Speech therapy
	Vision, including eyeglasses*

Source: ODJFS n.d.

\* = Benefits vary for adults; coverage for children falls under EPSDT.

The state has decreased its psychiatric hospital capacity over the past two decades, and more recently (in FYs 2009 and 2010) cut Medicaid funding for mental health benefits. However, concomitant investments have not been made in community-based programs to bridge the gap. A key informant noted that the funding cuts seemed disproportionate compared with the overall

budget for mental health services. Beginning November 1, 2011, the state implemented new annual benefits limits for all mental health services except for crisis intervention: 2 hours for diagnostic assessment by a physician, 52 hours of counseling, 104 hours for community psychiatric supportive treatment, and 60 days for partial hospitalization per year (Ohio Department of Mental Health 2011).<sup>13</sup> If a mental health provider can document a medical need, children can receive services exceeding these limits. Providers must obtain prior authorization from the state's vendor, Health Care Excel, to override the service limit for community psychiatric supportive treatment. One stakeholder noted that benefit limits and inconsistencies in prior authorization determinations across similar cases create gaps in care.

The governor's Jobs Budget Bill (HB 153), signed into law June 2012, increased state funding for mental health services by 5.7 percent (\$26.8 million) over two years (Office of Health Transformation 2011). Although this increase brings overall funding (including Federal sources) to a higher level than it was before the cuts in FY 2008, state-only general revenue funds allocated to mental health services in FY 2013 (\$492 million) remains short of what they were in FY 2008 (\$578 million). The Office of Health Transformation is also working to improve the community mental health benefits package and coordination between behavioral and physical health care (Office of Health Transformation 2011).

#### Focus Group Findings: Benefits

Parents with children enrolled in Medicaid/CHIP were grateful for the benefits they had, and found them to be comprehensive.

- *My son is autistic, but he's healthy so he doesn't need a lot. I was nervous about it, but I have to say ... the Children's [Hospital] here, I've had such good care for my kids when they needed it. We've had a broken arm, stitches ... my kids play all kinds of sports. I've been happy with the care.*
- *We couldn't do without it.*
- *They did speech therapy and he got services ... they were connected to Cincinnati Public Schools ... it started because he was in Head Start.*

One parent noted difficulty obtaining coverage for specific types of prescription drugs.

- *[My daughter] needed some special type of medicine and the entire cost was not covered.*

## V. SERVICE DELIVERY, QUALITY, AND ACCESS TO CARE

The intention of all coverage programs is not only to get and keep children enrolled, but to ensure they are able to access the services they need and that the quality of care is high. In this section, we review service delivery, quality, and access.

<sup>13</sup> The average number of partial hospitalization days for children during the prior FY was 77. The state originally required prior authorization for partial hospitalization days beyond the limit. The mental health community expressed concern that most prior authorization requests were denied but no alternative services were available. In response, the state suspended the prior authorization requirement while it reassesses the partial hospitalization standard.



## A. Service Delivery

Ohio currently contracts with seven MCOs, representing a mix of not-for-profit and for-profit plans, based locally and nationally. MCO plan enrollments range from approximately 55,000 to nearly 800,000 children and pregnant women. Two plans, CareSource and Molina Healthcare of Ohio, provide coverage for about two-thirds of *Healthy Start* enrollees. The state contracts with an outside vendor to develop actuarially sound capitation rates for *Healthy Start* (ODJFS 2012a). In 2012, there are five rate groups in each region for children based on age and gender, a separate rate for pregnant women in *Healthy Start*, and a separate delivery charge.<sup>14</sup> MCOs establish different payment arrangements with providers in their networks.

Recent and soon-to-be-implemented changes in risk-based managed care are expected to improve efficiency. Children in *Healthy Start* have been required to enroll in risk-based managed care since 2006. On July 1, 2013, the state's eight service regions will consolidate into three. In addition, instead of a separate procurement process resulting in different managed care plans in each region (as is the case currently), five risk-based MCOs, selected through a competitive request for application process, will operate in all three regions in 2013.<sup>15</sup> The approximately 38,000 children who qualify for Medicaid under the aged, blind, and disabled eligibility criteria and currently receive care on a fee-for-service basis will transition to risk-based managed care in 2013. The state and MCOs expect these and other state initiatives, including health homes for children with severe emotional disorders and pediatric accountable care organizations, will improve efficiency and quality.

MCOs are responsible for all medical, pharmacy, dental, and vision services in *Healthy Start*. Table V.1 summarizes the delivery of services. Children's hospitals, FQHCs, and school-based health centers (where available) are important sources of medical and dental services for children in *Healthy Start*. Stakeholders uniformly reported that there are not enough dentists participating in *Healthy Start* and that low reimbursement is a primary reason for low participation.

After county JFS offices deem families eligible for *Healthy Start*, the state's enrollment broker, Automated Health Solutions (AHS), sends families basic information on the risk-based managed care plans available in their county. One key informant noted that this information is too generic and does not provide enough details for families to differentiate between plans. Families can select a plan and primary care provider (PCP) at this time. For families who do not select a plan, AHS assigns a plan based on the state's algorithm. Each quarter, the state scores each plan using a combination of 10 administrative factors. AHS assigns members to plans based on the plans that receive the highest scores in the county, and the state sends each plan an enrollment file with a list

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<sup>14</sup> For calendar year 2012, the medical (non-pharmacy) per member per month rates range from \$107.41 to \$129.41 for males ages 2 to 18 and females ages 2 to 13; the rate increases from \$175.60 to \$206.31 for females ages 14 to 18. Separate rates are established for children eligible for Medicaid due to the aged, blind, and disabled eligibility and for parents in *Healthy Families*. Medical rates are based on encounter data and managed care plan cost reports.

<sup>15</sup> In April 2012, the state announced its selection from the request for applications: three incumbent MCOs (CareSource, Paramount Advantage, and United Healthcare Community Plan of Ohio) and two MCOs new to Ohio's Medicaid/CHIP market (Aetna Better Health of Ohio and Meridian Health Plan) (ODJFS 2012b). The four incumbent MCOs that were not selected (Amerigroup Ohio, Buckeye Community Health Plan, Molina Healthcare of Ohio, and WellCare of Ohio) appealed the decision. The state reviewed its scoring process and awarded the final contracts to two incumbent plans (Buckeye Community Health Plan and Molina Healthcare of Ohio) instead of Aetna and Meridian (Office of Health Transformation 2012d).

of members to be enrolled the next month. Risk-based MCOs assign PCPs to families who do not select one using their own processes and send enrollment packets and ID cards with the PCP's name.

