



Unlocking Medicaid Revenue: Keys to Medicaid Eligibility

2020 Fall Education Fest

Cory Phillips

Rolf Goffman Martin Lang LLP

LeadingAge[®]
Ohio

Medicaid Eligibility Is A Simple 3-Step Process

1. Get and keep countable resources under the resource limit (and a QIT if necessary)
2. Timely file an application
3. Timely and fully respond to verification requests

LeadingAge[®]
Ohio

Medicaid Basics: Resource Eligibility

- Single applicant (i.e., not married)
 - No more than \$2,000 in countable resources
- Married applicant (spouse not on or applying for Medicaid)
 - Same as single applicant; however, the combined marital resources are considered
- Married applicant (spouse is on or applying for Medicaid)
 - No more than \$3,000 in combined countable resources



Medicaid Basics: Countable Resources

Resources is defined as:

- Cash, funds held within a financial institution, investments, personal property, and real property an individual and/or the individual's spouse has an ownership interest in, has the legal ability to access in order to convert to cash, and is not legally prohibited from using for support and maintenance.

Countable Resources are best identified by:

- Identifying all resources, and
- Determining what resources are exempt



Medicaid Basics: Income Eligibility

- Single applicant (i.e., not married)
 - No more than \$2,349 in gross monthly income—
if over, QIT needed
- Married applicant (spouse not on or
applying for Medicaid)
 - No more than \$2,349 in gross monthly income—
if over, QIT needed
- Married applicant (spouse is on or applying
for Medicaid)
 - No more than \$4,698 in combined gross
monthly income—if over, QIT needed



Medicaid Basics: Application & Verification

Application

- Can be filed by anybody
- Date of filing can dictate effective start date (retro 3 months)

Verification

- Request extensions when necessary
- Responding after deadline in 2nd checklist should result in denial
- Organize the response
- If necessary, ask for assistance if resident can't help and no POA or guardian



Medicaid: Underlying Issues To Lost Medicaid Revenue

Group 1 (Unaware and Well Intentioned)

- Believe Medicare or insurance will continue to pay
- Not know what to do or what is needed
- A fear of losing home
- A fear of impoverishing spouse



MEDICAID STARTS AT ADMISSION



Medicaid: Underlying Issues To Lost Medicaid Revenue

Group 2 (Recalcitrant)

- Faith in a Medicaid planning attorney
- Not eligible and do not want to become eligible
- Wanting to preserve assets or an inheritance
- Just don't care



MEDICAID STARTS AT ADMISSION BUT MAY REQUIRE THE COURTROOM



It was not until March 2018, that Defendant filed a second Medicaid application for benefits for Norma. The second application was approved for expenses beginning on December 1, 2017. The Court felt it particularly telling that Defendant's efforts were made only after the filing of the instant case.



Medicaid: Underlying Issues To Lost Medicaid Revenue

Group 3 (Incompetent and Alone)

- Incompetent with no POA, guardian or any other person willing and able to assist



MEDICAID STARTS AT ADMISSION BUT ASSISTANCE MAY BE REQUIRED FROM JFS

FINDINGS OF FACT

1. On 10/16/17, the Appellant applied for Long Term Care Facility (LTCF) Medicaid. The application had a designated Authorized
2. The Appellant designated the Authorized Representative as of 08/02/17.
3. The Appellant's program block for Medicaid is a household size of one, the Appellant, age 71, resides at [REDACTED] Health Care Center.
4. The Agency was working with the AR during the application process.
5. The Agency requested verification of the Appellant's resources on three separate dates as follows: 10/16/17, 11/28/17 and 11/29/17.
6. On 11/01/17, the Authorized Representative asked for assistance in obtaining the required verifications to establish eligibility.
7. On 11/29/17, the Authorized Representative again in an email requested the Agency's assistance in gathering the verifications.
8. On 01/04/18, the Agency denied the Appellant's LTCF Medicaid, indicating that it was denied because requested verification or resources had not been submitted to the Agency.
9. On 01/10/18, the Authorized Representative requested a State Hearing on behalf of the Appellant.
10. The Agency failed to assist the Authorized Representative in obtaining the required verifications to establish eligibility.



MEDICAID STARTS AT ADMISSION BUT ASSISTANCE MAY BE REQUIRED FROM JFS

Based on the evidence and testimony provided, I find that the Appellant's representative requested assistance in obtaining verification of the Appellant's resources, prior to the date the information was due to the Agency. Because the Agency has an obligation to assist in obtaining information necessary to determine eligibility when an applicant has difficulty and requests assistance, and makes a request for assistance prior to the date the information is due to the Agency, I cannot find that the denial of the Appellant's 10/16/17 application for LTCF Medicaid was correct. This appeal should be sustained with compliance for the Agency.



MEDICAID STARTS AT ADMISSION BUT ASSISTANCE MAY BE REQUIRED FROM A GUARDIAN



Observations

Passively
Engaged

Actively
Engaged

LeadingAge[®]
Ohio

Actively Engaged

The most effective:

- Know the basic Medicaid eligibility rules and definitions
- Assume and prepare for the likely need of Medicaid in advance of the need
- Know the pertinent facts as to the Medicaid applicant—i.e., resources, income, spouse, transfers, etc.
- Know strategies for overcoming eligibility and improper transfer issues
- Know when and how to engage in a state hearing
- Know when and where to turn for reliable help
- Do not allow residents or families to take advantage of the facility
- Do not hesitate in filing legal action or issuing a 30-day discharge notice

LeadingAge[®]
Ohio

Suggestions in Preparing for Medicaid

Admission

- Establish proper expectations regarding private pay obligations
- Introduce Medicaid

Post Admission

- Continue to establish or affirm proper expectations by communicating a succinct message regarding coverage and private pay
- Provide Medicaid informational handout

Once Private Pay Is Reasonably Suspected

- Meet with resident/representative to discuss upcoming payment
- Have a financial application (payor determination questionnaire) completed
- Provide options and consequences

LeadingAge
Ohio

Phillips@RolfLaw.com

866.495.5608

www.RolfLaw.com

LeadingAge
Ohio