

Health and disabilities basics

Overview of health coverage, programs and services

Introduction

People with disabilities sometimes face complex barriers to health, not only in accessing medical services, but also in receiving preventive care and maintaining overall wellbeing. This brief is the first in the Health Policy Institute of Ohio's two-part analysis of health and disability. In this installment, we present the current landscape of health coverage, programs and services for people with disabilities, including an overview of the state entities that provide, coordinate and/or fund public services. We will also explore demographics, eligibility criteria and scope issues.

The second brief explores how people with disabilities face complex challenges to achieving optimal health and well-being. That brief, which is available at <http://bit.ly/1xGavXf>, also examines current federal and state laws and policies designed to mitigate barriers to optimal health for those with disabilities. Broad recommendations for policies and strategies to address these barriers are also included.

This series will examine the needs of people with:

- A developmental disability¹
- A long-term disability
- A work-related injury
- Mental illness and/or co-occurring substance abuse and mental illness
- Multiple disabilities and/or chronic conditions

Disability: definition and prevalence

According to the World Health Organization (WHO), disability includes "impairments, activity limitations, and participation restrictions."

Additionally, WHO defines disability as "...not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in

which he or she lives."² The federal government defines a person with a disability as "any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."³ In Ohio, the definition of disability is "a mental or physical condition that is restricting or limiting, or interferes with various activities." However, focus on a definition is not as important as the services and supports that help close the gap between an individual and full integration into community life. People with disabilities often require complex, intensive health care and supports, sometimes for their entire lives.

In Ohio, as in the nation, nearly 1 in 5 adults reports having a disability.⁴ In 2011, 18.5 percent of Ohioans with disabilities had no health coverage, compared to a national rate of 17.5 percent.⁵ Although disabilities affect people of all ages, the likelihood of having a disability increases with age, from 7.3 percent occurrence among children younger than 1 year of age to 38.9 percent among adults 65 and older.⁶ As the population born during the "baby boom" ages, the number of Ohioans with disabilities is likely to increase. Race, ethnicity and geography are important elements in understanding the distribution of disabilities. According to the Ohio Medicaid Assessment Survey (OMAS), disability prevalence is considerably higher among African Americans than in other ethnic groups, and in people living in Appalachia compared to other regions (see figures 1, 2 and 3).⁷

How does Ohio serve people with disabilities?

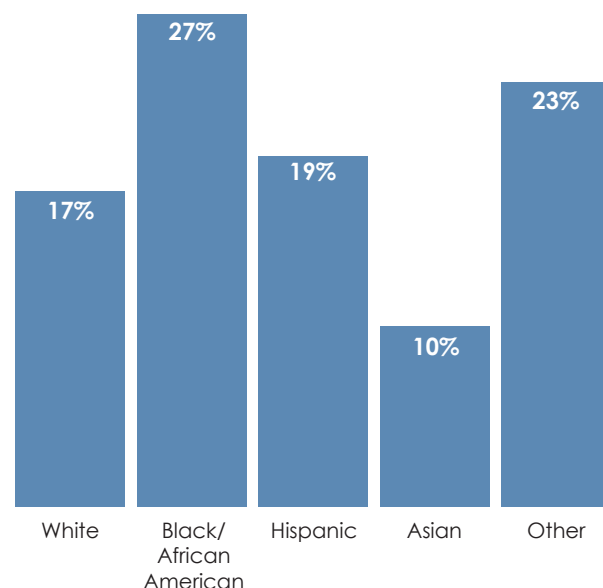
Most states, including Ohio, do not have a single agency responsible for overseeing services for individuals with disabilities. In Ohio, a number of state agencies address the various, sometimes overlapping needs of daily life. The

Ohio Department of Medicaid funds medical and long-term care services for some people with disabilities. The Department of Health, along with the Department of Developmental Disabilities (DODD), provides and oversees services for very young children with disabilities and their families. The DODD serves people of all ages who have a disability that occurred in the "developmental period" (prenatal up to age 22). Services offered through this system tend to be habilitative — services that help individuals to function as well as possible. When a disability occurs due to accident or illness, Opportunities for Ohioans with Disabilities (OOD), formerly Rehabilitation Services Commission, governs rehabilitative services, assisting individuals to regain previous abilities and to adapt functioning as closely as possible to their former lives. OOD also provides some habilitative services as well as determining disability status for the Social Security Disability Insurance (SSDI) and the Supplemental Security Income (SSI) programs. The Ohio Bureau of Workers' Compensation serves injured workers. The Department of Mental Health and Addiction Services addresses severe and persistent mental illness and addiction. Finally, the Department of Education ensures the education of children with disabilities.