**Table V.1. Service Delivery Arrangements in Ohio's *Healthy Start***

Medicaid and CHIP	
Managed Care Contracting	Risk-based managed care, except for children who qualify for coverage under the aged, blind, and disabled eligibility criteria (will remain in fee-for-service until January 2013)
Number of Plans Serving Program	Before January 2013: 7 total, 2 or 3 in each region Beginning in January 2013: 5 statewide
Services Plans Are Responsible for	Medical, pharmacy, dental, vision
How Are Mental Health and Substance Abuse Services Provided?	Carve-out to community mental health centers, managed through the Ohio Department of Mental Health (until 2013); annual benefits limits for all mental health services except for crisis intervention, effective November 1, 2011 Carve-out to community addiction services providers, managed through the Ohio Department of Alcohol and Drug Addiction Services until 2013

Responsibility for behavioral health services is carved out to county alcohol, drug addiction, and mental health boards that approve behavioral health services for *Healthy Start* enrollees. Families have to complete a separate application and receive services from community-based providers. One MCO, however, noted that it covers mental health services from a private psychologist or psychiatrist as an alternative to receiving services at a community mental health center. Authority for behavioral health services in *Healthy Start*, currently split between the Ohio Department of Mental Health and the Ohio Department of Alcohol and Drug Addiction Services, will merge under ODJFS in July 2013 (pending legislative approval), part of the Office of Health Transformation vision to streamline Health and Human Services and improve Medicaid efficiency.

Several key informants noted that the behavioral health carve-out approach has contributed to fragmentation and the lack of coordination between medical and behavioral health services. MCOs, responsible for inpatient medical services and pharmacy benefits, have little ability to coordinate care for children with complex mental health and medical needs. Persistent budget cuts, behavioral health clinician shortages, and the administrative barriers for providers needing to work through a different system/payer (county boards) have all contributed to a system of care with substantial deficiencies, according to key informants. Several key informants described the Office of Health Transformation's efforts to improve behavioral health services, including the Pediatric Psychiatry Network (described next under Quality), as steps in the right direction, albeit steps on a long road ahead. In addition, the state consolidated Medicaid claims processing for behavioral health and alcohol and other drug treatment services. Effective July 2012, community behavioral health providers are able to submit Medicaid claims through the Medicaid Information Technology System, rather than through county boards.

**Focus Group Findings: Service Delivery**

Parents with children enrolled in Medicaid/CHIP selected a PCP based on an existing relationship.

- *I just recently got my little pink CareSource card ... I got a paper in the mail saying to pick CareSource or Molina. The first thing I did was ... call the kids' doctor and ask, "Which one do you take?" They told me and I called the 800-number and said I want CareSource because that is what the kids' doctor takes. They asked me who the kids' doctor was and that was it.*
- *My kids go to a private physician ... where I went when I was a kid. They didn't take Medicaid because it is not profitable for them ... but because I had a rapport with them, they decided to take it.*
- *My daughter goes to [the same place] since she's been born and they've been wonderful.*

Parents in both rural and urban areas without a prior relationship with a PCP had more difficulty.

- *The guy from CareSource ended up spending over two hours on the phone himself to find someone.... I am going to have to go [travel] over 1 hour 45 minutes to see the doctor and we still don't have a primary care.*
- *I just threw the directory away. I kept calling and they all said no [they didn't take Medicaid].*
- *We called around when we first moved [to Ohio] and the only place that would accept Medicaid was Children's Hospital. They told my wife that they needed to see my son before he was five months old otherwise they wouldn't be able to take him ... we had a month to get him in. They were the only one in town.*

Parents had mixed experiences finding dental providers.

- *I think in this county ... you don't have a lot of dentists that take the insurance. And then when you do find a doctor, they are way swamped.*
- *It only took me a day because I called around, and then I ended up taking them into the children's clinic ... but that is a drive and they have certain times when you can bring them in.*

**B. Quality**

The state currently monitors a number of HEDIS or HEDIS-like measures for quality monitoring. ODJFS conducts annual surveys of consumer satisfaction, using the Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) adult and child Medicaid health plan surveys, and reports results in aggregate and by risk-based MCO (ODJFS 2011). Beginning in state FY 2011, the state required risk-based MCOs to collect, report, and submit audited results for 20 HEDIS measures (9 for the aged, blind, or disabled population and 11 for children and families in *Healthy Start* or *Healthy Families*). Several of these measures overlap with the 24 voluntary CHIPRA quality measures. Ohio reported 3 of the 24 measures in the Federal FY 2010 CARTS report: well-child visits in the first 15 months of life and in the third through sixth years of life, and access to primary care.<sup>16</sup> The state also requires risk-based MCOs to complete performance improvement projects to improve access to EPSDT services for children up to age 21. Although reports on performance measures are publicly available, they are not easy to locate on the ODJFS website.

Recognizing the opportunity for improvement in Ohio's health outcomes, Governor Kasich charged the Office of Health Transformation with improving overall health system performance. ODJFS developed a Medicaid Quality Strategy, which incorporates measures; consumer surveys; and

<sup>16</sup> CMS asked states to begin reporting 24 CHIPRA quality measures voluntarily in the Federal FY 2010 CARTS report. No state reported all 24 measures; 16 states and the District of Columbia reported 10 or more measures; 15 states reported 5 to 9 measures. Ohio was one of 11 states to report 2 to 4 measures. The 8 remaining states did not report any measures (Sebelius 2011).

decision support systems from national quality frameworks, including CMS, the Center for Medicare and Medicaid Innovation, the Institute for Healthcare Improvement, the Agency for Healthcare Research and Quality, and the National Committee for Quality Assurance. Performance monitoring measures from this strategy will be incorporated into the new risk-based managed care contracts that take effect in July 2013.

The Office of Health Transformation has led a number of quality improvement initiatives, including development of health homes for children with severe emotional disorder and pediatric ACOs, described earlier, as well as payment reform initiatives that incorporate quality. The BEACON (Best Evidence for Advancing Child Health in Ohio NOW!) Council and Catalyst for Payment Reform are two examples. The BEACON Council is a statewide public-private partnership that supports quality improvement initiatives for children and adolescents. A group of providers, children's hospitals, and state agencies collaborated to apply for a CHIPRA quality demonstration grant. Although Ohio did not receive the grant, the group continued to collaborate and formed the council. The Pediatric Psychiatry Network, a BEACON initiative, is designed to increase access to child and adolescent psychiatry decision support, education, and triage services for PCPs through a toll-free telephone hotline available 24 hours a day, seven days a week (Ohio Department of Health 2011). Ohio was the first Medicaid agency to join Catalyst for Payment Reform, a group of health care purchasers with involvement of providers, health plans, consumers, and labor groups, whose goal is to accelerate payments that promote the six Institute of Medicine aims (Catalyst for Payment Reform n.d.).

MCOs and children's hospitals have implemented their own quality improvement programs. For example, Nationwide Children's Hospital supports Partners for Kids, a physician hospital organization established as a joint contracting entity that provides its participating physician practices with enhanced reimbursement and assistance with contracting. The group of 760 primary care physicians, pediatricians, and specialty care providers contracts with three MCOs to provide care for approximately 300,000 children and adolescents, including those in *Healthy Start*, under a one-stop arrangement (Nationwide Children's Hospital n.d.). MCOs provide the network incentives to manage care for more children in *Healthy Start*, and the network benefits from savings generated by holding expenditures under the projected rate of growth through a greater focus on prevention.

