

Home and Community Based Waiver



Medicaid



UTAH DEPARTMENT OF
HEALTH
MEDICAID



Department of
Workforce Services

Home and Community Based Waivers pay for increased medical services in addition to those under regular Medicaid. They help a person who needs a nursing home level of care to remain in their community or home. Without these services a person might need to be in a long term care facility.

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MEDICAID

Medicaid is a health benefit program which pays for medical services for eligible people. This pamphlet gives some of the rules of the Utah Medicaid program.

Medicaid rules are not the same in each state. If you need to know about Medicaid in another state, please contact a Medicaid worker in that state.

To apply for Utah Medicaid or to get answers to your questions, you need to talk to a Medicaid worker. You can call 801-236-6762 in the Salt Lake area or 1-800-662-9651 ext. 998 anywhere in Utah.

MEDICAID WAIVERS

Some of the requirements are 'waive' for special medical groups. Waiver Medicaid coverage is regular Medicaid with additional benefits. The waiver medical groups are:

Aging Waiver: This waiver is for people who are at least age 65. It is to help people get the services they need to stay in their own home or in a community living setting instead of a nursing home. For information call the Area Agency of Aging at 1-801-468-2462.

Mental Retardation and Related Conditions Waiver: This waiver helps people of all ages who are developmentally disabled and mentally retarded and need help with activities of daily living. Call the Division of Services

for People with Disabilities at 1-801-538-4200 for more information.

Technology Dependent Waiver: This waiver is for children under age 21 or who qualify for waiver services by the month in which they turn 21 and rely on medical devices for life support. Call the Division of Family Health Services at 1-801-584-8505 for more information.

Brain Injury Waiver: This waiver is for people who are 18 years or older and have a brain injury resulting in problems with providing self-care and engaging in the regular activities of daily living. Call the Division of Services for People with Disabilities at 1-801-538-4200 for more information.

Physical Disabilities Waiver: This waiver is for people at least 18 years of age that require nursing home level of care and have lost the use of at least two limbs. Call the Division of Services for People with Disabilities at 1-801-538-9864 for more information.

New Choices Waiver: This waiver is for people who are 21 years of age or older who may be able to move out of institutional care to a community care setting. Access to this waiver is through the Long Term Care Bureau. Call 1-801-538-6497.

FINANCIAL AND MEDICAL ELIGIBILITY

Waiver Medicaid requires both **Financial and Medical** eligibility.

Financial: A Medicaid Eligibility Worker will determine if you are financially eligible for Medicaid services after you submit your Medicaid application.

Medical: The Bureau of Long Term Care will determine if you meet the medical criteria for waiver services.

**Both of these steps must be done before Medicaid can pay for waiver services.*

HOW TO APPLY

To be eligible for Medicaid, you must submit an application. You can apply in person or by mail. You will be asked to provide the following items:

- Proof of Citizenship
- Proof of Identity
- Health insurance and Medicare cards
- Proof of income received by you and/or your spouse
- Proof of assets owned by you and/or your spouse
- Medical bills you owe or have just paid

PAST MEDICAL BILLS

Medicaid Covered: Medicaid can only cover past bills for medical services you received no earlier than 90 days before the day you apply. You must be eligible for the time period in which you received the medical care.

Income Deductions: If your past bills are not covered by Medicaid, or other insurance, you may be able to get an income deduction for past medical bills you still owe. Please ask your worker about help with past medical bills.

MEDICAID PROVIDERS

Before you go to a doctor, hospital, pharmacy or other medical provider, ask if they will accept Medicaid as payment. If they do not accept Medicaid, you may have to pay for your services.

INCOME

The amount Medicaid pays depends on your income. You may be required to pay for your Medicaid coverage. We look only at your income. If you have a spouse, your spouse may be able to keep some of your income.

You must report any changes in your income such as cost-of-living changes, cash gifts, or new sources of income. Changes to the income of your spouse must also be reported. Please let your worker know about the change as soon as it happens.

The law states that if you get Medicaid, you must apply for any benefit that could be available to you. This includes Veteran's Benefits, Social Security, Worker's Compensation, or Medicare.

If you are on Medicare Part B, we will pay your Medicare premium after your

Medicaid is approved. Your Social Security check will increase by that amount. It will take about three months, but you will receive a refund check from Social Security for the money withheld for the months you were on Medicaid.

