

## Ohio Legislative Service Commission

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**H.B.** 727

133<sup>rd</sup> General Assembly

# **Bill Analysis**

Version: As Introduced

Primary Sponsors: Reps. Clites and Fraizer

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## SUMMARY

 Expands eligibility for the Department of Health's Children with Medical Handicaps Program to individuals up to age 26.

## **DETAILED ANALYSIS**

### **Children with Medical Handicaps Program**

#### **Eligibility expansion**

The bill expands eligibility for the Children with Medical Handicaps Program (CMH) to individuals up to age 26. Currently, individuals up to age 21 may qualify. The bill does this by prohibiting the Director of Health, when adopting rules governing CMH pursuant to existing law, from specifying an age restriction for CMH that excludes from eligibility an individual who is less than 26 years of age.<sup>1</sup>

#### Background

#### **Core components**

CMH, a program that operates within the Department of Health, currently provides assistance to Ohio residents who are under the age of 21, have special health care needs, and meet medical and, in some circumstances, financial eligibility criteria. CMH was formerly called the "Bureau for Children with Medical Handicaps." That is why some still refer to CMH as "BCMH."

<sup>&</sup>lt;sup>1</sup> R.C. 3701.021(A)(1) and (D), with conforming changes in R.C. 3701.022(A) and 3701.023(B).

CMH receives funding for services from the federal Maternal and Child Health Block Grant, state general revenue funds, county tax funds, third-party reimbursements, and donations.<sup>2</sup>

CMH has three core components.<sup>3</sup>

#### Diagnostic

Children under age 21 may receive services from CMH-approved providers for up to six months to diagnose or rule out a special health care need or to establish a plan of treatment. There are no financial eligibility requirements for this component. Services may include tests and x-rays; therapy evaluations; public health nursing services; visits to CMH-approved physicians; and up to five days in the hospital.

#### Treatment

Children under age 21 with eligible health conditions may receive certain services from CMH-approved providers for up to one year for the treatment of a chronic, physically disabling condition that is amenable to treatment. If the child remains eligible, services may be renewed each year until the child reaches age 21. Children and their families must meet medical and financial eligibility requirements to qualify for this component.

Examples of eligible conditions include AIDS, birth defects, chronic lung disease, hearing loss, heart defects, cleft lip/palate, hemophilia, cerebral palsy, spina bifida, PKU and other metabolic disorders, epilepsy, cancer, sickle cell disease, juvenile arthritis, congenital heart disease, type 1 and type 2 diabetes, and severe vision disorders.

Examples of eligible services include laboratory tests and x-rays, physician visits, prescriptions, medical equipment and supplies, and surgeries and hospitalizations.

#### Service coordination

This component helps families locate and coordinate services for their child. It is currently available for a limited number of diagnoses; to be eligible, a child must be under the care of a multidisciplinary team at a CMH-approved center. Financial eligibility is not required for this component.

<sup>&</sup>lt;sup>2</sup> Ohio Department of Health, *Children with Medical Handicaps*, available at https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/children-with-medical-handicaps/welcome-to.

<sup>&</sup>lt;sup>3</sup> Ohio Department of Health, *CMH Brochure*, available at https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/children-with-medical-

handicaps/resources/cmh-brochure-english; see, also, Ohio Department of Health, *Family Resources, CMH Main Programs*, available at https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/children-with-medical-handicaps/Family-Resources.

#### Applications

#### Medical eligibility

To enroll in any CMH component, a program-approved medical provider must complete the medical eligibility application available at this link:<sup>4</sup> https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/children-with-medicalhandicaps/forms/maf.

#### **Financial eligibility**

Financial eligibility for CMH's treatment component is determined on a case-by-case basis using the following factors:<sup>5</sup>

- A percentage of the federal poverty income guidelines;
- A family's taxable income;
- The medical care the child needs;
- A calculation of the family's maximum ability to pay for health care;
- The amount spent on private health insurance; and
- The amount spent on weekly child care.

CMH does not count personal assets such as a home, car, or savings account when determining financial eligibility. Also, income from child support, stepparent income, or social security income for the child is not counted.<sup>6</sup>

When a child's CMH-approved medical provider applies for the treatment component, CMH will send the parent or legal guardian a financial application packet unless the child is actively enrolled in Medicaid. A form called the CMH Financial Application will be in the packet and is also available at this link: https://odh.ohio.gov/wps/portal/gov/odh/know-ourprograms/children-with-medical-handicaps/forms/cpa. It must be completed and mailed to CMH along with three pay stubs from each parent or legal guardian who is employed along with a copy of their most recent federal income tax forms and verification of child care expenses. A child receiving benefits through Medicaid, the Social Security Income (SSI) Program, or the

<sup>&</sup>lt;sup>4</sup> Ohio Department of Health, *Information for Families, Forms and Documents*, available at https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/children-with-medical-handicaps/Family-Resources.

<sup>&</sup>lt;sup>5</sup> Ohio Department of Health, *Information for Families, How to Enroll*, available at https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/children-with-medical-handicaps/Family-Resources.

<sup>&</sup>lt;sup>6</sup> Id.

Women, Infants, and Children's (WIC) Program is automatically eligible for the treatment component regardless of parent or guardian income.<sup>7</sup>

#### Interaction with private insurance or Medicaid

CMH is the payor of last resort.<sup>8</sup> Accordingly, CMH-approved providers must first bill private insurance or Medicaid before billing CMH.<sup>9</sup>

For additional information on the various aspects of how CMH interacts with private insurance and Medicaid, see the *Family Handbook – For Families of Children with Special Health Care Needs in Ohio* available here.

## HISTORY

Action	Date
Introduced	07-16-20

H0727-I-133/ks

<sup>7</sup> Id.

<sup>8</sup> R.C. 3701.023.

<sup>&</sup>lt;sup>9</sup> *Id.*; *see, also,* Ohio Department of Health, *Family Handbook – For Families of Children with Special Health Care Needs in Ohio,* available here.