

Person-Centered Access to Long-Term Services and Supports

5 Medicaid and Long-term Services and Supports



Introduction

These slides contain content adapted from the Administration for Community Living's Person Centered Counseling Training Program. The content includes text and narration from online courses. To view original content or for more information, please visit nwd.acl.gov or contact NoWrongDoor@acl.hhs.gov.

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Welcome! (1/3)

This lesson will give the learner a basic overview of Medicaid as a funder of long-term services and supports (LTSS). It will describe recent changes in the expectations and funding of Medicaid LTSS options. It will provide a basic understanding of eligibility.

Welcome! (2/3)

This lesson is only a starting point for understanding Medicaid and is not comprehensive. Person-Centered Counseling (PCC) professionals need to understand their state's Medicaid waiver programs and other long-term care programs. They need to know how Medicaid intersects with other programs, eligibility requirements, and the implications for people who are seeking these services or who may be eligible for services.

Welcome! (3/3)

Learning Objective

After completing this lesson: You will be able to determine who might be eligible for Medicaid LTSS programs based on the requirements and availability of services in your state and region.

How is Medicaid Connected to Publicly Funded Long-Term Services and Supports?

Medicaid is a federally sponsored cost-share program with states and is the primary resource for publicly funded long term supports and services (LTSS). It is also a funding stream the states use to cover health care for certain populations (which is covered in the lesson on insurance). Each state can decide to what degree they will participate in Medicaid. They describe this in what is called their State Plan for Medicaid. Under Medicaid, certain options are required in a state plan and basic eligibility for many of those programs is defined by the federal requirements. Other options can be selected and used more flexibly by the state or not used at all. The states also have more flexibility in defining eligibility requirements for these local programs. As a result, how Medicaid is used in states for LTSS specifically is not consistent. Medicaid is complicated.

Your Role in Medicaid Long-Term Services and Supports (LTSS) (1/3)

Medicaid LTSS options are very complicated and constantly changing. Person-Centered Counseling (PCC) professionals do not need to know these options in great detail, but they should have a basic understanding. PCC professionals should consider Medicaid in the context of person-centered discovery and person-centered plans. You should also be familiar with general eligibility criteria.

Your Role in Medicaid Long-Term Services and Supports (LTSS) (2/3)

It helps to understand the Medicaid LTSS benefits and options in your local area, including:

- What programs, services, and providers are available – what does the local version look like?
- Who to contact for more information on eligibility criteria and the application process (most states will have Medicaid specialists who can help)
- Whether or not there are waiting lists or limited openings for these programs – if the person is eligible, are these services likely to be available and in what timeframe?
- How Medicaid LTSS programs intersect with other public programs, such as Supplemental Security and Medicare/Medicaid insurance programs, and how to streamline the processes between them

Your Role in Medicaid Long-Term Services and Supports (LTSS) (3/3)

The PCC professional will help people in organizing paperwork and preparing for eligibility assessments. They may also have a role in supporting appeals to denial of services. Click on the link below to read more about the implementation of person-centered planning and self-direction.

<http://www.acl.gov/Programs/CDAP/OIP/docs/2402-a-Guidance.pdf>

Trends in the Use of Medicaid Funded Long-Term Services and Supports (LTSS)

Just like other services and supports, Medicaid is changing. This change means becoming more inclusive, person-centered, and coordinated. The No Wrong Door system is a response to this changing approach. It's not expected that one size fits all. With a person-centered focus, LTSS can be more effective and sustainable. Many Medicaid programs have expanded self-directed options and now have person-centered planning requirements. These programs aim to give people choice, direction, and control in their lives. They also try to offer more culturally sensitive options.

Service Types and Coverage: Institutional (1/2)

Medicaid funds a variety of things. Institutional based care, such as nursing facilities, is one of them. The tabs below provide a brief description of the two most common types of Medicaid-funded institutions, nursing facilities and intermediate care facilities. They also provide some information about admission screenings and collecting data about preferences for living setting.

Service Types and Coverage: Institutional (2/2)

Person-Centered Counseling (PCC) professionals should be aware of the process for transitioning into and out of these places. They can support people as they transition. Even when it is someone else's job, the PCC professional can ensure the person's rights are being respected and that they are aware of the choices they can make and the resources available support them. PCC professionals can help sort the person's preferences into a person-centered plan. They can also support other professionals in coordinating these transitions, offering possible community resources and funding options.