### C. Access to Care

Access to care for Ohio children enrolled in *Healthy Start* varied depending on the type of service needed and the family's location. Most key informants and parents viewed care in urban centers as excellent, often because of the presence of children's hospitals, although parents reported long waits for appointments, particularly for specialists and dentists. As in many other states, access to care in rural areas of Ohio presents additional challenges on top of the shortages of specialists and dentists and even PCPs who accept *Healthy Start*. Some parents in rural areas reported that they were able to find care at community health centers, although only about half (47) of Ohio's 88 counties have such a health center. Parents and several key informants reported that access problems are more acute in *Healthy Start* compared with private coverage due to low reimbursement and provider perceptions that Medicaid patients are less desirable than others. For example, one key informant reported that only two dentists in his county participate in *Healthy Start*. In addition, families in rural areas often travel long distances to get to a physician's office or health center.

Access to mental health services is a substantial problem for children in *Healthy Start*, according to nearly every key informant. Key informants noted that an increase in demand for behavioral health services exacerbates existing system deficiencies, resulting in families delaying behavioral

health services for their children until a crisis arises. The state is attempting to improve access in several ways, including the health homes for children with severe emotional disorders, pediatric ACOs, the Pediatric Psychiatry Network, and consolidation of Medicaid-funded behavioral health services under ODJFS described earlier.

#### Focus Group Findings: Access and Quality

Parents in both rural and urban areas commented positively when asked if they were satisfied with the medical care their children received.

- *Yes. My son knows his doctor and that's what we need. We don't switch doctors.*
- *Mine has communication and social issues in his disability, so it is important that the doctor knows his patients.*
- *We don't go a lot. We go when we need to go. I think we are very fortunate that we have Children's [Hospital]. I was a little nervous putting the kids on Medicaid, I didn't know what kinds of doctors the kids would be able to have and what kind of care we'd be able to get. We didn't have a lot of history with doctors. My son is autistic, but he's healthy so he doesn't need a lot. I was nervous about it, but I have to say ... the Children's [Hospital] here, I've had such good care for my kids when they needed it.*

One parent commented that finding a specialist was easy, although several others reported challenges or long wait times.

- *They say you need a referral or whatever to find the specialist. I've never had troubles with a specialist.*
- *We have to see a developmental pediatrician for the autism. We see her once a year. [Was it easy to find her?] She's at Children's, we had to wait ... we knew something was wrong when he was about 18 months, he didn't get in and diagnosed until he was three and a half.*
- *We thought our son had [attention deficit disorder] when he was 2 and someone [referred] us to Children's, but the wait was six months down the line. By the time I got him into kindergarten, he sent me home with some letters and an appointment for two weeks, so it really depends on where you are.*

Satisfaction with dental providers was uniformly lacking in one rural county.

- *I've had my children on private insurance pretty much since birth, and then this year we had to switch to this insurance, and I can tell the difference in a lot of places with the way you are treated.*
- *I don't have insurance ... I asked [the dentist] when my son was there, "Do you do any pro bono because I have an issue back here." He said, "What I am doing here, this is pro bono." I wanted to smack him. That was the last time that I went... I work every day. My kids are not a charity case because they need insurance. I'm mad he made me feel like that.*
- *I tried to take [my son with special needs] to a dentist once. They said he couldn't sit still, so we didn't go back. They didn't have any patience whatsoever. It's like you either sit still like a rock or don't come in.*
- *When we went outside of Children's [Hospital in Cincinnati] we had a really bad experience.... It was traumatic. I just kept thinking, it just seemed like the care was really bad. I was nervous, and they wouldn't let me back with her. I am so uncomfortable. We keep coming back to Children's ... my only complaint is the drive...and they don't cover orthodontic ... they told me it had to be medically necessary or something like that to cover it.*

## VI. COST-SHARING

As a Medicaid expansion CHIP, there is no cost-sharing for children in *Healthy Start*. As described in an earlier case study report, when the program was first planned a governor-appointed task force recommended that the state implement a separate child health program with cost-sharing for children in families with incomes from 150 to 200 percent of FPL; however, the administrative burden of establishing a separate system for financing, contracting, enrollment, outreach, and support outweighed the benefit (Irvin et al. 2004). During interviews for this evaluation, a couple stakeholders indicated that the lack of cost-sharing contributes to a lack of commitment from parents to maintain coverage and fosters a “cavalier attitude that it’s someone else’s responsibility.”

## VII. CROWD-OUT

When developing its M-CHIP program, Ohio considered the potential for families to drop private coverage for *Healthy Start*. The state determined it was not a significant concern and did not put in place any crowd-out policies.<sup>17</sup> Crowd-out is more likely to occur among higher-income families, those with incomes above 200 percent of FPL, and Federal officials recommend that states offering coverage above this threshold monitor the extent to which substitution occurs (Rosenbach et al. 2003). *Healthy Start* and *Healthy Families* do not cover children or parents with incomes above this threshold, and crowd-out was not a concern for most key informants we interviewed. One key informant noted, “Most people we deal with never had insurance.” However, among conservative policymakers, crowd-out is at the root of their concerns about a health insurance exchange (that it facilitates employers dropping coverage) and the reason, according to one key informant, that a Medicaid expansion is unlikely to take place in Ohio without a Federal mandate. Another key informant had this to say: “[Crowd-out is] an absolute reality. No one will say on paper that they dropped their coverage, but I see it all the time. People waive preexisting coverage or will drop insurance until they need it.”

## VIII. FINANCING

Before CHIPRA, in the fourth quarter of Federal FY 2008, Ohio faced a \$7.2 million shortfall, which was claimed in the next year. Since the passage of CHIPRA and implementation of the new Federal financing formula, Ohio’s Federal allotment increased 81 percent from Federal FY 2008 to 2009, and the state has not exceeded its Federal allotment. Ohio’s Federal matching rate for Federal FY 2012 is 74.91 percent for M-CHIP and 64.15 percent for Medicaid (Table VIII.1) (Kaiser Family Foundation n.d.[a], [b]).

Despite budget struggles, the state has not made Medicaid funding cuts for medical or dental services in recent years. Covering children is viewed as cost-effective and Ohio spends less on children’s coverage than the national average. The Ohio Children’s Hospital Association reports that Ohio’s Medicaid spending per capita for children is ranked 20th nationwide (n.d.). Many state and county officials do not view children’s coverage as a major driver of cost, and have instead chosen to focus cost reduction measures on bigger-ticket items such as nursing facility rates and cuts in provider reimbursement. However, as described earlier, the state has yet to restore general revenue funds allocated for Medicaid-funded mental health services to levels before the cuts in FY 2009 and 2010. In addition, the state still faces a budget deficit and has not even considered implementing the eligibility expansion under Title XXI that the state passed in 2008 due to a lack of finances.

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<sup>17</sup> Families of children eligible for the Title XIX program could have insurance other than Medicaid. Ohio’s combined programs application collects information about health insurance policies for individuals in the household to ensure that private insurance providers are billed first and that Medicaid is the payer of last resort.

