

Louisiana Medicaid Program

Application for Long-Term Facility Services, or Home and Community Based Services, or Program of All Inclusive Care for the Elderly (PACE)



Louisiana's Medicaid Program pays for long term care services and other health coverage for people who qualify and need help with daily activities because of their medical condition or disability.

Long term care services may be provided in one of two settings:

1. in an institution such as a nursing facility or Mental Retardation/Developmental Disability (MR/DD) facility (including group homes); or
2. in the person's own home or community through a home and community based services (HCBS) program such as Elderly & Disabled Adult Waiver, New Opportunities Waiver, Children's Choice Waiver, Adult Day Health Care Waiver, or the Program of All Inclusive Care for the Elderly (PACE).

To start the application process or to get additional information about long term care services, call us toll free at **1+888-544-7996** Monday through Friday between 8:00 a.m. and 4:30 p.m., Central Time, or call your local Medicaid office. If you are deaf or have hearing problems, call the **TTY line** at **1+800-220-5404**. You can also call the Louisiana Options in Long Term Care statewide toll free helpline at **1+877-456-1146**, Monday through Friday between the hours of 8:00 a.m. and 4:00 p.m., Central Time. If you are deaf or have hearing problems, you can call the **TTY line** toll free at **1+877-456-1172**.

You will need to answer all of the questions on the attached application form and provide needed proofs so we can see if the person who needs long term care services is eligible for Medicaid. When we get the form, we will see if all Medicaid requirements such as income and resources are met. We will also decide if long term care services are needed and if the provider chosen can provide the support services that meet the person's needs.

The **income limits** for long term care services for 2005 are \$1,737 for an individual and \$3,474 for a couple if both need long term care services. Income limits go up every year in January. Persons with income above these limits may qualify for facility payments through the Medically Needy Spend-Down Program.

Countable resources cannot be worth more than \$2,000 for an individual or \$3,000 for a couple who both need long term care services. Resources (also called assets) are things that are owned by the person who needs long term care services, the legal spouse, the parents of the minor child, or those that are jointly owned. Resources include cash, financial assets, stocks, savings bonds, land, life insurance, vehicles, and anything else which could be changed to cash. Financial assets are checking, savings, and credit union accounts; stocks, bonds, certificates of deposit, money market accounts, promissory notes, and safety deposit boxes.

Some things usually do not count toward the resource limit, no matter how much they are worth. Examples of such things are a home and the land it is on as long as there are plans to remain in the home or return to it, one car, life insurance policies with a combined face value of \$10,000 or less, burial plots or spaces, and irrevocable (irreversible) burial arrangements. A burial fund is money set aside to pay for burial expenses. Some or all of the money in a burial fund may count toward the resource limit if the person owns life insurance policies or has other burial arrangements.

Under **Spousal Impoverishment** rules, persons applying to get long term care services in a facility who qualify for Medicaid may give some of their income to a legal spouse who lives at home and/or to any children under age 18.

- ★ There are limits for how much can be given to these dependents. To decide how much can be given; we need income information about the spouse and/or children.

- ★ A couple can have up to \$95,100 in countable resources for 2005, as long as there is a spouse at home who does not get long term care services.
- ★ Resources owned separately, by either spouse, and all resources owned jointly by the couple are used to determine countable couple resources.
- ★ Resources owned jointly by the couple, and those in excess of the \$2,000 allowed for the spouse getting long term care services, must be transferred to the spouse who does not get long term care services before their eligibility is reviewed, again.
- ★ The Spousal Impoverishment resource limit goes up every year BUT the limit that applies is the one that was in effect at the time of the most recent admission.

We must look at any changes in a person's resources which took place within the 36 months (60 months for trust situations) before or at any time after applying for Medicaid. If a resource is sold, given away, or transferred for less than what it was worth or less than the fair market value, we will presume it was done to qualify for Medicaid, **unless** the person gives convincing proof that the transfer was done only for another reason. If we decide that resources were transferred to qualify for Medicaid, the person who needs long term care services in a nursing facility or MR/DD facility or the person applying for home and community based services will not be eligible for payment of these services for a set period. Although persons applying for nursing facility or MR/DD facility services may be eligible for payment of other Medicaid services during this set period, applicants for home and community based services will only be eligible for payment of other Medicaid services if they are eligible under another Medicaid program. We use the **uncompensated** value of the transferred item to determine how long the person will be ineligible for long term care services. The **uncompensated value** is the difference between the fair market value at the time of the transfer less any outstanding loans, mortgages, or other notes on the item and the amount of money received for the item.

When a person who gets long term care services dies, **Estate Recovery** regulations require that we take steps to get back the costs of certain Medicaid payments from his or her estate. These costs include the total amount of payments for long term care services, hospital care, and prescription drugs the person received **at age 55 or older**.

In most cases, **we will make an eligibility decision and let you know of our findings within 45 days**. If medical or disability records must be reviewed, it may take up to 90 days. Coverage can start as early as 3 months before the month of application if all eligibility factors for Medicaid are met.

You must report changes to us within 10 days if the person who gets Medicaid, his or her legal spouse, or parents of a minor child has a change in any of the following:

-  **increase or decrease in income or resources**, including inheritances;
-  **health insurance coverage or premiums**; or
-  **where they live or get mail.**

You or the person who needs long term care services has the right to ask for a **Fair Hearing** if either of you think any decision we make is unfair, incorrect, or made too late. You can do this by calling or writing to your local Medicaid office. You may also write directly to Louisiana Department of Health and Hospitals, Bureau of Appeals at P.O. Box 4183, Baton Rouge, LA 70821-4183.

Louisiana Medicaid is an **equal opportunity program**. We cannot treat you or the person who needs long term care services differently because of race, color, sex, age, disability, religion, nationality, or political belief. If you think we have, call the U.S. Department of Health and Human Services, Regional Office for Civil Rights in Dallas, TX toll free at 1+800-368-1019. You may also call or write to your local Medicaid office and/or write directly to Louisiana Department of Health and Hospitals at P.O. Box 1349, Baton Rouge, LA 70821-1349.

Medicaid Office: _____
Address: _____

Phone: _____
Agency Rep.: _____

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