Ohio is a strong "home rule" state, with local governments administering and sometimes funding some types of health services, such as services for people with developmental disabilities, severe mental illness and addiction. County tax levies generate significant funding for these types of services in some counties. As a result, local governments in Ohio partner with state government in determining how services are provided.

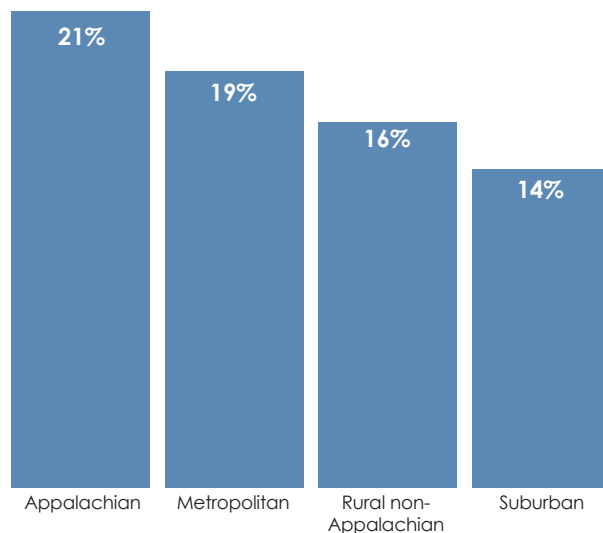
Coordination and collaboration among state agencies and counties can be a complicated proposition, with access to services varying depending on where a person lives and the resources their county has available. One benefit of this arrangement is that services tend to be better tailored to a local population when they are funded and administered largely by the people who live and work within that community.

Figure 1. Disability prevalence in Ohio by race



Source: 2012 OMAS

Figure 2. Disability prevalence in Ohio by geography



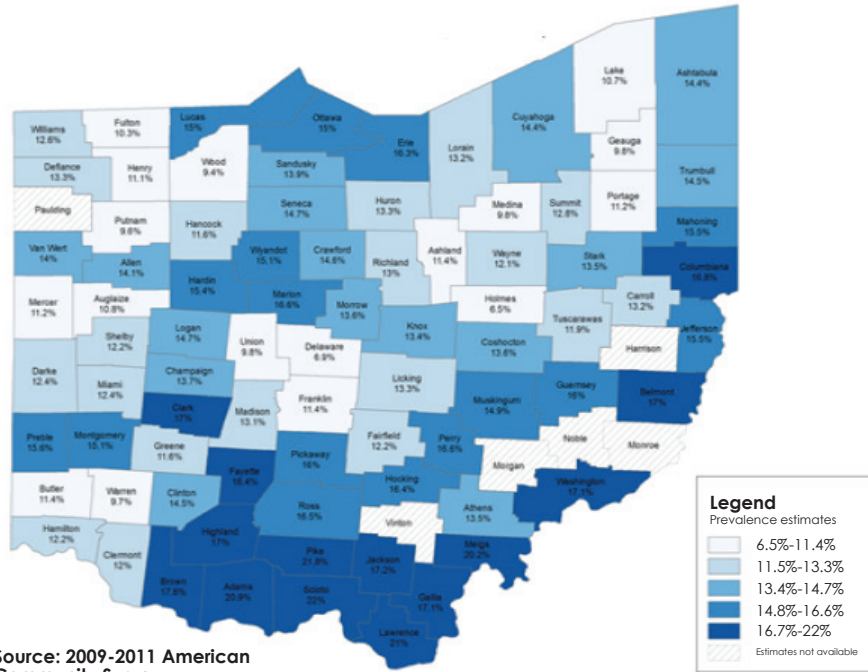
Source: 2012 OMAS

Health coverage, programs and services

Health coverage

Health coverage for Ohioans with disabilities comes from a variety of sources. Employer-based health insurance represents the largest type of coverage for Ohioans with disabilities, although publicly funded programs such as Medicaid and Medicare also provide coverage for many Ohioans with disabilities.

