

# What Services Are Covered By Medicaid?

Ohio's Medicaid Program includes services mandated by the federal government as well as optional services Ohio has elected to provide. Some services are limited by dollar amount, the number of visits per year or the setting in which they can be provided. With some exceptions, all medically necessary services are available to all Medicaid consumers. There are two benefit packages: Primary and Acute Care, and Long-Term Care.

**The Primary and Acute Care Benefit** is available to all Medicaid enrollees. Services can be provided through a fee-for-service system or a managed care plan. The majority of Medicaid recipients (58 percent) are enrolled in managed care plans. In the fee-for-service system, each family receives a Medicaid card and finds a doctor who accepts the card as payment for services. In a managed care plan, each family receives a member card from the managed care plan and selects a primary care doctor from the plan's list of doctors. Co-payments may be charged to certain individuals for select services.

Ohio's Medicaid program provides a rich package of services, including preventive care for consumers. Examples of services available through the Primary and Acute Care Benefit include:

- Doctor visits
- Prescription drugs\*
- Hospital care
- Dental care
- Vision care
- Home health services
- Durable medical equipment
- Mental health & substance abuse treatment services
- Physical therapy
- Occupational therapy
- Psychology
- Outpatient clinic
- Others

(\*Those consumers with both Medicare and Medicaid get their prescription benefit through Medicare.)

**Long-Term Care** offers benefits to individuals who are elderly or disabled and who meet certain criteria related to their care needs. These benefits are offered in addition to basic Medicaid services. Long-term care services are offered through the following:

- **Home and Community Based Services Waivers** – These allow certain people to receive care in their homes and communities instead of an institution. To receive these services, a person must be eligible for Medicaid and require care in a hospital nursing home or facility for those with mental retardation and/or developmental disabilities. There are multiple waivers in Ohio which are available on a limited basis. Consumers may ask to apply for waiver services when they apply for Medicaid at their county DJFS.
- **Institutional long-term care services** – these are provided to people who are elderly or disabled through either a nursing facility or an intermediate care facility for the mentally retarded. An individual must need at least 30 days in a long-term care setting to qualify for Medicaid payment of long-term care services.