**Table VIII.1. M-CHIP Allotments and Expenditures (in millions of dollars)**

Federal FY	Federal Allotment	Federal Expenditure	Federal Matching Rate
2006	\$124.6	\$169.8	71.92
2007	\$158.0	\$186.9	71.76
2008	\$157.9	\$227.5	72.55
2009	\$285.3	\$252.0	73.50
2010	\$298.7		74.39
2011	\$278.0		74.58
2012	\$290.1		74.91

Sources: Kaiser Family Foundation n.d.(a); Center for Children and Families 2009a, 2009b, 2012.

Notes: Although it appears that Ohio exceeded its Federal allotment in Federal FYs 2006 – 2008, this is the result of carrying funds forward from previous years. Federal Expenditures for Federal FYs 2010–2012 have not been published as of this writing.

## IX. PREPARATION FOR HEALTH REFORM

Ohio has taken preliminary steps to prepare for health reform, despite passing a constitutional amendment that exempts Ohio residents from the Affordable Care Act’s individual mandate and participating in the lawsuit against the Federal government over the Affordable Care Act. In November 2011, voters in every county supported a ballot measure creating a state constitutional amendment banning any Federal, state, or local law or rule that would “compel, directly or indirectly, any person, employer, or health care provider to participate in a health care system,” “prohibit the purchase or sale of health care or health insurance,” or “impose a penalty or fine for the sale or purchase of health care or health insurance” (Ohio Secretary of State 2011). Implications of the recent Supreme Court ruling for implementation of this constitutional amendment are not clear.

Ohio was among 46 states to receive an exchange planning grant from the Center for Consumer Information and Insurance Oversight, a CMS agency. Initiated under the former administration, the Department of Insurance used the \$1 million planning grant to contract with two consultants to assess the implications of operating an exchange (Ohio Department of Insurance n.d. [a]). Milliman conducted an assessment of the potential effects of the Affordable Care Act and creation of an exchange on Ohio’s individual, small-group, large-group, and self-insured markets. The state asked KPMG to perform a gap analysis and to identify technological capabilities needed to operate an exchange that would comply with the Affordable Care Act. Under the current administration, the Ohio Department of Insurance submitted a letter of intent to apply for an exchange establishment grant (known as a Level One grant) by June 30, 2011, but did not end up applying.<sup>18</sup> On January 3, 2012, the Ohio Senate introduced a Senate bill (SB 277) to establish a state-run health insurance exchange, but the bill is still pending. Given the conservative makeup of the state legislature, one key informant doubted the bill would go any further. Toward the end of 2012, the state notified CMS that it will allow the Federal government to run an exchange in Ohio but will continue to oversee health plan management and manage eligibility determination for Medicaid and CHIP (Ohio Department of Insurance n.d. [b]).

<sup>18</sup> Level One grants are given to states that have made some progress under their exchange planning grants.

On March 23, 2012, CMS approved Ohio's Planning Advanced Planning Document (P-APD) application and budget of \$3.5 million to develop a new integrated eligibility system by June 30, 2013 (Office of Health Transformation 2012e).<sup>19</sup> The state noted that its more than 30-year-old eligibility system would not be capable of administering eligibility for the estimated 916,000 adults both newly eligible for Medicaid in 2014 and currently eligible and not enrolled (Office of Health Transformation 2012a). Although all key informants agreed that the eligibility system overhaul is critically needed and long overdue, some felt the technology reforms would not have taken place without funds from the CHIPRA performance bonuses and the 90 percent enhanced Federal financial participation match for Medicaid eligibility system improvements.

The state does not expect a large increase in the number of children enrolled in Medicaid or M-CHIP under the Affordable Care Act. However, Medicaid expansion for childless adults with incomes up to 133 percent of FPL could add approximately 600,000 new adults, substantially increasing the size of the program. Because the state does not currently cover any childless adults in Medicaid, it does anticipate that absorbing the high volume of newly eligible adults will be a challenge for the health care system. State officials and key stakeholders expressed concern about the ability of the current provider workforce to handle the volume, particularly among the types of providers for which shortages and access issues already exist.

Several key informants noted that having children and parents enrolled in the same plan would create efficiency for the risk-based MCOs and reduce confusion among parents and possibly churning. In addition, some cited that children are more likely to receive recommended screening and preventive visits if a parent has coverage and is seeking preventive services.

#### Focus Group Findings: Access to Insurance

Among parents participating in the three focus groups, about two-thirds did not have insurance for themselves. More than half of those without insurance described that they were self-employed or worked (or had spouses with) part- or full-time jobs that did not offer insurance or offered insurance they could not afford.

- *In my adult working life, I've only had insurance for two years.... I've worked several part-time jobs and they did it so they wouldn't have to offer insurance.*
- *My husband has insurance, but I don't. It's too expensive to add me on it ... it would be \$400 extra to put me on.*

When asked if they would be interested in a program similar to their children's coverage, parents had mixed responses.

- *I would jump at [the opportunity] in a heartbeat.*
- *Every time I apply for my son, I apply for me, too.*
- *Heard there are going to be stipends and more of a sliding scale for people who are like me who don't have an option through work and we can buy in.*
- *As long as they don't make you, like in Massachusetts, they make you pay a fine.*
- *I'll stay with my \$5 clinic. I'm not going to pay thousands and thousands of dollars when I don't use it.*

<sup>19</sup> The Federal share of more than \$2.6 million from Title XIX and XXI includes the 90 percent enhanced Federal financial participation match rate.



## X. CONCLUSIONS AND LESSONS

CHIPRA has had a substantial impact in Ohio, encouraging eligibility simplification, enrollment, and outreach through incentives and grants to support children's coverage. Next, we describe some of the key conclusions and lessons gleaned from this case study:

- CHIPRA's substantial financial contributions in Ohio include a near-doubling of the Federal allocation from 2008 to 2010, CHIPRA performance bonuses totaling more than \$33 million, and outreach grants of more than \$1.2 million combined. This cash infusion helped motivate the state to modernize its eligibility system, preserve services such as dental services, and implement policies that simplify enrollment for families (Table X.1). Many states are likely in similar positions of needing to update and modernize very outdated eligibility systems but have limited state funds. Ohio has taken an important step in addressing a critical need while taking advantage of the enhanced Federal match.
- CHIP's most significant contribution in Ohio might be the meaningful coverage increases despite increases in the number of uninsured people due to job losses and a decrease in employer-sponsored insurance. Data from the American Community Survey indicate that the number of uninsured children in Ohio has dropped from about 185,000 in 2008 to about 162,000 in 2010, representing a 12 percent decrease in just two years (U.S. Census Bureau 2008, 2010). Meanwhile, public coverage participation rates among eligible children have increased from 83.8 percent in 2008 to 86.6 percent in 2009, placing Ohio 25th nationwide in Medicaid/CHIP participation in 2009 (Kenney et al. 2011). Providing health insurance coverage for children can help states improve financial stability for low-income families while states continue to move toward an economic recovery.
- Ohio's decision to implement a Medicaid expansion CHIP was one reason the state was able to expand coverage quickly. Parents appreciate the benefits the M-CHIP option offers: no cost-sharing, comprehensive benefits, and retroactive eligibility. Ohio has offered a joint application, including other social service programs, for many years so families can apply for Medicaid, food assistance, and cash assistance at one time. However, Ohio's eligibility system and the stigma of Medicaid create substantial barriers to enrollment and retention.
- Despite a difficult state budget environment, medical and dental benefits in *Healthy Start* have not been under threat, mostly because costs for children's coverage represent a small proportion of the Medicaid and overall state budget. However, budget cuts severely affected county JFS offices and the ability of their caseworkers to determine eligibility for larger numbers of applicants. Strategies to further streamline eligibility, enrollment, and renewal processes have the potential to improve efficiency for state and county staff.
- Counties face numerous challenges in their ability to assist families and have no capacity for outreach. Reduced numbers of county JFS staff (by half, in some cases), increased caseloads, and the county JFS structure (county priorities might not necessarily align with state priorities) present challenges. Implementation of state policies and the level of consumer focus by county staff can vary substantially across counties and create barriers to enrollment and retention. Parents confirmed the lack of consistency in procedures across counties, as well as the variation in customer focus by county staff. With no state