Figure 3. Disability prevalence in Ohio, by county



Source: 2009-2011 American Community Survey

In this section each of the commonly used forms of health coverage are defined and discussed (Figure 4).⁸

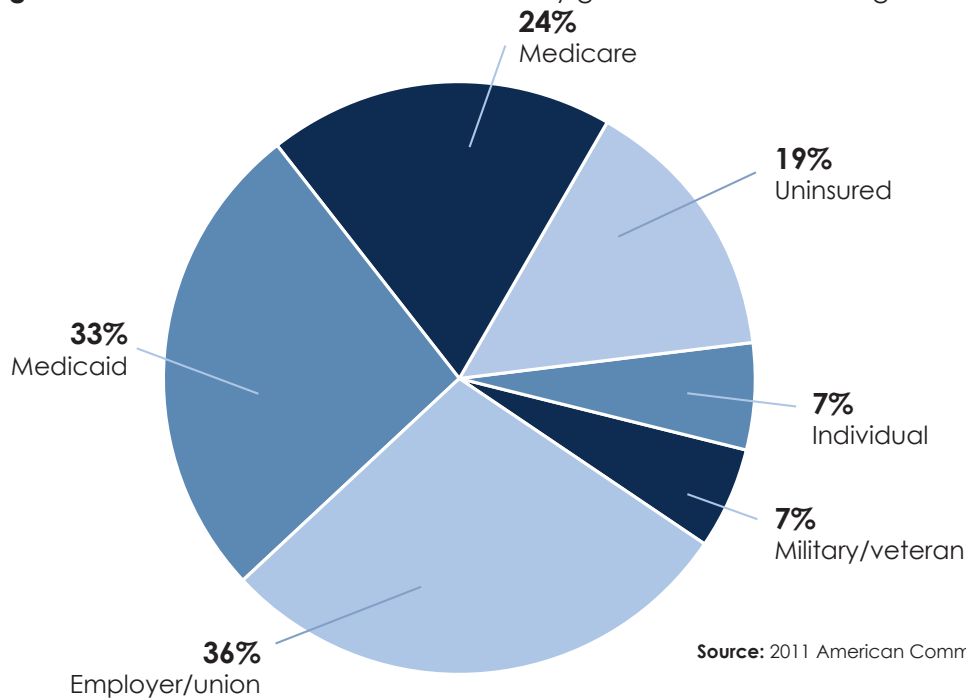
Employer-based insurance plans

The largest category of health coverage for Ohioans with disabilities is the traditional, employer-based health plan. Employers typically purchase these plans as a benefit for their employees, with the employer and the employee often sharing the cost of the employee's participation. Selection of these plans involves balancing a well-rounded benefit package with cost. As a result, a plan that best meets these considerations for most employees may be more or less suitable to any one employee's particular needs, including employees with disabilities. In 2011, 35.8 percent of Ohioans with a disability had employer-based coverage, down 5 percentage points from 2008. This decline can be attributed to many variables including increases in the employee's share of the cost, as well as to the simultaneous decline in the overall employment rate for Ohioans with disabilities.⁹

Habilitation vs. rehabilitation

Most of us are more familiar with the term rehabilitation than we are with the term habilitation. Rehabilitation helps to restore to a condition of good health or the ability to work while habilitation services help an individual to acquire skills for the first time or prevent deterioration of those skills. Both kinds of services might help a person become mobile, or teach the skills needed to work – the distinction is often informed by when the disabling condition occurred. A person who becomes disabled as an adult may need rehabilitative support in order to regain mobility, independence or a job. A person born with a developmental disability receives habilitative services in order to learn how to navigate his or her environment to an extent he or she was never able to before. This distinction can also become important in other areas, such as funding. Mental health services, for example, are considered rehabilitative (i.e., restoring a person to their previous levels of mental stability) and so cannot be applied to strictly habilitative needs such as teaching work skills to someone with Down Syndrome. Because the Ohio Department of Developmental Disabilities (DODD) is responsible for the statewide system of services and supports for people with developmental disabilities, habilitative services are mostly funded through this system.

Figure 4. Ohioans with Disabilities: Where they get their health coverage



Medicaid

Medicaid is a joint federal-state program that provides health care for children and adults who meet both income and categorical requirements. Under broad federal guidelines, states establish their own standards for Medicaid eligibility, benefits, and provider payment rates. Medicaid is the second-largest type of health coverage used by Ohioans with disabilities, at 32.9 percent (the national average is 36.1 percent, according to the American Community Survey). Medicaid covers critical services and supports not paid for by private insurance or Medicare.

Medicaid eligibility criteria include U.S. citizenship or qualified alien status, Ohio residency and possession of a social security number. Current Medicaid income eligibility levels can be found in Table 1 below¹⁰ and Table 2 on page 5.

