

# Ohio

Department of  
Job and Family Services

## Medicaid Consumer Guide



A Guide to Help You Understand  
Your Health Care Coverage

**Health Care with a Public Purpose.**

1-800-324-8680

TDD 1-800-292-3572

[jfs.ohio.gov/ohp](http://jfs.ohio.gov/ohp)

# I mportant Phone Numbers

WRITE DOWN IMPORTANT PHONE NUMBERS

AMBULANCE	
AUTHORIZED REPRESENTATIVE	
FIRE	
POLICE	
POISON CONTROL EMERGENCY	<b>1-800-222-1222</b>
DOCTOR	
PEDIATRICIAN	
DENTIST	
PHARMACY	
OHIO MEDICAID CONSUMER HOTLINE	<b>1-800-324-8680</b> <b>TDD: 1-800-292-3572</b>
COUNTY DEPARTMENT OF JOB & FAMILY SERVICES	
CASEWORKER NAME AND PHONE NUMBER	
MCP SELECTION SERVICES	<b>1-800-605-3040</b> <b>TDD: 1-800-292-3572</b>

# T able of Contents

<b>TOPIC</b>	<b>PAGE</b>
<b>WELCOME TO OHIO MEDICAID</b>	6-7
<b>COMMONLY USED MEDICAID TERMS</b>	8-9
<b>WHAT TO EXPECT</b>	
How to work with your caseworker	10
Once you have your medical card	11
<b>YOUR MEDICAL CARD</b>	
Why is my medical card important?	12
What if I forget my medical card?	12
<b>MANAGED CARE PLAN</b>	
How will I know if I am in a managed care plan?	13
What if I do not live in a county with managed care?	13
<b>FINDING A HEALTH CARE PROVIDER</b>	
What is a health care provider?	14
How do I find a health care provider?	14
Helpful tips to get health care	16

# T able of Contents

<b>TOPIC</b>	<b>PAGE</b>
<b>HEALTH CARE SERVICES</b>	
What does “medically necessary” mean?	17
What is prior authorization?	17
Co-Payments	18-19
Prescription Drug Benefit	20
Services at your health care provider’s office	21
Dental, Vision, and Dermatology	22
Pregnancy Related Services	23
Inpatient (Hospital) Services	23
Mental Health	24
Alcohol & Drug Addiction Services	24
Home Health Care & Long-Term Care	25
Medical Equipment & Supplies	26
Transportation	26
Emergency Room Services	27-29
<b>HEALTHCHEK FOR CHILDREN, TEENS &amp; YOUNG ADULTS</b>	
Healthchek	30-31
When do my kids need immunizations?	32
Immunization Schedule	33
<b>LEAD TESTING FOR CHILDREN</b>	34
<b>HEALTH SCREENINGS FOR ADULTS</b>	35-36

# T

## able of Contents

---

<b>TOPIC</b>	<b>PAGE</b>
<b>SERVICES NOT COVERED BY MEDICAID</b>	<b>37</b>
<b>SPENDDOWN</b>	
What is Spenddown?	38
How can I meet my Spenddown?	38-39
What expenses count toward my Spenddown?	39
What do I do when I meet my Spenddown?	40
<b>BILLING QUESTIONS</b>	
What should I do if I get a bill?	41
What if I have Medicare (or private health insurance) and Medicaid?	42
Do I need to pay a co-pay or deposit for health care services?	43
Can Medicaid help me pay for past medical bills?	43
<b>REAPPLICATION</b>	
What do I need to do to keep Medicaid?	44-45
<b>TROUBLE SHOOTING</b>	
What if I lose my medical card?	46
What if I have a complaint?	46
What if I need medically necessary services more often than Medicaid allows?	46

# T

## able of Contents

---

<b>TOPIC</b>	<b>PAGE</b>
<b>TROUBLE SHOOTING (CONTINUED)</b>	
What if I am not happy with the services that are being provided to me or a loved one in a nursing home?	47
What if my Medicaid application is denied?	48
What if I need legal help?	48
<b>RIGHTS &amp; RESPONSIBILITIES</b>	<b>49-50</b>
<b>NOTES PAGES</b>	
Use pages 50-61 to record important information.	
Medication List	51-53
Appointments	54-56
Notes	57-60
<b>INDEX</b>	<b>61-63</b>

# W elcome

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Dear Ohio Medicaid Consumer,


You are enrolled in the Ohio Medicaid Program. This guide will help answer questions you may have about Medicaid and the health care services you can get.

Please take time to read this guide.

Keep this guide where you can easily find it.

Carry this guide with you to health care appointments. Use the blank note pages in the back of this guide to record information from your health care provider and your caseworker.

Ohio Medicaid includes:

- 1  **Healthy Start and Healthy Families.** Healthy Start and Healthy Families are for families, children (up to age 19) and pregnant women.
- 2 **Medicaid for Ohioans who are aged, blind or have a disability.** This health care coverage program is for Ohioans who are 65 years of age and older and Ohioans who are blind or disabled at any age. This includes **Spendedown Medicaid**.
- 3 **Medicaid Buy-in for Workers with Disabilities.** This program is available to Ohioans who have disabilities and are age 16-64. Individuals enrolled in this program must be working and may have to pay a premium for health care coverage.

# W elcome

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Most of the information in this guide is for consumers who get a monthly Medicaid card. If you have Medicaid and are enrolled in a managed care plan, you can learn more about your health care benefits and your rights and responsibilities by calling your managed care plan, and by reading your member handbook.

If you have questions that this book does not answer, call your local county department of job & family services. You can also call the Medicaid Consumer Hotline at 1-800-324-8680 (TDD: 1-800-292-3572) or visit us on the web at [www.jfs.ohio.gov/ohp](http://www.jfs.ohio.gov/ohp).

Finally, ODJFS understands that your health information is personal. Keeping your health information private is one of our most important responsibilities. ODJFS is committed to protecting your health information and following all laws about the use of your health information. For more information about privacy laws, visit <http://jfs.ohio.gov/hipaa/privacy.pdf>. If you have questions about your private health information, call the Medicaid Consumer Hotline at 1-800-324-8680 (TDD: 1-800-292-3572).

We wish you good health. Welcome to Ohio Medicaid!

**NOTE:** The information in this guide is current as of June 2008. All information is subject to change based on changes to Medicaid policies.

