MA Health Care Training Forum May 2024 Meeting

Going to a Nursing Facility? How to Apply for Long-Term-Care Transcription

[Going to a Nursing Facility? How to Apply for Long-Term-Care]

Sue Kane: Welcome to going to a nursing facility. How to apply for a Long-Term-Care meeting. Thank you for joining us today. I'm Sue Kane from the Massachusetts Health Care Training Forum team, and I'll be facilitating today's meeting. Our presenter today is Belkis Candelario, Member Outreach and Education Manager at MassHealth. Belkis Candelario: So for today, we're going to be discussing going to a long-term-care facility and how to apply for a long-term-care.

[Agenda]

For today's agenda, we're going to be going through a long-term-care (LTC) eligibility overview. And that'll include some income and asset information; how to apply for long-term-care; and we're going to speak a little bit about the Family Assistance Expansion, which will be very beneficial for those in certain immigration statuses. Next, we'll be providing an overview of our business process.

And that will include some time standards on verification as well as the application process itself and some benefits start dates or potential benefits start dates. We're also going to be discussing some of the differences between intake and Long-Term-Care Conversion cases, the renewal process, and speak a little bit about real estate liens and the estate recovery. And last, we'll have our best practices just to ensure that we're doing best by our members in order to get them in the appropriate pathway to receiving long-term-care.

[Long-Term-Care Eligibility Overview]

So, something that I want to make sure that we discuss early on is that when it comes to long-term-care, it is truly viewed on a case by case basis. So, the information we're

going to be providing today will entail a high level overview of the general process, with the understanding that not all instances apply to each member.

So, just keep that in the back of your mind as you're receiving this information, and you're reflecting on the members or the applicants that you'll be assisting following this presentation. So, now we're going to be reviewing the long-term-care eligibility overview.

[Who Can Apply?]

Who can apply. So, when it comes to long-term-care, anyone of any age can apply for long-term-care services as long as they're receiving those services in a medical institution, such as a skilled nursing facility or a chronic hospital. So, this process is not specific to seniors. It can be a person of any age, as long as they're in a skilled nursing facility or in a chronic hospital.

[Citizen and Immigration Categories]

When it comes to citizenship and immigration categories that we look for long-term-care prior to the Family Assistance Expansion, typically members who were citizens, those that were born in the United States, its territories, or were naturalized are derived citizens and qualified non-citizens, typically those individuals who are legal permanent residents for more than five years or in one of the special groups such as Asylee, refugees, and so forth. Normally, those would be the only two statuses an applicant can have in order to qualify for long-term-care. But with the Family Assistance Expansion, there are a few other immigration statuses that can also receive long-term-care services. So, we have our Qualified Noncitizens Barred, and it's typically those individuals who are Legal Permanent Residents for less than five years; our Nonqualified Individuals Lawfully Present, and those are individuals who have a valid nonimmigrant visa status, such as an employment authorization card; and our Nonqualified PRUCOLs, which are those individuals residing under the color of the law. And we'll review some of the criteria for those that meet the Family Assistance Expansion and the process for those individuals to obtain long-term-care coverage.

[Income Eligibility]

For income eligibility, some of the incomes that we take into consideration as we're evaluating those members who will qualify for long-term-care, can fall under the following categories. Please keep in mind that these lists or these incomes are not all encompassing or all inclusive of all the different types of income sources that we review or count or consider noncountable.

But just a few examples. For countable income, we look at unearned income sources such as social security benefits, pensions, rental income, as well as earned income sources, typically, wages or self-employment income. Some noncountable income sources that we do not count towards long-term-care coverage are SSI or Emergency Assistance for those that are disabled children, and those are typically individuals that are falling under cash assistance for DTA, income-in-kind, we do not count reverse mortgage proceedings, which some of our applicants may be receiving.

When we're reviewing Veterans benefits we do not count Aid and Attendance as well as unreimbursed medical expenses or municipal benefits based on need.

