

Madeline's Law in Practice: Navigating Financial Support Options in Pediatric Audiology



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October 13, 2025



Presenter Disclosures

- Financial:
 - Complimentary registration for OSSPEAC

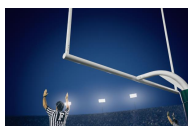


About Me

OH --> CA --> MA --> OH



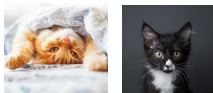
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Inpatient and Outpatient Pediatric Audiologist



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Learning Objectives

- 1. Explain Madeline's Law, and how to access possible device coverage.
- 2. Understand the differences between CMH, CCHAT, OHAAP, and other financial options.
- 3. Analyze discussed case studies and recognize different financial pathways that are available for families.



Disclaimer

- Information shared is from personal clinical experiences, versus the perspective of a professional who works directly with or for insurance companies.



Outline

- Madeline's Law
- Other Options:
 - CMH
 - CCHAT
 - OHAAP
 - Payment Plan or Assistance Program
 - HCAP
- Case Studies (3)



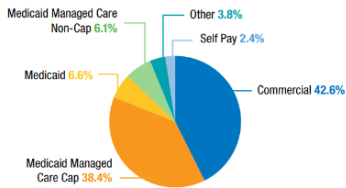
Hearing Aid Coverage Options

- Private Insurance
- Public Insurance – Medicaid
- Other Options:
 - CMH
 - CCHAT
 - HCAP
 - OHAAP
 - Madeline's Law



Payor Mix at NCH

PAYOR MIX



- ~51% = Medicaid
- ~49% = Private/Self Pay/Other

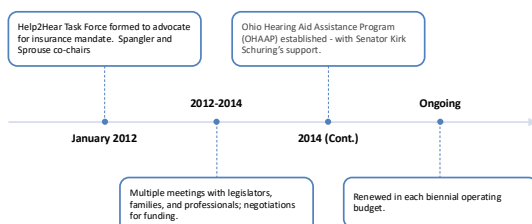


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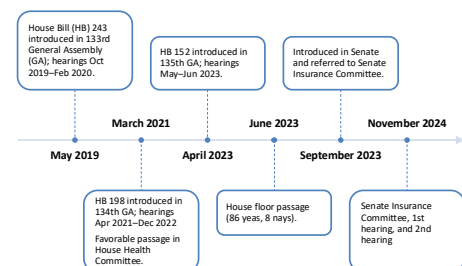


The Road to Madeline's Law



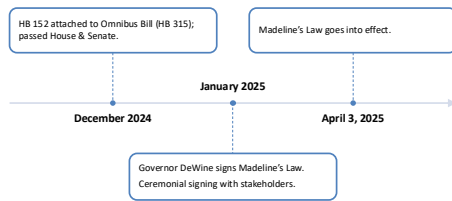
Adapted From: Spangler, C. (n.d.). Ohio Advocacy Timeline.

The Road to Madeline's Law (Cont.)



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The Road to Madeline's Law (Cont.)



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Madeline's Law



*AuD



Madeline's Law



- Birth to 21 years of age
- Ohio Resident
 - "One hearing aid (including attachments, accessories, and parts excluding batteries and cords) per hearing-impaired ear up to \$2,500 every four years (48 months) for a covered person 21 years old or younger."
 - "All related services prescribed by an otolaryngologist or recommended by a licensed audiologist and dispensed by a licensed audiologist, licensed hearing aid dealer, or otolaryngologist."



(Madeline's Law - Hearing Aid Coverage for Individuals 21 and Under, n.d.)

Madeline's Law



- "Madeline's Law only applies to health insurance companies fully regulated by the Ohio Department of Insurance. Madeline's Law does not apply to Medicare, Medicaid, or self-insured [Employee Retirement Income Security Act of 1974 (ERISA)] ERISA plans."



(Madeline's Law - Hearing Aid Coverage for Individuals 21 and Under, n.d.)

Madeline's Law

- Process to check for possible coverage:
 - Clinician requests for insurance coverage check by insurance coordinator
 - If no hearing aid benefit or coverage, confirm at that time for possible coverage through Madeine's Law
 - Families can also file an inquiry on their website or call to contact Ohio Department of Insurance (ODI) directly - #800-686-1526.