# C ommonly Used Terms

This guide uses words you may not know. These commonly used words and their definitions are listed below.

<b>Caseworker:</b>	Everyone enrolled in Medicaid has a case worker. A caseworker is your contact person at your county department of job & family services. Your caseworker determines Medicaid eligibility and can answer questions you may have about the Medicaid application and reapplication process.
<b>Co-payments:</b>	A set dollar amount you pay before you receive certain services or products, such as office visits or drugs.
<b>Fee-For-Service:</b>	Fee-for-service means that you can go to any health care provider that takes Medicaid. If you are not in a managed care plan, you get your health care through fee-for-service.
<b>Health Care Provider:</b>	A health care provider is the person you go to for your health care. A health care provider can be a doctor, nurse practitioner, specialist, or other health care professional.
<b>Managed Care ID Card:</b>	If you are in a managed care plan, you will get an identification card to use as your health care card. It is important that you always have your ID card with you.
<b>Managed Care (MCP):</b>	A managed care plan (MCP) is a health plan care company that works with certain doctors and hospitals. The MCP and its doctors and hospitals provide health care services covered by Medicaid. If you have Medicaid and are in an MCP, you will need to get health care from the doctors and hospitals that are with your MCP.

# C ommonly Used Terms

<b>Medicaid:</b>	Medicaid is used to mean Healthy Start, Healthy Families and Medicaid for Ohioans who are aged, blind, or disabled.
<b>Medical Card:</b>	“Medical card” is the word used to mean the Medicaid card. The medical card shows that you have Medicaid and that Medicaid will pay for your health care. It is important that you always carry your medical card with you.
<b>Medically Necessary:</b>	Medically necessary means that health care services or treatments you get must be directly related to your condition or illness being treated. Your health care provider will decide what is medically necessary.
<b>Prior Authorization:</b>	Some health care services need a “prior authorization.” This means that your doctor or medical equipment supplier needs to get the “OK” from ODJFS <b>before</b> they can give you that service or equipment.
<b>Spenddown:</b>	Spenddown is for Ohioans who are aged, blind or have a disability and who meet all the Medicaid eligibility criteria except that their income is too high. These consumers are required to meet a Spenddown to become eligible for Medicaid. See “Information about Spenddown” on pages 38-40.

# What to Expect

## HOW TO WORK WITH YOUR CASEWORKER

Your caseworker can answer questions about Medicaid. You can contact your caseworker at your county department of job & family services. Also, you can pick someone you know to represent you. This person is called your **“authorized representative”**. An authorized representative is someone over age 18 who knows your health history and can help you understand your coverage.

It is important to work with your caseworker so you can get and keep Medicaid. Always tell your caseworker important information like changes in income or family size.

If you do not know who your caseworker is, call your county department of job & family services. They will be able to tell you the name of your caseworker. If you do not know the phone number to your county department of job & family services, call the Ohio Medicaid Consumer Hotline at 1-800-324-8680 (TDD: 1-800-292-3572).

To help remember who your caseworker is and how to reach him or her, fill in this section below.

COUNTY YOU LIVE IN: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

CASEWORKER: \_\_\_\_\_

CASEWORKER PHONE: \_\_\_\_\_

CASEWORKER ADDRESS: \_\_\_\_\_

If your caseworker leaves your county department of job & family services, you will be given a new caseworker.

# What to Expect

## ONCE YOU HAVE YOUR MEDICAL CARD

### Once you have been approved for Medicaid, this is what will happen next:

- 1 You will get a medical card in the mail at the beginning of each month that you are eligible for Medicaid.

If you enroll in a managed care plan (MCP), you will get a monthly medical card for about 2 months. When your MCP sends you your permanent managed care ID card, you will no longer get a monthly medical card.

Always carry your medical card or managed care ID card with you.

- 2 You will get your health care services through an MCP or fee-for-service Medicaid provider.

If you are not asked or required to join an MCP, your Medicaid benefits are provided by fee-for-service Medicaid.

- 3 You should choose one health care provider to go to for most of your health care. One provider can help you coordinate your health care.

# Y our Medical Card

YOUR MEDICAL CARD IS IMPORTANT!

**Q. Why is my medical card or my Managed Care ID card important?**

**A.** Your card is important because it is proof that you can get health care services; it lists the people in your family who have Medicaid; and it has important billing information on it.

**You will need to show your medical card or Managed Care ID card each time you see your health care provider or get medical services. Show your card when you:**

- ✱ see your doctor
- ✱ get prescriptions
- ✱ see a dentist or eye doctor
- ✱ go to the hospital or emergency room
- ✱ go to an urgent care facility
- ✱ get medical supplies
- ✱ get a vision or hearing exam

**Q. What if I forget my card when I go to the doctor?**

**A.** You can ask your health care provider's office to call Medicaid's Interactive Voice Response System at 1-800-686-1516. Your health care provider will need your name, your Medicaid billing number, and the date of medical service to confirm that you are a current Medicaid consumer. If your provider's office does not have your billing number, your social security number and date of birth can be used. **MCP members: tell your provider to call your MCP.**

# M anaged Care

**Q. How will I know if I am on fee-for-service or in an MCP?**

**A.** If you are getting a monthly medical card, you are on fee-for-service for the time period listed on the card. If you received a managed care ID card and a member handbook, then you are in an MCP.



If you (or your children) have Healthy Start or Healthy Families, you might get a letter in the mail telling you that you can or must join an MCP. In some cases, you will be required to join an MCP.

Call your caseworker or the Medicaid Consumer Hotline at 1-800-324-8680 (TDD: 1-800-292-3572) to find out if you need to join an MCP.

**Q. What if I am not asked to join an MCP?**

**A.** If you are not asked to join an MCP, you WILL NOT have the option to join an MCP. You should use the medical card that you get in the mail from the Ohio Department of Job & Family Services.



# Finding A Health Care Provider

## Q. What is a health care provider?

- A.** A health care provider can be a doctor, nurse practitioner, specialist, or other health care provider that you see for your health care needs.

It is important that you have one main health care provider because he or she will get to know you. By knowing things like your medical history and the medicines that you take, your health care provider can take better care of you.

## Q. How do I find a health care provider?

- A.** If you are on fee-for-service Medicaid and already have a health care provider that you want to keep, call that office to check if they accept Medicaid.