Some people with disabilities are covered under the Aged, Blind and Disabled (ABD) category of Medicaid eligibility. This category includes people with low income and who are aged 65 years or older, blind or disabled. Disability in this category of Medicaid follows the Social Security Administration criteria for disability determination and includes both children and adults. There are more than 183,000 adults and 44,000 children currently served through ABD Medicaid in Ohio on an average monthly basis.¹¹

Medicaid Buy-In for Workers with Disabilities

The Medicaid Buy-in for Workers with Disabilities (MBIWD) program allows Medicaid recipients to 'buy in' to Medicaid as their insurer instead of losing this coverage as their income increases. Through MBIWD, people with disabilities who

Table 1. 2014 Federal Poverty Level (FPL) Guidelines (by household size)

	64%	90%	100%	138%	200%	250%	400%
1	\$7,469	\$10,503	\$11,670	\$16,105	\$23,340	\$29,175	\$46,680
2	\$10,067	\$14,157	\$15,730	\$21,707	\$31,460	\$39,325	\$62,920
3	\$12,666	\$17,811	\$19,790	\$27,310	\$39,580	\$49,475	\$79,160
4	\$15,264	\$21,465	\$23,850	\$32,913	\$47,700	\$59,625	\$95,400

Source: Federal Register, January 22, 2014

Note: Annual guidelines for all states except Alaska, Hawaii and DC. For each additional person, add \$4,060

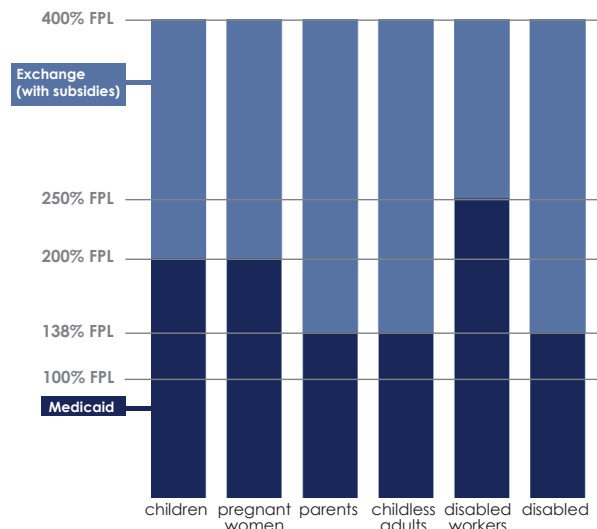
wish to work can still receive Medicaid benefits. To be eligible for this program, an individual must be aged 16-64, meet Social Security Administration disability requirements, and have full- or part-time paid work. Eligibility for MBIWD extends to 250 percent of the federal poverty level (FPL). Those enrolled in the program may have to pay a premium if their gross annual income is greater than 150 percent of FPL, but the benefit of earning an income without fear of losing health coverage far outweighs this cost.¹²

Long-term services and supports

Medicaid also provides long-term care through nursing home facilities, intermediate care facilities (ICFs), and home and community-based waiver programs for people with disabilities. Access to these services is based on a determination of medical necessity. Beyond this, a person must meet a criterion called 'level of care.' Level of care refers to the intensity of medical treatment and monitoring needed. The individual must require an appropriate amount of intervention and support to qualify for services at a facility or through a waiver.

- **Nursing facilities** According to the Department of Aging there are “nearly 1,000 nursing homes providing care to an estimated 80,000 Ohio residents.”¹³ Placement in a nursing facility is appropriate only when a person has a health condition that requires full-time medical care and monitoring as well as meeting institutional level of care requirements. Placement in a nursing facility is not appropriate for individuals whose needs are based solely on mental illness or an intellectual disability. The Preadmission Screening and Resident Review (PASRR)¹⁴, a federally-mandated tool, is used to make sure placement in a nursing home is appropriate. Through a PASRR evaluation, all applicants are:
 - Evaluated for mental illness and/or intellectual disability.
 - Offered the most appropriate, least restrictive setting for their needs, whether that is in a nursing facility, in an acute care setting or in the community (see Waiver Programs below).
 - Receive the services they need in those settings.

Table 2. Subsidized health coverage eligibility for Ohioans in 2014



Even with these procedures in place, however, it is sometimes difficult to determine and/or access the most appropriate placement. According to Disability Rights Ohio, there are a significant number of people with mental illness residing in nursing facilities who may be better served in a community setting.¹⁵ In the second brief in this series, we will discuss housing and community placement for individuals with disabilities as it relates to health and wellness, as well as the obstacles and opportunities for individuals with disabilities to transition out of institutional settings and into their community.

- **Intermediate care facilities for individuals with intellectual disabilities (ICF-IID)** These long-term care facilities provide ongoing care specifically for individuals with intellectual disabilities, regardless of age. They are licensed by the DODD and certified by the Department of Health to meet the federal requirements for Medicaid funding as an ICF-IID. The number of ICF-IID beds in Ohio has been capped for many years. Though the ICF is a part of the continuum of care for people with intellectual and developmental disabilities, the emphasis for care is moving away from facility-based care to community-based options. There are about 432 facilities, including ten operated by the DODD, serving 7,000 Ohioans.