dollars spent directly on outreach and limited county budgets, risk-based MCOs have come to play a larger role in educating their enrollees.

- Although the CHIPRA performance bonuses acknowledge Ohio's adoption of several best practices in eligibility and enrollment policies, key informants point to several areas where improvement is needed, including clearer communication with families about their application status and renewal requirements, better information to help families select a risk-based managed care plan, and a greater focus on outreach. In addition, the state still faces the daunting task of replacing its antiquated eligibility system.
- Access varies across the 88 Ohio counties. In urban areas, families and stakeholders reported children's hospitals provide comprehensive and quality services. FQHCs are an important source of care in both urban and rural areas. Access to behavioral health services was universally reported as problematic due to a shortage in pediatric-focused providers, system fragmentation, and seemingly disproportionate funding cuts. Limited availability and poor quality of some dental providers, especially outside of urban areas, raised concern among parents and some key stakeholders. Parents also reported that they still experienced stigma when interacting with some providers and with caseworkers in some counties. Key stakeholders expressed concern that the potential increase in *Healthy Start* enrollment among childless adults under health reform will exacerbate existing access challenges.
- Ohio sees itself as innovating in concepts of value-based care (for example, Nationwide's Partners for Kids and the state's participation in Catalyst for Payment Reform); the state monitors several dimensions of risk-based managed care performance and uses administrative measures in its auto-assignment algorithm. However, parents seem to have limited information on distinguishing features of the managed care plans from which they have to select, let alone information on managed care performance or provider quality. Although reports on performance measures are publicly available, they are difficult to locate on the ODJFS website. One priority of the Office of Health Transformation is to improve performance monitoring and public reporting.
- Ohio's efforts to prepare for a health care exchange (using Federal funds) stalled after early assessments looked fiscally untenable. Ohio has taken advantage of Federal funding through CHIPRA and the Affordable Care Act to work on improving systems that were already overdue for modernization. As of December 2012, the state plans to use a Federally-facilitated exchange.

**Table X.1. Ohio's Compliance with Key Mandatory and Optional CHIPRA Provisions**

Provision	Implemented in Ohio?
<b>Mandatory CHIPRA Provisions</b>	
Mental health parity required for states that include mental health or substance abuse services in their CHIP plans by October 1, 2009	Yes, coverage already in place before October 1, 2009
Requires states to include dental services in CHIP plans	Yes, dental coverage was in place before CHIPRA
Medicaid citizenship and identity documentation requirements applied to Title XXI, effective January 1, 2010	Yes, effective September 25, 2006
30-day grace period before cancellation of coverage	n.a. (enrollees do not pay premiums and therefore the grace period does not apply)
Apply Medicaid prospective payment system to reimburse FQHCs and rural health centers effective October 1, 2009	Yes
<b>Optional CHIPRA Provisions</b>	
Option to provide dental-only supplemental coverage for children who otherwise qualify for a state's CHIP program but who have other health insurance without dental benefits	No
Option to cover legal immigrant children and pregnant women in their first 5 years in the United states in Medicaid and CHIP	Ohio covers some legal immigrants during their first five years of residency, <sup>a</sup> including immigrants granted refugee or asylum status or withholding of deportation, Cuban/Haitian entrants, Amerasian immigrants, victims of trafficking, Iraqi and Afghan special immigrants, lawful permanent residents with credit for 40 quarters of work, and veterans, active duty military, spouse, unremarried surviving spouse, or child
Performance bonus payments for those implementing five of eight simplifications	Yes, Ohio received CHIPRA performance bonuses in two of three years they have been available
Contingency funds for states exceeding CHIP allotments due to increased enrollment of low-income children	No
\$100 million in outreach funding	Three grantees received four CHIPRA outreach grants
Quality initiatives, including development of quality measures and a quality demonstration grant program	In the Federal FY 2010 CARTS report, 3 of 24 voluntary quality performance measures were reported Ohio uses HEDIS measures and CAHPS surveys, and developed a Medicaid Quality Strategy Ohio applied but did not receive a CHIPRA quality demonstration grant

n.a. = not applicable.

<sup>a</sup> Uninsured children from birth to age 5 with family incomes from 133 to 200 percent of FPL and uninsured children ages 6 to 18 with family incomes above 100 and up to 200 percent of FPL are covered under Title XXI.

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**APPENDIX A**  
**KEY INFORMANTS**

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## SITE VISITORS

*Mathematica Policy Research*

Jung Kim  
Victoria Peebles  
Vivian Byrd

*U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation*

Laura Skopec

## KEY INFORMANTS: COLUMBUS

*Ohio Department of Job and Family Services*

Mary Applegate                      Gwen Sims  
Patrick Beatty                        Renée Slyh  
Cynthia Dungey                      Victoria Sowards  
Debbie Saxe

*Ohio Governor's Office of Health Transformation*

Greg Moody

*Ohio Department of Health*

Karen Hughes

*Ohio House of Representatives*

Barbara Sears

*Economic and Community Development Institute*

Matthew Shac  
Patty Tumen

*Franklin County Department of Job and Family Services*

Darren Henderson  
Anthony Trotman

*Ohio Association of Community Health Centers*

Julie DiRossi-King  
Randy Runyon

*Ohio Association of Second Harvest*

Jason Elchert  
Maryjo Mace Woodburn

*Ohio Children's Hospital Association*

Nick Lashutka

*Ohio Council of Behavioral Healthcare Providers*

Teresa Lampl  
Hugh Wirtz

*United Healthcare Community Plan of Ohio*

Tracy Davidson

*Voices for Ohio's Children*

Sandy Oxley  
Amy Swanson

**KEY INFORMANTS: CINCINNATI**

*Cincinnati Health Department*

Kathy Sabin

*Hamilton County Department of Job and Family Services*

Jim Ashmore	Kam McKenzie
Kevin Brewer	Selena Rolfes
Melissa Graves	Becky Varno
Tim McCartney	

*Legal Aid Society of Greater Cincinnati*

Trey Daly  
Danielle Hase  
Deanna White

**KEY INFORMANTS: DAYTON**

*Dayton Public Schools*

Katherine Cauley

*CareSource Management Group*

Janet Grant

**APPENDIX B**  
**07200 APPLICATION**

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Ohio Department of Job and Family Services

**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 a face-to-face interview, unless we tell you that you don't need to.
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.