INCOME WHEN YOU HAVE A SPOUSE

If you are on a waiver and you have a spouse not on a waiver or in a medical institution, your spouse may be able to keep part of your income. The amount your spouse can keep depends on their income. The amount your spouse may keep is \$1,939 per month. From this figure, we **SUBTRACT** the income your spouse receives, and we **ADD** any housing costs like rent, mortgage, utilities, and taxes which exceed \$582 per month. The remaining income is the amount of your income you can give your spouse each month. The \$1,939 and the \$582 amounts go up July 1 of each year

Example:

Suppose your spouse has \$800 of gross monthly income, your income is \$2000 per month, and the monthly housing cost for your spouse at home is \$700.

1. Subtract \$800 from \$1,939
 $\$1,939 - \$800 = \$1,139$
2. Subtract \$582 from \$700
 $\$700 - \$582 = \$118$
3. Your spouse may keep \$1,257

Your spouse will be able to keep \$1,257 of your income and all of her income.

Dependent Family Members

If you have a dependent family member who lives with you or your spouse, your spouse may be able to keep some of your income to help pay for the family member's needs.

Hearings

If your spouse needs more income than we have allowed, you can ask for a hearing. Your Medicaid worker can tell you how.

If you have any questions regarding income, call your Medicaid worker.

ASSETS

The value of your assets must be \$2000 or less for each month you want Medicaid. If you are married and your spouse lives at home, your spouse may be able to keep half of your combined assets. See *When You Have a Spouse at Home: Assets*, Page 5

Assets include your bank accounts, real and personal property, annuities, life insurance, etc. Include everything you and/or your spouse own or co-own. Some assets are not counted.

First Moment of the Month Rule:

Medicaid looks at the assets you own on the first day of the month to determine asset eligibility. Income is never counted as an asset in the month you receive it. It becomes an asset if you still have it the next month.

Home: Your home (located in Utah) will not usually count as an asset if you live in it, intend to return to it, or if your spouse or a dependent relative lives in it.

If your equity in your home is over \$543,000, Medicaid cannot pay for your long-term care services unless your spouse or minor or disabled child lives in it.

Vehicles: The value of one vehicle is exempt. The equity value of other vehicles counts as an asset.

Life Insurance: The cash value of your life insurance may count as an asset.

Funeral Plans or Burial Funds: Medicaid law allows some items for burial or funeral to be exempt as an asset. Here are examples of items which are not counted:

- Irrevocable burial trust or irrevocable burial plans.
- Money you set aside for funeral, up to \$1,500. Must be separate from other funds and identified for burial.
- Items for burial (cemetery plot, casket, vault, or urn). These items must be paid in full.

WHEN YOU HAVE A SPOUSE: ASSETS

If you are on a waiver and have a spouse who is not on a waiver or in a medical institution your spouse can keep up to half the assets with a minimum and maximum. For 2014, the minimum is \$23,448 and the maximum is \$117,240. These amounts go up

January 1st of each year. An Assessment of Assets is done to find out how much of your assets your spouse can keep. The assessment is based on the date of your application for waiver services. All countable assets are listed. It does not matter who owned the assets before the marriage or how long the couple has been married. Medicaid is concerned only with the total value of all the countable assets of the couple.

We divide the total value in half to get each spouse's share. To be asset eligible, your spouse's assets cannot be more than the spousal maximum limits in effect for that year. Your assets can be no more than \$2000.

Example 1: Total countable assets of both you and your spouse: \$20,000. Since this is less than \$23,448, your spouse at home can keep all of the assets.

Example 2: Total countable assets of both you and your spouse: \$100,000. You keep \$50,000 and your spouse at home keeps \$50,000. When you have no more than \$2,000 and your spouse at home has no more than \$50,000, you are asset eligible.

Example 3: Total countable assets of both you and your spouse: \$250,000. Your spouse at home can keep no more than the maximum of \$117,240. The remainder of the asset, \$132,760 is counted as your asset. When you have no more than \$2,000 and your spouse at home has no more than \$117,240, you are asset eligible.

TRANSFER OF ASSETS

If you transfer assets for less than they are worth, you may not be eligible to have Medicaid pay for your long-term care services. If this happens, Medicaid may pay for other medical costs. The length of this penalty is based on the value of the asset and when you transferred it.

EXEMPT TRANSFERS

The following transfers will not affect your eligibility for long-term care benefits.

