Medicaid Matters and more…

Helping seniors and their families make informed decisions about long term care. *July 2010*

Medicaid Matters thanks Catholic Charities Northeast/Northwest for the privilege of presenting information to the dedicated case managers and assistants, and for the wonderful work they do in helping seniors access programs and services in the community.

TOP TEN List of reasons why Medicaid Planning Matters!

This Top Ten List is dedicated to the case managers in Case Coordination Units throughout the Chicago Metropolitan area. The list is developed from actual situations in which clients were not adequately informed before making decisions about their long term care…

#10 Know your Choices for Care

The State of Illinois requires that people entering nursing homes get a "Choices for Care" screening to make sure that nursing home placement is appropriate, and inform patients of alternative care, such as in-home or adult day service programs through the Illinois Department on Aging. For more information go to www.medicaidmatters.weebly.com and click on "Choices for Care" in the Links and Resources Section.

#9 Medicare coverage ending – doesn't mean private pay or else…

Several clients have taken a frail spouse or parent home after Medicare coverage ended, because they thought they would need to start paying $6,500.00+ per month for a longer stay, not realizing that they might qualify for Medicaid. A few months later, unable to care for their loved one at home, they no longer had the advantage of having a "foot in the door". It is important to find out about options while there's a "butt in the bed" under Medicare; otherwise, it can be much harder to get back into a nice facility when there aren't enough funds to cover the private pay rate.

#8 Some nursing homes will help you protect assets… for the nursing home's benefit!

Some nursing homes will help families file for Medicaid, and that can be appropriate when assets are at or below the asset allowance to qualify ($2,000.00 for a single person; $109,560.00* if married). However, if there are any excess assets, filing the application too soon can result in those extra funds going to the nursing home to privately pay for care until the assets have been "spent-down". Medicaid Matters has met with several clients who could have used the extra funds for their own funeral arrangements; in one case, funds could have been transferred into a Trust for a disabled child, had the family done a little planning before filing the application.

#7 Lack of documentation is no excuse! ***CASE DENIED***

Medicaid requires written documentation. If you don't have it, get it. If the transfer was for fair market value, prove it. Keep a copy of all correspondence and documentation sent in to prove eligibility, in case you need to file an Appeal later.

#6 File an Appeal to ensure Medicaid coverage.

Clients have incurred large debts to the nursing home (and liens on their homes) due to delays caused by simply re-filing an application. Filing an Appeal can preserve the right to Medicaid coverage based on the filing date of the original application.

***NOTE: $109,560.00 is the current (2010) Community Spouse Asset Allowance standard.**

Medicaid Matters: (847) 757-8259 e-mail: medicaid.matters@att.net website: www.medicaidmatters.weebly.com

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#5 The Community Spouse Asset Allowance (CSAA) can be more than $109,560.00.*

In addition to allowing certain assets to be exempt (not counted), the Medicaid rules allow a married couple to transfer a certain amount of "countable" assets to the Community Spouse for their support, in order to prevent spousal impoverishment (PSI). Sometimes an increase in the CSAA standard can be justified if a couple's income is below $2,739.00/month**. Increases to the CSAA are handled through an Appeal process or by a Court Order.

#4 "The Community Spouse is [only] allowed to keep $2,739.00/month" is incorrect.**

The Community Spouse Maintenance Needs Allowance allows up to $2,739.00/month of the Medicaid recipient's income to be deferred to their spouse, not the other way around. If the Community Spouse has more than $2,739.00/month of income, (s)he does not need to contribute all of the amount over $2,739.00/month towards the care of the spouse in the nursing home. This rule is often misquoted.

#3 I've heard that I can qualify for Medicaid if I…

One of the hardest things about educating people about Medicaid is trying to correct misinformation. Some transfers of assets are allowed (and some are not), some assets are not counted and others are. If someone says you can do this or that to qualify for Medicaid, have them show you the rule in writing.

#2 Take advantage of free seminars!

Senior centers, community colleges, Senior Expos, and Health Fairs often provide opportunities to get information about the many options available for paying for and getting long term care. Take advantage of seminars that discuss Legal matters, Medicare, Long Term Care Insurance, Veteran's Benefits, Medicaid, Reverse Mortgages, Assisted Living Options, and tips for Health Aging. As you become familiar with the terminology, and learn the lingo, you'll be better prepared and less overwhelmed in a time of crisis.

#1 Don't Panic!

Overwhelming situations often cause people to panic and make decisions without having enough information. Panic can also cause people to "freeze" and result in decisions being made for them. It is important to try not to panic, and take the time to make informed decisions about long term care. For information about planning for long term care and assistance with the preparation and filing of Medicaid applications, contact Medicaid Matters at (847) 757-8259, or by e-mail: medicaid.matters@att.net, and visit the Medicaid Matters website at: www.medicaidmatters.weebly.com.

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