**How do I complete the face-to-face interview?**

1. **Come in for your interview:** During this interview, we will complete the rest of the application process. We will also tell you what assistance you may get.
2. **If you cannot come in for your interview:** You must contact your local CDJFS and reschedule your interview. If you do not contact us within 30 days from the date you file this application, we may deny your assistance and you will have to reapply. You may not have to come in for an interview if we determine you meet a hardship condition such as illness or lack of transportation.

-- 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. --

<b>REQUEST FOR CASH, FOOD, AND MEDICAL ASSISTANCE</b>				
<b>1. VOTER REGISTRATION APPLICATION ATTACHED- ASSISTANCE AVAILABLE</b>				
If you are not registered to vote where you live now, would you like to apply to register to vote here today? <input type="checkbox"/> YES, I want to register to vote. <input type="checkbox"/> 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.				
<b>2. Tell us about you (the applicant)</b>				
Complete this section for you or for the person for whom you are applying.			<b>Office Use Only</b>	
First Name		Middle Initial	Date Received: _____	
Last Name			Application Number: _____	
<b>Are you:</b>		<b>Do you need any of the following services?</b>	Case Number: _____	
<input type="checkbox"/> Visually Impaired		<input type="checkbox"/> Interpreter	Expedited Food Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Hearing Impaired		<input type="checkbox"/> Sign Language	PRC Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Other: _____	Child Care Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you, or anyone living with you, ever received cash, food, or medical assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who: _____ Where (City/County/State): _____				
<b>3. Tell us how to reach you</b>				
Complete this section for you or for the person for whom you are applying.				
Street Address <input type="checkbox"/> Check here if you are homeless				
_____				
City		County		State
_____		_____		_____
Phone Number	Best Time to Call	Additional Phone Number	E-mail Address	
( ) _____	_____	( ) _____	_____	
<b>Mailing Address (if different):</b>				
Street Address				
_____				
City		County		State
_____		_____		_____
<b>4. Tell us if you are an authorized representative</b>				
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
_____		_____		_____
Phone Number	Best Time to Call	Additional Phone Number	E-mail Address	
( ) _____	_____	( ) _____	_____	
<b>5. Sign Here</b>				
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?  Yes  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?  Yes  No

Are your total resources in cash, checking, and savings accounts less than \$100?  Yes  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?  Yes  No

Are you a migrant or seasonal farm worker?  Yes  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

<input type="checkbox"/> Gas	<input type="checkbox"/> Electricity
<input type="checkbox"/> Telephone	<input type="checkbox"/> Water
<input type="checkbox"/> Garbage	<input type="checkbox"/> Sewer
	<input type="checkbox"/> 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.

**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:
<p><b>USDA</b> 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)</p>	<p><b>HHS</b> 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)</p>	<p><b>ODJFS</b> Bureau of Civil Rights 30 E. Broad St., 37th Floor Columbus, OH 43215 (614) 644-2703 (voice) 1-866-227-6353 (toll free) (614) 752-6381 (fax) 1-866-221-6700 (TTY)</p>

USDA, HHS, and ODJFS are equal opportunity providers and employers.

# Voter Registration Form

Please read instructions carefully. Please type or print clearly with blue or black ink.

For further information, you may consult the Secretary of State's Web site at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or call 1-877-767-6446.

### Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of the election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

**NOTICE:** This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice prior to Election Day, please contact your county board of elections.

Lines 1 and 2 below are required by law. You must answer *both* of the questions for your registration to be processed.

### Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

### Registering by Mail

If you register by mail and do not provide either a current Ohio driver's license number or the last four digits of your Social Security number, please enclose with your application a copy of one of the following forms of identification that shows your name and current address:

Current valid photo identification card, military identification, or current (within one year) utility bill, bank statement, paycheck, government check or government document (except board of elections notifications) showing your name and current address.

### Your Signature

Your signature is required for your registration to be processed. In the box next to the arrow by line 14, please affix your signature or mark, taking care that it does not touch surrounding lines or type so it can be effectively used to identify you. If your signature is a mark, include the name and address of the person who witnessed the mark beneath the signature line. If by reason of disability you are unable to physically sign, you may follow specific procedures found in Ohio law (R.C. 3501.382) to appoint an attorney-in-fact who may sign this form on your behalf at your direction and in your presence.


Please see information on back of this form to learn how to obtain an absentee ballot.

FOLD HERE

<b>1. Are you a U.S. citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>2. Will you be at least 18 years of age on or before the next general election?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered NO to either of the questions, do not complete this form.				
3. Last Name		First Name	Middle Name or Initial	Jr., II, etc.
4. House Number and Street (Enter new address if changed)		Apt. or Lot #	5. City or Post Office	6. ZIP Code
7. Additional Rural or Mailing Address (if necessary)		8. County where you live		FOR BOARD USE ONLY SEC4010 (Rev. 10/11) City, Village, Twp.  Ward  Precinct  School Dist.  Cong. Dist.  Senate Dist.  House Dist.
9. Birthdate (MO-DAY-YR) (required)	10. Ohio driver's license No. OR last 4 digits of Social Security No. (one form of ID required to be listed or provided)		11. Phone No. (voluntary)	
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street				
Previous City or Post Office	County	State		
13. CHANGE OF NAME ONLY Former Legal Name		Former Signature		
I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.				
14. Your Signature →				
Date    /    / MO    DAY    YR				



PLACE  
STAMP  
HERE

  
SECRETARY OF STATE  
PO BOX 2828  
COLUMBUS OH 43216-2828

**HOW TO OBTAIN AN OHIO ABSENTEE BALLOT**

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or by calling 1-877-767-6446.