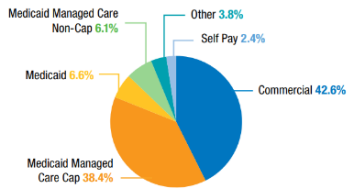
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Payor Mix at NCH

PAYOR MIX



- ~51% = Medicaid/Managed Care
- ~49% = Private/Self Pay/Other
 - **20% covered by Madeline's Law or approximately half of private insurance plans**



Outline

- Madeline's Law
- **Other Options:**
 - CMH
 - CCHAT
 - OHAAP
 - Payment Plan or Assistance Program
 - HCAP
- Case Studies (3)



CMH

- Complex Medical Help (CMH or BCMH)
 - Full or partial coverage for patients with disabilities
 - Diagnostic Program
 - (e.g., hearing evaluation)
 - Treatment Program
 - (e.g., amplification)



CMH



- To Qualify for CMH:
 - "Birth to 21 years of age – Diagnostic Program
 - Birth to 23 years of age – Treatment Program
 - Ohio Resident
 - Under the care of a CMH-approved doctor
 - Have an eligible medical handicap"



(Complex Medical Help (CMH), n.d.)

CMH

- Process to Apply:
 - Ear, Nose, and Throat (ENT) clinic
 - Family completes application
 - CMH coordinator will check on status of application
 - Often approved for diagnostics before treatment
 - Can take up to ~6+ months for possible approval



Outline

- Madeline's Law
- **Other Options:**
 - CMH
 - **CCHAT**
 - OHAAP
 - Payment Plan or Assistance Program
 - HCAP
- Case Studies (3)



CCHAT

- Cincinnati Children's Hearing Aid Trust (CCHAT) & Early Hearing Intervention
- Coverage for first set of hearing aids and earmolds for Birth to 3 years of age
 - Ohio Resident
 - Typically for families with 50% coverage or less
 - Families with large deductibles
 - Can still pursue if applying for CMH



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CCHAT
Cincinnati Children's Hearing Aid Trust
APPLICATION FOR ASSISTANCE
TO BE COMPLETED BY PARENTS OR GUARDIAN

Requirements: Ohio Resident, Birth to Age Three, Requesting first hearing aids

Name of Child _____ Date of Birth _____ Sex _____
Parent/Guardian Name _____
Mother _____ Father _____ Guardian _____
Address _____
City _____ Zip Code _____ County of Residence _____
Preferred Phone # _____ Backup Phone # _____
*Email _____

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer
Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or other Pacific Islands ☐ White ☐ Other ☐ Prefer not to answer

1) When was your child first diagnosed with a hearing loss? Give approximate date. _____
2) Was your child screened for hearing loss when he/she was born at the hospital? ☐ Yes ☐ No
3) Did your child pass the newborn hearing screening? ☐ Yes ☐ No
4) What hospital was your child born? _____
5) Who referred you to the CCHAT Program? _____
6) Has your child ever worn hearing aids? ☐ Yes ☐ No
a. If yes, please explain: _____
7) Are you currently receiving services from an early intervention program for your child (speech therapy, help life gear)? ☐ Yes ☐ No
8) Are you currently receiving services from the Regional Infant Hearing Program of Ohio? ☐ Yes ☐ No
a. If yes, may we enter your name in the program? ☐ Yes ☐ No

Upon approval of this application from CCHAT, we agree to the following:
a. To be financially responsible for the maintenance, daily care, batteries, repairs, ear molds and replacement of my child's hearing aids in the future.
b. To return the hearing aids purchased by CCHAT to CCHAT if my child no longer needs the hearing aids. The hearing aids will be used as loaners for other children.
c. To notify CCHAT Coordinator immediately if a change in any information occurs and/or you receive any additional funding through private insurance or any other third party funding assistance program.

Signature of Parent/Guardian _____ Date _____



OHAAP



- Ohio Department of Health: The Ohio Hearing Aid Assistance Program (OHAAP)
- Birth to 26 years of age
- Ohio Resident
- Covers:
 - "Hearing aids, assistive listening devices, earmolds, cochlear implant replacements, and/or hearing aid batteries."



(Ohio Hearing Aid Assistance Program, n.d.)

CCHAT

- Process to apply:
 - Family completes application and it is sent to CCHAT program coordinator
 - Nationwide Children's CCHAT tracking log updated
 - Insurance coordinator and managing audiologist monitors application status
 - CCHAT invoice form completed once approved
 - Can take up to ~1-2 months for approval



Outline

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OHAAP



- "Families with incomes at or below 400 percent of the federal poverty guidelines are eligible for the program."
- Not Eligible/Other Considerations:
 - Typically, families pursuing CMH or Medicaid
 - May owe \$20.00+ copayment



(Ohio Hearing Aid Assistance Program, n.d.)

