

# MEDICAID - BASIC ELIGIBILITY CRITERIA

- U.S. CITIZEN OR QUALIFYING ALIEN
  - IF NOT, YOU CAN ONLY RECEIVE EMERGENCY MEDICAID SERVICES
- RESIDENT OF UTAH
  - FACTORS INDICATING NO INTENT TO RESIDE IN UTAH
- RESIDENTS OF A HOUSEHOLD OR AN INSTITUTION
- APPLY FOR ALL OTHER BENEFITS
  - MEDICARE, SOCIAL SECURITY AND VETERANS BENEFITS
- MEET SPECIFIC PROGRAM CRITERIA
  - HOW MANY MEDICAID PROGRAMS CAN YOU NAME?
- MEET THE ASSET LIMITS
  - MAGI VS NON-MAGI INCOME METHODOLOGY
- MEET THE INCOME LIMITS, OR PAY A SPENDDOWN OR A CONTRIBUTION TO THE COST OF CARE

### MEDICAID AGED, BLIND, DISABLED

#### • ELIGIBILITY GROUPS:

- AGED: MUST BE AGE 65 OR
- BLIND: DETERMINED BY THE SOCIAL SECURITY ADMINISTRATION (SSA) OR THE MEDICAL REVIEW BOARD (MRB) OR
- DISABLED: DETERMINED BY THE SSA OR THE MRB.
- MEET THE INCOME LIMITS OR SPENDDOWN
  - SINGLE PERSON \$1,074
  - MARRIED COUPLE \$1,452
- ASSETS LIMITS
  - SINGLE PERSON \$2,000
  - MARRIED COUPLE \$3,000

### AGED, BLIND, DISABLED COUNTABLE ASSETS

- REAL PROPERTY
  - HOUSE AND LAND
- PERSONAL PROPERTY
  - CASH OR ASSETS EASILY CONVERTED TO CASH INCLUDING: SAVINGS AND CHECKING ACCOUNTS; STOCKS; CERTIFICATES OF DEPOSIT; WATER SHARES; BONDS; MUTUAL FUND SHARES; INSURANCE POLICIES; TRUST FUNDS; AND PROMISSORY NOTES, MORTGAGES, AND AGREEMENTS IN ESCROW OWED TO THE CLIENT.
  - BOATS, CAMPERS, AND TRAILERS.
  - IMPLEMENTS, INSTRUMENTS, TOOLS, AND FARM EQUIPMENT SUCH AS TRACTORS, COMBINES, ETC.
  - LIVESTOCK INCLUDING HORSES.
  - U.S. SAVINGS BONDS.

# AGED, BLIND, DISABLED EXEMPT ASSETS

- ONE VEHICLE
  - THE VEHICLE WITH THE HIGHEST EQUITY VALUE IS EXEMPT
- HOUSEHOLD AND PERSONAL ITEMS
  - IS MY WEDDING RING EXEMPT?
- CERTAIN TRUSTS SPECIAL NEEDS OR POOLED TRUSTS
  - OTHER TRUST TYPES REVOCABLE, IRREVOCABLE OR 3RD PARTY
- ABLE ACCOUNTS
- BURIAL RELATED ITEMS
  - FULLY PAID PRE-NEED FUNERAL PLANS,
  - \$1,500 PERSONAL MONEY SET ASIDE FOR FUNERAL,
  - FULLY PAID ITEMS FOR BURIAL: CEMETERY PLOT, CASKET, VAULT OR URN.
- ONE HOME AND LOT CAN BE EXCLUDED
  - ESTATE RECOVERY

# MEDICARE COST SHARING PROGRAM

- THE MEDICARE COST-SHARING PROGRAMS HELP MEDICARE
  BENEFICIARIES WITH THEIR MEDICARE COSTS.
  - THESE PROGRAMS MAY PAY THE MEDICARE PREMIUMS, CO-PAYMENTS AND DEDUCTIBLES
  - LOW INCOME SUBSIDY
- IF ELIGIBLE FOR MEDICAID OR A COST SHARING PROGRAM
  - EXTRA HELP WITH THE PART D PREMIUMS AND MEDICARE COPAYS
  - WHAT DETERMINES THE AMOUNT OF EXTRA HELP?