If you do not have a health care provider, call the Ohio Consumer Hotline at 1-800-324-8680 (TDD 1-800-292-3572) and ask for names of health care providers in your area.

If you are in an MCP, the name and telephone number of your primary care provider is on your managed care ID card. To change to a new provider, or if you have trouble making an appointment, call your managed care plan.

# Finding A Health Care Provider

## Q. When calling a new health care provider's office or clinic, what should I ask?

- A.** Ask these two questions when calling a new health care provider's office:
- ① Are you taking new patients?  
AND
  - ② Do you take Medicaid or my managed care plan?

It is your responsibility to make sure the health care provider you choose participates in the Medicaid program or your managed care plan.

# Finding A Health Care Provider

## Helpful Tips

### To Get The Health Care You Need

- 1 Find a health care provider.**  
When you find a health care provider, call the provider's office and ask two questions: "Are you taking new patients?" and, "Do you take Medicaid or my managed care plan?" Tell them you have Medicaid.
- 2 Carry your medical card with you.**  
Always carry your medical card or your managed care ID card with you. Show your card at every health care appointment, the pharmacy, or medical supplier.
- 3 Keep your appointments.**  
To get the best care possible, keep your appointments with your health care provider.
- 4 Be on time for your appointments.**  
If you need to cancel, call your health care provider as soon as possible.

# Health Care Services

## MEDICALLY NECESSARY AND PRIOR AUTHORIZATION

If you are in a managed care plan, check your plan's handbook about how to get medically necessary services and when you need a prior authorization.

Your medical card will pay for most medical services you need. The services you get must be **medically necessary** for Medicaid or your managed care plan to pay for them. Medically necessary means that the service or treatment you get is directly related to your health needs or illness being treated.

For example: A prescription for antibiotics is medically necessary for a child with strep throat.

Some Medicaid services need a **prior authorization**. This means that your health care provider or medical equipment supplier need to get the "OK" from the Ohio Department of Job & Family Services BEFORE they can give you that service or equipment.

If your prior authorization is denied, you can appeal the decision. Call your county department of job & family services to get more information on how to appeal your prior authorization denial.

For example: Amy needs a wheelchair and must go to a medical equipment supplier. The medical supplier must fill out a prior authorization form. If the request is approved, the medical supplier will be told and Amy will get her wheelchair.

# H Health Care Services

## CO-PAYMENTS

### Co-payments

You may be charged a co-payment for the medical services listed below:

- Non-emergency services received in an emergency room - \$3 per visit;
- Dental services - \$3 per visit;
- Routine eye exams - \$2 per visit;
- Eyeglasses - \$1 per fitting;
- Most brand name (non-generic) prescriptions - \$2 per prescription or refill; and
- Prescriptions that need prior authorization - \$3 per prescription or refill.

Co-payments should be paid to your health care provider when you receive medical services.

You will NOT be charged a co-payment:

- If you are under age 21;
- If you are pregnant or your pregnancy ended up to 90 days ago. (However, there is a co-payment for eye exams and eyeglasses fitting);
- Are living in a nursing home or an intermediate care facility for the mentally retarded;
- Are receiving emergency services in a hospital, clinic, office, or other facility;
- Filling a prescription for birth control, condoms, or family planning devices;
- Are receiving hospice care; or
- Are in a managed care plan that does not charge co-payments.

If you are unable to pay your co-payment, you cannot be refused medical services. However, you still owe the co-payment to your health services provider. Your health services provider may refuse

# H Health Care Services

## CO-PAYMENTS

medical services if you have past unpaid co-payments. Your health services provider must tell you that this is their policy and they must have the same policy for all of their patients.

You can request a state hearing if you think you have been wrongfully charged a co-payment. Call the Ohio Medicaid Consumer Hotline at 1-800-324-8680 (TDD/TTY 1-800-292-3572) if you have further questions.

# H Health Care Services

PRESCRIPTION DRUG BENEFIT – MEDICARE PART D

## Prescription Drug Benefit - Medicare Part D

If you have Medicare, there is a prescription drug benefit program known as Medicare Part D that helps pay for your prescriptions. Medicaid will only pay for certain prescriptions that Medicare Part D does not cover. Be sure to give both your Medicare Part D and Medicaid cards to your pharmacist.

If you have both Medicare and Medicaid, you must join a Prescription Drug Plan for Medicare to pay for your prescriptions. A plan will be chosen for you if you don't make a choice. If you do not like the plan, you can change it at any time. If you have other prescription coverage through a union, employer, or retiree plan, you may not need to join a Medicare Part D plan. Call your current prescription plan to find out your options.

Also, you will automatically qualify for "extra help" so you will not be charged a deductible or monthly premiums. However, you will have to pay co-payments between \$1 - \$5 per prescription.

If you have additional questions or need to join a Prescription Drug Plan, please contact,

1-800-MEDICARE (1-800-633-4227)

[www.medicare.gov](http://www.medicare.gov)

or

Ohio Senior Health Insurance Information Program (OSHIIP)

1-800-686-1578

[www.ohioinsurance.gov](http://www.ohioinsurance.gov)

# H Health Care Services

SERVICES AT YOUR HEALTH CARE PROVIDER'S OFFICE

If you are enrolled in an MCP, please read information on page 37.

What Services Are Covered?	Description of Services
<b>DOCTOR VISITS</b>	Up to 24 visits per year. You can get more if medically necessary.
<b>PRESCRIPTIONS</b>	Covered as medically necessary. Copayments may apply.
<b>LAB TESTING AND X-RAYS</b>	Covered when medically necessary and ordered by your doctor.
<b>FAMILY PLANNING VISITS AND SERVICES</b>	As needed.
<b>PHYSICAL EXAM REQUIRED FOR JOB PLACEMENT</b>	Exam is covered if not offered free of charge by employer.
<b>PROSTATE (CANCER) TESTS</b>	For men, once a year starting at age 50.
<b>PAP SMEARS AND PELVIC EXAMS</b>	Once a year for women ages 16 and older and sexually active adolescents.
<b>MAMMOGRAPHY (SEE PAGE 35)</b>	For women starting at age 35.
<b>HEALTHCHEK WELL-CHILD VISITS (SEE PAGE 29)</b>	8 visits by age 2. Once a year after age 2.
<b>SPEECH THERAPY</b>	As medically necessary.
<b>PHYSICAL THERAPY</b>	Up to 30 visits each year.
<b>OCCUPATIONAL THERAPY</b>	Covered in a hospital setting only.
<b>CHIROPRACTIC SERVICES</b>	Covered for children only.
<b>HEARING SERVICES</b>	Covered for adults and children (see Healthchek on pages 30-31).