Ohio Hearing Aid Assistance Program Sliding Fee Scale

Adjusted Gross Income (AGI)

Tax Form
1040

Family Size	Annual Family Income Table															
1	111,000	30,120	33,885	37,650	41,415	45,180	48,945	52,710	56,475	60,240						
2	20,400	40,800	45,290	51,100	56,210	61,320	66,430	71,540	76,650	81,760						
3	29,600	59,200	64,995	74,500	79,005	88,510	93,015	102,520	107,025	116,530						
4	38,800	77,600	84,200	94,000	98,800	108,600	113,400	123,200	128,000	137,800						
5	48,000	96,000	103,600	114,400	119,200	129,000	133,800	143,600	148,400	158,200						
6	57,200	114,400	122,400	134,400	139,200	149,000	153,800	163,600	168,400	178,200						
7	66,400	132,800	140,800	152,800	157,600	167,400	172,200	182,000	186,800	196,600						
8	75,600	151,200	159,200	171,200	176,000	185,800	190,600	199,400	204,200	214,000						
Percent of FPL	100%	200%	225%	250%	275%	300%	325%	350%	375%	400%						

Family Sliding Scale Fee based on Income Table

Percent of FPL	100%	200%	225%	250%	275%	300%	325%	350%	375%	400%
Monaural	0	0	0.00	0.00	0.00	10.00	10.00	10.00	10.00	10.00
Binaural	0	0	0.00	0.00	0.00	20.00	20.00	20.00	20.00	20.00

How To Determine Family Income Eligibility
Step 1: Identify Adjusted Gross Income (AGI) on tax form
Step 2: Determine family size and locate family's AGI on Annual Family Income Table
Step 3: Follow Family Income Table down table to determine percent of FPL for family
Step 4: For Sliding Scale fee, locate family's percent of FPL on the Family Sliding Scale Fee based on Income Table
Step 5: Determine Sliding Scale fee amount based on percent of FPL for monaural or monaural hearing aids, depending on need



Ohio Department of Health | Ohio Hearing Aid Assistance Program Family Application Form

Child's Information

Child's Name: _____ Date of Birth: _____

Race: ☐ White ☐ Black/African American ☐ American Indian ☐ Alaska Native ☐ Asian

Native Hawaiian: ☐ Other Pacific Islander

Gender: ☐ Male ☐ Female

If your child is under the age of 3, is your child receiving services from an early intervention program? ☐ Yes ☐ No

No. If no, may we refer your name to a program? ☐ Yes ☐ No

Parent/Guardian Information

Parent/Guardian Name(s): _____ Relationship to Child: _____

Street Address: _____ City/State/Zip: _____

Telephone Number: _____ County of Residence: _____

Email: _____

Income

Your Audiologist/Hearing Aid Dealer and Filter must verify income and utilize sliding scale fee for audiological services. You must submit documentation of your family income. Your application cannot be processed without these documents.

Please check that income verification has been attached to family application form:

☐ I have attached most recent federal or state tax form 1040/1040A/1040EZ.

Total Number of people in Household: _____

Upon approval of this application, I agree to the following:

☐ To authorize the submission of my child's application, which includes a medical diagnosis and other information, to the Ohio Department of Health, Ohio Hearing Aid Assistance Program for services outlined within this application.

☐ To make the payment, if any, to the Audiologist/Hearing Aid Dealer and Filter.

☐ To allow a referral for my child to an early intervention program, only if referred and authorized by me.

☐ I affirm that the information provided is complete and correct to the best of my knowledge.

☐ I understand that the above-referenced information will not be released to any other entity without an additional written release authorization from me or other person having legal authority to provide such release or as required by law.

Signature of Parent/Guardian: _____ Date: _____

Return completed form and proof of family income to your child's Audiologist/Hearing Aid Dealer and Filter. The Ohio Hearing Aid Assistance Program will provide funding for hearing aids as long as the family meets the program's requirements.



