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BASIC MEDICAID PLANNING FROM APPLICATION TO RECOVERY

The Medicaid Application Process

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Objectives:

- Overview of Services
- LTC Application Process
- Renewal Process
- New Terminology
- Updates/Changes
- Case Scenarios
- Questions
- Conclusion
- References

Overview Services

- Triangle Building
 - TANF Benefits/ Child Care
 - PRC Benefits
 - Food Assistance (SNAP)
 - Medicaid Services/Programs
 - MBIWD
 - MPAP(4 programs)
 - SRS (New)
 - Adult Protect Services
 - Healthchek
 - Net Transportation
- Ohio Means Jobs Center
 - Work Activity Assessment
 - Community Partners

LTC Key Terms

- MAGI - Modified Adjusted Gross Income
- NON-MAGI – Aged, Blind or Disabled
- SIL- Special Income Level
- SIR – Spousal Impoverishment Rules
- TOA- Transfer of Assets (5 year Look Back)
- SOC- Share of Cost (Patient Liability)
- LOC- Level of Care
- LTC – Long Term Care
- QIT- Qualified Income Trust
- PETI-Post Eligibility Treatment of Income
- Categorically Needy - Formally community ABD **not** receiving SSI
- Base Medicaid – A specific Medicaid category (SSI, MAGI, Categorically Needy)
- Baseline Date: First date upon which the individual has both applied for Medicaid and is institutionalized or completed a waiver application. Even if the Medicaid is denied there can be only 1 baseline date.

Processing Long Term Care Applications

Nursing Home & Waiver



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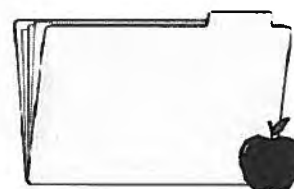
Taking care of those who cannot care for themselves



We all perform an important and helpful service to those who are in need of assistance for costly medical care.

LTC Application Processing Goals

- Establish correct time lines for the application process.
- Request necessary documentation to establish accurate eligibility.
- Ensure that LTC applicants/ providers/ATR & family members know what to expect from Medicaid & what we expect from them.