# H Health Care Services

DENTAL, VISION, AND DERMATOLOGY

WHAT SERVICES ARE COVERED?	HOW OFTEN CAN I USE THESE SERVICES?
<b>DENTAL CHECK-UPS AND CLEANING</b>	Once every 6 months (180 days) for children. Twice every 12 months for adults.
<b>EXTRACTIONS AND FILLINGS</b>	As needed.
<b>FULL AND PARTIAL Dentures</b>	Must be prior authorized. They may be replaced every 8 years.
<b>PRESCRIPTIONS</b>	
<b>BRACES</b>	Must be prior authorized.
<b>REGULAR EYE EXAMS</b>	If you are 21-59 years old: once every 24 months. If you are 20 years old or younger, or 60 years old or older: once every 12 months.
<b>EYEGASSES</b>	If you are 21-59 years old: one pair every 24 months. If you are 20 years old or younger, or 60 years old or older: One pair every 12 months.
<b>CONTACT LENSES, TINTED LENSES, PROSTHETIC EYE, AND LOW-VISION AIDS</b>	These items must be prior authorized and be medically necessary.
<b>DERMATOLOGY (SKIN) SERVICES</b>	Must be medically necessary and related to a disease or condition.

# H Health Care Services

PREGNANCY AND HOSPITAL SERVICES

WHAT SERVICES ARE COVERED?	DESCRIPTION OF SERVICES
<b>PRENATAL &amp; POSTPARTUM DOCTOR VISITS</b>	Medicaid pays for all pregnancy related services when they are needed. These services include postpartum check-ups for mom, and health care and immunizations for baby (see Healthchek on pages 30-31).
<b>ULTRASOUNDS</b>	
<b>CHILDBIRTH CLASSES</b>	
<b>LABOR &amp; DELIVERY</b>	
<b>HOSPITAL STAY</b>	
<b>HEALTH CARE FOR BABY</b>	
<b>HOSPITAL STAY</b>	Covered as needed and when medically necessary.
<b>SURGERY</b>	Some hospital services require pre-certification. Your doctor will get this before your hospital stay.
<b>ANESTHESIA</b>	

# H Health Care Services

MENTAL HEALTH, ALCOHOL AND DRUG ADDICTION

## MENTAL HEALTH SERVICES

You can get mental health services through your community mental health system by contacting your local Alcohol, Drug Addiction and Mental Health Board (ADAMH) or Community Health Board (CMH). If you do not know the number, call your caseworker at your county department of job & family services. (\*Mental health services provided by “Independent Psychologists” will only be covered by Medicaid for children age 21 and under.)

## ALCOHOL AND DRUG ADDICTION SERVICES

Medicaid covers some alcohol and substance abuse treatment services. If you need help for alcohol or drug addiction, call your local ADAMH Board. You can also call your caseworker at your county department of job & family services and ask for agencies in your community that can help.

### IMPORTANT INFORMATION FOR MEDICAID CONSUMERS ENROLLED IN A MANAGED CARE PLAN

The health services information on pages 18-23 is for consumers enrolled in fee-for-service Medicaid. If you are enrolled in a managed care plan, the types of services, amount, and how you get health care may be different.

Read your managed care plan’s member handbook or call your plan if you have questions about what health care services are covered.

# H Health Care Services

HOME HEALTH CARE AND LONG-TERM CARE

WHAT SERVICES ARE COVERED?	DESCRIPTION OF SERVICES
<b>HOME HEALTH CARE</b>	Part-time daily living care in your home. Nursing services and skilled therapies available when medically necessary and ordered by your doctor.
<b>LONG-TERM HOME AND COMMUNITY CARE OPTIONS “WAIVER SERVICES”</b>	If you need long-term care but want to stay in your home, you may be able to do so through one of the home and community-based services waiver programs.
<b>CARE IN A NURSING HOME OR INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED (ICF-MR)</b>	These services are available to those who need long-term care in an institution.
<b>HOSPICE CARE - THE MEDICAID HOSPICE PROGRAM</b>	Hospice is available to Medicaid consumers with a life expectancy of six months or less. Hospice helps meet the needs of the patient and family during the final stages of illness and dying.
Not everyone with Medicaid can get the above services. For more information about long-term care programs, contact your caseworker at your county department of job & family services.	

# H Health Care Services

MEDICAL SUPPLIES, EQUIPMENT AND TRANSPORTATION

## Q. How can I get medical supplies and equipment?

- A.** You can get medical supplies and medical equipment when it is ordered by your doctor and medically necessary. In certain cases, medical supplies and medical equipment require prior authorization.

Examples of medical supplies are diabetic supplies, nutritional supplies, ostomy supplies, and supplies for wound care.

Examples of medical equipment are hospital beds, ventilators, walkers, and wheelchairs.

## Q. Can I get help with transportation to my health care appointments?

- A.** If you do not have a way to get to an appointment for health care services that are paid by Medicaid, call your county department of job & family services for help.

It is important to plan ahead. Call for transportation as soon as you have made your doctor appointment or other health care appointment.

If you have a disability you may be able to use an ambulance or ambulette.

# H Health Care Services

EMERGENCY ROOM SERVICES

All emergency room visits are covered by Medicaid. If you are in an MCP, refer to your plan's member handbook for more information.

**Emergency services are for medical problems that must be treated immediately. It is important NOT to use the emergency room for routine medical care. Co-payments may be applied for the use of the emergency room for non-emergency care.**

For example: An earache is not usually an emergency. You should call your health care provider to treat your earache.

## Q. When should I use the emergency room?

- A.** You should use the emergency room when your life or health (or your child's life or health) is at serious risk or when you (or your child) are severely injured.

Examples of emergencies are:

- ★ Miscarriage or pregnancy with vaginal bleeding
- ★ Severe bleeding
- ★ Shortness of breath or difficulty breathing
- ★ Chest pain
- ★ Unconsciousness
- ★ Severe burns
- ★ Poisoning
- ★ Convulsions
- ★ Severe abdominal pain
- ★ Bodily injury or broken bones
- ★ High fever or severe vomiting or diarrhea

# H Health Care Services

## EMERGENCY ROOM SERVICES

**Q. What if I am not sure if I should go to the emergency room?**

- A.** If you are not sure if you need to go to the emergency room, call your health care provider.