- Home and community based waivers** A Home and Community Based Services (HCBS) Waiver is a specific set of services offered to eligible participants as an alternative to institution-based Medicaid services. Through a Medicaid waiver, states develop a community-based alternative service package within CMS-mandated parameters. Upon federal approval, the state then enters an agreement in which CMS waives standard Medicaid regulations for institutional-based care. HCBS waivers allow people who would otherwise live in a facility to live in the community. Participants still have to meet the 'level

of care' required for admission into the facility into which they would have been placed if not for the waiver services. Ohio has waivers for care that serve specific target populations (see Table 2).¹⁶ Waiver enrollment is capped, so even when an individual meets all of the requirements, a slot may not be available. For example, while the development disability system pays for services provided to about 32,200 people with disabilities through four home and community-based Medicaid waiver programs,¹⁷ an estimated 40,000 people are on waiting lists for these programs. Their wait may last more than 13 years.¹⁸

Table 3. Summary of Ohio Home and Community Based Waiver Programs

Waiver	Administrating agency	Target population	Major requirements
Ohio Home Care Waiver (OHCW)	Department of Medicaid	Aged 0-59, home healthcare needs	Financial criteria met, nursing level of care
Transitions Carve-Out Waiver (T2)	Department of Medicaid	Aged 60+, home healthcare needs, transferring from OHCW	Financial criteria met, nursing level of care
Transitions Developmental Disabilities Waiver	Department of Developmental Disabilities	Intellectual/developmental disability, transitioning from OHCW	Financial criteria met, ICF/DD level of care
Individual Options Waiver (IO)	Department of Developmental Disabilities	Intellectual/developmental disability, significant habilitative needs	Financial criteria met, ICF/DD level of care
Level One Waiver	Department of Developmental Disabilities	Intellectual/developmental disability, light habilitative needs	Financial criteria met, ICF/DD level of care
Self-Empowered Life Funding Waiver	Department of Developmental Disabilities	Intellectual/developmental disability, significant behavioral needs	Financial criteria met, ICF/DD level of care
Assisted Living Waiver	Department of Aging	Aged 21+, assisted living and home healthcare needs	Financial criteria met, nursing level of care
PASSPORT Waiver	Department of Aging	Aged 60+, significant assisted living and home healthcare needs	Financial criteria met, nursing level of care
Choices Waiver	Department of Aging	Aged 60+, current PASSPORT recipient, trained in managing providers and negotiating rates.	Financial criteria met, nursing level of care

Medicare

Medicare is federally funded health coverage that provides hospital, surgical and medical benefits to persons over 65 years old who have paid certain federal taxes, regardless of income.

Medicare also covers younger people with disabilities, if they receive Social Security Disability Insurance (SSDI) and/or have certain medical conditions such as late-stage renal failure or Amyotrophic Lateral Sclerosis (ALS). In 2011, Medicare covered 23.5 percent of Ohioans with a disability.

- There are four major parts to Medicare coverage:
 - **Part A: Hospital insurance** Part A covers hospitalizations and other limited, medically necessary institutional care such as skilled nursing facilities, rehabilitation, and hospice care.
 - **Part B: Medical insurance** Part B of Medicare generally is for outpatient medical care and some adaptive equipment such as wheelchairs and other mobility devices. Outpatient medical coverage under Part B generally works like a traditional insurance plan, with a deductible followed by shared (80/20) payment.
 - **Part C: Medicare Advantage Plans** Originally called Medicare+Choice plans, Medicare Advantage Plans allow recipients to opt for a capitated plan (a plan that allows for a flat fee per participant) instead of the traditional fee-for-service model (a plan that pays a share of each service provided as long as it is covered) of Part B. Recipients do not give up any of the Medicare-

Spend down: An example

A 'spend down' applies to a person whose income is too high to qualify for Medicaid and who expects to have medical expenses which, if incurred, would bring his or her income below the eligibility level. When a person's medical expenses are equal to or exceed the difference between the income limit for Medicaid qualification and his or her income, the spend down is considered to be met, and that person qualifies for Medicaid for the rest of the month. The process is repeated monthly, with Medicaid coverage starting if and when the spend down is met.