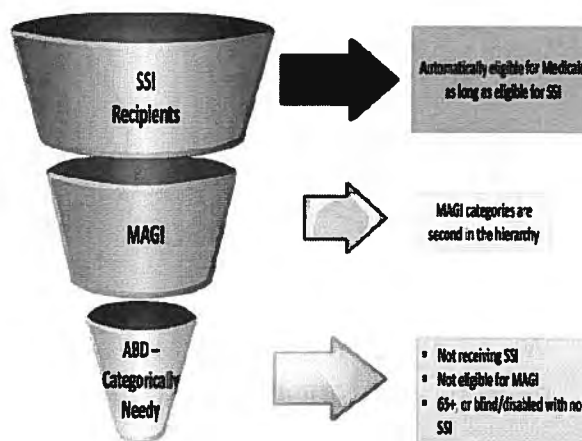


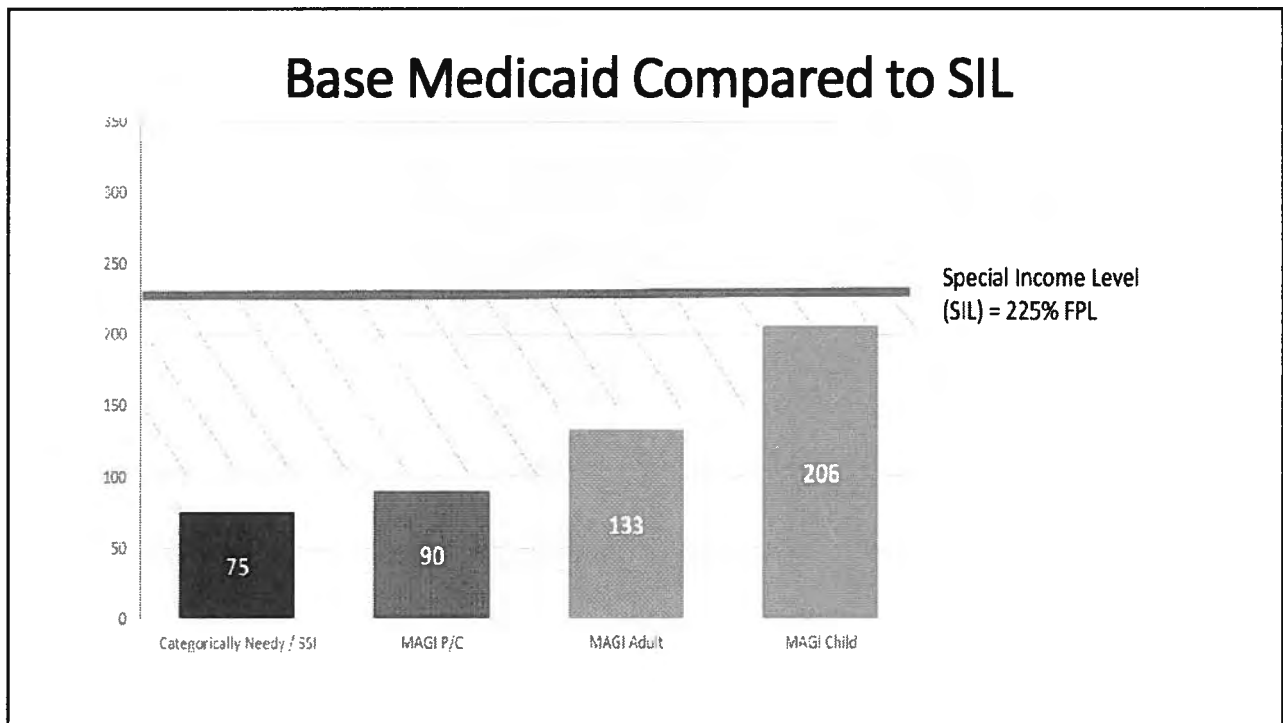
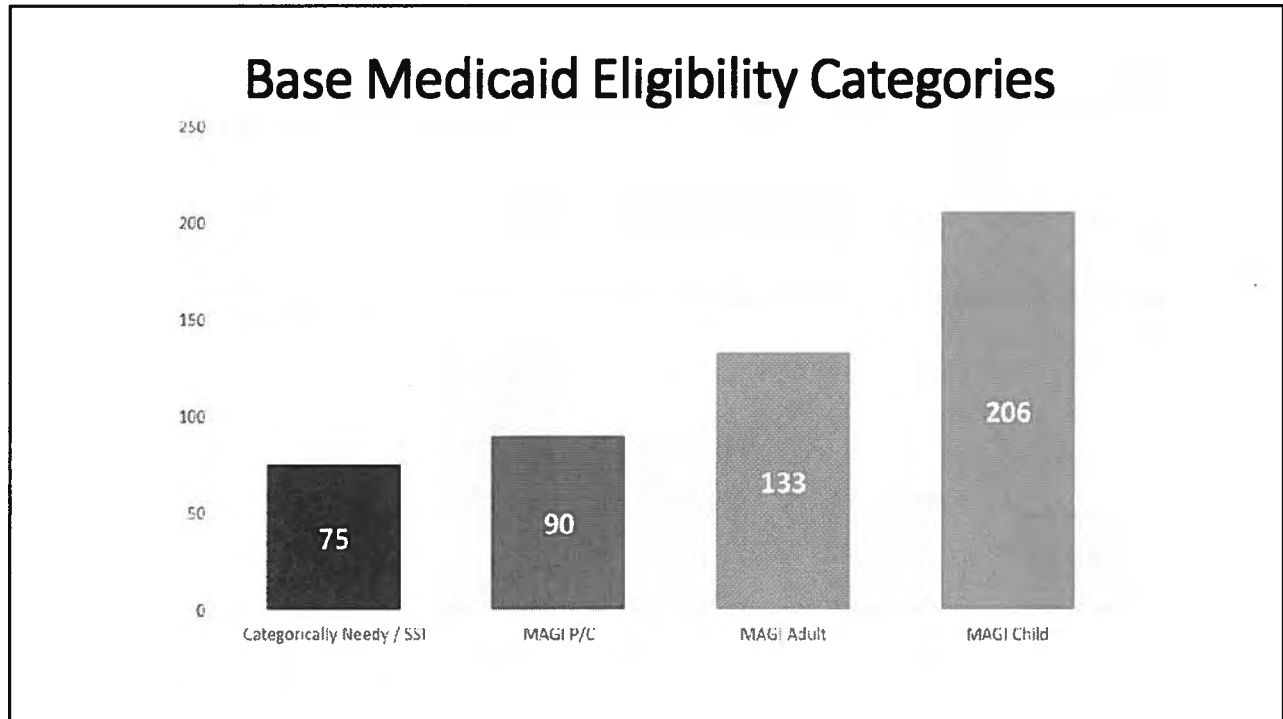
How do individuals apply for LTC and Waiver?

