Fairfield County Long-Term Care caseworkers:

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For assistance or questions please contact:

Email: ltc23@jfs.ohio.gov
Phone: (740)652-7889
Fax: (740)689-4848

Agency Hours: Monday - Friday, 8:00 a.m. - 4:00 p.m.

Fairfield County Job&Family Services

Long-Term Care Handbook

Fairfield County Job&Family Services

Community Services
239 W. Main St.
Lancaster, OH 43130

Applying for Medicaid for Yourself or a Loved One

Making the decision to apply for Medicaid for long term care or in-home care services can be a difficult one. The following information is designed to provide you with a higher comfort level through this stressful time. Applying for Medicaid can seem to be an intimidating task but at Fairfield County Job and Family Services, we are dedicated to making the application process as easy as possible. If you are interested in applying for Medicaid for yourself or a loved one an application can be obtained in the following ways:

- ⇒ At Fairfield County Job and Family Services, located at 239 West Main Street in Lancaster, Ohio 43130, or you can call 740-652-7889 and request an application to be mailed to you
- ⇒ An application can be printed from our website: www.fcjfs.org
- ⇒ An application can be submitted on-line: www.odjfsbenefits.ohio.gov

You can submit the application via:

- ⇒ Fax the application to (740)689-4848
- ⇒ E-mail the application to: ltc23@jfs.ohio.gov
- ⇒ In person to Fairfield County Job and Family Services at the address listed above Monday - Friday from 8:00 a.m. - 4:00 p.m., or use the 24 hour drop box located at the front of the building

Notes

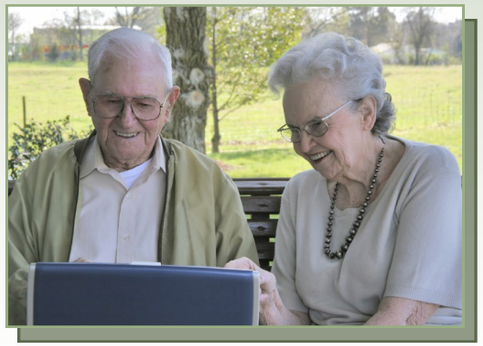
Definitions, continued

Prorated patient liability: The individual's financial responsibility toward cost of care when the individual is not in the institution for an entire month. The individual would be charged only for the number of days they are institutionalized.

Resource assessment: The process where the resources of both an institutionalized spouse and a community spouse are assessed to determine a couple's total countable resources existing at the beginning of the first continuous period of institutionalization.

Helpful Website Links

- ⇒ www.Medicaid.ohio.gov
- ⇒ www.Medicare.gov
- ⇒ www.COAAA.org



What to Expect During the Interview

After the application is submitted, an appointment is scheduled to complete an interview to determine Medicaid eligibility. This interview can be completed face-to-face at the agency or via telephone. During the interview, you can expect to discuss Medicaid resource and income limits, Estate Recovery, payment to a long-term care facility (if applicable), and other potential assistance available. In addition, verifications may be needed to determine eligibility, which will also be discussed at the interview. Verifications can include, but are not limited to, the following:

- ⇒ Bank account statements
- ⇒ Life insurance documents
- ⇒ Burial contracts
- ⇒ Deeds to cemetery lots
- ⇒ Statements for IRA's, annuities, CDs, Money Market accounts
- ⇒ Trust documents
- ⇒ Social Security award letters
- ⇒ Pension statements showing gross and net income
- ⇒ Pay stubs
- ⇒ Health insurance cards and premiums
- ⇒ Monthly mortgage or rent payments
- ⇒ Utility bills
- ⇒ Homeowner's insurance premiums
- ⇒ Monthly medical expenses

What to Expect After the Interview

There may be verifications still needed after the completion of your interview. If so, the caseworker will issue you a checklist of items needed. Applications will be approved or denied within 30 days, but we understand that sometimes it is difficult to obtain the information you need. Please contact Community Services if you are having difficulties so that extra time can be allotted. Once the verifications are received, the agency will have 10 days to process the documents. If a decision cannot be made because additional verifications are needed, a caseworker will follow up with you. If all documents needed are received, the application will either be approved or denied and you will be notified via mail.

Some Things to Remember

- ◊ You have a right to a State Hearing for any decision made on the case.
- ◊ Many of the notices from the agency are computer generated and can be confusing. Please contact the agency at **(740)652-7889**, if you receive a notice you don't understand.
- ◊ Notify the agency of any changes within 10 days. For example: a change in health insurance providers or premiums, a change in address, a change in income, a receipt of a lump sum of money, the closing or opening of a bank account, etc.
- ◊ After 13 months in a Nursing Facility, a home must be listed for sale, unless there is a qualifying exemption.
- ◊ A review of eligibility will be completed once a year at which time you will be asked to re-verify income and resource information and provide verification of any changes not previously reported.
- ◊ In situations where a couple has had a resource assessment completed, you have 12 months to move any resources out of the institutionalized spouse's name to the community spouse.

We understand that Medicaid guidelines and rules may be confusing, so please do not hesitate to contact the agency with any questions, regardless of how big or small they may seem.

Definitions

Community Spouse: A person who is not in a nursing facility AND is married to an institutionalized spouse. A community spouse may be separated and living apart from a spouse who is requesting long term care services. An individual is considered to be married until a divorce is final.

