

# LONG TERM CARE MEDICAID APPLICATION

## Medicaid Assistance for Individuals

PACE

DDS Waiver

ARChoices in Homecare

Assisted Living

Nursing Facilities



A growing number of Home and Community-Based programs are available as alternatives to Nursing Facilities. While a Nursing Facility is the right option for some people, others may find help is available to keep them at home. If you would like to talk to a counselor about your options, call toll free 1-866-801-3435 or email [choicesinliving@arkansas.gov](mailto:choicesinliving@arkansas.gov).

A brief description of each of these programs and their eligibility criteria, as well as the Medicaid application, can be found on the inside of this packet. If you are interested in the DDS Waiver program, please see the following page for application instructions. If you are interested in any of the other programs, please complete the attached application and return it to your local DHS county office or call for more information. The DHS county office will determine your eligibility and provide additional information on available assistance.

**LONG TERM CARE MEDICAID APPLICATION KIT**

The following programs are available for facility and non-facility care for individuals with long-term medical needs. These programs have common income and resource requirements.

### **Developmental Disability Services - (DDS)**

DDS provides both home and community-based waiver services for individuals with developmental disabilities who would otherwise require care in an institution. An individual applying for Waiver services must be financially eligible and meet the level of care required for admission to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The DDS Waiver provides the full range of Medicaid benefits as well as other specialized services. To apply for DDS waiver services, please complete the attached application or talk with a DDS worker. If the applicant is an adult, contact DDS Adult Services at (501) 683-5687 or (501) 852-8556. If the applicant is a child, contact DDS Children Services at (501) 682-2277.

### **Nursing Facilities**

Nursing facilities are institutions that provide medically necessary care 24 hours per day for residents who require skilled nursing care, rehabilitation services or health-related care and services above the level of room and board and not primarily for the care and treatment of mental diseases. Recipients receive the full range of Medicaid benefits. Medicaid also pays all or a portion of monthly facility vendor payment depending on the monthly income to be considered.

Individuals in Nursing Facilities with income over the current limit may become eligible for Medicaid by establishing an Income Trust. The DHS caseworkers have information about Income Trusts.

Non-institutionalized spouses of Nursing Facility recipients are eligible for the division of spousal resources and income.

In addition to being income and resource eligible, the Nursing Facility resident must be aged, blind or disabled and require medical care of a certain level, determined by the Office of Long Term Care.

### **ARChoices in Homecare (ARChoices)**

The ARChoices in Homecare program provides home and community-based care for individuals aged 21 and over as an alternative to institutionalization. Individuals aged 21-64 must have a physical disability as determined by SSA/SSI criteria, Railroad Retirement or the DHS Medical Review Team. ARChoices provides Attendant Care, Home-Delivered Meals, Personal Emergency Response System, Adult Day Services, Adult Day Health Services, Adult Family Home, Respite Care, and Environmental Accessibility Adaptations/Adaptive Equipment Services. ARChoices provides the full-range of Medicaid benefits. Individuals eligible for ARChoices require an Intermediate Level of Care as determined by the Office of Long Term Care. Individuals requiring Skilled Care are not eligible.

Applicants with spouses living in the community are eligible for the division of spousal resources, but not for spousal income as the recipient does not contribute income to his or her care except for individuals in Adult Family Homes.

## **Assisted Living Facilities Level II – (ALF)**

Assisted Living Facilities provide assistance with activities of daily living to individuals that are aged, blind or have a physical disability in a residential setting. Living units and common space are provided to address all activities of daily living on a 24-hour basis. Individuals in Level II Assisted Living Facilities are eligible for the full-range of Medicaid benefits. Room and board costs are not included in the waiver coverage. Assisted Living Facilities Medicaid requires an Intermediate Level of Care as determined by the Office of Long Term Care. Individuals requiring Skilled Care are not eligible for this program.

Individuals with income over the current limit may become Medicaid eligible by establishing an Income Trust. Non-institutionalized spouses of Assisted Living Facility recipients are eligible for the division of spousal income and resources.

## **PACE - (Program of All-Inclusive Care for the Elderly)**

PACE is a comprehensive health and social services program that provides and coordinates primary, preventive, acute and long-term care services for individuals 55 years of age or older who need nursing facility care. Services are provided in PACE Centers, in the home and in inpatient facilities. Individuals eligible for PACE must live in an area served by a PACE program and be able to live in a community setting without jeopardizing their health or safety.

PACE applicants with income over the income limit may become eligible for Medicaid by establishing an Income Trust. DHS caseworkers have additional information regarding Income Trusts. PACE participants with spouses living in the community are eligible for the division of spousal income and resources.

Individuals eligible for PACE require a nursing home Level of Care as determined by the Office of Long Term Care. The PACE program is available to individuals who live in Craighead county and also within certain zip codes in Greene, Poinsett, Randolph, Lawrence, Mississippi and Cross counties in northeast Arkansas. To determine if you live in an area covered by PACE, please call 1-855-207-7500.

## **Income and Resource Limits**

### **Income Limit**

The income limit for all of the following programs is three times the current SSI Standard Payment Amount (SPA) for an individual. The income limit for 2016 is \$2,199.00. The income limit usually increases at the first of each calendar year. Only the income of the applicant is counted toward this limit. In some categories, if there is a non-institutionalized spouse, the spouse may be eligible to keep all or a portion of the institutionalized individual's income.

### **Resource Limit**

The resource limit for the covered individual is \$2,000. In some programs, if the covered individual has a spouse, the spouse may be eligible to keep all or a portion of the total spousal resources. See Resource Rule on the next page.\*

## **\*RESOURCE RULE FOR SPOUSAL RESOURCES**

If total resources are under \$23,844 – Community Spouse gets all.  
If total resources are \$23,844 to \$47,688 – Community Spouse gets \$23,844  
If total resources are \$47,688 to \$238,440 – Community Spouse gets one-half.  
If total resources are over \$238,440 – Community Spouse gets \$119,220 (the maximum effective 01-01-16)

These amounts usually increase annually dependent on the cost of living increase.



### **When completing an application for Long Term Care Assistance some of the items that you will need to provide are:**

Verification of your bank accounts  
Proof of your monthly income  
Social Security card or number  
Your Medicare card  
Proof of Life and Health Insurance  
If you have sold or transferred any property, please provide deeds.

**The PRIVACY ACT of 1974** requires the Department of Human Services (DHS) to tell you: (1) Whether disclosure is voluntary or mandatory; (2) how DHS will use your SSN; and (3) the law or regulation that allows DHS to ask you for the SSN. We are authorized to collect from your household certain information including the social security number (SSN) of each eligible household member. For the Medicaid Program, this authority is granted under Federal laws codified at 42 U.S.C. §§ 1320b-7(a) (1) and 1320b-7(b) (2). This information may be verified through computer matching programs. We will use this information to determine Program eligibility, to monitor compliance with program rules, and for program management. This information may be disclosed to other Federal and State agencies and to law enforcement officials. If a claim arises against your household, the information on this application, including all SSNs, may be provided to Federal or State officials or to private agencies for collection purposes.

**EXCEPTION:** In the Medicaid Program, information is disclosed without the individual's written consent only to: authorized employees of this Agency, the Social Security Administration, the U.S. Department of Health and Human Services, the individual's attorney, legal guardian, or someone with power of attorney; or an individual who the recipient has asked to serve as his representative AND who has supplied confidential information for the case record which helped to establish eligibility, or court of law when the case record is subpoenaed.