- Individuals who are currently in receipt of Medicaid simply have to request LTC.
- If Medicaid is not open, an application will be needed so "base" Medicaid can be explored along with LTC.

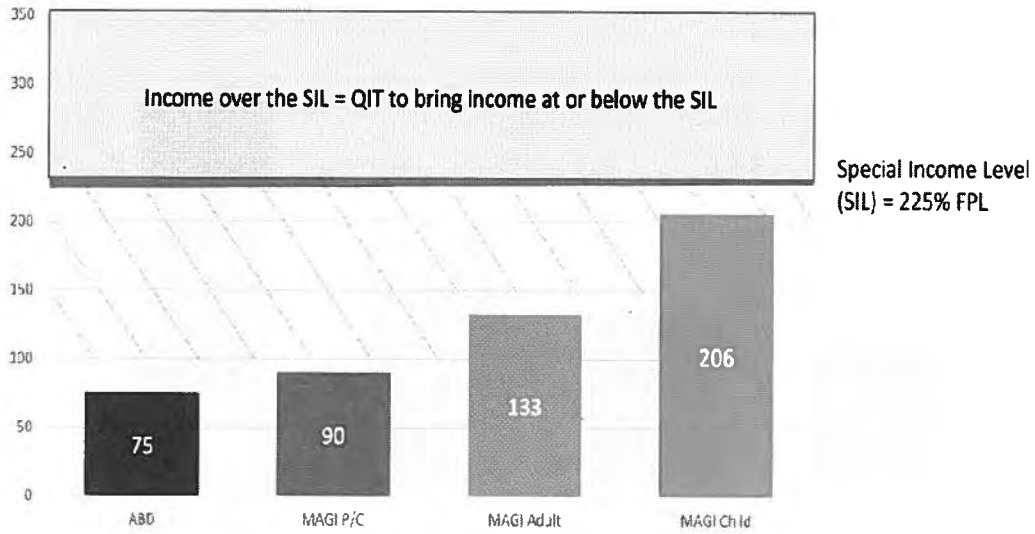


New Hierarchy Flow

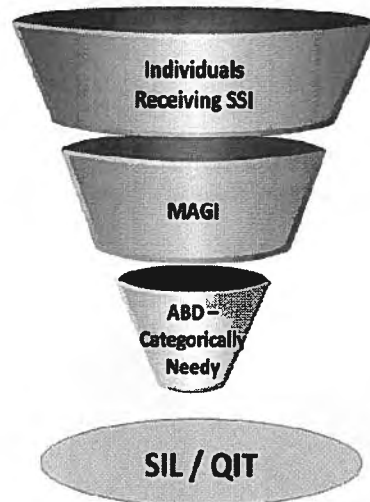




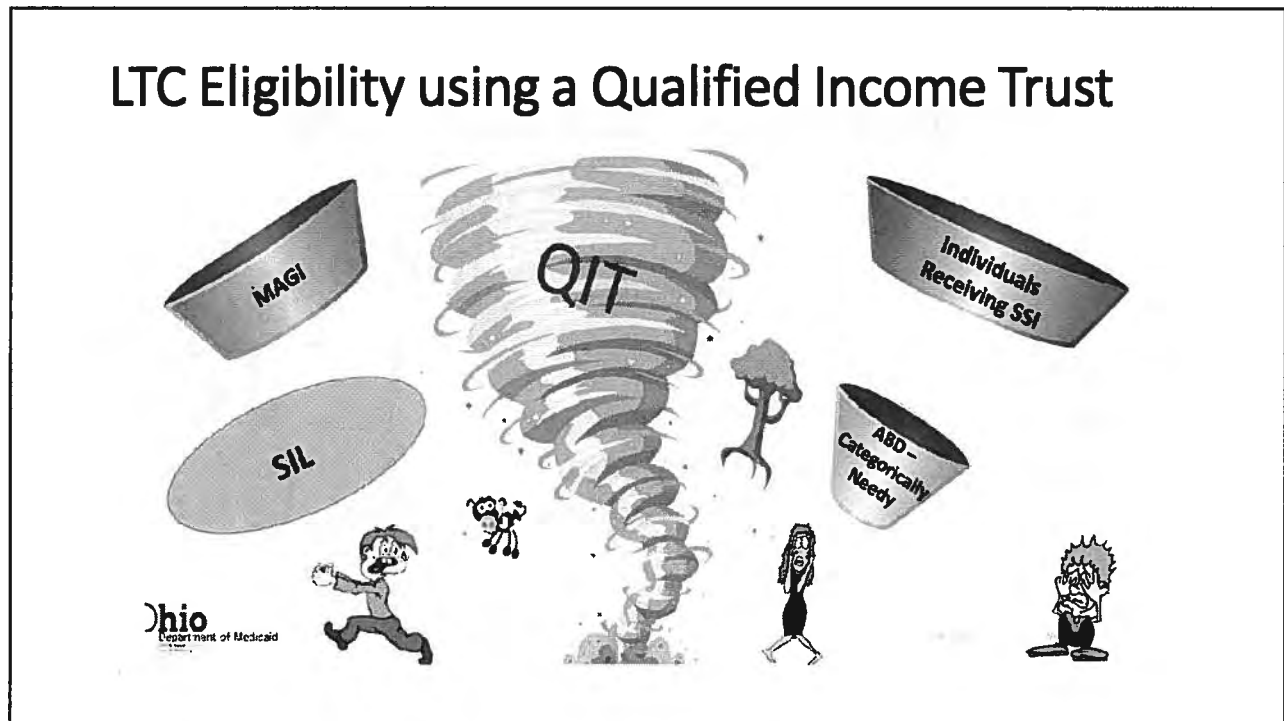
Base Medicaid Compared to SIL with QIT



New
Hierarchy
Flow



LTC Eligibility using a Qualified Income Trust



Application Registration Date

- The CDJFS must accept the application on the date it is turned in, returned by mail or faxed to the agency.
- The date of the application is the date on which a signed and dated JFS 7200/6136 or 7216 is received by the CDJFS
- Caseworker will determine eligibility from the original application date.



LTC Application / Renewal Process

Intake

- ✓ JFS 7216
- ✓ JFS 6723
- ✓ JFS 7200 & 6136

Renewal

- ✓ JFS 6136
- ✓ Income
- ✓ Resources
- ✓ PNA accounts



Eligibility for LTC Services

Non-Financial, Resource & Financial Required

• Conditions of eligibility

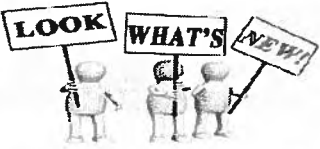
- These requirements remain the same regardless of whether the individual's Base Medicaid is determined using MAGI or Non- MAGI budgeting methodology.
- 1. **Self Declaration (SSN, Age, Identity , Residency & Living Arrangement)**
- 2. **Residency (must be a resident of the State of Ohio)**
- 3. **Living Arrangement (living in public institution not eligible for Medicaid payment, individual who are confined.**
- 4. **Citizenship (must be a U.S. citizen , declared U.S citizenship under the penalty of perjury, or be in satisfactory immigration status, Individual has 95 days to verify (Reasonable Opportunity Period OAC 5160:1-1-58.2)**
- 5. **Attain any available benefits for which they are eligible.**
- 6. **Cooperate with CSEA**
- 7. **Meet all eligibility requirements : income and resource**
- 8. **Must have LOC**
- 9. **This is not an inclusive list.**

• Application Process

- No telephone interview is required, but can be requested by the individual.
- No face to face interview unless requested
- Eligibility must be determined in 30 calendar days
- Two written request for verification must be issued
- Rights and Responsibilities reviewed
 - Estate Recovery
 - Annuity Disclosure



