

Medicaid Annual Redetermination

Why is this important for my individual that has a DODD waiver (I.O., Level One, or SELF)?

- ✓ DODD waiver services are Medicaid services. An individual who uses their waiver to receive services must maintain their eligibility for Medicaid so they remain enrolled on their waiver and there is no interruption to their services.

What is Medicaid renewal?

- ✓ A process through which local Job and Family Service departments must review eligibility for Medicaid (including all waiver recipients) every 12 months.

Who must renew Medicaid benefits?

- ✓ Every Ohio Medicaid recipient must report any changes to case (such as financial and living arrangements) to the county JFS within 10 days of those changes occurring. In addition, all Ohio Medicaid recipients must have their Medicaid renewed every 12 months

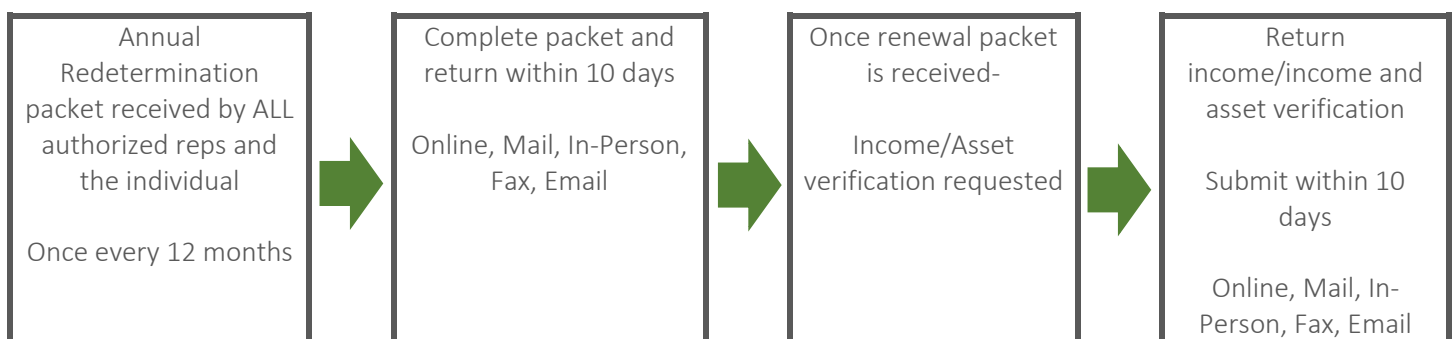
What is the renewal process?

- ✓ Typically, renewal happens around the same time each year. ODM begins the process by attempting an auto renewal of Medicaid. This is an electronic “hands-off” process that matches current information listed on the case to information reported electronically by other agencies. If the case completes auto renewal and is successful, the recipient will receive a letter indicating their benefits were renewed. If auto renewal is not successful, then ODM Mails a renewal packet to recipient and representative. NOTE: Services & Support Administrators (SSAs) are not listed as authorized representatives and do not receive copies of the redetermination packets.
- ✓ Once the packet returns, it is processed by a caseworker at the county JFS office. If additional information is needed to process the renewal, the caseworker notifies the recipient and representative by mail with a due date.

How do you renew benefits?

- ✓ Currently, to complete the renewal form, the packet must be signed and the form can be mailed, brought in person, emailed or faxed in. It can also be completed online.

Redetermination Process



Packet not completed and returned OR income/asset verification not submitted?

- Benefits discontinued

There is a 90 day reinstatement period for Medicaid if you fail to provide documents.

You may also appeal decisions within 90 days of termination letter if you disagree with an action JFS takes on your case

****Late packets are treated as new applications****

Other responsibilities of individual / authorized representative:

To report a change at any time, recipients can call, email, fax or drop off information. Recipient/authorized representative must notify the Administrative Agency (JFS) within 10 calendar days of any change to the following circumstances for the individual:

- Address
- Marital Status
- Income
- Gain/Loss of employment
- Pregnancy status
- Third party responsibility for healthcare costs
- Value of assets exceeds \$2000 or changes
- Change of guardian or authorized representative

An individual can designate an authorized representative, in writing, to stand in their place and act with authority on their behalf. If an individual cannot identify an authorized representative, the Administrative Agency will assist the individual with appointing and authorized representative.

See OAC 5160:1-2-08 (Medicaid: Individual Responsibilities) for complete list of all responsibilities

Miscellaneous

Providers have access to MITS (Medicaid Information Technology System) and can check the individual's Medicaid eligibility and see eligibility dates

Your Medicaid card is a permanent paper card. You will not receive another card. For those on Managed Care Plans, you will receive a plastic card. Neither card will display your eligibility dates.

Need more Information?

Lake County Department of Job & Family Services

- ✓ Customer services hotline – (440)350-4011. Call center hours are 8am-4:15pm each business day.
 - If your questions are specific to a waiver case, contact the caseworker listed on your notice
- ✓ To submit your documents or applications for public assistance by email:
 - LakeJFS_documents@jfs.ohio.gov
 - Be sure to include your case number and allow 10 days for processing
- ✓ Have a question?
 - LakeJFS_inquiries@jfs.ohio.gov
- ✓ Contact your Caseworker directly by phone

Questions regarding Medicaid services?

- ✓ Contact the Medicaid Consumer Hotline at 1-800-324-8680