A Quick Guide to Long Term Care Medicaid

Services & Solutions for Better Living
INTRODUCTION

The Department of Senior & Adult Services Medicaid Benefits Division serves patients or residents in one of the approximately 98 Medicaid certified nursing facilities or 60 group homes located in Cuyahoga County. We also offer community PACE, PASSPORT, and Assisted Living Waiver. Our mission is to provide quality in home and community services to seniors, disabled and vulnerable adults based on individual need.

Each nursing facility is assigned an *eligibility specialist who determines Medicaid eligibility for long term care placement. The Medicaid Benefits Division also serves disabled adults living in group homes and Residential State Supplement (RSS) homes. In addition, we determine Medicaid eligibility for PACE, PASSPORT, and Assisted Living Waiver programs.

To apply for PACE, PASSPORT, the Assisted Living Waiver or RSS, contact the Western Reserve Area Agency on Aging at (216) 621-0303 or 1-800-626-7277. Ohio Relay Service 711.

You may also pick up an application at:

Cuyahoga County Department of Senior & Adult Services
Medicaid Benefits Division
1641 Payne Avenue
Cleveland, Ohio 44114
(216) 987-7075 or on-line at:
http://www.odjfs.state.oh.us/forms/file.=53304

Most hospitals and nursing homes also have applications.

*Eligibility Specialist – Cuyahoga County employee who determines an applicant’s eligibility for Medicaid
If nursing home placement is necessary, the process is determined by the applicant’s current location:

**Home:** The potential patient/resident must be an active Medicaid recipient or a Medicaid applicant. Call (216) 987-7075 for information about the application process for Long Term Care Medicaid. Next, the patient or authorized representative must contact the Pre-admission Unit of the Western Reserve Area Agency on Aging, (216) 621 – 0303, to request a *level of care* assessment.

**Hospital:** The hospital discharge planner will verify the Medicaid status. If a Medicaid application is needed, the discharge planner will inform the patient or authorized representative. The hospital will request the *level of care* from the Pre-admission Unit.

**Nursing Home:** Patients who are paying privately, or have other payment sources such as Medicare or commercial insurance, should apply for Medicaid in the last month before Medicaid assistance is required. The nursing facility will request the level of care from the Pre-admission Unit.

Once the signed application for Medicaid is received, the Medicaid applicant will be contacted by letter with the appointment date and time for the initial interview.

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*Level of Care – Determines the medical necessity of nursing home care. (see page 10)*
MEDICAID APPLICATION INTERVIEW

It is the responsibility of the applicant or *authorized representative to keep the scheduled appointment. If the interview needs to be rescheduled, the applicant must call to reschedule. If the applicant or authorized representative fails to keep the appointment and does not contact the Department of Senior & Adult Services Medicaid Benefits Division, the application may be denied after 30 days.

At the interview the applicant or *authorized representative should provide all required verifications for the applicant and spouse, if legally married. Below is a checklist of verifications needed for the Medicaid interview:

**Age and Citizenship:** includes, but is not limited to, one of the following: birth certificate, baptismal record, state or federal census records, state ID, driver’s license, draft card, military discharge papers, US Passport, INS I-94, INS I-151 or INS I-155, INS I-688, naturalization certificate or alien registration card.

**Resources:** Bank accounts, stocks, bonds, mutual funds, burial plans, life insurance, trusts, annuities and all financial assets. Proof of ownership of all property and vehicles must be provided.

**Income:** Verification of gross monthly amount of Social Security benefits (RSDI), Supplemental Security Income (SSI), railroad retirement, pensions, dividends and interest payments, veterans benefits, and any other source of income whether earned or unearned.

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*Authorized Representative – The person (18 years of age or older) designated by the applicant, in writing, to be his/her representative in the Medicaid application process. (See page 10)
**Medical Expenses:** Medical insurance premiums, including Medicare, supplemental insurance and unpaid medical and pharmacy bills.

**Household Expenses:** *(For the spouse who remains in the community only)* rent or mortgage, gas, electric, water, telephone, property taxes, and homeowner or renter’s insurance.

**Other verification needed:** The social security card or any official document containing the social security number. The *eligibility specialist* can obtain verification of your social security number if necessary.

**FREQUENTLY ASKED QUESTIONS**

**Q.** Do I have to be appointed the legal guardian or have power of attorney to apply on someone’s behalf?

**A.** No. Anyone having knowledge of the applicant’s assets and income may apply. The applicant may designate an authorized representative in writing. If the applicant is unable to do so, the *eligibility specialist* can designate a representative.

**Q.** Do I have to pay all my income to the nursing facility if I stay the entire month?

**A.** No. You may receive a $40 personal allowance. Other deductions may include medical premiums and unpaid medical bills. Veterans with no spouse or children in the community, or widows of veterans, may receive a $90 personal allowance as well as the additional $40.

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**Q.** If I am discharged and return to my home must I pay my patient liability to the nursing home?

**A.** Yes. However, if you are discharged before the last day of the month, you will only be charged for the number of days you were actually in the nursing home. Your *patient liability* will be prorated.

**Q.** After I qualify for Medicaid should I terminate my other medical insurance?

**A.** Medicaid will allow you to pay the medical premiums from your monthly income as long as your coverage is in force. There are some advantages to retaining your policy. For instance, you may wish to choose a doctor that does not accept Medicaid.

**Q.** If I choose Medicaid Hospice care do I continue to pay my patient liability?

**A.** Yes. The Hospice Program still requires that patient liability be collected. This offsets the room and board costs.