Resource Limits



	Resource Limit
Individual	\$2,000
Couple	\$3,000

Countable Resources	Exempt Resources
✓ Cash	✓ Home (Principle Place of Residence)
✓ Checking or Savings Account(s)	✓ Real or Personal Property (Essential to Self-support)
✓ Mutual Funds	✓ Automobile
✓ Stocks	✓ Personal or Household Items
✓ Annuities	✓ Irrevocable Pre-need Funeral Contracts
✓ Bonds	
✓ Real Property	

MPAP – Income and Resource Limits

<u>MPAP Category</u>	<u>Income Standard Through 6/30/16</u>	<u>Income Standard Effective 7/1/16</u>	<u>Resource Limit</u>
QMB	100% FPL	100% FPL	Individual: \$7,280 Couple \$10,930
SLMB	120% FPL	101% - 120 % FPL	Individual: \$7,280 Couple \$10,930
QI-1	135% FPL	121% - 135% FPL	Individual: \$7,280 Couple \$10,930
QDWI	200% FPL	200% FPL	Cannot exceed twice the SSI standard

Base Medicaid and LTC Types

A QIT cannot be used to reduce income to base Medicaid eligibility level

- MAGI + Facility
- ABD + Facility
- SIL + Facility *

- MAGI + HCBS
- ABD + HCBS
- SIL + HCBS *

- MAGI/SIR Budget** + HCBS
- ABD/SIR Budget** + HCBS

**SIR (Spousal Impoverishment Rules) Budget is a new budget process

*Note: An individual utilizing a QIT to qualify for Medicaid will fall into the SIL + Facility or SIL + HCBS categories



Reference Chart (* denotes is a new concept)

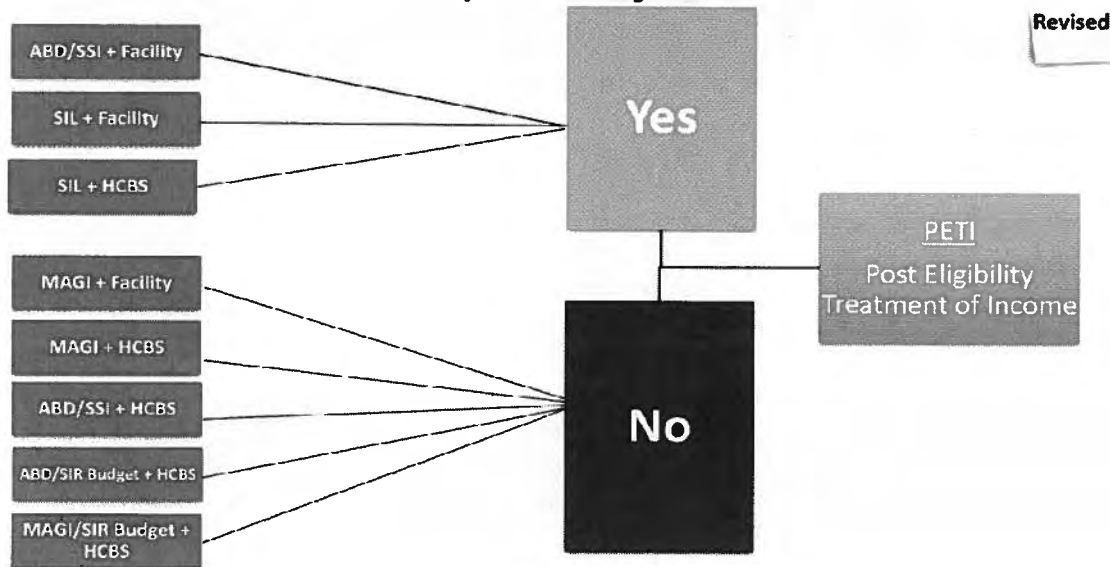
Base Medicaid Category	Resource Limit	Transfer of Asset (TOA) Test	Home Equity Limit	Resource Assessment
MAGI + Facility	N	Y*	Y*	N
ABD/SSI + Facility	Y	Y	Y	Y
SIL + Facility	Y	Y	Y	Y
MAGI + HCBS	N	N*	Y*	N
ABD/SSI + HCBS	Y	N*	Y	N
SIL + HCBS	Y	Y	Y	Y
MAGI/SIR Budget** + HCBS	N	N	Y*	N
ABD/SIR Budget **+ HCBS	Y	N*	Y	Y
**SIR (Spousal Impoverishment Rules)				