1. Transfer of a home or any other asset to your spouse.
2. Transfer of any asset to a blind or disabled son or daughter, or to a trust established for the sole benefit of a blind or disabled son or daughter.
3. Transfer of a home to a son or daughter under 21 years of age.
4. Transfer to a trust setup for the sole benefit of a person who is blind or disabled and who is under age 65.
5. Transfer of a home to a brother or sister who has an equity interest in the home and who has lived in the home for at least one year right before you enter a waiver program.
6. Transfer of a home to a son or daughter who has done the following:
 - Lived in the home, and

- Provided care to the parent so the parent could remain at home instead of a nursing home, and
- Done so for at least two years right before the parent's entry into the waiver program.

DEFICIT REDUCTION ACT 2005

A new law was passed on February 8, 2006 that made some changes in Medicaid Eligibility for nursing home and long term care services.

- Starting February 8, 2006 the look-back period is 60 months for transfers of assets for less than fair market value. Only those transfers that occur on or after the effective date of this law are subject to the 60 month look-back period.
- The penalty for transferring assets will start when a person applies for Medicaid and would be eligible for Medicaid for long-term care except for the fact that they transferred assets
- Annuities must name the State Medicaid Agency as the first to get any amount remaining in the annuity when you or your spouse die, except when there is a surviving spouse or minor or disabled child. When this happens the state is the second beneficiary. The State will only keep the amount paid for Medicaid benefits. You or your spouse must report information about any annuities in which either of you has an interest.

- If the equity in your home is over \$500,000 you are not eligible to have long term care services paid by Medicaid, unless your spouse or minor or disabled child lives in the home.

RIGHTS AND RESPONSIBILITIES OF APPLICANTS FOR MEDICAID

You have the right to:

- Apply or reapply any time for any Medicaid program.
- Receive help completing the application forms.
- Know the name of the person you are working with.
- Be treated with courtesy, dignity, and respect.
- Be asked for facts and verification clearly and courteously.
- Be told in writing why your application was approved or denied.
- Be told in writing when any changes are made on your case.
- Have an agency conference to talk about your case.
- Ask for a hearing any time you don't agree with an action taken on your case.
- Look at any information used to decide your eligibility and the amount you must pay.
- Look at the policy manuals.

You have the responsibility to:

- Apply for Medicaid by completing

and signing an application and verifying eligibility factors with the Bureau of Eligibility Services, Utah Department of Health or the Department of Workforce Services.

- Give complete and accurate facts so eligibility can be figured right. Report any changes as soon as they happen. This includes changes to your income, the income of your spouse, the opening or closing of any bank accounts, or getting any new assets. You should also report any changes in your medical insurance coverage.
- Apply for any other benefits you may be entitled to, such as Medicare Part B, if not already receiving coverage.

MOST ASKED QUESTIONS WILL MEDICAID TAKE AWAY MY HOUSE?

No. Medicaid does not take away people's houses. But the house may keep you off Medicaid, if it is a countable asset. The house is not counted, if your spouse or another family member lives in it. A house that is in Utah can also be exempt if you plan to return to it. Your house may be part of an estate recovery after your death.

IS THERE A LIEN ON MY PROPERTY?

The law requires States to recover payments made by Medicaid people age 55 or older. This recovery will not take place while the client or spouse is living, or if there is a dependent child under age 21, or

a surviving blind or disabled child. We have a pamphlet called Estate Recovery Information which gives more information on this recovery. You can get this pamphlet from your Medicaid worker.

WHAT IF I PAY TOO MUCH IN A MONTH?

You may be eligible for a refund if the amount you pay to get Medicaid for a month is more than the dollar amount of your medical bills Medicaid covered for that month. Contact your Medicaid worker if you believe you may have paid too much for any month.

WHEN SHOULD I APPLY FOR MEDICAID?

Usually, you should apply as close to the time you enter a waiver as you can. In most cases, we approve or deny your application within 30 days of the time you make an application. If you need more time than this to get information back to the Medicaid worker, ask for it. Medicaid can begin on the first day of the month in which you applied. If you qualify, it can start as far back as 90 days before the date you apply. You can see Medicaid worker at any time if you have questions, but please call for an appointment first. Note that the date of application for Medicaid is the day we actually receive the signed application forms. Please contact your worker to get the right forms.

**Department of Health
Department of Workforce Services**

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240.

Individual with speech and/or hearing impairments may call Relay Utah by dialing 711.

Spanish Relay Utah: 1-888-346-3162