

# **MEDICAID WAIVER FOR OLDER ADULTS**

## **FREQUENTLY ASKED QUESTIONS**

### **1. Who is eligible for the Medicaid Waiver for Older Adults?**

- Low-income adults may be eligible if they:
  - Are at least 50 years of old at the time of application;
  - Have a monthly income of no more than \$1590 (300% of the SSI level);
  - Have assets that are no more than \$2000 to \$2500, depending on eligibility category;
  - Qualify for nursing facility level of care; and
  - Meet all other technical and financial criteria for Medicaid eligibility
- Waiver participants can choose to be served in an assisted living facility or at home.

### **2. What services are covered under the waiver?**

- Covered Waiver services include:
  - Personal care
  - -Home-delivered meals
  - Respite care
  - Assisted living services
  - Senior Center Plus
  - Family or consumer training
  - Personal emergency response systems services
  - Dietitian/ Nutritionist services
  - Extended home health agency services
  - Assistive devices
  - Environmental modifications
  - Behavior consultation services & assessments
  - Case management (Administrative service through Area Agencies on Aging)
- Other services available under Medicaid include:
  - Medicaid acute, primary, & preventive services
  - Medical day care
  - Durable medical equipment
  - Home health care
  - Disposable medical supplies
  - Transportation (through local health departments)

### **3. What types of providers may participate in the waiver?**

- The following providers may be eligible to offer certain Waiver services, if they meet Waiver requirements: Senior Center Plus Centers, Licensed assisted living programs, Home health agencies, Residential service agencies, Nursing facilities, Meal delivery services, Local Health Departments, Respite care providers, Local Departments of Social Services, Personal care providers, Congregate housing providers, Building contractors, Personal emergency response vendors, Medical equipment vendors, and Certain types of licensed professionals (e.g. dietitians/ nutritionists).

All Waiver providers must be certified by MDoA as meeting all applicable Waiver requirements and approved by Medicaid.

**4. If there are only 1000 slots added each year, how will the Department ensure all counties in the State get the right number of slots needed? How can we make sure the slots are fairly allocated?**

- The waiver is first come first serve statewide. Slots are not allocated by county. Everyone is given the same opportunity to participate.

**5. Will the provider rates be adjusted annually? Will there be annual cost of living adjustments in provider rates? What is the formula? Is it in the regulations?**

- Yes, the rate will be adjusted annually. The formula is the lesser of three alternatives, no greater than 2.5%/year that begins July 1<sup>st</sup>. The adjustment formula and initial rates can be found in the regulations.

**6. If you have already been licensed for a service, such as assisted living or home health, do you need to reapply for licensure or provider enrollment?**

- You do not need to reapply for licensure if your license is current. However, all providers must apply to be certified and enrolled as a Medicaid provider in order to meet the requirements in the waiver. Waiver providers may need a new provider number to provide waiver services. The provider criteria, covered services and reimbursement rates are different for the waiver than for other Medicaid services.

**7. If a provider is interested in being a waiver provider, how does the provider enroll? Is DHMH developing an enrollment package and when can providers expect to see the package?**

- Providers may now apply by requesting the application package from the MDoA by calling 1-800-AGE-DIAL.

**8. What type of coordination will there be with HUD housing? Needy people often remain in HUD housing until they receive Nursing Home eligibility, so coordination is essential. At least each HUD unit needs to have a list of available and eligible providers.**

- Individuals who reside in subsidized housing and qualify for waiver services may receive in-home services in their apartment. Additionally, HUD has started awarding grants to convert all or a portion of their building to Assisted Living and has adopted regulations allowing Section 8 rental assistance to be applied toward the housing costs in Assisted Living.

**9. Two detailed eligibility questions:**

- **If someone is already receiving other types of state, county or federal subsidies, can they still be eligible for the waiver? Should a provider help coordinate the funding and if subsidies will put them over, then tell families not to take the aid so the family can get on the waiver?**
    - COMAR 10.09.24.07 J specifies the subsidies that may be excluded in the eligibility determination process. Common subsidies, such as HUD, food stamps, and energy assistance are excluded (i.e. we don't count them). Our directions to all DHMH and DHR staff is to NEVER tell a person or family to give up any services, income or asset or insurance in order to qualify for MA. This is because we cannot know that the individual will qualify for MA until the application process is completed, and the person may give up valuable benefits and be unable to retrieve them if ineligible for MA for some other reason. In addition, under the waiver, (as in LTC) giving up income or assets can result in a penalty period during which the person cannot receive waiver services. So, a provider should not "help" coordinate income for people who may be overscale, and should never advise anyone to give up income and assets to get onto the waiver, since giving up income and assets may actually keep them out of the waiver.
  - **If one person of a couple applies, does the income of both apply? If both apply, then couple's income would apply – please clarify.**
    - A key element to eligibility under the waiver is that each applicant is considered as an assistance unit of one, even if living with a spouse or other family members. So if one spouse applies for the waiver, the income of the non-applicant spouse is not considered in the eligibility determination. If both spouses apply, they are treated like separated people, two separate applications are filed and only the person's own income is counted and is compared to the standard for one person. The waiver has the same provisions to prevent spousal impoverishment as in an institution. This is probably the most significant financial advantage in waiver eligibility.
10. **If a license is expired, can OHCQ do something automatic with the insurance coverage to allow a continued coverage?**
- A license does not expire. It continues unless terminated by OHCQ due to non-compliance. When license renewals are past due, OHCQ will contact the insurer when requested by the provider.
11. **Can DHMH develop the following, and put on website or handout a step by step application process for providers?**
- Yes. The provider application will be on DHMH's website as well as be available through DHMH and MDoA by February 2001. The step by step application process for providers is available at MDoA by calling 1-800-AGE-DIAL.

**12. How old can a DHMH 3871 form (called the Medical Eligibility Review Form and determines nursing facility level of care), be in order for Delmarva to review it?**

- No more than 30 days old

**13. What if the waiver participant speaks a language other than English and wants a personal care aide who speaks their language?**

- The Waiver and regulations require for the aide to speak, read and write in English, at least well enough to communicate with the nurse supervisor and case manager.

If you have other, more detailed questions, please use the following contacts or call 1-800-AGE-DIAL:

Eligibility Questions

Kay Pokrzywa, Acting Chief, Division of Eligibility Services, DHMH  
410 767-1472

Eligibility for Specific Applicants or Recipients

Leon Johnson, DHR  
410 767-8395

To Obtain a Provider Application

MDoA, 410-767-1082

Provider Certification

Margaret Stewart, MDoA  
410-767-1082

Provider Enrollment

Division of Waiver Programs, DHMH  
(410) 767-5220

Licensing for Assisted Living Facilities

Ernestine Williams, Survey Coordinator, Office of Health Care Quality  
(410) 402-8217