Estate Recovery: If you receive Medicaid after you turn 55 or while you are considered permanently institutionalized, after your death, Medicaid will seek to be repaid for the cost of the services provided to you. Medicaid will collect this debt from real or personal property (such as your home, bank accounts, trusts, wills, life insurance, retirement, stocks, and bonds).

Improper transfer: A transfer of a legal or equitable interest in a resource for less than fair market value for the purpose of qualifying for Medicaid, a greater amount of Medicaid, or for the purpose of avoiding the utilization of the resource to meet medical needs or other living expenses.

Patient liability: The individual's financial obligation for certain Medicaid programs.

Personal Needs Allowance (PNA): Amount of income that an institutionalized individual may keep for spending money. The current monthly amount is $50.

Frequently Asked Questions, continued

Q. Is it possible to transfer from one nursing facility to another?

A. *Yes. You can transfer to any facility that accepts Medicaid and has an open bed within the state of Ohio.*

Q. Does Medicaid have options other than admission to a nursing facility?

A. *Yes. Medicaid has programs, referred to as Waiver, which an individual can be enrolled in as an alternative to long-term care. If a Medicaid applicant is approved, Waiver programs can provide in-home care or assistance in paying for care at an assisted living facility.*

Q. Can I still be eligible if I discharge from a nursing facility?

A. *Yes. In addition to Medicaid, you may be eligible for other assistance. Contact the county agency to see what assistance you may be able to receive.*

Q. If my spouse ever received Medicaid and then passes away, will I lose everything?

A. *No. Estate Recovery does not take place until both spouses are deceased.*

Frequently Asked Questions

Q. Can I appoint someone to complete the application and interview on my behalf?

A. *Yes. This designated person would be named as your Authorized Representative. There is a section on the Medicaid application to designate a person as your Authorized Representative. The individual you designate as your Authorized Representative will need to have knowledge of your income and assets.*

Q. How long does it take to get approved for Medicaid?

A. *Applications are approved or denied within 30 days after the completion of the initial appointment. However, an additional 30 days can be given for extenuating circumstances. If you have trouble gathering documents, contact the caseworker to see if additional time can be allowed.*

Q. Will Medicaid take my monthly income?

A. *No. You will continue to receive your income in the same manner that you have always received it. If you have to pay the nursing facility, you will write them a check every month for the amount determined by the Medicaid caseworker. You will be able to keep $50 as a personal needs allowance. Additionally, if you are a veteran in receipt of VA Aid and Attendance, you will be able to keep an additional $90 for your personal needs allowance.*

Q. How is my patient liability calculated?

A. *We start by looking at your gross income and then deduct $50 for your personal needs allowance. We will then deduct health insurance premiums that are being paid. Whatever portion of your income that remains is what will need to be paid to the nursing facility as the patient liability.*

Frequently Asked Questions, continued

Q. Will I have to pay my entire patient liability to the nursing facility if I am admitted after the first month or discharged prior to the end of the month?

A. *No. You will only be charged for the number of days that you are at the facility in that month. This is called a prorated patient liability.*

Q. Must I terminate my supplemental medical insurance once my Medicaid is approved?

A. *No. You do not have to terminate your other health insurance once Medicaid is approved. As long as you are paying this premium, this will continue to be calculated in your Medicaid nursing facility budget. If the health insurance is terminated, then the patient liability payment to the nursing facility will increase by the amount of the premium.*

Q. If I am married or have dependent children in the community, does all of my income go to the nursing facility?

A. *A budget will be completed to determine if the community spouse's income is below Medicaid standards. The agency will gather information on shelter and utility expenses. Based on the information provided, the community spouse or dependent children may be able to keep a portion of the institutionalized spouse's income.*

Q. Is there a limit to the amount of assets that I may have in order to qualify for Medicaid?

A. *Yes. The asset limit for a single individual is $1500. There are some assets that can be exempt. These assets will be discussed during the interview. If you are married, a resource assessment will be completed at the time of application so that you will be advised to how much assets can be protected and how to spend assets down appropriately.*

Frequently Asked Questions, continued

Q. If I am over the resource limit, are there ways to spend down my resources to become Medicaid eligible?

A. *Yes. An example of a proper way to spend down your assets is by purchasing an irrevocable funeral contract, cemetery lot, or other funeral expenses. Your caseworker can also discuss other allowable purchases with you.*

Q. Does Medicaid allow me to give any resources away?

A. *When determining Medicaid eligibility, Medicaid has a five year look back period where any transfer of resources have to be examined. If resources have been given away, don't be discouraged from applying for Medicaid; contact the county agency for more information.*

Q. What happens to my home if I am admitted to a nursing facility?

A. *Your primary residence is exempt as a resource for 13 months. After 13 months, the home must be listed for sale or the entire value is counted as an available resource. We use the value as determined by the County Auditor. When a home is listed for sale, it must be sold for at least 90% of fair market value. The home can be exempt from the sale requirement if it is the primary residence of any of the following:*

- *Your spouse*
- *Your child under age 21, or, your adult child between 21 and 65 who is disabled*
- *Your adult child who is over the age of 65 **and** is financially dependent on you*
- *Your sibling who has lived in the house for at least one year prior to the admission into a nursing facility*