

Medicaid Covered Long-term Care Services

Medicaid covers long-term care (LTC) services in nursing facilities and in the community for qualified people who cannot afford the cost of the care. The countable income limit for people needing LTC services is 300% of the Supplemental Security Income (SSI) amount for an individual, or \$2,022 per month. People with income over the limit may still be eligible for Medicaid if the private cost of long-term care is greater than their income. There are also special eligibility rules for a married person whose spouse lives in the community to allow the spouse to keep some assets for the spouse's support.

Nursing Facility Care

If the person needs Medicaid to cover the cost of care at the time of admission into the nursing facility, the person must (1) **apply for Medicaid** at the local department of social services serving the locality in which the person last resided before being admitted to the nursing facility and (2) a **pre-admission screening** must be completed authorizing Medicaid to pay for nursing facility care. A nurse from the local health department and a service worker from the local department of social services visit the person at home to assess if the person is in need of nursing care. The pre-admission screening process may be completed by hospital staff if the person is a patient in an acute care hospital at the time nursing facility placement takes place.

A person may have enough resources to pay for the cost of nursing facility care for a period of time and then need to apply for Medicaid to cover the cost of care once the person's resources have been spent. If the person is already in the nursing facility at the time of the Medicaid application, no pre-admission screening is needed.

Medicaid Covered Community-based Care (CBC)

Under Section 1915(c) of the Social Security Act, the federal government allows a waiver from some Medicaid eligibility rules for people needing certain LTC services who would otherwise need to be placed in a nursing facility. These services, which are known as **CBC Waiver services**, may be an alternative to a nursing facility or other type of institutional care. There are specialized waiver programs that serve specific populations, such as frail elderly and disabled people and those living with AIDS, mental retardation, developmental disabilities, or severe medical conditions requiring the assistance of medical equipment and skilled nursing care. The CBC Waivers are:

Elderly and Disabled with Consumer Direction (EDCD) Waiver	Individual and Family Developmental Disabilities (DD) Support Waiver
Mental Retardation (MR) Waiver	Technology-assisted Individuals Waiver
Day Support (DS) Waiver	AIDS Waiver

Acceptance into CBC Waiver care requires a **pre-admission screening** and approval by a doctor. Each of the waivers has different pre-admission screening and approval processes and eligibility criteria. More information about the covered services and admission processes for each CBC Waiver is available on the [Department of Medical Assistance Services Web site](#).

Applying for Medicaid when LTC is Needed

In addition to a pre-admission screening, a person needing LTC care must either currently be **enrolled in Medicaid** (including FAMIS Plus) or must **apply for Medicaid** at the local department of social services. At the time of the Medicaid application, make sure to let the eligibility worker know that a pre-admission screening has been requested. Be sure to let the person or team completing the pre-admission screening know that a Medicaid application has been filed with the local department of social services.

Patient Pay

People who receive Medicaid covered LTC services must contribute some of their countable income toward the cost of care. This is called the patient pay. Allowances are given for the person's basic needs, the support of a child or spouse in the community, and other situations. At the time of admission into the nursing facility or CBC Waiver services, the eligibility worker will determine the person's patient pay amount and notify the

person of the amount. People who receive Supplemental Security Income (SSI) and who have no other source of income do not have to contribute toward the cost of care.