Payment Plan or Assistance Program

- Payment Plan
- HCAP
- Additional Options

OHAAP

- Process to apply:
 - Family completes application, which includes financial documents, and it is sent to insurance coordinator
 - Nationwide Children's OHAAP tracking log updated
 - Insurance coordinator and managing audiologist monitors application status
 - OHAAP invoice form completed once approved
 - Can take up to ~1-3 months for approval, pending receipt of all financial documents



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- Other Options:
 - CMH
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Payment Plan

- Process to Apply:
 - Through the MyChart app or contacting accounts payable
 - Can pursue specific payments per month, and pay more or adjust payments as needed

HCAP



- Hospital Care Assurance Program (HCAP)
- "To qualify for HCAP:
 - you must be a resident of the State of Ohio
 - you must be at or below Federal Poverty Level (see chart below)
 - you cannot be receiving Medicaid"



(Hospital Care Assurance Program (HCAP), n.d.)

HCAP



- "HCAP is Ohio's version of the federal Disproportionate Share Hospital Program. It provides hospital services for those whose income falls below 100% of the poverty level, and who are not eligible for Medicaid. This program is for the hospital bill only. All insurance and third-party payers must be billed before you apply for HCAP. Aid may be given only for the part of the bill that is the patient's responsibility."



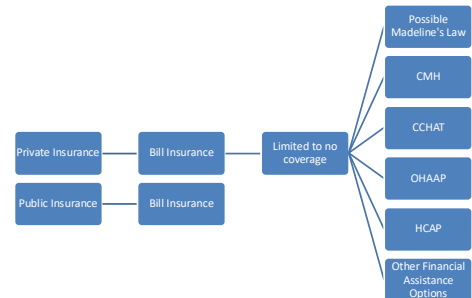
(Hospital Care Assurance Program (HCAP), n.d.)

Additional Options

- As listed on Nationwide Children's Hospital Financial Assistance Page:
 - Alien Emergency Medical Assistance (AEMA)
 - Health Care Exchanges
 - Healthy Start and Healthy Families
 - Financial Assistance Program



Let's Review



Let's Check-in

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Case 1

- Background Information:

- February 2025

- 2-month-old with private insurance
 - Did not pass newborn hearing screening in each ear
 - No risk factors for hearing loss, born full-term with unremarkable birth history
 - Referred from outside facility:
 - Absent OAEs and normal hearing in mid-frequencies



Case 1

- Background Information:

- February 2025

- New identification of hearing loss:
 - Normal middle ear function
 - Partially present Otoacoustic Emissions (OAEs)



Case 1

Corrected Response Thresholds (dBeHL)
for Assumed Behavioral Thresholds in dB HL (Stapells, 2000)

	Air Conduction				Unmasked Bone Conduction 2000 Hz	Unmasked Bone Conduction 4000 Hz
	500 Hz	1000 Hz	2000 Hz	4000 Hz		
Right Ear	20	20	20	40	DNT	40
Left Ear	20	20	30	40	40	40



Case 1

- April 2025

- Confirmation Auditory Brainstem Response (ABR), Hearing Aid Evaluation, and ENT Physician appointment
 - Test Results:
 - Normal middle ear function
 - Partially (almost fully absent) OAEs in each ear



Case 1

Corrected Response Thresholds (dBeHL)
for Assumed Behavioral Thresholds in dB HL (Stapells, 2000)

	Air Conduction				Unmasked Bone Conduction 1000 Hz	Unmasked Bone Conduction 2000 Hz	Unmasked Bone Conduction 4000 Hz
	500 Hz	1000 Hz	2000 Hz	4000 Hz			
Right Ear	20	30	30	40	CNE*	40	40
Left Ear	20	30	30	40	DNT	DNT	DNT

*CNE 1000 Hz unmasked bone conduction testing due to patient waking up.



Case 1

- Behind-the-Ear (BTE) Hearing aids were discussed and selected
 - Parents wanted time to review information at home
 - Insurance coordinator confirmed no coverage for hearing aids following appointment
- Help Me Grow and speech therapy referrals were placed
- Medical clearance for hearing aids obtained
- Reviewed possible financial support options



Case 1

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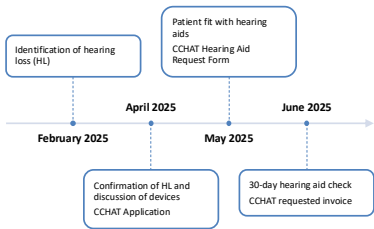


Case 1

- May 2025
 - Hearing aid fitting
 - Billed earmolds
 - CCHAT hearing aid request form
- June 2025
 - 30-day check and repeat ABR (stable hearing)
 - Billed for hearing aids as CCHAT requested invoice