**Q.** Is there any assistance available to help with Medicare premiums, co-insurance and deductibles?

**A.** Yes. Ohioans who receive Medicare may be able to receive Medicaid assistance to pay some or all of the Medicare premiums and/or co-insurance and deductibles. For more information, call the Medicaid Consumer Hotline at 1-800-324-8680, or our local office at (216) 987-7075.

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*Patient Liability - Amount of the resident’s income that is required to supplement the Medicaid cost of his/her care*
Q. Do I have to have zero assets before I qualify for Medicaid?

A. No. Some assets are exempt. The Medicaid program has rules that determine which are exempt and which are countable resources.

Q. If I must spend down some of my assets to qualify, can I preplan my burial?

A. Yes. It is wise to purchase an irrevocable burial contract. Make sure your plans are complete by including cemetery plot, grave marker and any other funeral expenses.

Q. Can my spouse or dependent children in the community have my assets and income?

A. Yes. It may be possible to protect at least one-half of marital assets for the community spouse. The community spouse or representative should request a resource assessment at the time of admission so assets are not over spent. If the income of the spouse who remains in the community is below standards set by Medicaid, or there are high housing expenses, the nursing home resident’s income may be transferred to the spouse and any dependent children living in the community.

Q. If I am a community spouse must I spend the excess assets on nursing home costs solely?

A. No. The overage may be spent on purchases that benefit the *community spouse. Examples of this are: home repairs, car and personal items.

*Community Spouse – A spouse who meets the definition of being legally married and who resides in a non-institutional setting in the community
Q. Does the Medicaid program recognize common-law marriages?

A. Protection of marital assets and income will be explored only if a common-law relationship was established before October 1, 1991.

Q. If I go into a nursing facility what happens to my home?

A. The home must be listed for sale after a person has been in the nursing facility for 13 months. However, the house is exempt from the sale requirement if it is the home of:

- Your spouse
- A child under age 21, or an adult child between 21 and 65 who is disabled
- An adult child over 65 who is financially dependent on his/her parent
- A sibling who has lived in the house for at least one year immediately prior to your move to the nursing home.

Q. If I have provided care for the nursing home patient can his/her home be transferred to me?

A. The patient’s home can only be transferred to an adult child who lived in the house and provided care for at least two years prior to the nursing home admission. The *eligibility specialist will inform the adult child of the necessary documents to process this exemption.

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Q. Will Medicaid pay for my bed if I am temporarily absent from the nursing home?

A. Yes. Each Medicaid nursing home patient/resident has 30 calendar days per year. Medicaid will pay to hold the bed while a patient is in the hospital, or for physician pre-approved therapeutic visits with family or friends.

Q. Can I transfer to another facility after Medicaid is approved?

A. Yes. An individual is free to choose and/or transfer to any certified Medicaid nursing facility in the State of Ohio.

Q. Is there an alternative to nursing facility placement?

A. Yes. There are three Medicaid waiver programs available:

- **PASSPORT** is for individuals 60+ who qualify for nursing home care but have enough support to remain at home.

- **PACE** is for individuals 55+ who qualify for nursing home level of care as determined by the state and who remain in the community. PASSPORT and PACE provide services, such as skilled nursing, transportation, housing modifications, homemaker, chore services and more.

- **ASSISTED LIVING** is for individuals who meet the nursing home level of care criteria and whose needs can be safely met in a less restrictive setting.

Discuss these options with the nursing home, hospital discharge planner, or your eligibility specialist.
Q. Are there additional programs for Medicaid recipients?

A. Yes. The Cuyahoga County Department of Senior & Adult Services Home Support Division serves Community Medicaid consumers through the Ohio Home Care Waiver Program. Personal care, homemaking, adult day, physical/occupational/speech therapy - up to 14 hours per week - are available to waiver patients whose physician has ordered these services. Call (216) 420-6817 for more information.

Q. Will I be eligible for any assistance after I am discharged from the nursing home?

A. The *eligibility specialist can determine if you are eligible for Community Medicaid and Food Stamps.

Q. What can I do if I disagree with a decision made regarding my application?

A. You can request a state hearing by contacting the *eligibility specialist or the Bureau of State Hearings, Ohio Department of Human Services. (Their address is listed on the notice that you receive of the decision).

Q. If I am not eligible for Medicaid Benefits, are there other programs available?

A. Yes. You may wish to contact the Options program at (216) 420-6800 to determine if you are eligible.

For information about Long Term Care Medicaid
call (216) 987-7075

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DEFINITIONS

**Authorized Representative:** The person (18+) designated by the applicant, in writing, to be his/her representative in the Medicaid application process. If the representative has legal guardianship or power of attorney, proof must be presented at the interview.

**Community Spouse:** A spouse who meets the definition of being married and who resides in a non-institutional setting in the community.

**Estate Recovery:** After the death of the Medicaid recipient, the State Attorney General’s Office attempts to recover funds for any medical payments that have been paid by Medicaid.

**Level of Care:** Determines the medical necessity of nursing home care. Medicaid cannot authorize payment to the nursing facility without the assessment. The level of care is valid for up to 30 days before admission.

**Patient Liability:** Amount of the resident’s income that is required to supplement the Medicaid cost of his/her care.

**Resource Assessment:** An accounting of the resources of both the institutionalized spouse and the community spouse to determine the couple’s total resources that exist(ed) at the beginning of the first continuous period (30 days or more) of institutionalization including hospital stays.

**Spousal Resource Standard:** The maximum amount of a couple’s resources allowed for use by the community spouse. The standard is revised on January 1st every year. Current standards can be obtained by calling The Department of Senior and Adult Services Medicaid Benefits Division.

**Waiver Program:** Provides alternatives to nursing home long term care. Allows participants to have more control of their lives and remain active in their community.
DEPARTMENT OF SENIOR & ADULT SERVICES

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