Example: Bob has a disability and needs health coverage, but he earns \$50 more a month than is allowed by Medicaid, and so he does not qualify. Bob also has a medical condition and expects to incur \$75 in medical expenses each month. If you take Bob's expected medical expenses out of his income, he would qualify:

$$((\text{Medicaid limit} + \$50) - \$75) = (\text{Medicaid limit} - \$25)$$

So when Bob 'spends down' his income of \$50 on medical expenses, he qualifies for Medicaid coverage for the rest of the month. Bob can pay or incur the medical expense for Medicaid coverage to start. He does not have to pay the medical bills first to get his Medicaid coverage started. Ultimately, he is responsible for paying the \$50, but his coverage can start before he has to come up with the cash to pay the bill.

Medicaid expansion

With the changes in qualifying criteria that came along with the expansion of Medicaid coverage, Bob can reapply for the newly-expanded coverage as long as he is under age 65 and does not have Medicare coverage. With the Medicaid expansion, Bob does not need to demonstrate having a disability. He can apply as an adult with low income and will qualify (or not) based on his Modified Adjusted Gross Income (MAGI). If he does not qualify because his income is too high, he should be able to purchase a Qualified Health Plan (QHP) through the Health Insurance Marketplace for Individuals. If he does qualify for Medicaid, he will not need the Spend Down option any more. When he applies, however, and before his application has been approved, his Spend Down still operates, so he still has to spend down his income in order to activate his Medicaid coverage. Let's say that Bob, currently covered by Medicaid as a disabled adult with a 'spend down,' submits an application on 1/25/2014. If he activates his spend down in February, he will continue his coverage as a disabled adult and will not be covered for February as a MAGI expansion adult. In March, Bob is covered as a MAGI expansion adult and no longer has to meet the monthly Spend Down to maintain his Medicaid coverage since his income is less than 138 percent of the federal poverty level. Once enrolled as a MAGI expansion adult, Bob can request retroactive eligibility for January if he did not meet his spend down for that month.

See Ohio Job and Family Services Medicaid spend down fact sheet for more information: <http://www.ohjfs.state.oh.us/forms/file.asp?id=1682&type=application/pdf>

covered services on Part B and are given an annual out-of-pocket limit not available in the fee-for-service model

- **Part D: Prescription drug plans** With the Medicaid Modernization Act of 2006, Part D was added for all Medicare recipients covered by Parts A and B specifically to provide prescription drug benefits.
- **Dual eligibility** Some low-income individuals and families qualify for both Medicare and Medicaid, and receive benefits and coverage through both programs. In these situations, Medicaid and Medicare share costs: Medicare benefits are used for certain health services such as hospital coverage, while Medicaid is used for copays or deductibles not covered through Medicare Parts A or B. There also are differences in medications covered by Medicaid versus those covered by Medicare Part D. These distinctions can be important to those who are eligible for both programs.¹⁹
- **Medicare savings programs** These programs pay some of the health care costs not covered by Medicare for individuals who have low-incomes and limited assets. Qualified Medicare Beneficiaries (QMB) are eligible for assistance with payment of their Medicare Part B premium, deductibles and cost sharing. Specified Low Income Medicare Beneficiaries (SLMB) and Qualified Individuals (QI-1) receive assistance with paying the Medicare Part B premium. Qualified Working Disabled Individuals (QWDI) receive assistance with any Medicare Part A premium.

Individually purchased plans

In 2011, 7.2 percent of Ohioans with a disability purchased individual health plans. At that time, the individual market was marked by high premiums, especially for those with significant health conditions, as well as variations in services covered by plans. In particular, people with disabilities often were unable to afford plans that offered the range

of benefits they needed. Provisions in the ACA aim to improve the affordability of these plans and decrease variation in benefits, as well as guarantee that people can not be denied coverage based on pre-existing conditions. Consumers also have the ability to select among four categories of plans offering a range of financial protection. Perhaps the most helpful to people with disabilities are the tax credits and cost sharing subsidies for those with low and moderate incomes, as well as limits on out-of-pocket expenses. These limits can vary from plan to plan but plans certified in the marketplace in 2014 have a cap of \$6,350 for an individual plan.

Under the ACA, states have the option to set up their own Health Insurance Marketplace/Exchange for individual plans or to use the Marketplace/Exchange developed by the federal government. Ohio has opted for the latter, and consumers can find information, apply for tax credits and subsidies, and purchase a qualified health plan at www.healthcare.gov.

