Roundtable Discussion

# LTC Roundtable

## Nursing Facility and Medicaid Eligibility Workers Roundtable Discussion

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Roundtable Discussion

## Objectives

- Learn basic application and eligibility requirements
- Discuss post-eligibility issues
- Resolve communication pitfalls
- Open discussion for best-practice resolutions

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# Application and Eligibility Requirements

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# Who Can Apply and Sign the Application?

- Client
- Spouse, relative, friend or power of attorney
  - Includes client-assigned personal representative
- Authorized official of a medical institution
  - Only when the above are not available

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## When is an Application Needed?

- When a client is not already Medicaid eligible
  - A Medicaid application needs to be submitted
    - Including clients eligible for the State-Only Health Care Program
- If a disability has not been determined
  - Medicaid Disability Application needs to be completed
    - Submitted to the Eligibility worker

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## When is an Application Not Needed?

- If client is currently Medicaid eligible for any category and needs nursing facility care
  - Request a redetermination for LTC
    - Includes
      - SSI Medicaid with or without HCBS
      - SSI-related Adult Medicaid
      - Medicare Savings Programs
      - Family and Children's Medicaid

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## Where are Applications Available?

- County Department of Human Services
  - Including Medical Assistance (MA) sites
- Online at the Health Care Policy and Financing (HCPF) Web site
  - Colorado.gov/HCPF
    - Front page under the "Applications" button

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## When Does Eligibility Need to be Determined?

- 45 days to process non-disability applications (including SSA-determined disabled individuals)
- 90 days to process applications that require disability determination
- An interview is not required
  - Application cannot be denied if client fails to show for a scheduled interview

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## Exceptions

- Longer than 45 days if the eligibility worker has granted more time to gather verifications
- Longer than 90 days if the disability contractor could not determine disability
  - Contractor notifies client and eligibility worker

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## What Are the Eligibility Requirements?

- Aged or Disabled
  - Age 65 and older qualifies as aged, no disability required
  - Under age 65, client must be determined disabled by Social Security standards
- Institutionalized
  - 30 consecutive, full days in a medical institution; or
  - Meet nursing facility level of care through the functional assessment
- Financial
  - Income, resources and citizenship/identity

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## When Does Eligibility Begin?

- Eligibility begins on the date the client meets all three requirements
  - Income and assets
  - Aged (65+) or has been determined blind or disabled
  - Institutionalized level of care
- May be backdated 3 months
  - All criteria must be met in each month
  - Must have a medical expense

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## Who Determines a Disability?

- Social Security has determined disability if client is receiving
  - SSI or SSDI
- State disability contractor Action Review Group (ARG)
  - Client must complete the Medicaid Disability Application and submit to the eligibility worker to submit to ARG

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# What Are the Institutionalization Requirements?

- To meet the requirement for institutionalization, client must
  - Be in a medical institution for 30 consecutive, full days
    - Hospital
    - Nursing Facility

    OR
  - Remain in the community by meeting the institutional level of care
    - HCBS or PACE
    - Fulfills 30 day requirement

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# Exception to 30 day Requirement

- If the client dies before 30 days
  - Physician's statement or medical records dated from the beginning of the institutionalization requiring 30 days
    - Statement must be signed and dated prior to the client's death

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## How is Nursing Facility Level Of Care Determined?

- Single Entry Point Agency (SEP)
  - ULTC 100.2 assessment tool
    - Sets the certification date
- Nursing facility is required to schedule the assessment before admission
  - Change in certification date can only be made by SEP

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## What Are the Income Requirements?

- Client's gross income must be under 300% of the current year SSI limit
  - $2,022 for 2011
- Client's income can be over the 300% limit and be income eligible if:
  - Client's income is below regional nursing facility private pay rate and;
  - An income trust is approved by the Department's Income Trust Officer
    - Not available for hospital

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## What Income Verifications Are Needed?

- Beginning June 1, 2011 earned income is self declared
  - Verified through interfaces
- Unearned income needs verification
  - Exception is Social Security which is verified through interfaces

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## What is the Resource Limit?

- A client's resources must be below
  - $2,000 for an individual
  - $3,000 for a couple
    - Institutionalized in different rooms
  - $4,000 for a couple
    - Institutionalized in the same room
  - $109,560 when one spouse is institutionalized and one spouse remains in the community
    - Community spouse resource allowance (CSRA)

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# What Asset Verifications Are Needed?

- All assets must be verified
  - Month of or month prior to application
    - Additional verification needed when
      - Backdate requested
      - Transfer of assets is declared
      - Evidence of an undeclared asset or transfer

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# Exempt Resources

- Certain resources are exempt in the eligibility determination
  - Primary residence
    - With intent to return
  - One vehicle
  - Household goods and personal effects
  - Face value of life insurance policies totaling less than $1,500 for one person

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## Countable Resources

- Most resources count in the eligibility determination. Examples include:
  - Cash, savings account, certificates of deposit or money market accounts
  - Stock, bonds, mutual funds, retirement accounts, etc.
  - Excess real property
  - Personal effects held as an investment
  - Vehicles in excess of the exempt one

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## Transfer of Assets Without Fair Consideration

- Must not have gifted any assets 5 years prior to the application
- Must be declared on application
- Will result in a period of ineligibility and LTC services will not be covered

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# Questions

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# Post Eligibility Issues

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## Patient Payment

- Clients must use their income to pay for part of their cost of care
  - May be reduced by:
    - Personal needs allowance and/or PETI
    - Monthly income allowance to a spouse or dependent in the community
    - Home maintenance allowance for stays of 6 months or less
      - Verified by a physician
      - Limited to $244.66 per month

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## Patient Payment in Admit and Discharge Months

- Admit day is billable
- Discharge day is not billable
- Patient payment can be reduced if
  - Client is admitted from a different facility to which payment was made
  - Client admitted from home and income was used to pay living expenses
  - Client is discharged to home and income is needed to pay living expenses
- All must be verified

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# 5615

- Billing communication between eligibility worker and facility
  - Initiated by nursing facility
    - County reviews for correctness and returns approved form
  - Must include
    - Name of client
    - Facility name
    - Per diem amount
    - Known income

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# PETI Expenses

- Post Eligibility Treatment of Income
  - Reduction of patient payment for expenses Medicaid does not cover
    - Hearing aids
    - Dentures
    - Third-party health insurance premiums

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# PETI Expenses

- Must be:
  - Prior authorized through HCPF PETI Officer
    - Susan Love
      - Phone # 303-866-4158
      - Email Susan.love@state.co.us
  - Included with 5615

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# Questions

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## Communication Pitfalls

- Nursing facilities need
  - Timely return of 5615
  - Reliable way to contact eligibility worker
  - Timely response to inquiries about verification requests and eligibility approval
- Eligibility workers need
  - Accurate mailing address for client or representative
  - Complete 5615
    - Other insurance
    - Medicare days

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## Best Practices and Resolutions Discussion

- Suggestion from survey
  - Single point of contact at the county
  - Team building between county and nursing facility staff
- New ideas parking lot

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# Questions

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# Where to Get More Information

- Department Web site
  Colorado.gov/hcpf

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