

Medicaid Long Term Care Programs

It's important for my (potential) Medicaid-Planning clients to understand that "Medicaid" is an umbrella term used for multiple programs. In a long-term care context, there are three basic Medicaid programs that our firm works with in Florida: Medicaid ICP; Medicaid Waiver for senior citizens age 65 or older, or disabled; and QMB/MED-AD.

Medicaid ICP and Waiver programs require applicants to have less than \$2,000.00 in total countable assets and receive less than \$2,382.00 (gross, not net, as of 2021) from all income-sources combined.

Our Medicaid planning service is centered around assisting those with excess assets or income to qualify for these long-term care programs.

Medicaid Institutional Care Program | Medicaid ICP

This long-term care Medicaid program is for those who require skilled-nursing / rehab / nursing home level of care only. There is no wait-list for this program and approval will be granted in the same month the ICP applicant is financially qualified, medically qualified, AND submits a Medicaid application.

Once approved, the Medicaid recipient will pay their "patient responsibility" or "patient share of cost" (essentially all of their income, only keeping \$130.00 per month for incidentals) and Medicaid will pay the entire difference for a semi-private room in a nursing home. All nursing homes must accept Medicaid, so this program can help pay for the very best nursing homes in Florida.

If the Medicaid recipient is married to a non-Medicaid recipient (known as the Community Spouse), the Community Spouse may be entitled to a portion of the Medicaid recipient's income as part of Medicaid's anti-spousal impoverishment policy.



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Medicaid Waiver | Home & Community Based Services | SMMC-LTC

Statewide Medicaid Managed Care Long Term Care (SMMC-LTC) / Medicaid Waiver / Home & Community Based Medicaid are all the same program.

This long-term care Medicaid program is for those who only require Assisted Living Facility (ALF) level of care OR are able to reside at home and would benefit from some home-health care. **There is a wait-list for this program.**

The Medicaid Waiver wait-list gives priority to those who need services the most. **But the wait-list can be quite long.**

Part of our service, if hired to do so, is coaching you on ethical ways to obtain a higher priority score to minimize time waiting. However, we cannot change the reality of someone's health. If someone is healthy, independent and has access to resources, they'll be waiting longer than someone who doesn't - regardless of our efforts.

The Medicaid waiver application is not submitted until the client is called off the waitlist. Once the application is submitted (and the client is otherwise eligible), Medicaid waiver services can begin on the first day of the following month.

Once approved for waiver benefits, the Medicaid recipient keeps 100% of their income (although a portion may need to be diverted into an income trust, which can still be used to pay expenses).

If in an ALF: Medicaid contributes approximately \$1,400.00 (depending on amount of care needed) toward the ALF bill.

If at home: Medicaid will typically pay for between 15 - 45 hours of home health care (directly to a Medicaid-approved agency) depending on amount of care that is needed.

Cash and Health Insurance Benefits Associated with Medicaid Long-Term Care Programs

Some other tangential benefits that are included in these Medicaid programs (primarily benefiting those who apply for Medicaid Waiver) are:



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1. More cash available to the Medicaid recipient. Medicaid will pay the Medicare Part B premium cost (currently automatically deducted from social security income). In 2021, that will result in most Medicaid beneficiaries receiving an extra \$148.50 per month in their bank account.
2. More cash available to the Medicaid recipient because Medicaid will pay for most co-pays and deductibles.
3. Potentially more cash available to the Medicaid recipient when they choose their Medicaid-Managed Plan (Florida Medicaid has contracted with marquee names such as AETNA, United, Sunshine Health, Humana, etc...). Once enrolled in one of these Medicaid plans, there is an option to discontinue (or continue) paying for their Medicare Advantage or Medicare Supplement.
4. Long-Term Care Medicaid also pays for: medical equipment, incontinence supplies, home accessibility adaptations, speech therapy, occupational therapy, physical therapy, respiratory therapy, chiropractic services, hearing services, dental services, podiatric services and more.

Qualified Medicare Beneficiary (QMB) and Medicaid for the Aged or Disabled (MEDS-AD)

For our clients who are interested in home care or ALF care, and are on a waitlist – or those who are in need of assistance paying for medical bills and prescriptions.

QMB and MEDS-AD are programs that (a) have different income/asset requirements than the programs described above; (b) have no waitlist; and (c) will pay for Medicare premiums, co-pays, deductibles, etc... so that they can receive some financial assistance while waiting for home-care or ALF benefits to begin.

This summary is just a brief overview of what we will discuss during our consultation. The bulk of the consultation will discuss legal and ethical methods of qualifying you, or your loved one, for one or more of these Medicaid long-term care programs in a way that does not trigger the five-year lookback period so you can obtain the services needed with as little delay as possible.



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If interested, we also assist with traditional Incapacity and Estate Planning (Wills, Trusts, Durable Power of Attorney, Health Care Surrogate, Living Will, etc...)



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