[Income Deductions]

So, the reason why income is so important is because we use some of those income sources to then determine if the member has any income deductions that impact the patient paid amount that they may be paying towards a long-term-care facility. Each individual gets what's called a Personal Needs Allowance, which is $72.80 on a monthly basis, that they have access to while they're in a facility.

But some of the other sources that we count as deductions are an applicant's medical insurance coverage premium. So, if they're getting an insurance that's being deducted from their pension or their income source, that's something that we would deduct as well. We deduct incurred medical expenses. So, there may be instances where someone who is in a long-term-care facility may be receiving medical services, such as dental cleanings or needing to be seen by a doctor for other circumstances.

And then we also take into consideration court approved guardianship fees and expenses. And highlighted below are the Minimum Monthly Maintenance Needs Allowances. And this is typically for individuals that are part of a spousal couple and that spouse is in the community. And keep in mind that this figure gets updated on an annual basis. In the presentation it is hyperlinked, some of the program financial guidelines, and we could provide that resource at the end of this presentation.

[Asset Limit]

So next, we're going to be reviewing the asset limits. So, those that are applying for a long-term-care services they can have up to $2,000 of assets in order to qualify for long-term-care. For those that are married and they have a spouse residing in the community, that spouse can have up to $154,140 in assets, understanding that this figure is updated on an annual basis.

[Countable Assets]

Some of the assets that we consider to be countable. Again, this list is not all encompassing of all of the countable assets that we take into consideration. We look at, does the member have cash, the different types of bank accounts that they may have, from savings accounts to checking accounts, as well as CDs and IRAs, any securities that they may have typically known as stocks, bonds and mutual funds if they have a life insurance policy, a whole life, life insurance policy exceeding, $1,500. We look at the cash to render value of that policy. And for every household, if they have more than one vehicle, we would look at the value of the additional vehicles that they have.

[Noncountable Assets]

So, something that would be considered not countable is generally primary residences are not considered a countable asset, SSI recipient assets, proceeds from the sale of a home that may be used to purchase another principal residence within three months, business and non-business properties that are essential in order for them to support themselves, Special-Needs trusts some people trust that are funded before the age of

65, and we'll be reviewing what that looks like in the upcoming slides, ICF and individuals with intellectual disability trust are typically not countable, and then we look at funeral and burial arrangements are usually not countable with some restrictions.

[Types of Trusts (slide 1 of 2)]

So next, we're going to be looking at the different types of trusts that are considered countable, not countable, and could potentially be countable. So, for some noncountable trusts, pooled trusts are typically not countable. Some of the criteria revolved around a pooled trust is that it had to have been established and administered by a non-profit organization. They need to show that there's a separate account that has been established for each beneficiary of that trust. But for the purposes of investment and managing the funds, the trust pools with these accounts. So, we need to be able to see that information. And these trusts must be funded prior to the member turning 65. And if you need additional guidance on pooled trusts, there is an eligibility operations memo 23-15 that you can reference to see if the pooled trust that an applicant has would be considered a noncountable asset. And some of the rules that have been updated regarding pooled trusts.

So next, we have our special-needs trusts. And this allows an individual that is disabled or chronically ill to receive income without reducing their eligibility for the public assistance disability benefits. So, this individual needs to be categorized as disabled or chronically ill, and have this trust established in order for it to be noncountable.

[Types of Trusts (slide 2 of 2)]

So next, we're going to be reviewing some countable trusts. A revocable trust is typically considered countable because the provisions can be altered or canceled depending on the grantor. Because it can be altered, that's the reason why it's considered countable. And trusts that are sometimes considered countable, or portions of it may be considered countable, is an irrevocable trust. For the trust to be considered not countable, it cannot be modified or terminated without the permission of the beneficiary. And typically, our legal department would review these trusts to ensure

that for it to be considered not countable, it meets specific criteria, otherwise there may be other implications on how much of that trust may be considered countable or not.

[How to Apply for Coverage]

So next, we're going to review how to apply for coverage. And we're going to be reviewing the various types of applications and forms that are needed in order to make a determination for long-term-care coverage.

