



## Myths of Medicaid: Medicaid only Pays for Nursing Home Care

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While it is true that nursing home care is the only type of long-term care service that Indiana's Medicaid program *must* cover for every recipient who is eligible for that service, it is not the only Medicaid covered long-term care service in Indiana. Home and community based alternatives to nursing home care are offered by Medicaid waivers.

Medicaid is an entitlement program which means that a state must cover particular services, such as nursing home coverage, for every Medicaid recipient who needs such services. From time to time, however, a State may want to add additional services to its Medicaid plan. Due to the costs of an additional service, the State may not want to cover every Medicaid recipient for such service. In such a circumstance, the State will request that the federal government "waive" the requirement that the State offer such service to every Medicaid recipient. These services, then, are offered under a Medicaid waiver.

### **Aged and Disabled Waiver**

The Aged and Disabled Waiver is one of five waivers offered in Indiana and is designed as an alternative to institutionalization. To qualify for the waiver, a person must meet level of care to receive services in an institution, but choose to receive services in the community. The applicant's local area agency on aging is charged with managing the waiver, determining whether the individual meets level of care, formulating the care plan, and submitting the care plan to the State for approval.

Services available under the Aged and Disabled Waiver include:

- **Assisted Living** – Care, beyond room and board, provided in a licensed residential care facility.
- **Adult Family Care**-Care provided in an adult family home.
- **Homemaker services**-assistance with general household chores.
- **Respite Care** – short term institutionalization when a primary caregiver is not available or needs a break.
- **Case management**-assistance in managing care services.
- **Home delivered meals**
- **Home modification**
- **Adaptive aids or devices** – e.g. emergency response systems
- **Adult day care**

- **Personal/attendant care** – e.g. help with dressing, eating, bathing, meal preparation, household chores, or supervision.
- **Nutritional Supplements**
- **Community Transition Supports**

### **Obtaining Aged and Disabled Waiver Services**

Eligibility for Aged and Disabled Waiver services is a two-pronged determination. First, an applicant must be determined to need nursing home level of care. This is determined by the local Area Agency on Aging (see What to Expect When Applying for the Aged and Disabled Waiver).

Once an individual is approved for a waiver slot, the individual must file a Medicaid application with the Indiana Family & Social Services Administration, if he or she is not already a Medicaid recipient. The individual's financial eligibility for Medicaid will then be determined.

Once the individual is approved for Medicaid benefits and approved for a waiver slot, services will begin.

### **Money Follows the Person Demonstration Grant**

The Money Follows the Person Demonstration Grant (MFP) was designed to increase the use of and access to home and community based care. The primary concept is that an institutionalized Medicaid recipient should be permitted to use funds expended on his or her care in an institution for home and community-based services. To qualify for assistance under the MFP grant, an individual must meet the following requirements:

1. The individual must be a resident of a qualifying institution for at least ninety consecutive days or more.
2. The individual must be a Medicaid recipient at least one day prior to discharge from the institution.
3. The individual's health care needs must be able to be met safely in the community.
4. The individual must meet the level of care need for either the Aged and Disabled Waiver or Traumatic Brain Injury Waiver.
5. The individual must move into a residence, family care home, or assisted living facility.

Eligibility screening is not done by an Area Agency on Aging, but rather another agency in which the state contracts.

The MFP grant is open to all eligible persons (there is no cap). Consequently, the program can be extremely beneficial to those wanting to receive long-term care alternatives to institutionalization during periods in which Medicaid waivers have substantial waitlists.

### **When to Apply for the Aged and Disabled Waiver**

Because the amount of funds allocated to waiver services are limited, i.e. the number of slots available to individuals to receive such services are capped, waitlists can sometimes develop. So, the sooner an inquiry is made to the local Area Agency on Aging, the better.

Currently, there is no waitlist for the Aged and Disabled waiver program. However, it can take several months for a waiver application to be processed. In addition, certain services have a limited number of providers. For example,

the number of residential facilities (assisted living) that accept Medicaid are extremely limited and the demand for a room in these facilities can be quite high. Consequently, applying as soon as the care need develops is essential. If you or someone you know wants to access Medicaid covered home and community based long-term care services, please contact us to schedule an appointment at 317-622-8181.

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