Updates/Changes/Reminders

- TOA
- Transfer of an exempt home out of a countable trust
- Gifting is NOT considered proper for Medicaid!
- House no longer has the 13 month exemption.
- House is exempt if “intent to return”
- Reference to VA Aid ^& Attendance Bonus has been removed.



Post Eligibility Process/ SOC Who May Be Subject to a SOC?



Post Eligibility Treatment of Income (PETI)

Approved Base Medicaid Category + LTC Type	Post Eligibility Treatment of Income/Patient Liability
MAGI + HCBS	NO
MAGI + Facility	NO
MAGI/SIR Budget+ HCBS	NO
ABD + Facility	YES
ABD + HCBS	NO
ABD /SIR + HCBS	NO
SIL + Facility	YES
SIL + HCBS	YES

Estate Recovery OAC 5160:1-2-07

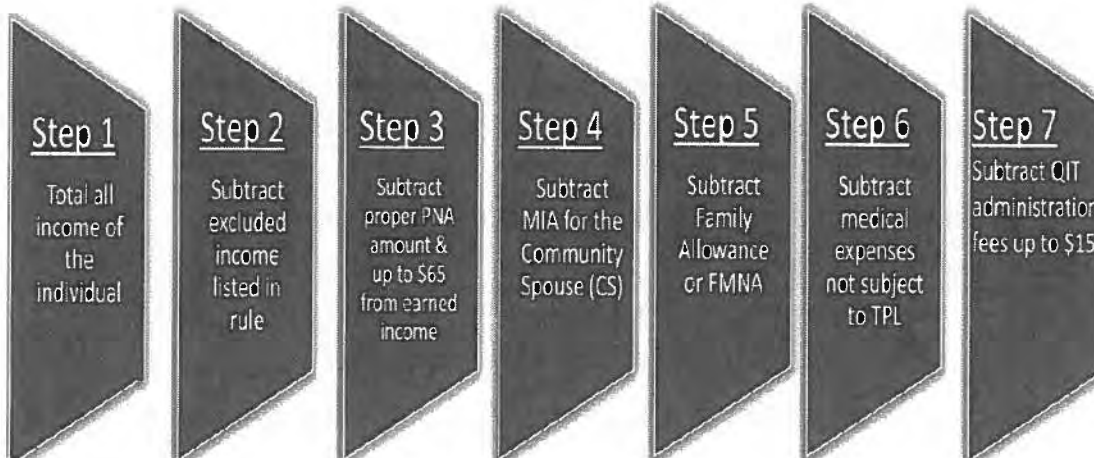
- Seeks repayment for Medicaid costs for:
 - » Individuals 55 and over who received Medicaid services
 - » Permanently institutionalized individuals regardless of age
 - When MAGI is the base Medicaid category for LTC or waiver individuals, estate recovery will only apply to those individuals 55 and over
- After the individual's death, estate recovery starts when:
 - » The surviving spouse dies
 - » There is no surviving child under 21
 - » There is no surviving blind or disabled child of any age
- Estate recovery is administered by the Ohio Attorney General's Office

Estate Recovery by Category Type

Approved Base Medicaid Category + LTC Type	PETI	Estate Recovery
MAGI + Facility	NO	55 and over
MAGI + HCBS	NO	55 and over
MAGI (spousal impoverishment rules) + HCBS	NO	55 and over
ABD + Facility	YES	YES
ABD + HCBS	NO	YES
ABD (spousal impoverishment rules) + HCBS	NO	YES
SIL/Facility	YES	YES
SIL/HCBS	YES	YES

PETI Process OAC 5160:1-3-04.3(c)