[Applications and Forms Required]

So first, the member would complete a SACA, it's titled The Application for Health Coverage for Seniors and People Needing Long-Term-Care Services. On the first page of the SACA, they would need to make sure that they check off the box that indicate that they'll be applying for long-term-care. And this application is used to collect information regarding the income and asset information for both the applicant and a spouse, if that is applicable.

[LTC Supplement – Required]

Next, we have our Long-Term-Care Supplement form. And this is required because the information that we collect off of this document is that we are aware of the different resource transfers that may have taken place when it comes to this applicant's assets, it also provides us information about the family members residing in a home and their living expenses. And it collects additional information related to different real estate that the applicant may have, as well as provide information regarding long-term-care insurance.

So, it is incredibly important that as you're assisting a member complete these different forms, that you make sure that you complete both the senior application, the SACA-2 as well as the Long-Term-Care Supplement form in order to ensure that they're being categorized correctly, in order to be determined for the appropriate program.

[SC-1 – Required]

Another form that we require is the SC-1 form, which is called the Status Change form, and this form is completed by the facility in which the member would be residing in. On the form, it would indicate the date in which the member was admitted, the means in which they were admitted, meaning where they admitted from a hospital, from their home, were they they're receiving rehab services.

It also indicates to us if the applicant will be staying there for a short term stay, which can be up to six months or if they will be there long term, which is six months or more within the facility itself. Any time an applicant changes long-term-care facilities, they do need to complete an SC-1 form. They need to have both the admission form as well as the discharge form.

So, we also get an SC-1 if the member does end up being discharged, either home, or if they're unforeseen circumstances in which they are no longer in the facility. And typically, the facility completes this form and submits it to MassHealth.

[Clinical Eligibility Form – Required]

Next, we have the Clinical Eligibility form, and this is completed by the Aging Services Access Point, also known as an ASAP or for, for those that don't know, they may be considered an elder service agency. The agency will send out a nurse to evaluate the member and determine if they are considered clinically eligible to receive long-term-care services or short-term and on the form they would check off which type of stay and services that they would require. And they would also send that information over to MassHealth so that we can determine the member's eligibility.

[Time Standards and Potential Benefit Start Date]

Now, when it comes to the application process, MassHealth typically has 45 days from the date of the application to make an eligibility determination. Please keep in mind that, that determination can be made, and the time frame may be extended depending on various factors regarding the application itself.

Once that application gets processed, the member may receive verification requests and they have up to 90 days to provide the verifications that are requested by the caseworker. And in terms of the start date itself, a member can request up to three-months retroactive coverage, keeping in mind that depending on the various factors to determine that member's long-term-care status, that coverage start date may be impacted.

[Family Assistance Expansion (slide 1 of 3)]

So next, we're going to discuss the Family Assistance Expansion Program. And this is applicable to members with the following immigration statuses of Qualified Noncitizen Barred, an Individual Lawfully Present as well as our PRUCOL population. So as of November 1st of 2021, MassHealth updated their policy and guidance to expand coverage for members and applicants who would be eligible for Family Assistance.

These members and applicants who are covered under Family Assistance and require chronic disease and rehabilitation hospital stay or nursing facility stay may be eligible for both an expanded short-term stay, which is up to six months or long-term-care stay. For the full policy you can reference the Eligibility Operations Memo 23-17, and that will provide you all of this information that you'll be receiving today.

[Family Assistance Expansion (slide 2 of 3)]

So, for those that are applying for a long-term-care nursing facility stay or chronic rehabilitation stay for more than six months, their clinical determination for long-term-care, they need the following information in order to be eligible. So, the member must meet nursing home facility level of care or approved long-term-care stay and they require long-term-care services that cannot be provided within the community.

Health, and they would have to use the SACA-2 to start this process.

[Family Assistance Expansion (slide 3 of 3)]

For the clinical eligibility, the nursing facility would have to complete the SC-1 form to indicate when they will be admitted and the length of stay, and then the aging services access point will complete the Level of Care form, which we referenced in earlier slides, as well as the Preadmission Screening and Resident Review Level 1 Screening form, which is on the slide deck itself.