If you cannot reach your health care provider and you think you have an emergency, call 911 (or your local emergency number) or go to the nearest emergency room.

If you are in a managed care plan, your member handbook and managed care ID card list a toll-free number you can call to talk with someone who will help you.

**Q. What should I do if I have a dental emergency?**

- A.** If you or your children have a dental emergency, call your dentist right away and follow his or her instructions.

If you do not have a dentist or your dentist's office is closed, go to the closest emergency room.

# H Health Care Services

## EMERGENCY ROOM SERVICES

**Q. What if I am traveling outside of Ohio and have an emergency?**

- A.** If you are traveling outside of Ohio and have a medical emergency, you need to tell the hospital you have Ohio Medicaid.

Sometimes health care providers outside of Ohio will not accept Ohio Medicaid. They may ask you to pay for the health care you get outside of Ohio.

A health care provider outside of Ohio can become an Ohio Medicaid Provider by calling Provider Enrollment at 1-800-686-1516.

If you are in a managed care plan, show your managed care ID card. Your managed care plan will cover emergency services outside of Ohio.



# H

## Healthchek For Children

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### Healthchek for Children

Healthchek is Ohio's Early Periodic, Screening, Diagnosis and Treatment (EPSDT) Program for babies, children, teens, and young adults. Healthchek is a program paid by Medicaid.

These services provide well-child check-ups for newborns, infants, children, teens and young adults through age 20. Healthchek will also treat any illness that is found during the check-up.

All health care providers paid by Medicaid are required to do Healthchek screenings. To get a Healthchek screening for your children, make an appointment with your children's health care provider.

### Healthchek Screenings Include:

- ★ Complete Physical Exam, which includes pelvic exam and Pap Test for sexually active females.
- ★ Lead Testing (See page 34)
- ★ Vision Check
- ★ Dental Check
- ★ Hearing Check
- ★ Nutrition Assessment
- ★ Immunizations (Shots)
- ★ Urine Test
- ★ Mental Health Services
- ★ Test for Anemia and Sickle Cell Anemia
- ★ Sexually Transmitted Disease Test
- ★ Alcohol and Drug Addiction Services
- ★ Counseling and education with the doctor or health care provider at the time of the screening for parents and patients.

# H

## Healthchek For Children

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### Q. When do my kids need to get a Healthchek exam?

A. Healthchek visits should be scheduled when your children need to get their immunizations (shots). Children should have a Healthchek exam at the following ages:

- |                |                 |
|----------------|-----------------|
| ★ Birth        | ★ 12 months old |
| ★ 1 month old  | ★ 15 months old |
| ★ 2 months old | ★ 18 months old |
| ★ 4 months old | ★ 24 months old |
| ★ 6 months old |                 |

After 24 months of age, children should have a Healthchek exam once a year.

# I mmunizations for Children

## Q. When should my kids have their immunizations (shots)?

A. Immunizations protect against dangerous childhood diseases. It is important to follow the immunization schedule to keep your baby healthy.

The Ohio Department of Health recommends following the combined Recommended Childhood Immunization Schedule approved by the Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). Parents should consult with their physician or immunization provider to make sure their children are up-to-date with the current schedule.

The information in the following chart should **NOT** be used as a substitute for the advice of your child's health care provider. Talk with your child's health care provider if you have questions about immunizations.

# I mmunizations for Children

AGE	DTaP DTP DT/Td	HIB	IPV OPV	HEP B	MMR	VAR	PCV
Birth - 2 Months				*			
1-4 Months				*			
2 Months	*	*	*				*
4 Months	*	*	*				*
6 Months	*	*					*
6-18 Months			*	*			
12-18 Months	*	*			*	*	*
4 - 6 Years	*		*		*		
11 - 12 Years	Td only			*	*	*	

\*Your child should have these vaccines by 11-12 years of age

**DTaP** - Protects your baby from Diphtheria, Tetanus (lockjaw) and Pertussis (whooping cough).

**Hep B** (Hepatitis B) is a disease of the liver. Prevents liver cancer.

**HIB** - Protects against haemophilus influenza type b disease which can cause a brain infection.

**MMR** - Protects against measles, mumps and rubella.

**IPV(Polio)** - Protects against polio, which can cause paralysis.

**VAR** - Protects against Varicella/ Chickenpox - one of the most common of all childhood diseases.

**PCV** - Protects against Streptococcus pneumonia, the cause of 25% - 40% of all middle ear infections.

# **L**ead Testing for Children

Blood lead poisoning is a serious health risk to babies and young children. Signs of lead poisoning can include stomachaches; headaches; poor appetite; trouble sleeping; or being cranky, tired or restless. Sometimes a child may have lead poisoning and not feel or look sick.

Medicaid requires that doctors test all children enrolled on the Medicaid program (fee-for-service and managed care plans) for blood lead poisoning. It is important that you make sure your child has a blood lead test.

**Q. At what age should my child have a blood lead test?**

**A.** Your child should have a blood lead test at 12- and 24-months of age.

**Q. What if my child is older than 24-months and has never had a blood lead test?**

**A.** If your child has never had a lead test, they should be tested. Make an appointment with your child's health care provider to have a blood lead test.

**Q. Where do I take my child to get a blood lead test?**

**A.** Make an appointment with your child's health care provider. Your child may be tested in the office or you may be told to go to a lab for the test. A blood lead test can be done alone or as a part of the Healthchek exam.

# **H**ealth Screenings For Adults

## **Preventive Health Screenings for Adults**

Medicaid pays for some preventive health care.

Preventive health care keeps you healthy by testing for risk factors that may cause disease later in life.

Any medically necessary screening your health care provider orders may be covered by Medicaid within certain limits.

Page 36 lists the most common preventive health screenings for adults and how often to get the screenings.

If you are enrolled in a managed care plan, check your member handbook for screenings offered by your health plan.

