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ADVANCED ISSUES IN PROBATE LAW:

Medicaid Update

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Objectives:

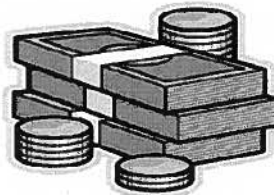
- Gender Reassignment
- Asset Verification System Interface
- ODM 9401
- Nursing Home Level of Cares
- Transfer of Assets for SSI Consumers
- Spousal Impoverishment Rule (SIR)
- Unpaid Past Medical Bills
- Resources

GENDER REASSIGNMENT: ACCEPTABLE DOCUMENTATION

- ODM will align with the SSA on what is acceptable documentation of gender reassignment
 - Documents from the BMV
 - Counties may accept a copy of a driver's license with an updated gender marker, or A copy of the BMV form 2369 "Declaration of Gender Change"
- Full-validity Passport (valid for 10 years)
 - Individual has completed appropriate clinical treatment for gender transition
 - Passport must reflect new gender
- Court order directing legal recognition of change of gender
- Medical certification of appropriate clinical treatment for gender transition in the form of an original letter from a licensed physician

Asset Verification System (AVS)

- The Asset Verification Service (AVS) is an interface between the Ohio Benefits Worker Portal and Accuity (Interface Partner). The Ohio Benefits Worker Portal will use the AVS interface to verify and detect an individual workers with account information
- Verification requests through AVS will be able to be utilized for the following liquid resources:
 - Annuity Accounts
 - Burial Funds
 - CD
 - Checking Accounts
 - Money Market
 - Mutual Funds
 - Saving/Credit Union Account
 - Trust Fund



ODM 9401- Facility Communication

- 9401: new form, new process, go live date was 3/13/17
- ODM 10203 Change Report Form
- Provider portal in MITS has been expanded to see more information such as restricted coverage period
- County agencies no longer have a part of the 9401 communication. The state suggests that the county maintains the communication that is currently in place between the agency and the nursing facilities such as e-mail and phone calls to designated points of contact.
- Alerts are key to processing timely. County agencies must run cases as soon as the LTC page has been completed by the PAA/ODM
- Training will be given to all NF's in the NF Association and forwarded out to the PAAs and NF's not in the association.

ODM 10203

Clear Form

Ohio Department of Medicaid REPORT A CHANGE FOR MEDICAL ASSISTANCE

Use this form to report any change for individuals receiving medical assistance and/or their household members. Complete the box for each type of change, provide the requested information for that section, and provide the effective date of the changes. The Individual Information and Submitter Information sections on the form must be completed. Required fields are marked with an asterisk [*].

You should submit current supporting documents along with this report a change form.

INDIVIDUAL INFORMATION Complete this section for the individual receiving medical assistance. *Indicates required field.			
* First Name	Last Name	DOB	
* Date of Birth (mm/dd/yyyy)	Medical Case Number	Date of Security Number	
Has this person been in an accident in the past 12 months? Yes No			
If Yes, explain details in the remarks section on page 2 only. (This form and provide supporting documents on a separate page.)			
CHANGE NOTIFICATIONS Check the box if there has been a change in information and enter the effective date. Only applicable to the sections below where information has changed.			
Process Number (if any)	Effective Date of Change		
Address Change (Indicate verification of change such as a rec/maintenance record, lease, or utility receipts)			
Effective Date of Change (mm/dd/yyyy)	Apartment/Unit Number		
City	State	Zip Code	County
Change in Household Member (Indicate verification of change such as custody papers, or a lease)			
Has your tax filing status changed? Yes No What is your new tax filing status?			
List each person and if they moved into or out of the household (If more than one household member applies, please enter additional information in the comments section on the next page)			
Date of Change	Date of Change		
Moved into household	Moved out of household	Moved into household	Moved out of household
Deceased	Deceased		
No	None		
Relationship		Relationship	
Date of Birth	Social Security Number	Date of Birth	Social Security Number
Does this person have income? Yes No		Does this person have a car? Yes No	
Change of Marital Status (Indicate verification of change such as marriage certificate, divorce papers, or death certificate)			
File for Title of Change (m/m/d/yyyy)	Married	Divorced	Widowed
Submitter's Name			
Pregnancy (Indicate verification of pregnancy such as a doctor's report)		Are you pregnant? Yes No	
Number of Births	Expected Due Date	Delivery Date	Birthweight (lbs)
Change in Income and/or Work Status (attach verification of change such as a pay stub, tax return, award letter, child support letter, or proof of job status)			
How Income is Received	From How many	From How many	Total Monthly Income Amount
Are Income	Loss of Income	Change to Part-time Job status	Change to Full-time Job status

LEVEL OF CARE

- Nursing facilities no longer have to wait 90 days to submit for a LOC
 - This includes short term stays



Short term nursing facility stays are now being entered into Ohio Benefits Worker Portal. For individuals who are receiving base Medicaid and enter a nursing facility, the nursing facility will no longer wait 90 days to submit the 9401 and LOC request. Instead, the nursing facility will submit the 9401 and LOC request upon admission to the nursing facility.