And there may be instances where they have to complete the PASRR Level II Evaluation form if that is required. For applicants who are applying for the Family Assistance Expansion, and they are under the age of 65 who are not deemed disabled, either through Social Security or Disability Evaluation Services, or considered blind through the Mass Commission of the blind. They would have to complete a disability supplement form as part of this process as well. For those that are under the age of 65.

Keep in mind that these members are still subject to the MassHealth Standard existing regulations regarding the financial and categorical eligibility, meaning that they cannot have assets that exceed over $2,000 and a $154,140 if they have a spouse residing in the community.

[Overview of Business Process]

So next, we're going to review our business operation process.

[Intake and Conversion]

So, two of the pathways that you can take to be determined for long-term-care are through the intake process or the Long-Term-Care Conversion process. Both of these pathways are subject to the five-year lookback period and get assigned a caseworker who will be reviewing that applicant's case and will be the primary point of contact for that applicant, as well as authorized individuals who need to speak to someone or ask any questions or additional information to continue forward with their process.

[Long Term Care Conversion]

So, for those that would be viewed as a Long-Term-Care Conversion, they have to meet some of the following criteria and be aware of some of the things, some of the following processes in terms of their stay. So, for those to be considered a Long-Term-Care Conversion, the member must be active with one of the following coverage types.

They have to be eligible for MassHealth Standard, CommonHealth, CarePlus or Family Assistance. For those that are under the age of 65, some of the things that we do want to point out and make you aware of is that if applicants are enrolled in a Managed Care Plan or an Accountable Care Organization for the first 100 days, that organization or that plan would be covering that member's stay while they're in the facility.

When the member is in the facility past 101 days, the member will be disenrolled from that plan, and then MassHealth will become the payer through our fee for service program. For applicants that have the coverage for CarePlus, they will be covered for the first 100 days by their managed care plan, and then they must apply for Long-Term-Care through the SACA, so they would still need to complete those same forms that we discussed earlier in the presentation.

For a member under the age of 65 to be considered for short term stay, they have to stay within the facility up to six months, provided that they are single. Typically, what will happen is the Long-Term-Care Conversion unit will mail out an application to the applicant or what they call a Long-Term-Care Conversion packet. For married couples they will receive a SACA application to receive the long-term-care. And something that's just helpful in the process, assuming that you cannot help the member, or it's difficult to obtain five years worth of documentation at the start of this process, it is recommended that you at least start with three months worth of income and assets prior to the member being admitted to a facility to just be able to start the process, when it comes to the five-year lookback period.

[5-Year Look Back Period]

So, the five-year look back period, what that entails is that it is a review of resource related transactions, and that can be income and assets inclusive. There may be transactions as there are review processes taking place that may be considered a disqualifying transfer, and that could result for days of ineligibility for the applicant. So that means that if a member submits their documentation and their caseworker determines that some of their transactions or one of the transactions would be considered a disqualifying transfer, that it may impact the date in which that eligibility will start.

So, if the applicant applied on January 1st and they have a disqualifying transfer for up to 15 days, then their coverage may not start until January 15th versus the 1st. It's just a general understanding of what that could potentially look like for the member.

[Real Estate Liens and Estate Recovery Rules (slide 1 of 2)]

So, as I'm sure many of you have heard, for those members that own homes, they may be subject to either a real estate lien or estate recovery. So, I would lien entails that a lien will be placed against the members home prior to them passing away, in which the member has a legal interest. So, it could be a home that they own and live in.

For estate recovery MassHealth may recover the amount of payment for the medical benefits that were paid for from the estate of the deceased member. The recovery will look like the payments for all those services that were provided for that MassHealth member under the following stipulations. If that individual is 55 years or older and receiving long-term-care services or supports and that can be within the community, they may be subject to a lien or estate recovery. For those members of any age who are in a long-term-care facility, they may be subject to a lien or estate recovery, as well. Referenced in this slide is our Eligibility Operations Memo discussing the value of Life Estates and Remaining Interest and it is 23-12.

Something that I do want to shout out when it comes to estate recovery is that it is not specific to long-term-care, it may also apply to those that are not within a long-term-care facility, but receiving some long-term-care supports at home, so it could apply to those that are of the age of 55 or older.