Case 1 Timeline



Case 2

- Background Information:
 - August 2024
 - 5-year-old with no insurance coverage
 - New to Ohio
 - Left sided microtia/atresia
 - No previous use of amplification

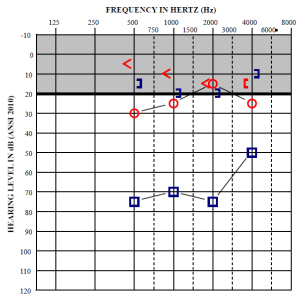


Case 2

- February 2024
 - Seen for an outpatient hearing evaluation
 - Abnormal middle ear function in the right ear
 - Microtia/atresia of the left ear



Case 2



Case 2

- April 2024
 - Hearing Aid Evaluation
 - Family planning to renew public insurance
 - Selected bone conduction device on softband
 - Reviewed possible financial options
 - Recommended for family to contact school to further discuss IEP/504 Plan as well as possible educational audiology support services



Case 2

- April 2024 – phone update with parent:
 - Not approved to renew state insurance
 - Considering HCAP
 - Reviewed other financial support options
 - Bone conduction device on softband fitting, pending confirmed financial option
 - Placed reminder for 6-month follow-up appointment to continue to monitor hearing



Case 2

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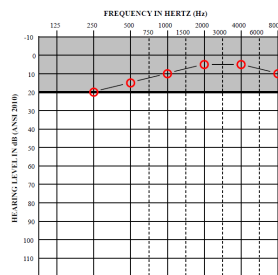


Case 2

- May 2024
 - Seen for a post-op hearing evaluation through ENT – had PE tube placed in the right ear
 - Patent PE tube was noted in the right ear
 - Microtia/atresia of left ear



Case 2



Case 2

- May/June 2024 – phone update with parent:
 - Possible approval for CMH
 - Referral placed for a speech evaluation
 - Scheduled hearing aid fitting tentatively for June 2024
 - Cancelled as family was approved for diagnostics and not yet treatment



Case 2

- August 2024
 - CMH coordinator noted that CMH awaiting additional documents for treatment approval
- October 2024
 - CMH coordinator noted that CMH awaiting additional documents for treatment approval
- November 2024
 - Additional hearing aid evaluation and hearing evaluation (6+ months)
 - Dispensed additional OHAAP paperwork



Case 2

- November 2024
 - Checked on status of CMH and notified of additional review of OHAAP
- December 2024
 - Received OHAAP application and financial documents from parent and sent to insurance coordinator
 - Family was approved for OHAAP



Case 2

- December 2024
 - Bone conduction device fitting completed

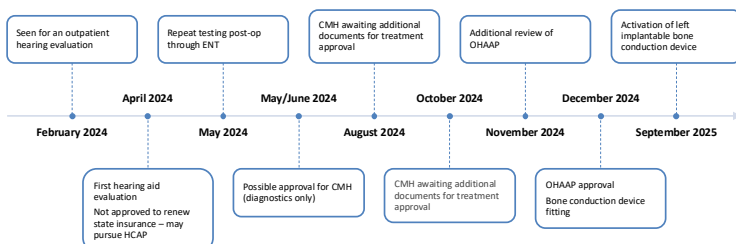


Case 2

- And now...
 - Patient is approved for CMH diagnostics and treatment
 - And in September 2025, patient had their activation for an implantable bone conduction device!



Case 2 Timeline



Case 3

- Background Information:
 - March 2025
 - 14-year-old with private insurance
 - Family moved from out of state
 - Known hearing loss - diagnosed at 8 years of age
 - No previous use of amplification

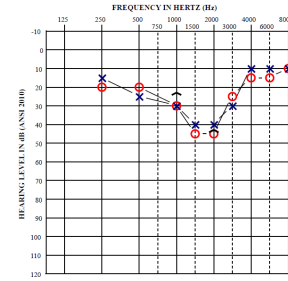


Case 3

- Background Information
 - March 2025 (Cont.)
 - Seen through ENT
 - Essentially normal middle ear function, essentially absent OAEs



Case 3



Case 3

- April 2025
 - Hearing aid evaluation
 - Receiver-in-the-ear (RITE) devices selected – pursued loaner program
 - Parent noted some concerns re: insurance coverage



Case 3

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Case 3

- April 2025 (Cont.)
 - Reviewed OHAAP, and OHAAP application was sent to NCH insurance coordinator
 - Family planned to pursue possible 504 Plan with school and aware of NCH speech-language pathology support services