# H

## Health Screenings for Adults

SCREENING	WHO SHOULD HAVE THIS SCREENING? AND HOW OFTEN?
<b>WORK PHYSICAL</b>	Medicaid will pay for a physical exam for Medicaid consumers when it is required for a job and an employer does not provide the exam free of charge.
<b>PROSTATE EXAM (TEST FOR PROSTATE CANCER)</b>	Once every 12 months for men age 50 years and older.
<b>MAMMOGRAPHY (X-RAY TO CHECK FOR BREAST CANCER.)</b>	One mammography for women between the ages of 35-39. Then one every 12 months starting at the age of 40. High-risk women under 35 years of age should talk with their health care provider.
<b>PELVIC EXAM AND PAP TEST</b>	Once every 12 months for women age 16 and older and sexually active adolescents. These service are covered more often when medically necessary.
<b>Tetanus- Diphtheria (td) booster shot</b>	Once every 10 years for all adults.
<b>FLU SHOT</b>	Once a year for adults, teens, and children. Usually given October - December.
<b>PNEUMONIA SHOT</b>	Once a year to those who are 65 years of age or older and those with low immune systems or chronic health problems.

# S

## ervices NOT Covered

**Q. What services are NOT covered by Medicaid or my managed care plan?**

**A. The services listed below are NOT covered by Medicaid.**

- ✧ Services or supplies not considered medically necessary.
- ✧ Experimental services and procedures, including some drugs and equipment.
- ✧ Abortions except in the case of a reported rape, incest or when medically necessary to save the life of the mother.
- ✧ Infertility services for males or females.
- ✧ Reversal of voluntary sterilization procedures.
- ✧ Voluntary sterilization if under 21 years of age or legally incapable of consenting to the procedure.
- ✧ Cosmetic surgery, unless medically necessary.
- ✧ Treatment of obesity, unless medically necessary.
- ✧ Sexual or marriage counseling.
- ✧ Acupuncture and biofeedback services.
- ✧ Services to find the cause of death (autopsy).
- ✧ Comfort items in the hospital, like TV or phone.
- ✧ Paternity testing.

**NOTE:** Managed care plans may choose to offer some or all of the above services. If you are enrolled in fee-for-service Medicaid, you cannot get any of the above services listed.

# Spenddown

## IMPORTANT INFORMATION ABOUT SPENDDOWN

### Q. What is Spenddown?

- A.** Spenddown is part of the Medicaid program. It is for Ohioans who are aged, blind, or have a disability who meet all the qualifications for Medicaid - except their income is too high. “Spenddown” is the amount of your income that is above the Medicaid monthly income limit. (\*Note: There are certain types of income that may not be counted.)

### Q. How can I meet my Spenddown?

- A.** You may “**pay-in**” your Spenddown each month with a check or money order to your local county department of job and family services. If you choose this option, your card will be good for the entire month.

You also may “**incur**” costs for medical services that equal your Spenddown for the month. “Incur” means that you got medical services and are responsible for payment. You must show proof (example: a recent bill, paid or unpaid) to your caseworker that shows you got medical services. Once your Spenddown amount is met, you will get a Medicaid card to use for the rest of the month.

Your caseworker can tell you how to meet your Spenddown.

# Spenddown

## IMPORTANT INFORMATION ABOUT SPENDDOWN

### Q. What expenses can be used to meet my Spenddown?

- A.** Medically necessary services can be used to meet your Spenddown. Examples include:
- ✦ Prescription co-payments
  - ✦ Medical bills (such as doctor and dentist visits, eye exams, prescriptions, physical therapy, medical equipment, lab work)
  - ✦ Medical insurance premiums (such as health, vision, dental, long-term care)
  - ✦ Medical insurance co-pays and deductibles
  - ✦ Medicare premiums
  - ✦ Transportation costs to get to medical appointments (such as miles traveled in your car, bus or taxi fares)

### Q. Can I use a family member’s medical bill to help me meet my Spenddown?

- A.** YES. You may be able to use the medical bills of a spouse, parent, sister (includes half-sister), or brother (includes half-brother) to help you meet your Spenddown. You **CANNOT** use medical bills of a stepparent, stepchild, stepsister, or stepbrother.

# Spenddown

## IMPORTANT INFORMATION ABOUT SPENDDOWN

**Q. What do I do when I have an unpaid past medical bill?**

- A.** You may be able to use an unpaid past medical bill to meet your Spenddown.

For example, if your monthly Spenddown is \$100 and you have an unpaid past medical bill for \$800, you can use that medical bill to meet your Spenddown for 8 months. (\$800 bill / \$100 monthly Spenddown = 8 months that the Spenddown is met) If you have unpaid medical bills, tell your caseworker.

**Q. What do I do when I meet my Spenddown amount?**

- A.** Mail, fax or drop off copies of your medical bills that you are using to meet your Spenddown to your caseworker at your county department of job & family services. Remember to keep your original medical bills for your files. After your Spenddown is met, your medical card should be mailed within two business days.

# Billing Questions

**IMPORTANT!**  
**DO NOT ignore any medical bills.**

**Q. What should I do if I get a bill that I think Medicaid should have paid?**

- A.** If you get a bill for medical services that you think Medicaid should have paid for, follow these steps:
- ❶ Call the people that sent you the bill. They should list their office number or a customer service number on the bill for you to call.
  - ❷ Tell them that you are covered by Ohio Medicaid and give them the billing number that is listed on your medical card. If you also have Medicare, give them your Medicare number.
  - ❸ Tell them to bill Medicaid or Medicare and not you.
  - ❹ If you are in a managed care plan and get a bill, contact your managed care plan's member services for help.

If you are on Spenddown Medicaid, you may have to pay all or part of the bill that counts toward your Spenddown amount.

You are responsible for paying the bill if you saw a doctor who does not take Medicaid or you signed a statement saying that you wanted to receive a service and are willing to pay for it.

# Billing Questions

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**Q. My doctor told me Medicaid did not pay all of my bill and sent me a bill to pay for the rest. What should I do?**

**A.** When doctors agree to see patients with Medicaid, they also agree to accept the amount Medicaid pays. You do not have to pay anything for services that Medicaid covers.

You cannot be billed unless it is a service that Medicaid does not cover and you agreed in writing to pay for it before you received the service.

**Q. What if I have Medicare or private health insurance and Medicaid?**

**A.** If you have other health insurance and Medicaid, the other insurance must be used before Medicaid.

Medicaid will pay what your private insurance did not pay only up to the amount that Medicaid pays for that service.

MediCAID will pay what MediCARE did not pay up to an agreed amount.

You **CANNOT** be charged for the amount that Medicaid does not pay. You should **NOT** be billed for any “balance due” amount.