Waiver Funding of Long-Term Services and Supports (LTSS)

Waivers help states promote community living for Medicaid beneficiaries and thereby help them avoid institutionalization.

Service Types and Coverage: Home and Community-Based Services (HCBS) (1/2)

Under Medicaid, states can offer an array of services through a Home and Community Based Services (HCBS) state plan. States can set eligibility standards for participation in these benefits, which includes needs-based criteria. Services provided under HCBS can vary significantly across states. It is important to know what is available in your state.

Service Types and Coverage: Home and Community-Based Services (HCBS) (2/2)

HCBS allows Medicaid funding to be used for a variety of long-term services and supports including:

- Employment services
- Behavioral health
- Residential or assisted living services
- Home care
- Rehabilitation services
- Case management and/or care management
- Respite care
- Environmental or home modifications
- Transportation

Services Types and Coverage: Home and Community-Based Services (HCBS)

Medicaid long-term services and support options will vary from state to state. The new HCBS rule helps states to better understand what selfdirection means and defines which settings meet the HCBS criteria for community living. Below are two options that might be available in your state. It is important for you to learn about which options are available in your state and how they can help people in reaching their goals.

Medicaid Eligibility for Coverage (1/3)

Some things to know about Medicaid eligibility:

- If a person's financial assets (not including a primary home, primary vehicle, or some other protected assets) exceed Medicaid limits (based on Medicaid's asset test) their assets must be spent down to become eligible for nursing homes or state option Home and Community-Based Services (HCBS) waived services.
- People with assets or other resources (not including protected assets) must use them before becoming eligible.
- People do not always have to spend down their financial resources to become eligible. There are some options, such as a Special Needs Trust, that people may be able to access via a lawyer to avoid using up their assets.

Medicaid Eligibility for Coverage (2/3)

- People generally cannot give away assets to family or others to receive Medicaid benefits.
- There are some minimal safeguards for income and assets for spouses (e.g. spousal impoverishment protections) but, in general, a significant proportion of income and assets must go to pay for the person's care in order for a person to be eligible for Medicaid payments.
- Although most Medicaid programs will not allow funding for room and board, some institution providers receive payment for room and board if the person's income cannot cover the costs. Beneficiaries generally cover their own food and shelter costs when they receive long-term services and supports in their homes and communities.

Medicaid Eligibility for Coverage (3/3)

Some Person-Centered Counseling professionals or their organizations may become certified through the Center for Medicaid Services' Provider enrollment, chain, and ownership system (PECOS). PECOS is an electronic management system that lets users apply for Medicaid, track enrollment, and add or change an assignment of benefits.

Community-Based Medicaid Options (1/2)

Self-directed options provide more choice, direction, and control. As a Person-Centered Counseling professional you should be aware of these options in your state and/or county and help present them to people who may be interested and eligible. Try to build relationships with your local financial management services (FMS) and/or support brokers. These professionals can help the person find the best way to organize self-directed services.

Community-Based Medicaid Options (2/2)

The Home and Community-Based Services (HCBS) requirements establish definitions of HCBS settings based on individual experience and outcomes. The purpose of this regulation is to maximize the opportunity for people to receive services in integrated settings, realize the benefit of community living, and have access to the greater community, including opportunities to seek employment in competitive integrated settings. It also ensures an individual's right to privacy, dignity, and respect, and promotes choice in selecting services and supports.

Conclusion and Lesson Review (1/3)

- Person-Centered Counseling (PCC) professionals do not need to know everything about Medicaid long-term services and supports (LTSS), but they should have a basic understanding of the options available and how they can help people.
- Medicaid provides a broad range of services related to healthcare, institutional care, and Home and Community-Based Services (HCBS).
- Medicaid is a federal program, but there can be variation across states in the availability of services and supports as each state has an individual Medicaid State Plan.

Conclusion and Lesson Review (2/3)

- Medicaid LTSS can provide access to HCBS that focus on self-direction and community access.
- There are a variety of Medicaid LTSS and waiver programs. It is important to understand what is available in your area.
- Medicaid services and supports can be combined with other programs and services to support individuals in creating self-directed lives in the communities of their choice.

Conclusion and Lesson Review (3/3)

Learning Objective

After completing this lesson, you will be able to determine who might be eligible for Medicaid LTSS programs based on the requirements and availability of services in your state and region.

Reflection on Learning Objective

Directions: Review the objective(s) on this page. Write down your answers to the following questions.

1. What did you learn in this lesson that you felt was important?
2. What will you do differently because of the content in this lesson?