

**DEPARTMENT FOR MEDICAID SERVICES
MEDICAID HOME AND COMMUNITY BASED SERVICES FACT SHEET**

What are Home and Community-Based Services?

The Home and Community-Based Services (HCBS) Waiver Program provides Medicaid coverage for a broad array of services for elderly and disabled recipients. HCB services are provided by a home health agency in an individual's home and include personal care, homemaker services, minor home adaptations, respite care and case management. Adult Day Health Care is also a covered HCB service and is provided by an Adult Day Health Care Center.

Who is Eligible for Home and Community-Based Services?

Individuals may be eligible for Home and Community-Based Services if they meet the following requirements:

- 1) Obtain a physician's orders for services;
- 2) Meet the level of care for nursing facility services as determined by the Professional Review Organization (PRO);
- 3) Choose to be at home and receive HCB services; and
- 4) Obtain a written certification by a physician that is HCB services were not available, nursing facility services would be ordered, and the individual would be admitted to a nursing facility in the immediate future.

Resource Requirement

Resources are defined as cash money and any other personal property or real property that an individual or couple owns; has the right, authority, or power to convert to cash; and is not legally restricted from using for support and maintenance. Resources may include, but are not limited to, checking and savings accounts, stocks or bonds, certificates of deposit, automobiles, land, buildings, burial reserves and life insurance policies.

Certain types of resources are excluded and are not considered in the Medicaid eligibility determination. These resources include, but are not limited to home property and adjoining land, household goods and personal effects, the first \$1,500 of a burial reserve or a life insurance policy, one automobile used for employment, to obtain medical treatment, or by the community spouse; burial spaces and plots, life estate interests, IRA, KEOGHs, retirement funds and other deferred tax protected assets until accessed.

The resources of an individual receiving services through the HCBS Waiver must be within Medicaid Program guidelines. The resources of the HCBS Waiver recipient's spouse are considered. The resource limits may vary depending upon the marital status and the individual(s) receiving HCB Waiver services.

<u>Marital Status</u>	<u>Services Being Received</u>	<u>Resource Limit</u>
Single Individual	HCBS Waiver Recipient	\$ 2,000
Married Couple	Both HCB Waiver Recipients	\$ 4,000
Married Couplet	1 member of the couple is a HCB Waiver recipient and the other Member of the couple is not Receiving HCB services.	\$ 87,000*

*The \$87,000 resource limit only applies to couples when the HCBS waiver recipient began to receive HCB services on or after September 30, 1989. If the HCBS admission is prior to September 30, 1989, the \$2,000 resource limit is used.

Resource Assessment

The Department for Community-Based Services is required to complete an assessment of the combined countable resources of the recipient and the non-HCB Waiver spouse when requested by either spouse or an interested party representing the couple.

The resource assessment, which may be completed without applying for Medicaid, involves documenting and verifying all countable resources owned by the couple as of the date of the most recent HCBS admission. The assessment also includes a comparison of the combined countable resources to the current Medicaid resource allowances for the HCBS recipient and the non-HCBS spouse to determine if the HCBS recipient meets initial resource eligibility for Medicaid.

A request for a resource assessment may be made by contacting the Department for Community-Based Services in the county where the recipient lives. At that time, an interview appointment will be scheduled with the recipient, spouse, or an interested party representing the couple. After the resource assessment is completed, each member of the couple will be provided a copy of the assessment.

Transferred Resources

A transfer of resources by the HCBS recipient or the spouse who is not receiving HCB services may adversely affect the potential for Medicaid HCB services. A transfer of resources is defined as cash, liquid assets, personal property, or real property which is voluntarily transferred, sold, given away, or otherwise disposed of at less than fair market value. If resources are transferred 35 months prior to the Medicaid eligibility application month or 60 months with regard to resources transferred into a trust, the Department for Community-Based Services will assume that the transfer was made to qualify for Medicaid (the burden of rebutting this assumption rests with the individual). If the agency determines that a prohibited transfer or resources occurred, an ineligibility period may be established beginning with the month of the transferred resources.

Income Requirements

Income is defined as money received from statutory benefits (Social Security, VA pension, Black Lung benefits, Railroad Retirement benefits), pension plans, rental property, investments or wages for labor or services. Income may be unearned or earned.

The income of the HCBS recipient must be within Medicaid Program guidelines. Only the income of the HCBS recipient is considered. The income limits may vary depending upon the amount of income of the HCBS recipient and the number of days the HCBS recipient has been receiving services.

If the HCBS recipient's income is at or below \$1,590 or the HCBS projected cost on the MAP-9, the HCBS recipient is income eligible. Patient liability is subsequently determined by considering the HCBS recipient's gross income and allowing a deduction of \$550 for personal needs, maintenance deductions for family members (including a non-HCBS waiver spouse deduction in an amount to bring the spouse's income up the \$2,175 a month and deductions for medical expenses and health insurance premiums. The remaining amount is the HCBS recipient's liability which is paid to the home health agency or the adult day health care center if the recipient is receiving adult day health care services.

How Can I Apply?

An initial contact to determine if the recipient meets the guidelines for the HCBS Waiver Program should be made with the home health agency providing HCB Waiver services. If approved for the HCBS Waiver Program, an application for Medicaid would be made with the Department for Community Based Services in the county where the recipient lives. At the time of application, the applicant (spouse or interested party representing the HCB recipient) should bring proof of the recipient's: social security number, income (unearned or earned), resources, life insurance policies or burial reserves, health insurance, and medical bills.