

Long-Term Care Eligibility

For the Aged, Blind, and Disabled Living in Nursing Homes

What is Medicaid?

Medicaid is a national health care program. It helps pay for medical services for low-income people.

Medicaid payments are not paid to you. Medicaid is only paid to providers of health care. Providers are the doctors, hospitals, and pharmacists who take Medicaid.

Be sure the provider you see takes Medicaid before you get any service. If the provider does not take Medicaid, you must pay the bill.

Who is eligible?

You and/or your husband or wife may qualify for Medicaid in a nursing home or hospital if you are, or will be considered, a long-term care patient(s) in a medical facility that accepts Medicaid.

“Long-term” care means that the patient will remain in a nursing home or hospital for 31 consecutive days or longer.

The Division of Medicaid complies with all state and federal policies which prohibit discrimination on the basis of race, age, sex, national origin, handicap or disability—as defined through the Americans with Disabilities Act of 1990.

Eligibility

-To be eligible for Medicaid, an applicant must be a citizen of the United States or an alien lawfully admitted for permanent residence.

-Applicants must be residents of Mississippi.

-A person must be age 65 or older, blind or disabled (unable to work). The medical necessity of the placement must be certified by the attending physician.

-Persons must apply for, and accept, all benefits to which he or she may be entitled, such as VA benefits, retirement or disability benefits, etc. Persons who do not accept these benefits may lose their Medicaid eligibility.

-Persons may have monthly income of up to \$1,590 (before deductions). Persons with income above this limit may be able to qualify under an "Income Trust."

-Individuals may have total resources of up to \$4,000. Resources mean those assets, including real and personal property, that a person owns that help him or her meet his or her basic needs. Some resources are not counted in the \$4,000 limit. They include:

Home Property:

One (1) home may be excluded if it is, or was, the person's primary place of residence.

Income-Producing Property:

This property is not counted towards the limit if it produces a net annual return of 6% of the equity value to the client. Promissory notes and annuities must be determined actuarially sound, i.e., the return must be equal to the life expectancy of the client.

Automobiles:

Two (2) vehicles may be excluded based on their usage, or if the current market value does not exceed \$4,500.

Household Goods:

These items are totally excluded.

Personal Property:

Personal property may be excluded if the equity value is \$5,000 or less.

Life Insurance:

The cash value of a life insurance policy is excluded if the face value of all life insurance policies on each person is \$10,000 or less.

Burial Plots:

Burial spaces intended for family members are not counted in the \$4,000 limit.

Burial Funds:

Money saved for funeral expenses up to \$6,000 is not counted.

Transferred Assets:

Persons who plan to apply for Medicaid may not transfer assets within 36 months prior to application. For assets transferred into a trust, the review (look-back) period is 60 months.

Estate Recovery

Effective July 1, 1994, Medicaid will seek recovery from the estate of deceased Medicaid recipients who are age 55 or older and in a nursing facility. Recovery will be made from any real or personal property in the estate of the recipient up to the value of payments made by Medicaid for nursing facility, hospital and drug services. Estate recovery will not apply to recipients who have a surviving spouse or dependent or disabled child.

Assessment of Resources

Persons who have entered long-term care on or after September 30, 1989, and who have a spouse living in the community, are entitled to an "assessment of resources" upon request. This means that a representative from a Medicaid Regional Office will advise the couple in writing of how their combined resources will be counted.

Effective January 1, 2001, the spouse who is living in the community is entitled to have up to \$87,000 in combined, countable resources. The husband or wife in the long-term care facility is entitled to an additional \$4,000 in countable, combined resources. (Please note that these resources are in addition to those listed in the previous section.)

A request for an assessment may be made by either member of a couple or a representative for either spouse. An assessment can be completed when one spouse is in long-term care and the couple provides verification of all countable resources to the representative from the Medicaid Regional Office that is

completing the assessment.

An application for Medicaid may be filed rather than requesting an assessment. If the couple chooses to make application, their combined countable resources will be evaluated allowing the “community spouse” the maximum \$87,000 in resources. The spouse who is entering a long-term care facility is allowed \$4,000 as his or her share of resources to qualify for Medicaid.

Retroactive Benefits

Persons who apply for Medicaid may be eligible to receive benefits for up to three (3) months prior to their month of application.

To qualify, the applicant must meet all eligibility requirements during the three (3) months and have received medical services in each of the three (3) previous months.

Allowed Income

Even though a person has been determined eligible for Medicaid, he or she is still responsible to pay a certain amount of his or her care. This payment, which is made to the long-term care facility, is often referred to as Medicaid Income. Medicaid Income is the individual’s total income less the following allowable deductions:

- A personal needs allowance (PNA) of \$44 per month. Individuals active in a work therapy program with earnings are allowed additional deductions based on their earnings. Veterans and surviving spouses of veterans who receive a \$90 VA pension have a \$90 PNA.

- A monthly allowance for the community spouse, less the spouse’s own income, which is based on the institutionalized person’s actual income. The maximum monthly allowance is \$2,175 and in order for this amount to be deducted, it must be available to the community spouse.

- A monthly allowance for other dependent family members is based on each dependent’s own income.

- Deductions for one (1) health insurance premium for which the recipient has paid.

- Certain medical expenses that would ordinarily be paid for by Medicaid but, due to service limits placed on these services, the recipient is charged for the expense.

Regional Offices

If you have questions about long-term care eligibility or if you want to apply for Medicaid, call toll-free 1-800-421-2408 or contact your nearest Medicaid Regional Office in:

Brandon	(601) 825-0477
Brookhaven	(601) 835-2020
Clarksdale	(662) 627-1493
Cleveland	(662) 843-7753
Columbia	(601) 731-2271
Columbus	(662) 329-2190
Corinth	(662) 286-8091 Greenville
----(662) 332-9370 Greenwood	(662) 455-1053 Grenada
----(662) 226-4406 Gulfport	(228) 863-3328 Hattiesburg
----(601) 264-5386 Holly Springs	(662) 252-3439 Jackson
----(601) 961-4361 Kosciusko	(662) 289-4477 Laurel
----(601) 425-3175 McComb	(601) 249-2071 Meridian
----(601) 483-9944 Natchez	(601) 445-4971 Newton
----(601) 683-2581 Pascagoula	(228) 762-9591
Philadelphia	(601) 656-3131 Starkville
----(662) 323-3688 Tupelo	(662) 844-5304 Vicksburg
----(601) 638-6137	

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