Remember the remainder is the SOC for a full month of institutionalization



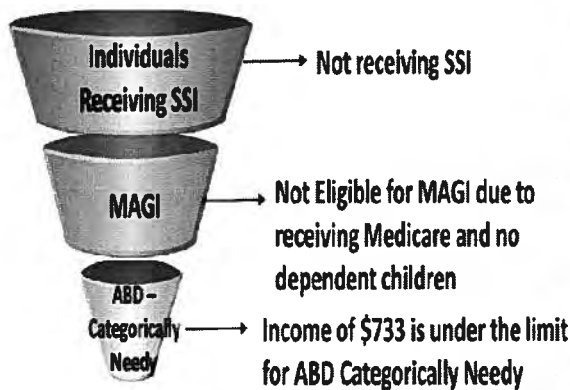
Approved Base Medicaid Category + LTC Type	Transfer of Assets (TOA)	Resource Limit	Resource Assessment/CSRA	PETI
MAGI + Facility	YES	NO	NO	NO
MAGI + HCBS	NO	NO	NO	NO
MAGI (spousal impoverishment rules) + HCBS	NO	NO	NO	NO
ABD - Facility	YES	YES	YES	YES
ABD - HCBS	NO	YES	NO	NO
ABD (spousal impoverishment rules) + HCBS	NO	YES	YES	NO
SIL/Facility	YES	YES	YES	YES
SIL/HCBS	YES	YES	YES	YES

LET'S DO SOME EXAMPLES



Case Study #1 Apply for HBCS Waiver Services

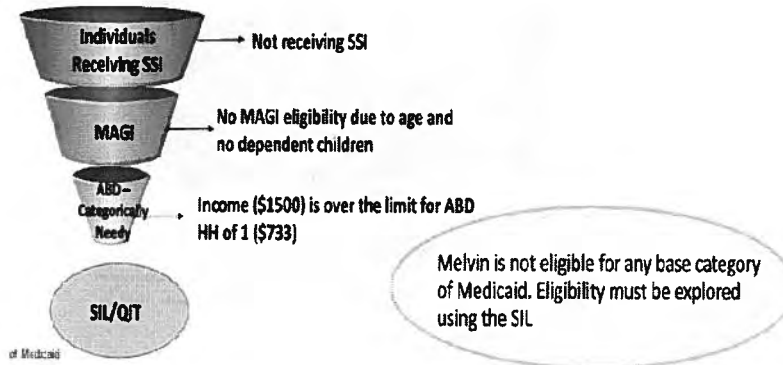
- Rachel (age 67) is applying for HCBS waiver services. She reports that she received RSDI income in the amount of \$733.00 and she is receiving Medicare. Her only reported resource is a checking account with a balance of \$867.00.



- ✓ Base + LTC → Based on her income, Rachel would be eligible for ABD/Categorically Needy Medicaid as her base category (**ABD + HCBS**)
- ✓ Resource Limit → **IS** subject to a resource limit. Her current resources of \$867 are under the \$2000 resource limit for ABD Medicaid
- ✓ Asset Test → **NOT** subject to the 5 year asset test
- ✓ Resource Assessment → **NOT** subject to a resource assessment
- ✓ PETI → **NOT** subject to a share of cost

Case Study#2 Apply for NH placement

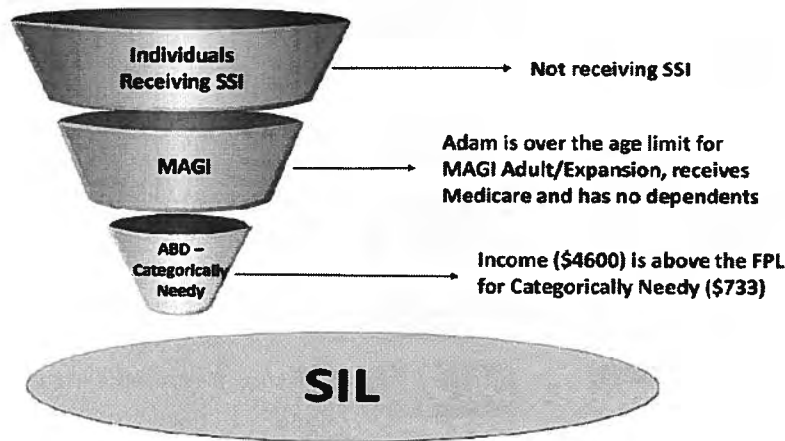
- Melvin (age 90) is a resident of Shady Acres NH. He reports that he received RSDI income in the amount of \$1500.00. He is receiving Medicare. He has a life insurance policy with a face value of \$1500.00 and a cash value of \$1,400.00 and a checking account balance of \$1900.00.