**OHIO VOTER IDENTIFICATION REQUIREMENTS**

R.C. 3503.19

Voters must bring identification to the polls in order to verify identity. Identification may include a current and valid photo identification, a military identification, or a copy of a current utility bill, bank statement, government check, paycheck, or other government document, other than a notice of an election or a voter registration notification sent by a board of elections, that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot. Voters who do not have any of the above forms of identification, including a Social Security number, will still be able to vote by signing an affirmation swearing to the voter's identity under penalty of election falsification and by casting a provisional ballot. For more information on voter identification requirements, please consult the Secretary of State's Web site at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or call 1-877-767-6446.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY  
OF A FELONY OF THE FIFTH DEGREE.**



**APPENDIX C**  
**07216 APPLICATION**

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Reset Form

Ohio Department of Job and Family Services  
**COMBINED PROGRAMS APPLICATION**  
*Information and instructions begin on page 3.*

**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.**

**Section A. For which programs would you like to apply? (Please check.) For information about these programs, please see page 4.**  
 Healthy Start and Healthy Families (Medicaid)  Child & Family Health Services (CFHS)  Help Me Grow (HMG)  
 Nutritional Program for Women, Infants & Children (WIC)  Bureau for Children w/ Medical Handicaps (BCMh)

**Section B. Would you like information on any of the following programs? (Please check.)** The County Department of Job & Family Services (CDJFS) will contact you to help you apply.  Child Care  Child Support  Cash Assistance  Food Assistance

**Section C. Has anyone applying for Medicaid received medical care in the past 3 months?**  
 Yes  No If YES, include income verification & medical expenses for each of the past 3 months. **If you are under 21, were you in foster care on your 18<sup>th</sup> birthday?**  Yes  No

First name of person applying		MI	Last Name		Home Phone		Work Phone	
Street Address (including apartment number)				City	State	Zip	County	

**Section D. Please name each person living with you. For each person, answer the rest of the questions only if you are applying for health coverage for that person. If you are applying for health coverage for yourself, please list yourself as the first person.**

1. Full Name (First, MI, Last)		Relationship to you		Hispanic/Latino?	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Primary language	U.S. Citizen?	If pregnant:
DOB	Social Security #	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> English <input type="checkbox"/> Other (Please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	# of unborn babies Due date
2. Full Name (First, MI, Last)		Relationship to you		Hispanic/Latino?	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Primary language	U.S. Citizen?	If pregnant:
DOB	Social Security #	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> English <input type="checkbox"/> Other (Please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	# of unborn babies Due date
3. Full Name (First, MI, Last)		Relationship to you		Hispanic/Latino?	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Primary language	U.S. Citizen?	If pregnant:
DOB	Social Security #	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> English <input type="checkbox"/> Other (Please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	# of unborn babies Due date
4. Full Name (First, MI, Last)		Relationship to you		Hispanic/Latino?	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Primary language	U.S. Citizen?	If pregnant:
DOB	Social Security #	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> English <input type="checkbox"/> Other (Please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	# of unborn babies Due date
5. Full Name (First, MI, Last)		Relationship to you		Hispanic/Latino?	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Primary language	U.S. Citizen?	If pregnant:
DOB	Social Security #	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> English <input type="checkbox"/> Other (Please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	# of unborn babies Due date

**Section E.** For yourself and each person who lives with you (whether or not you are applying for health coverage for that person), list each form of income, such as: annuities, wages, self-employment, social security, VA pension, workers compensation, spousal support, child support or medical support.

Name	Employer or Source of Income	Gross Amount	How Often Received
		\$	
		\$	
		\$	
		\$	
		\$	

**Section F.** Does anyone in your household pay for someone to care for your children while you are at work or school?  
 Yes  No If yes, how much do you pay per child per week? \$

**Section G.** Does anyone in your household pay child support or medical support?  Yes  No  
 If yes, who? How much per week? \$

**Section H.** Complete the lines below for each health insurance policy or medical support order for a person who lives with you.

Who is Covered?	Insurance Company	Policy No.	Monthly Premium	Please CHECK the services the policy covers
			\$	<input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Doctor Visits <input type="checkbox"/> Prescriptions <input type="checkbox"/> Ambulance <input type="checkbox"/> Dental <input type="checkbox"/> Vision
			\$	<input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Doctor Visits <input type="checkbox"/> Prescriptions <input type="checkbox"/> Ambulance <input type="checkbox"/> Dental <input type="checkbox"/> Vision
			\$	<input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Doctor Visits <input type="checkbox"/> Prescriptions <input type="checkbox"/> Ambulance <input type="checkbox"/> Dental <input type="checkbox"/> Vision
			\$	<input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Doctor Visits <input type="checkbox"/> Prescriptions <input type="checkbox"/> Ambulance <input type="checkbox"/> Dental <input type="checkbox"/> Vision

**BY SIGNING THIS APPLICATION, I AGREE to give documentation and verification of information on this application. I understand I may be asked to give consent to the CDJFS to make whatever contacts are necessary to determine my eligibility. By signing an application for 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 or to anyone for whom I am legally responsible during the Medicaid eligibility period.**

I authorize any person who furnishes health care or medical supplies to give the Ohio Department of Job & Family Services or the Ohio Department of Health any information related to the extent, duration, and scope of services provided under the Healthy Start, Healthy Families Medicaid program, WIC and medical assistance programs. I also authorize the Ohio Department of Health and the Ohio Department of Job & Family Services to exchange any information I have provided on this form, to enable the departments to determine my eligibility. I understand that this application will be considered without regard to race, color, sex, age, handicap, religion, national origin, or political belief.

**NOTE:** Your Social Security Number (SSN) is not needed if you only want to get WIC, CFHS, HMG, or BCMH programs. If you give the SSN on this application, it will be used for computer data matches to verify your eligibility and for program reviews. These reviews tell the agency if program participation and outreach are taking place.

By my signature below, I affirm that to the best of my knowledge and belief the answers on this application are complete and correct. I understand the law provides a penalty of fines or imprisonment (or both) for anyone convicted of accepting assistance he or she is not eligible to receive. I state under penalty of perjury that I have disclosed all annuities and other similar financial devices in which I or my spouse have any interest. I state under penalty of perjury that all of the information on this application is true and complete to the best of my knowledge.

Person Applying (Please Print Name)	Signature	Date
Authorized Representative or Person Who Completed Form	Signature	Date

Please mail completed application, signed rights and responsibilities form, and copies of important information to your local County Department of Job & Family Services (CDJFS).  
 For help completing this form, call 1-800-324-8680 (TDD 1-800-292-3572).

**No face-to-face interview is necessary when applying for Medicaid or BCMH.**

**A different application is required for cash or food assistance.** To apply for cash assistance through Ohio Works First, for Food Assistance, or for Medicaid for the aged, blind, or disabled, contact your local County Department of Job & Family Services.

**DIRECTIONS**

1. Fill out the application on pages 1 & 2. SIGN & DATE the application on page 2.
2. Use your own paper if you need more space to answer any questions, including listing more family members in section D.
3. Each person applying for health coverage through Medicaid must give a social security number OR proof that an application for a social security number has been submitted. A social security number is NOT required if you only want WIC, HMG, CFHS, and/or BCMH.
4. Attach copies of important documents, including as those listed below under "Application Checklist".

**Questions? Need help completing this form?  
Call 1-800-324-8680  
TDD 1-800-292-3572**

If you have not been provided with a copy of forms JFS 07236 "Your Rights and Responsibilities as a Consumer of Medicaid Health Coverage" or JFS 07400 "Ohio Medicaid Estate Recovery," please ask for these informational forms from your local CDJFS, call the Consumer Hotline at 1-800-324-8680 or TDD 1-800-292-3572, or visit <http://www.odjfs.state.oh.us/forms/inter.asp>.

**APPLICATION CHECKLIST**

In order to get health care services, there are certain pieces of information you must provide.