# Billing Questions

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**Q. Do I need to pay co-payments when I see my doctor or get services like eyeglasses or dental work?**

**A.** For certain adults, co-payments may be applied for dental services, eye examinations, and eyeglasses. There are also co-payments for brand name (non-generic) medications. Contact your caseworker or call the Ohio Medicaid Consumer Hotline at 1-800-324-8680 or TTY 1-800-292-3572 for more information.

**Q. I have medical bills that I could not afford to pay before I got Medicaid. Can Medicaid pay for these bills?**

**A.** MAYBE. Medicaid, including Healthy Start and Healthy Families, may help pay for some or all of these bills. This is called retroactive coverage. Ask your caseworker for an application for retroactive Medicaid.

If you have Medicaid and you have **unpaid** medical bills in the three months before you applied for Medicaid, Medicaid may pay these bills. If you have **paid** medical bills, talk to your caseworker about how Medicaid may help with these bills.

If you have a Spenddown and you have **unpaid** medical bills, Medicaid may pay these bills OR you may be able to use these bills to meet your current or future Spenddown. Ask your caseworker for more information.

# R eapplication

WHEN & HOW TO REAPPLY MEDICAID

## Q. What do I need to do to keep Medicaid?

- A.** Your county department of job & family services will mail you a Healthy Start and Healthy Families application to fill out.

Depending on the type of Medicaid card you have, you will be asked to reapply either every 6 months or every 12 months to keep Medicaid. Below are the re-application guidelines.

**NOTE:** If income, family size, or address changes before it is time to re-apply, you must report those changes to your caseworker.

If you and your children have **Healthy Families** you will be required to **re-apply every 6 months**. No face-to-face interview is required.

If you and your children have **Healthy Start** you will be asked to **re-apply every 12 months**. No face-to-face interview is required.



# R eapplication

WHEN & HOW TO REAPPLY FOR MEDICAID

If you are enrolled in **Medicaid and are aged, blind or disabled**, you are required to **re-apply every 12 months**. A face-to-face interview with your caseworker is required.

A face-to-face interview is not required for Medicaid consumers who are in a long-term care facility (for example, a nursing home) or who have home and community based waiver services. The interview can be done over the phone by the consumer or authorized representative.

An authorized representative can also go to the interview for you. Contact your caseworker for more information about who can be an authorized representative.

If you are enrolled in **Spenddown Medicaid**, you are required to submit proof **each month** that you have paid or incurred medical bills that equal your Spenddown amount. See pages 38-40 for more information about Spenddown Medicaid.



# Trouble Shooting

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**Q. What should I do if I lose my medical card or my managed care ID card?**

**A.** If you lose your medical card, call your caseworker at your county department of job & family services to report your lost card. If you are enrolled in a managed care plan and lose your managed care ID card, call your plan's member services to report your lost card.

**Q. What if I have a complaint about the Medicaid Program or my managed care plan?**

**A.** If you have a general complaint about the health care services you are getting or the services you receive from your county department of job & family services, call the Medicaid Consumer Hotline at 1-800-324-8680 (TDD: 1-800-292-3572).

If you have a complaint about your managed care plan or its providers, contact your plan's member services or the Medicaid Consumer Hotline.

**Q. What if I need to get medically necessary services more often than Medicaid allows, such as eye exams and glasses?**

**A.** If you or your child needs medically necessary services more often than Medicaid allows, your doctor will need to get a prior authorization from the Ohio Department of Job & Family Services.

# Trouble Shooting

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**Q. What if I am not happy with the health care services that are being provided to me or a loved one in a nursing home?**

**A.** Try to talk over the problem with the administrator or a social services staff member in the nursing facility. You can also call your caseworker, or your relative's caseworker, at your county department of job & family services.

If the problem is not fixed, contact the Ohio Department of Health Complaint Intake Hotline for nursing facility complaints at 1-800-342-0553, or the state ombudsman at 1-800-282-1206.

You can also write to the ombudsman at:  
Ohio Department of Aging  
50 West Broad Street  
Columbus, OH 43215

If you are still not satisfied, you have the right to find another Medicaid-covered nursing home for yourself or a relative for whom you have power of attorney.

# Trouble Shooting

## Q. What if my health care coverage is denied, reduced, or terminated?

- A.** If a decision by the Ohio Department of Job & Family Services denies, reduces or ends your health care coverage, you will get a letter about that decision. You can ask for a state hearing by writing:
- Ohio Department of Job & Family Services (ODJFS)  
Bureau of State Hearings  
150 East Gay Street, 18<sup>th</sup> Floor  
Columbus, Ohio 43215  
or call State Hearings toll-free at 1-866-635-3748**

If you receive a notice about denying, reducing, or ending your Medicaid, there will be a form attached asking if you would like a state hearing. If you would like a state hearing, fill out this form and return it to ODJFS by the listed deadline.

If you are enrolled in a managed care plan, you can request a state hearing in certain circumstances. Look in your managed care plan's member handbook for more information.

## Q. What if I need legal help?

- A.** If you need legal help, your local legal aid office may be able to help you. Call the Ohio State Legal Services Association at 1-800-589-5888 or 1-866-LAW-OHIO. For Medicaid consumers with mental retardation, developmental disabilities, or traumatic brain injury, call the Ohio Legal Rights Services at 1-800-282-9181 for help.

# Rights & Responsibilities

## RIGHTS & RESPONSIBILITIES

As a consumer of Medicaid services, you have certain rights and responsibilities. Rights are things that you should expect as a consumer. Responsibilities are things that are expected of you.

### RIGHTS

You have a right to access and get all medically necessary services that Medicaid covers, including preventive care.

You have a right to interpretation services at the county offices if you have limited English speaking ability or are hearing impaired.

You have a right to respectful and friendly service.

You have a right to file a complaint if you feel that you are not getting the services Medicaid covers.

You have the right to keep your medical information private.

You have the right to be given information about your health and to take part in decisions about your health care.

You have the right to be sure that others cannot hear or see you when you are being examined or treated.

You have the right to say “no” to treatment or therapy. If you say no, the doctor must talk to you about what could happen if you do not take the treatment or therapy and they must put a note in your medical records.

# Rights & Responsibilities

## **RIGHTS (continued)**

You have the right to file a complaint if you feel your Medicaid rights have been violated. To file a complaint, call the Medicaid Consumer Hotline at 1-800-324-8680 (TDD: 1-800-292-3572).