Military and veterans insurance

For individuals who are active military personnel, or who are qualified military retirees, health coverage is provided through veterans insurance programs, primarily under the TRICARE Benefits umbrella.²⁰ TRICARE coverage extends to dependents of active military personnel, and has proven invaluable to military families who have children with disabilities. If a person's disabling condition is related to service, i.e. a war injury, health care and other specialized services are available through the Veterans Administration (VA).²¹ In 2011, 6.8 percent of Ohioans with disabilities participated in military/veterans insurance programs. Health coverage through TRICARE is available only during active military duty, unless a person has served for 20 years or longer. Veterans who served fewer than 20 years lose their coverage when they leave active duty.²² Veterans with service-related disabilities are eligible for disability compensation based on the severity of the disabling condition.²³ There is a wide range of benefits for veterans, including vocational

rehabilitation, special equipment grants and life insurance for otherwise healthy disabled vets.²⁴

Other programs and services

Financial and other assistance

In this section we cover each of the significant forms of financial and other assistance that benefit people with disabilities.

Social Security

The Social Security Administration pays two benefits that help people with disabilities: Supplemental Security Income (SSI), and Social Security Disability Insurance (SSDI).

- **SSI** Supplemental Security Income is a means-tested benefit for adults up to age 65 with a disability, and for anyone aged 65 or older. A 'means-test' is a determination as to whether or not a person possesses the means to do without the benefit. SSI eligibility is based on level of income and assets, and provides assistance to people who have not had the opportunity to pay into the social security insurance program through work. As such, SSI is the financial backbone of people with intellectual and developmental disabilities.²⁵ In 2014, the maximum SSI benefit for individuals is \$721 a month (\$1,082 for a couple), representing a cost-of-living adjustment of 1.5 percent from 2013.
- **SSDI** Social Security Disability Insurance is paid to people who are disabled and who have worked, and therefore paid into social security as an insurance plan. This benefit is paid out for total disability, based only on the conclusion that the disabling condition is expected to last at least one year or is expected to result in death. SSDI eligibility is based on the number of credits earned and the percentage of those credits earned in the previous ten years, though requirements are more lenient for younger workers. Benefits are calculated based on the recipient's lifetime earnings. Most SSDI recipients in 2014 will receive between \$300 and \$2,200 per month with an average of \$1,148 and a maximum of \$2,642.²⁶

- **Concurrent Benefits** It is possible in some cases to qualify for both SSDI and SSI. One example is when a recipient's SSDI benefit, due to a meager work history, results in a low monthly payment. This limited income, along with the already determined disability, may qualify the individual for the means-tested SSI benefit, resulting in concurrent benefits.

Workers' Compensation

Individuals who are injured on the job can receive workers' compensation benefits. Workers' Compensation is government-operated and works like a short-term disability insurance plan specifically for workplace injuries. It is based on an exchange called 'the compensation bargain'. When a worker is injured on the job, Workers' Comp, as it is known, pays out wage replacement cash benefits and medical benefits. Accepting the benefits limits the individual's right to take private legal action. Employers contribute to the fund with rates calculated based in part on the claim history of that employer, though there are a variety of options regarding how employers may participate in the program. Workers' Comp provides temporary relief to injured workers, with the goal of getting that worker back on the job as soon as possible. If the worker is permanently and totally disabled (PTD), Workers' Comp connects the individual to long-term disability supports, either through activating employer-based long-term disability plans or through Social Security or both. Workers who are determined to be 'PTD' also can apply to participate in the Disabled Workers' Relief Fund (DWRP). This fund, administered through the Ohio Bureau of Workers' Compensation, also can supply benefits to those who are eligible in conjunction with Social Security.²⁷

TANF

The federal Temporary Assistance for Needy Families (TANF) program, known in Ohio as Ohio Works First (OWF), is the current form of what was formerly called welfare. It provides temporary cash benefits to families with children and very low incomes while assisting the family toward self-sufficiency through a 'self-sufficiency contract.' On a federal level, TANF has a 60-month lifetime cap with potential extensions. Ohio's OWF

plan is capped at 36 months while giving the county department of job and family services office the option of extending benefits based on hardship or good cause. For work-eligible adults with disabilities, any activity included in a rehabilitation plan through Opportunities for Ohioans with Disabilities can be considered an alternative to work.²⁸ Alternative work activities may also include life skills training, participation in drug and alcohol addiction programs or homeless assistance groups, and participation in services or treatment related to domestic violence.