**Proof of income such as:**

- A copy of a recent pay stub; OR
- If self-employed, an IRS 1040 tax form with schedule C or F; OR
- A letter from your employer stating the amount of your monthly gross income.

**If you are pregnant,** a written statement from a doctor or nurse. This should include the expected date of birth and number of unborn babies (For example: twins = 2 babies).

You will need to show proof of U.S. citizenship or alien status for anyone applying for Medicaid. Original documents must be presented to your CDJFS; copies can only be accepted if they are certified by the agency that issued the document.

**If you or your children have medical coverage** through any other health insurance plan, you will need to send in a copy of your insurance card or other proof of coverage. Please be sure to copy both sides of your card.

**Mail your signed application, signed rights and responsibilities form, and copies of important information to your local County Department of Job & Family Services.**

If you are approved for Medicaid for yourself or your children, you may be required to cooperate with the child support enforcement agency (CSEA) in establishing paternity (who the legal father is) or establishing and enforcing a child support order that includes medical support. If you are required to cooperate with the CSEA, a referral will be submitted to the CSEA on your behalf. If you are required to cooperate but refuse to do so, you may lose coverage for yourself. Your children would still be covered. If you are not required to cooperate with the CSEA, you may still request child support services by completing the JFS 07076, "Application for Child Support Services".

## HEALTH COVERAGE PROGRAMS

Ohio offers families a variety of options for getting health care services. Below is a brief description of five publicly funded programs that are available throughout Ohio. Families can apply for one or all of the following programs by using the attached application.

### Healthy Start and Healthy Families

The Healthy Start and Healthy Families programs offer free or low-cost health coverage to families, children (up to age 19) and pregnant women. Certain young adults meeting specific criteria may be covered up to age 21. Coverage includes: doctor visits, hospital care, pregnancy-related services, prescriptions, vision, dental, substance abuse, mental health services and much more! These are important health care services that your family needs to stay healthy and strong. Healthy Start and Healthy Families are Medicaid programs administered by the Ohio Department of Job & Family Services. For more information, please call 1-800-324-8680 or visit [www.jfs.ohio.gov/ohp/](http://www.jfs.ohio.gov/ohp/). Those families who are interested in getting cash assistance through Ohio Works First, Food Assistance, or Medicaid for the aged, blind or disabled should contact their local County Department of Job & Family Services.

### Women, Infants & Children (WIC)

The Women, Infants, and Children (WIC) program provides nutritious foods, important nutrition information, and breastfeeding education and support. It also helps eligible families find health care or other services they need. To be eligible for WIC, you must be a woman who is pregnant or breastfeeding or have a baby less than six months old. Children from birth to age 5 also qualify. Families must meet WIC income and medical or nutritional risk guidelines. To apply, complete the attached application or visit your local WIC clinic for more information. The WIC program is administered by the Ohio Department of Health (ODH).

### Child & Family Health Services (CFHS)

The Child and Family Health Services (CFHS) Program in your area may provide one or more of the following services: child and adolescent health care, prenatal care, and/or family planning care. They may provide well-child physicals, nutrition counseling, laboratory tests, health education and may be able to help to get other health care you need. If you don't have any other way to pay for services at a CFHS clinic such as health insurance or Medicaid coverage, the cost of clinic services will be based on your family size and income. No one is turned away from services if they cannot pay. To apply, please fill out the attached application or visit your local Child and Family Health Services clinic. This program is administered by ODH.

### Bureau for Children with Medical Handicaps (BCMh)

The Bureau for Children with Medical Handicaps (BCMh) is a health care program providing services for children with special health care needs. To receive BCMh services a child must be an Ohio resident under age 21 and be under the care of a BCMh-approved doctor. Families must also meet income eligibility criteria. BCMh works closely with public health nurses in local health departments to increase services to children with handicaps and their families. To find out more about BCMh, families can contact their local health department or call 1-800-755-GROW (4769). This program is administered by ODH.

### Help Me Grow (HMG)

The goal of the Help Me Grow program is to assure that newborns, infants and toddlers across Ohio have the best possible start in life. Local Help Me Grow programs provide services that:

- Identifies children with or at risk for developmental delays or disabilities;
- Provides screenings for health, hearing, vision and development;
- Provides parents with information about their child's social and emotional development that lays the foundation for later school success;
- Assures that parents have information on the importance of early childhood immunizations and routine pediatric health care; and
- Connects children at age three with appropriate services.

Those who are interested in getting cash assistance through Ohio Works First, Food Assistance, or Medicaid for the aged, blind or disabled should contact their local County Department of Job & Family Services.

# Voter Registration Form

Please read instructions carefully. Please type or print clearly with blue or black ink.

For further information, you may consult the Secretary of State's Web site at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or call 1-877-767-6446.

**Eligibility**

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of the election laws.

Use **this form** to register to vote or to update your current Ohio registration if you have changed your address or name.

**NOTICE:** This form must be *received or postmarked* by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice prior to Election Day, please contact your county board of elections.

Lines 1 and 2 below are required by law. You must answer *both* of the questions for your registration to be processed.

**Registering in Person**

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the *last four digits* of your Social Security number on line 10. If you have neither, please write "None."

**Registering by Mail**

If you register by mail and do **not** provide either a current Ohio driver's license number or the last four digits of your Social Security number, please enclose with your application a **copy** of one of the following forms of identification that shows your name and current address:

Current valid photo identification card, military identification, or current (within one year) utility bill, bank statement, paycheck, government check or government document (except board of elections notifications) showing your name and current address.

**Your Signature**

Your signature is required for your registration to be processed. In the box next to the arrow by line 14, please affix your signature or mark, taking care that it does not touch surrounding lines or type so it can be effectively used to identify you. If your signature is a mark, include the name and address of the person who witnessed the mark beneath the signature line. If by reason of disability you are unable to physically sign, you may follow specific procedures found in Ohio law (R.C. 3501.382) to appoint an attorney-in-fact who may sign this form on your behalf at your direction and in your presence.

Please see information on back of this form to learn how to obtain an absentee ballot.

FOLD HERE

1. Are you a U.S. citizen?  Yes  No  
 2. Will you be at least 18 years of age on or before the next general election?  Yes  No  
 If you answered NO to either of the questions, do not complete this form.

3. Last Name  First Name  Middle Name or Initial  Jr., II, etc.

4. House Number and Street (Enter new address if changed)  Apt. or Lot #  5. City or Post Office  6. ZIP Code

7. Additional Rural or Mailing Address (if necessary)  8. County where you live

9. Birthdate (MO-DAY-YR) (required)  10. Ohio driver's license No. OR last 4 digits of Social Security No. (one form of ID required to be listed or provided)  11. Phone No. (voluntary)

12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street

Previous City or Post Office  County  State

13. CHANGE OF NAME ONLY Former Legal Name  Former Signature

I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

14. Your Signature →

Date  /  /   
 MO DAY YR

FOR BOARD USE ONLY SEC4010 (Rev. 10/11)
City, Village, Twp.
Ward
Precinct
School Dist.
Cong. Dist.
Senate Dist.
House Dist.





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