[Real Estate Liens and Estate Recovery Rules (slide 2 of 2)]

With estate recovery and liens there are some exceptions. So MassHealth will waive estate recovery if the following: the value of the member's probate estate is less than $25,000; the member had certain long-term-care insurance or the estate includes certain resources belonging to American Indians or Alaskan Natives. For a Deferral, MassHealth will delay estate recovery if there is a surviving spouse or a surviving child who is under the age of 21, or a child of any age who is blind or permanently and totally disabled. They can request a Hardship Waiver, so MassHealth will waive all or part of the estate recovery amount if the estate qualifies for an undue hardship waiver. It is also important to note that homes that are placed in an irrevocable trust cannot have a lien placed on it, nor is subject to estate recovery.

[MassHealth Application: SACA-2]

So typically, when you're submitting your documentation for the long-term-care process, you do have to complete the SACA-2. You can call MassHealth in order to receive some assistance in completing the application, but typically you will apply either by submitting the forms through mail to the Central Processing Unit located in Charlestown, or this fax number, which is (617) 887-8799.

So, this is where you would be submitting the application, along with all of your verifications and documents pertaining to that five-year lookback period.

I also want to note that because you are assigned a caseworker, as you're going through the long-term-care process, you do have a direct point of contact when it comes to evaluating the various things that you may be asked for as you're going through this, which I think is the beauty of the process, is you have your direct personnel who can

assist you in trying to figure out what things are needed and what documents are considered sufficient, and what things require additional sources.

[Long-Term-Care Renewal]

So, like with everything, MassHealth does have a renewal process for long-term-care.

[LTC Renewal Overview]

So, their cases will be reviewed on an annual basis. And one of the applications they may receive would be the MassHealth Long-Term Care Eligibility Review Form, which would be considered a shortened version of the SACA-2.

If you have married couples applying for this benefit, where you have an individual in a facility and one in the community, they would complete the SACA-2 Eligibility Review form. And this is done on an annual basis. And the individuals who will receive notices or notification of this renewal process would be the member and then any other authorized representatives or appropriate parties that need to be informed, or we have authority to share information as to when we sent out these forms.

[Best Practice]

So best practice,

[Best Practice]

some things that we want to make sure that we reiterate throughout this presentation that it is incredibly important to make sure that as you're completing the application, that all questions pertaining to that applicant and or their spouse are answered. Please refrain from crossing off the question and making sure that you're answering each question that we're asking, do not leave any of the questions blank.

Also, refrain from adding N/A for Not Applicable as you're answering the questions. If it's not applicable, just answer no. You also need to make sure that you sign, print, and date both the application as well as the Supplement A form which is a long-term-care

supplement. Make sure that you're completing all of those questions and follow the guide itself.

If you will have an Authorized Representative Designation, make sure that you're providing all of the necessary documentation pertaining to that designation. So, for example, if there is an ARD III that's being designated, you have to make sure that you're including the legal documentation required in order for us to make sure that we add that representative accordingly. Please make sure that you're submitting verifications for all income and assets sources.

For bank statements we do have included, as part of this presentation, a financial information request form. And this will allow you to receive bank statements at no cost to the applicant. And then another really useful resource that will be helpful to the members will be checking the Long-Term-Care checklist, because on that checklist itself, it will provide you all of the information that we need in order to process that application or be able to make a determination in a more timely fashion. It also lets you know what entities are in charge of what aspects of the application itself, meaning the SC-1 form, as well as the Level of Care Clinical Eligibility form because one that falls under the facility itself, another piece of that may fall under an elder service agency. So that way you have a better understanding of all of the moving parts that come with this application process.

[Thank You!]

Sue Kane: Thank you, Belkis. That was great. Well, that concludes the presentation portion of our meeting. I want to thank everybody for coming and joining us today. I want a special thanks to Belkis, Heather, Kathleen, Abby and everybody else that answered the questions online. We appreciate you taking part in today's presentation. Be well everyone and have a great rest of your day. Thank you. Bye bye.