## **RESPONSIBILITIES**

If income or family size changes, you are required to report those changes to your caseworker.

You have the responsibility to provide additional information when requested by the Ohio Department of Job & Family Services.

You have a responsibility to re-apply for Medicaid in order to keep your Medicaid health care coverage.

You have a responsibility to find a doctor who will take care of your health concerns and takes Medicaid.

You have the responsibility to keep your medical appointments or cancel your appointments in a timely manner.

**For more information, refer to the Rights and Responsibilities list you signed when you filled out the Medicaid application.**

Those enrolled in an MCP have additional rights & responsibilities. If you are an MCP member, look in your member handbook or call your plan if you have questions.

# Medication List

LIST ALL MEDICATIONS YOU & YOUR CHILDREN TAKE

List all medications you and your children take. Make sure you include:

- ❶ Over-the-counter medications.
- ❷ Prescription medications.
- ❸ Vitamins and herbs.
- ❹ If you or your children are allergic to any medications, write these medications on this page.

**Bring this list with you when you see your doctor.**

# M

## edication List

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List all medications you and your children take. Make sure you include:

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# M

## edication List

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- ❷ Prescription medications.
- ❸ Vitamins and herbs.
- ❹ If you or your children are allergic to any medications, write these medications on this page.

Bring this list with you when you see your doctor.

# A ppointments

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LIST THE DATES AND TIMES OF YOUR APPOINTMENTS

# A ppointments

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LIST THE DATES AND TIMES OF YOUR APPOINTMENTS

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LIST THE DATES AND TIMES OF YOUR APPOINTMENTS

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WRITE DOWN IMPORTANT INFORMATION HERE

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### A

ALCOHOL ADDICTION SERVICES, P. 24  
APPLICATION (SEE REAPPLICATION, PP. 44-45)  
AUTHORIZED REPRESENTATIVE, PP. 1, 10, 45

### B

BILLING QUESTIONS, PP. 41-43

### C

CASEWORKER, PP. 8, 10  
CONSUMER HOTLINE (SEE OHIO MEDICAID CONSUMER HOTLINE, P. 1)  
CO-PAYMENTS, PP. 18-19, 43

### D

DENTAL SERVICES, P. 22  
DEPOSITS, P. 43  
DERMATOLOGY, P. 22  
DOCTOR (SEE HEALTH CARE PROVIDER, P. 14)  
DRUGS (SEE PRESCRIPTIONS, PP. 18-23)

### E

EMERGENCY ROOM, PP. 27-29  
EQUIPMENT (SEE MEDICAL EQUIPMENT, P. 26)  
EYE EXAMS (SEE VISION SERVICES, P. 22)  
EYEGASSES (SEE VISION SERVICES, P. 22)

### F

FEE-FOR-SERVICE, P. 8, 13  
FINDING A DOCTOR, PP. 14-16

### G

GLASSES (SEE VISION SERVICES, P. 22)



# I

## ndex

---

### H

- HEALTH CARE PROVIDER, p. 8
  - FINDING A HEALTH CARE PROVIDER, pp. 14-16
- HEALTH CARE SERVICES, pp. 17-31
  - AT YOUR DOCTOR'S OFFICE, pp. 21, 22
  - AT THE HOSPITAL, p. 23
  - OUT OF STATE, p. 29
- HEALTHCHEK, pp. 30-32
- HEALTHY START & HEALTHY FAMILIES, p. 6
- HEARING, p. 21
- HOME HEALTH CARE, p. 25
- HOSPICE, p. 25

### I

- IMMUNIZATIONS, pp. 32-33
- IDENTIFICATION CARD (SEE MANAGED CARE ID CARD, pp. 8, 11-12)

### L

- LEAD POISONING, LEAD TESTING, p. 34
- LONG-TERM CARE, p. 25

### M

- MAMMOGRAM, pp. 18, 36
- MANAGED CARE, pp. 8, 13
- MANAGED CARE ID CARD, pp. 8, 12
- MEDICAID BUY-IN FOR WORKERS WITH DISABILITIES, p. 6
- MEDICAL CARD, pp. 9, 12
- MEDICALLY NECESSARY, pp. 9, 17
- MEDICARE PART D, p. 20
- MEDICINE (SEE PRESCRIPTIONS, p. 21)
- MENTAL HEALTH SERVICES, p. 24

# I

## ndex

---

### N

- NURSING HOME CARE, p. 25

### P

- PAP TESTS, pp. 18, 36
- PREGNANCY SERVICES, p. 23
- PRIOR AUTHORIZATION, pp. 9, 17
- PROSTATE CANCER SCREENING, p. 36

### R

- REAPPLICATION, pp. 44-45
- RIGHTS & RESPONSIBILITIES, pp. 49-50

### S

- SCREENINGS FOR ADULTS, pp. 35-36
- SERVICES, pp. 18-23
- SHOTS (SEE IMMUNIZATIONS, pp. 32-33)
- SICKLE CELL SCREENING (SEE HEALTHCHEK, p. 30)
- SPENDDOWN, pp. 9, 38-40

### T

- TRANSPORTATION, p. 26

### V

- VISION SERVICES, p. 22

### W

- WAIVER SERVICES, p. 25

# Your Rights

## STATE HEARINGS

If you do not agree with an action or decision on your benefits by your county agency, you can ask for a state hearing. You can also ask for a state hearing if you think your county agency has not done something it should have. To learn more, ask your local department of job & family services for a copy of JFS 04059 - Explanation of State Hearing Procedures. If you need legal help, you can call Ohio State Legal Services Association at 1-800-589-5888 toll-free.

## YOUR CIVIL RIGHTS

The Ohio Department of Job & Family Services is a public agency that manages federal money. Laws do not allow discrimination in managing programs that use federal money. The types of discrimination include age, sex, race and color. They also include religion, disability, ancestry, or country of birth. To learn more, ask for JFS 08000 -Your Civil Rights. If you feel you have been discriminated against, send your complaint to:

**Bureau of Civil Rights  
Office of Employee and Business Services  
Ohio Department of Job & Family Services  
30 E. Broad St. 37th Floor  
Columbus, Ohio 43215**

Ohio Department of Job & Family Services  
Office of Ohio Health Plans  
Bureau of Consumer & Program Support