While not designed for or primarily directed at people with disabilities, TANF is still a very important program for them. The National Council on Disabilities says “Research data indicate far-reaching effects of this program [TANF] on people with disabilities. According to the General Accounting Office (GAO), a substantially higher proportion of TANF recipients reported having physical or mental impairments than did adults in the non-TANF population. In addition, many families receiving TANF have a child with a disability. The work requirements and lifetime limits to benefits, which are key elements of welfare reform, pose special challenges for state and local TANF agencies in addressing the unique needs of families with a disability who are TANF beneficiaries.”²⁹

SNAP

The United States Department of Agriculture (USDA) operates the Supplemental Nutrition Assistance Program (SNAP). Formally known as Food Stamps, SNAP is the largest program to alleviate domestic hunger, by providing direct food benefits.³⁰ The USDA has specific eligibility criteria for people with disabilities. These specific criteria are based on an adjustment to the household income threshold. The USDA usually requires recipients to meet a net income threshold of 100 percent of the federal poverty level *and* a gross income threshold of 130 percent of the federal poverty level. Some populations, including the elderly and those with disabilities, need meet only the net income threshold. “Generally, a person is considered to be disabled for SNAP purposes if he or she:

- Receives federal disability or blindness payments under the Social Security Act, including Supplemental Security Income (SSI) or Social Security disability or blindness payments; or
- Receives state disability or blindness

- payments based on SSI rules; or
- Receives a disability retirement benefit from a governmental agency because of a disability considered permanent under the Social Security Act; or
- Receives an annuity under the Railroad Retirement Act and is eligible for Medicare or is considered to be disabled based on the SSI rules; or
- Is a veteran who is totally disabled, permanently housebound, or in need of regular aid and attendance; or
- Is a surviving spouse or child of a veteran who is receiving VA benefits and is considered to be permanently disabled”³¹

Other federal benefits take SNAP into consideration in determining eligibility. For example, eligibility for SSI does not count SNAP benefits in determination of income and asset levels of applicants. SNAP, along with Medicaid and SSI, provides a social safety net for Ohioans with the most severe disabling conditions--namely, chronic and severe mental illness and intellectual and developmental disabilities.

Children with Disabilities

There are two additional programs that offer services that benefit children with disabilities:

- **HEALTHCHEK** Once eligible for Medicaid, a family can access Healthchek for their children. Healthchek is Ohio's Early and Periodic Screening, Diagnosis and Testing program. While not directed solely toward serving children with disabilities, Healthchek's screening and diagnostic services are aimed at identifying emerging health issues as early as possible. If a problem is identified, the costs of further diagnostic testing and treatment are also covered.³²
- **BCMh** The Children with Medical Handicaps Program (BCMh) is a healthcare program in the Ohio Department of Health (ODH). Funded through a blend of federal, state and local dollars, BCMh links families of children with special health care needs to providers. BCMh is part of Ohio's Title V program for children and youth with special health care needs. As a 'payer of last resort', BCMh also helps families pay for the services their children need. This program concentrates on early identification of children with disabling conditions and subsequent treatment needs through paying for diagnosis and treatment

of qualifying conditions, coordinating with public health systems, service coordination, building and supporting quality provider networks, assuring access to care and assisting with finding appropriate funding. BCMH has two major components, the diagnostic program and the treatment program. The diagnostic program has medical eligibility criteria but no financial criteria. This medical qualification is that the child must be under 21 years of age, live in Ohio, be under the care of a BCMH

approved physician, and have a possible special healthcare need such as spina bifida, cerebral palsy, diabetes, chronic lung disease or other disability and chronic health condition. The treatment component adds financial eligibility that considers income, medical condition, the family's ability to pay and healthcare and childcare expenses. In state fiscal year 2013, 11,889 children were served in the diagnostic program and 32,971 were served in the treatment program.³³

Conclusion

In this brief we have reviewed the state agencies involved with providing supports to people with disabilities, the categories of health coverage available, and other services and programs offered. In the next installment of this series on disabilities and health, we will examine the health challenges faced by people with disabilities: health indicators compared to general populations, complicating medical conditions, barriers to access, and lack of preventive care.

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We want to hear from you

Please take a few minutes and let us know what you think of this policy brief.

<https://www.surveymonkey.com/s/DisabilitiesBasics>



For a glossary of health policy terms, visit <http://www.hpio.net/tools/glossary/>

Notes

1. The DD Act (adopted in 2000) defines "developmental disability" as a severe, chronic disability of an individual that:
 - is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (ii) is manifested before the individual attains age 22;
 - (iii) is likely to continue indefinitely;
 - (iv) results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - (I) Self-care.
 - (II) Receptive and expressive language.
 - (III) Learning.
 - (IV) Mobility.
 - (V) Self-direction.
 - (VI) Capacity for independent living.
 - (VII) Economic self-sufficiency; and
 - (v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated." See: Public Law 106-402 106th Congress, 42 USC 15001 Sec. 102 (8)
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12. Ohio Department of Medicaid, "Medicaid Buy-in for Workers with Disabilities." <http://medicaid.ohio.gov/FOROHIOANS/Programs/MBIWD.aspx>. Also see: <http://www.odjfs.state.oh.us/forms/file.asp?id=2384&type=application/pdf>
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