

## Examples of Countable Expenses:

(for entire household, not just client)

- Physician bills/hospital bills.
- Prescription medications.
- Therapies including occupational therapies, physical therapies and speech therapy.
- Dental visits including orthodontia.
- Vision care: eye exams, glasses, contact lenses and laser surgery.
- Medical supplies for the child with special health care needs.
- Disposable undergarments for clients age 3 and above (certain restrictions apply).
- Special formula.
- Special food for children with PKU.
- Some home modifications to make a house handicapped accessible.
- Contractual agreements with providers for large medical bills. CMH will count the entire bill if we receive A COPY OF THE AGREEMENT (which states contract initiation date) and proof of two consecutive payments having been made on the balance. The date the contract is initiated is the date the payment will be applied to the cost share balance. Family has the option of utilizing total balance or monthly payments.

## Examples of Non-countable Expenses:

- Rent, mortgage payments, utilities, credit card payments, entertainment, groceries, etc.
- Over the counter medications.
- Non-prescription vitamins and supplements.
- Herbal remedies.
- Dance, music, gymnastics or swimming lessons.
- Travel, food or lodging.
- Summer camp programs.

How can families learn more about CMH?

Contact your local health department or go to:  
[www.odh.ohio.gov](http://www.odh.ohio.gov).

## Complex Medical Help Program (CMH)

P.O. Box 1603  
Columbus, Ohio 43216-1603

614-466-1700  
1-800-755-4769 (Toll-free for parents only)  
1-800-750-0750 (TTY)



**Department of  
Health**

Complex Medical Help

# Welcome to the Complex Medical Help Program (CMH) Cost Share Program



**Department of  
Health**

## What is the CMH Cost Share Program

The CMH Cost Share program is a second opportunity offered to families to become eligible for treatment services when their income exceeds the CMH financial eligibility guidelines. Families placed on a cost share program will receive a denial letter, a financial eligibility worksheet (shows the figures used in the financial determination), cost share explanation brochure and medical expense form.

### How does it work?

Families can utilize out of pocket medical, dental and vision expenses paid within a 24-month timeframe (12 months prior to the denial date and 12 months after the denial date) for the entire household-not just the client. These expenses can be utilized to meet the cost share. The entire cost share must be met before the child is eligible to receive CMH coverage. If the cost share is not met within the 24-month time frame, the determination will be voided, and the family must re-apply.

## Steps to Meeting your Cost Share:

- Look at the first paragraph to determine what date your child's case was denied (the denial date is in bold print).
- Review the financial worksheet. Your cost share total is listed on line #7 of the financial eligibility worksheet.
- If income calculation errors are discovered or if the family has a loss of income, contact CMH and ask to speak with a financial reviewer to discuss a recalculation of income.
- If you can show you have paid medical, dental, and vision expenses in the amount of your cost share prior to the denial date, CMH treatment services will be reopened without a lapse in coverage.

Example: If your date of denial was, May 1, 2024 you would go back to May 1, 2023 to begin adding your family's paid medical, dental, and vision expenses.

- Families who are unable to meet the cost share balance prior to the date of denial will have CMH treatment services reinstated on the exact date the cost share balance is met if the balance is met within 12 months after the initial denial date.

Example: If your date of denial was May 1, 2024, you could continue adding paid medical, dental, and vision expenses until May 1, 2025.

- All medical, dental, and vision expenses should be listed in chronological order on the medical expense form. Computer spreadsheets are acceptable if the spreadsheet shows the payment date, provider, name of the family member, the amount of the expense and the amount paid by the family.
- Verification of payment must be submitted for all expenses of \$100 or more. Acceptable verification includes canceled checks, credit card statements or provider statements.

Please note: Explanation of benefits (EOBs) are not acceptable verification of payment as they do not show payment by the family to the provider.