Case Study #3

Applying for NH placement/QIT Required

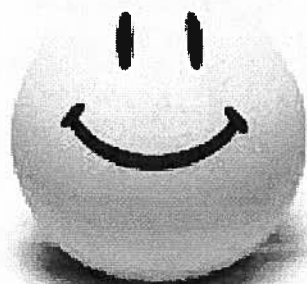
- Adam is a single 69 year who is applying for NH placement. He receives a monthly pension in the amount of \$4600.00. Adam is Medicare eligible and has no dependents.





References

- ODM
- OAC
- <http://bh.medicaid.ohio.gov/individuals>.
- <http://www.medicaid.ohio.gov/>.
- <http://codes.ohio.gov/oac/5160%3A1>.



**Thank
You!!!**

Levels of Care

Criteria for a Protective Level of Care (OAC 5160-3-06)

The individual has a need for:

- Less than 24 hour support to prevent harm due to a cognitive impairment;
or
- Supervision of 1 Activity of Daily Living or supervision of medication administration and assistance with 3 Instrumental Activities of Daily Living (Shopping, Meal Preparation, Laundry, Community Access, Environmental Management).

Criteria for an Intermediate Level of Care (OAC 5160-3-08)

The individual has a need for a minimum of one of the following:

- Assistance with completion of 2 Activities of Daily Living (bathing, grooming, dressing, eating, mobility and toileting);
- Assistance with completion of 1 Activity of Daily Living and assistance with medication administration;
- 24 hour support to prevent harm due to a cognitive impairment; or
- A minimum of one skilled nursing service or skilled rehabilitation service.

Criteria for a Skilled Level of Care (OAC 5160-3-08)

The individual requires a minimum of one of the following:

- One skilled nursing service within the day on no less than seven days per week; or
- One skilled rehabilitation service within the day on no less than five days per week.

The individual has an unstable medical condition.

**DIRECTION HOME AKRON CANTON
AREA AGENCY ON AGING & DISABILITIES
FAX REFERRAL FORM**

Referral fax: (330) 896-6644

Program requested:

REFERRAL SOURCE INFORMATION

Agency Name: _____ Date: _____
Name & Title: _____ Phone or Pager: () _____ Ext. #: _____

PATIENT INFORMATION

Name: _____ Phone: () _____
Home Address: _____
City: _____ County: _____ Zip Code: _____
Current Whereabouts: _____
Date of Birth: _____ Age: _____ Soc Sec. #: _____
Medicare # _____ Medicaid # _____
Medicare HMO _____ Other Health Ins.: _____

WHO TO CONTACT REGARDING REFERRAL

Name: _____ Relationship: _____
Home Phone: () _____ Work Phone: () _____ Ext #: _____
Guardian? Y/N _____ DPOA? Y/N _____ If so, name: _____
Does anyone need to be present at visit? Y/N _____ If so, name: _____

PHYSICIAN INFORMATION

Name: _____ MD or DO _____ Phone: () _____

MEDICAL INFORMATION

Primary Diagnosis: _____ MR/DD or Serious Mental Illness? Y/N _____
Secondary Diagnoses: _____

FUNCTIONAL/FINANCIAL INFORMATION

FUNCTIONAL

FINANCIAL

**** Please circle all that apply****

Needs hands-on help with IADL's:
(banking/bill paying/phoning, meal prep, laundry, shopping, transportation, yardwork/heavy chores)

Needs hands-on help with ADL's:
(bathing, grooming, dressing, toileting, mobility or transferring, med admin.)

Needs 24 hr. supervision due to dementia to prevent harm

Informal Supports:

Formal Services & Freq:

Applicant's income - list sources & amts.

Applicant's Assets - List amounts
(Excludes house and car)
Checking _____
Savings _____
Whole Life Ins. _____

Couple or Joint Assets : list amounts

yes / no _____ Transfer of Assets within 5 years