### QUALIFIED MEDICARE BENEFICIARY

- MUST BE RECEIVING PART A MEDICARE.
- BENEFITS OF QMB:
  - PAYS THE PREMIUMS FOR PART B AND
  - THE DEDUCTIBLES AND CO-PAYMENT AMOUNTS FOR PART A AND PART B MEDICARE-COVERED SERVICES.
  - MAY PAY THE MEDICARE PREMIUMS FOR PART A
- INCOME LIMIT IS 100% OF THE FEDERAL POVERTY LIMIT:
  - \$1,074 FOR A SINGLE CLIENT
  - \$1,452 FOR A COUPLE
- ASSET LIMIT:
  - \$7,970 FOR A SINGLE CLIENT
  - \$11,960 FOR A COUPLE

# SPECIFIED LOW-INCOME BENEFICIARY

- MUST BE RECEIVING PART A MEDICARE
- BENEFITS OF SLMB
  - PAYS THE PREMIUMS FOR PART B AND EXTRA HELP
- INCOME LIMIT IS 120% OF THE FPL
  - \$1,288 FOR A SINGLE CLIENT
  - \$1,742 FOR A COUPLE
- ASSET LIMIT IS THE SAME AS QMB

### QUALIFIED INDIVIDUAL

#### MUST BE RECEIVING PART A MEDICARE

- BENEFITS OF QI
  - PAYS THE PREMIUMS FOR PART B
- INCOME LIMIT IS 135% OF THE FPL
  - \$1,449 FOR A SINGLE CLIENT
  - \$1,960 FOR A COUPLE
- ASSET LIMIT IS THE SAME AS OTHER MEDICARE COST SHARING PROGRAMS
  - NOTE: INDIVIDUALS WHO QUALIFY UNDER AN SSI-PROTECTED GROUP, NURSING HOME RESIDENTS OR RECIPIENTS OF A HOME AND COMMUNITY BASED WAIVER ARE NOT ELIGIBLE FOR QI

# LONG TERM CARE SERVICES AND SUPPORTS

- LTC SERVICES INCLUDE SERVICES, EITHER IN A NURSING HOME OR IN A HOME OR COMMUNITY BASED WAIVER.
  - LTC MEDICAID PROVIDES SERVICES "IN ADDITION TO" THOSE NORMALLY PROVIDED BY TRADITIONAL MEDICAID.

#### **ELIGIBILITY:**

- FINANCIAL ELIGIBILITY CLIENT MUST BASIC ELIGIBILITY CRITERIA
- MEDICAL ELIGIBILITY MUST MEET MEDICAL CRITERIA FOR NURSING HOME LEVEL OF CARE IN A SKILLED NURSING FACILITY (SNF), OR INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/ID)
  - 10A AND PASSR REQUIREMENTS
  - NOTE : BOTH MUST BE MET BEFORE MEDICAID WILL PAY FOR THE ADDITIONAL SERVICES.

### LTC ELIGIBILITY PART 2

#### INCOME LIMIT

- CONTRIBUTION TO THE COST OF CARE
- SPOUSAL IMPOVERISHMENT: A SPOUSE AT HOME MAY KEEP A PORTION OF THE INCOME OF THE NURSING HOME RESIDENT FOR LIVING EXPENSES
  - MINIMUM SPOUSAL STANDARD: \$2,178
    - AMOUNT CHANGES IN JULY
  - MAXIMUM SPOUSAL NEEDS STANDARD: \$3,260
- ASSESSMENT OF ASSETS: ASSESSMENT OF ASSETS ALLOWS THE SPOUSE AT HOME TO KEEP AT LEAST HALF OF A COUPLE'S ASSETS
- ASSET LIMITS: \$2,000.00 FOR NH RESIDENT
- TRANSFER OF ASSETS: FOR LESS THAN THE FAIR MARKET VALUE CAN CAUSE THE
  INDIVIDUAL TO BE INELIGIBLE FOR LTC BENEFITS FOR A PERIOD OF TIME
  - LOOK BACK PERIOD

### LTC ASSESSMENT OF ASSETS

SPOUSE AT HOME CAN KEEP UP TO  $1\!\!\!/_2$  OF THE ASSETS WITH A MINIMUM AND MAXIMUM AMOUNT.

- MINIMUM IS \$26,076
- MAXIMUM IS \$130,380
  - EXAMPLE: COMBINES TOTAL ASSETS ARE \$28,000. WE DIVIDE THE TOTAL BY 2 AND GET \$14,000. YOUR SPOUSE CAN KEEP THE \$14,000 OR THE MINIMUM \$26,076, WHICHEVER IS GREATER (\$28,000 – \$26,076 = \$1,924) AND THE BALANCE IS COUNTED AS YOUR ASSET. NURSING HOME CLIENT'S ASSET AMOUNT IS \$1,924, IS ASSET ELIGIBLE.
  - EXAMPLE: COMBINED TOTAL ASSETS ARE \$100,000. WE DIVIDE BY 2 AND EACH SPOUSE GETS \$50,000. THIS IS MORE THAN THE MINIMUM AND LESS THAN THE MAXIMUM. CLIENT WOULD NOT BE ELIGIBLE FOR MEDICAID UNTIL THEIR SHARE OF THE ASSETS IS UNDER \$2,000.