Case 3

- End of April 2025
 - Phone call with parent
 - Family may pursue Medicaid or CMH
 - Offered to cancel the fitting appointment to ensure no possible out-of-pocket for family
 - Parent requested to proceed with fitting



Case 3

- May 2025
 - Fitting appointment with manufacturer loaner devices
 - Billed dispensing fee only
- June 2025
 - 30-day hearing aid check
 - OHAAP application denied
 - Medicaid application denied
 - OHAAP needs Medicaid AND CMH denial



Case 3

- June 2025 (Cont.)
 - Wear-time ~4 hours per day
 - Discussed options including awaiting possible CMH approval, and parent seemed interested to trial other manufacturer
 - RFC current devices



Case 3

- End of June 2025
 - Fit other manufacturer loaner devices
 - Patient perceived significant improvement in sound quality and comfort with devices
 - No updates re: CMH treatment approval
 - Billed hearing aid check



Case 3

- August 2025
 - Follow-up HAC:
 - Parent noted starting new job with new insurance
 - No coverage for hearing aids
 - Clinician called CMH during appointment
 - Still awaiting financial documents from family
 - Wear-time ~2 hours per day, but patient noted feeling more motivated to wear devices during school day now that school has started



Case 3

- August 2025 (Cont.)
 - Reviewed due to limited wear time, could await possible CMH treatment approval
 - Devices due back to manufacturer mid-September 2025
 - Family requested to keep the devices as parent has noticed an improvement
 - Parent sent financial documentation to CMH



Case 3

- September 2025
 - Contacted parent as no update yet from CMH
 - Considering pursuing NCH loaner devices, and created plan with parent

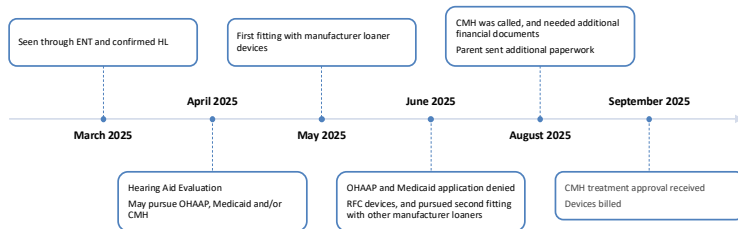


Case 3

....And then...



Case 3 Timeline



Helpful Websites

- [CCHAT](#)
- [Madeline's Law](#)
- [Nationwide Children's Audiology Resources for Families](#)
- [Nationwide Children's Financial Assistance](#)
 - Includes CMH, HCAP, and other options
- [OHAAP](#)



Case 3

- September 2025 (Cont.)
 - Right before family was planning to RFC their manufacturer loaner devices
 - CMH treatment approval was received
 - Devices billed for, and paperwork was sent via e-mail and completed



Other Considerations

- Loaner device programs through the manufacturers
- Loaner devices at Nationwide Children's
 - Typically, when pursuing CI candidacy evaluation, and/or if devices are being sent in for repair
- Involvement of Social Worker



Questions?



References

- "Cincinnati Children's Hearing Aid Trust (CCHAT) & Early Hearing Intervention." *Cincinnati Children's*, <https://www.cincinnatichildrens.org/service/otolaryngology/cchat>. Accessed 26 Aug. 2025.
- "Complex Medical Help (CMH)." *Financial Assistance*, Nationwide Children's Hospital, www.nationwidechildrens.org/your-visit/billing-and-insurance/financial-assistance#BCMh. Accessed 26 Aug. 2025.
- *Financial Assistance*, Nationwide Children's Hospital, www.nationwidechildrens.org/your-visit/billing-and-insurance/financial-assistance. Accessed 26 Aug. 2025.
- "Hospital Care Assurance Program (HCAP)." *Financial Assistance*, Nationwide Children's Hospital, www.nationwidechildrens.org/your-visit/billing-and-insurance/financial-assistance#HCAP. Accessed 26 Aug. 2025.
- "Madeline's Law - Hearing Aid Coverage for Individuals 21 and Under." Ohio Department of Insurance, insurance.ohio.gov/consumers/health/madelines-law-hearing-aid-coverage-individuals-21-and-under. Accessed 26 Aug. 2025.
- "Ohio Hearing Aid Assistance Program." *Ohio Department of Health*, odh.ohio.gov/know-our-programs/hearingaid-assistance/ohaap/. Accessed 26 Aug. 2025.
- Spangler, C. (n.d.). Ohio Advocacy Timeline.



Thank you!

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