Once the LTC alert is received, county workers should process the change and ensure that proper notice is issued before starting a share of cost, in accordance with OAC 5160:1-3-04.3(C)(2)(k).

Transfer of Assets for SSI Individuals

Let's Pull Everything Together

Approved Base Medicaid Category + LTC Type	Transfer of Assets (TOA)	Resource Limit	Resource Assessment/CSR A	Share of Cost
☆ SSI + Facility	YES	NO*	NO*	YES
☆ SSI + HCBS	NO	NO*	NO*	NO
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



Spousal Impoverishment Rules (SIR)

- SIR prevents one spouse, traditionally called the “community spouse”, from being impoverished when the other spouse needs LTC
 - Applies when only one spouse needs LTC
 - Both income and resources are divided
 - Traditionally applied to ALL married couples seeking any type of LTC
- SIR rules apply to both MAGI and non-MAGI Base Medicaid categories
 - MAGI categories do not have a resource limit or SOC, therefore, the CSRA and MIA provisions do not apply
- Removal of spouse’s income from the LTC applicant’s MAGI Medicaid budget
 - MAGI → HH size remains 2
 - ABD → HH size from 2 to 1
- If an individual loses waiver/NH eligibility the application of SIR no longer applies

Unpaid Past Medical Bills ----Currently in draft 5160:1-6-07.6(B)(ii) and 5160:1-6-07.1 (B)(ii)

(B)The cost of any of the institutionalized individual's incurred expenses for medical care, recognized under Ohio law, but not covered by Medicaid and not subject to third-party payment. The expenses are commonly called unpaid past medical bills ("UPMB"). These expenses, and any request to subtract such expenses from the patient liability, must meet the following criteria:

(i) The service must have been medically necessary as determined by the administrative agency.

(ii) Expenses for medical care incurred while serving a restricted Medicaid coverage period per rule 5160:1-6-05.5 of the Administrative Code shall not count as unpaid past expenses and shall not be subtracted from the patient liability calculation.

Home Exemption

5160:1-6-06(2)(D) currently in draft

(D) The following transfers are not considered improper:

(2) The title to the home was transferred to the institutionalized individual's child (other than a child described in paragraph (D)(1) of this rule) who:

(a) Provided care to the institutionalized individual which permitted the institutionalized individual to reside at home rather than in a long-term care facility (LTCF) or be enrolled in an HCBS waiver; and

(d) Documents that he or she has fulfilled all of the requirements in writing:

(iii) A written statement from the individual's attending physician stating the kind and duration of care that was required to delay the individual's institutionalization; and

(iv) All relevant documentation of the care that delayed institutionalization and the role the child played in that care. This documentation may include (but is not limited to) one or more of the following:

(a) A written statement of the number of hours per day during which the child provided personal care, specifying the extent and type of care provided;

(b) A written statement of any part-time or full-time jobs performed by the child, and any schools or other similar institutions attended by the child, while providing care; or

(c) Written documentation from a service agency which provided care to the individual, the dates on which care was provided, and the extent and type of care provided.

Medicaid: Resource requirement

Co-owned Resources

5160:1-3-05.1 currently in draft

(4) Shared ownership:

(a) If the individual shares ownership with another person (co-owner) and the individual is unable to make the resource available because one of the owners cannot be located, the cost of a legal action is prohibitive, or the individual was unsuccessful in a legal action, the resource is not counted. Availability of the resource is reexamined at each eligibility review.

(b) If the co-owner is the individual's spouse, parent (if the individual is under age eighteen), or child under age eighteen, the ability to use or dispose of the resource is assumed to exist unless the individual can provide documentation of the contrary.

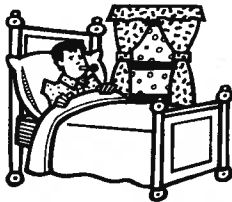
Medicaid: Resource requirement Resource of Family Members 5160:1-3-05.1 currently in draft

(D) Resources of family members, households, and aliens.

(1) The resources of spouses residing together are addressed in accordance with the deeming of resources in rule 5160:1-3-05.20 of the Administrative Code.

~~(2) In non-institutional settings, the~~The administrative agency shall apply the resource limitation for an individual effective with the month following the month a married couple separates or divorces or one member dies. ~~Reference rules 5160:1-3-06.1 and 5160:1-3-06.2 of the Administrative Code for the treatment of resources for individuals receiving long term care services in a long term care facility, under a home and community based services (HCBS) waiver program, or under the program of all inclusive care for the elderly (PACE).~~

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.



References

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