# HOME AND COMMUNITY BASED WAIVER SERVICES

- STATES MAY PROVIDE LONG-TERM CARE SERVICES TO A LIMITED NUMBER OF INDIVIDUALS IN SELECT GROUPS IN PLACE OF NURSING HOME SERVICES.
- INDIVIDUALS MUST MEET THE LEVEL OF CARE PROVIDED IN A HOSPITAL, SKILLED NURSING FACILITY (SNF), OR INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID).
- IT CAN'T BE MORE EXPENSIVE THAN A NURSING HOME TO PROVIDE CARE THROUGH A WAIVER.
- ENTRANCE THROUGH SPECIFIC STATE AGENCIES
  - FOR CONTACT INFORMATION GO TO: <u>HTTPS://MEDICAID.UTAH.GOV/MEDICAID-LONG-TERM-CARE-ANDO WAIVER-PROGRAMS</u>
- HOW MANY HCBS WAIVERS CAN YOU NAME?

# HOW TO APPLY FOR MEDICAID TODAY

FOR COMPLETE INSTRUCTIONS GO TO: <u>HTTPS://MEDICAID.UTAH.GOV/APPLY-MEDICAID</u>

USE THE SINGLE, STREAMLINED APPLICATION AND ANY NECESSARY ADDENDUMS

APPLY THROUGH DEPARTMENT OF WORKFORCE SERVICES

- IN PERSON
- THROUGH THE MAIL
- FAX
- INTERNET

### ELIGIBILITY PROCESS

- ACCEPT APPLICATION
- CONNECT TO SEVERAL INTERFACES TO VERIFY CERTAIN THINGS: CITIZENSHIP, ALIEN STATUS, FEDERAL TAX DATA
- REQUEST MISSING VERIFICATIONS
- PROCESS APPLICATION
  - MOST APPLICATIONS ARE REQUIRED TO BE PROCESSED WITHIN 30 DAYS. A CLIENT WHO CLAIMS A DISABILITY WILL BE ALLOWED 90 DAYS FOR PROCESSING.
- ELIGIBILITY DECISION
- REVIEW PERIOD

### **DISABILITY APPLICATIONS**

- A DISABILITY OR A NEW DISABILITY RELATED CONDITION IS REPORTED.
  - IF THERE IS NO SOCIAL SECURITY DISABILITY INFORMATION, THEN A REFERRAL IS MADE TO THE DISABILITY MEDICAL DETERMINERS (DMD) TEAM.
  - CLIENT HAS TO COMPLETE THE FORM 354 WHICH IS THE MEDICAL DISABILITY ADDENDUM.
  - DMD TEAM COLLECTS MEDICAL INFORMATION AND THEN THE INFORMATION IS SENT TO THE MEDICAL REVIEW BOARD(MRB).
- IF MRB HAS ENOUGH INFORMATION TO MAKE A DISABILITY DECISION THEN THEY WILL ALLOW OR DENY THE CLIENT'S DISABILITY.
  - IF MRB ALLOWS THE DISABILITY THEN THEY ALSO PROVIDE A START DATE FOR THE DISABILITY.
  - THE MRB WILL ALSO SET A DATE FOR DISABILITY REVIEW.

### **ELECTRONIC RESOURCES**

GENERAL INFORMATION: HTTPS://MEDICAID.UTAH.GOV/

- HELPFUL LINKS ON THE WEB PAGE -
  - <u>APPLY FOR MEDICAID</u> HOW TO APPLY FOR MEDICAID, DOWNLOAD APPLICATIONS
  - MEDICAL PROGRAMS DESCRIPTION OF PROGRAMS AND LINKS
  - <u>MEDICAID MEMBERS</u> LOTS OF RESOURCES FOR MEDICAID RECIPIENTS INCLUDING BENEFITS INFORMATION AND THE MEDICAID MEMBER GUIDE.
  - ADMINISTRATION AND PUBLICATIONS
    - MEDICAID PROVIDER MANUALS
    - MEDICAID POLICY MANUAL

### MEDICAID CONTACT INFORMATION

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