

MA-LTC BASICS COURSE OBJECTIVES

MA-LTC Forms

- Identify forms used to request MA-LTC.
- Explain what happens to eligibility for MA-LTC until the appropriate request form is received.

Processing MA-LTC Requests

- Determine if an interview is needed.
- Identify ways clients may authorize a person to represent them.

Level of Care Requirement

- Identify the purpose of the LTC screening.
- List people who are a part of the LTCC team.
- Identify when an LTC screening is required for MA-LTC.
- Identify the form used to determine if an LTC screening has been completed for a person requesting MA-LTC through a waiver program.
- Explain communication best practices established to facilitate communication between you and the waiver case manager.
- Locate information on the Lead Agency Case Manager/Worker Communication form (DHS-5181) needed to determine eligibility for MA-LTC.
- Refer clients to your county LTCC team as needed.
- Explain the difference between an LTC screening for a waiver program and one for an LTCF admission.
- Identify the form used to verify that the preadmission screening (PAS) has occurred for a person residing in an LTCF.
- Locate information on the Physician Certification form (DHS-1503) needed to determine eligibility for MA-LTC.
- Complete an LTC/County Communication Form (DHS-3050).

Training Caseload

- Use the Long-Term Care and Waiver Case Checklist (DHS-5590) to help you process MA-LTC eligibility.
- Complete Steps 1 and 2 of the MA-LTC Processing Steps on five MA-LTC cases.

MA-LTC BASICS COURSE OBJECTIVES

General Requirements

- Determine the basis of eligibility for a person requesting MA-LTC.
- Identify basic MA eligibility criteria as they apply to MA-LTC.

Community Spouse

- Define the terms “community spouse” and “long-term care (LTC) spouse.”
- Determine whether an MA-LTC client’s spouse qualifies as a “community spouse.”
- Identify the MA-LTC policies impacted if a client’s spouse qualifies as a “community spouse.”

Household Size

- Determine the household size for a person requesting MA-LTC.

Asset Requirements

- Identify when assets are verified and reviewed.
- Explain asset deeming rules for clients requesting MA-LTC.
- Recall the asset limits for clients requesting MA-LTC.
- Determine when someone is exempt from asset limits for MA-LTC.
- Determine if an MA Lien Worksheet (DHS-3203) must be completed and sent to the DHS Special Recovery Unit.
- Determine when to exclude the homestead.

Third Party Liability

- Determine when a parental fee is required.
- Explain Medicare coverage as it pertains to people requesting MA-LTC.

Home Equity Limit

- Explain when the Home Equity Limit requirement is applied.
- Identify when acceptable verification has been provided in order to apply the Home Equity Limit.
- Define the term “agricultural homestead.”
- Explain notice requirements as they apply to the Home Equity Limit.
- Apply the Home Equity Limit.

MA-LTC PROCESSING STEPS

Follow the steps provided when a request for MA-LTC is received.

1. Determine if the following MA-LTC request forms are complete, or if additional information is needed:
 - DHS-3531, MHCP Application for Payment of Long-Term Care and Waiver services.
 - DHS-3543, Request for MA Payment of Long-Term Care Services for an MA enrollee or DHS-3543A Payment of Long-Term Care Services (Families with Children and Adults).
 - DHS-6696A, Supplement to Application for Health Coverage and Help Paying Cost.
2. Review the request form or forms.
 - Request required verifications.
 - Encourage an applicant to complete an interview and schedule upon request.
 - Determine the begin date for MA-LTC clients in an LTCF or the anticipated begin date for waiver clients.
3. Determine if MA eligibility requirements are met as applied to MA-LTC. Note: Determinations for MA varies by eligibility group. Payment of Home and Community Based Waiver Services must use an aged, blind, or disabled basis.
 - Basis of Eligibility.
 - SSN.
 - Citizenship and Identity.
 - Immigration Status.
 - Minnesota Residence.
 - Living Arrangement.
 - Asset Eligibility, including Asset Assessment as appropriate.
 - Third Party Liability.
 - Make appropriate referrals.

MA-LTC PROCESSING STEPS

4. Determine if additional MA-LTC eligibility requirements have been met.
Apply to all eligibility groups.
 - Age Requirements, as appropriate.
 - Institutional Level of Care Requirement.
 - Home Equity Limit.
 - Annuity Requirements.
 - Transfer Evaluation.
5. Calculate Income.
 - Determine the appropriate income calculation to use.
 - Determine when to begin using the appropriate income calculation.
6. Determine the spenddown or waiver obligation.
7. Approve or deny eligibility in MAXIS, as appropriate.
8. Update MMIS.
9. Enter case notes.

FORMS USED TO REQUEST MA-LTC

Form Name	Form Number	Notes
Minnesota Health Care Programs Application for Payment of Long-Term Care Services	DHS-3531	
Minnesota Health Care Programs - Request for Payment of Long-Term Care Services	DHS-3543 DHS-3543A	
Minnesota Health Care Programs Application for Certain Populations	DHS-3876	
MNsure Application for Health Coverage and Help Paying Costs with Supplement	Online- MNsure website or the DHS-6696 and DHS-6696A	

Applicants may apply using ApplyMN, Minnesota's online application, with a request for waiver services (questions under the "Program Details" section of the application) or through the LTCF-specific application path, "Payment of services in a Long-Term Care Facility". ApplyMN substitutes for the MN HC Programs Application for LTC Service (DHS-3531).

The Combined Application Form (CAF) DHS-5223 removed the health care request 1-1-14. Health care required a separate application in most all situations.

NAME THAT FORM!

Circle the MA-LTC request form that is appropriate for each of the scenarios below.

1. Randolph is an MA enrollee who enters a long-term care facility (LTCF).
 - a. DHS-3531, MHCP Application for Payment of Long-Term Care Services.
 - b. DHS-3543, MHCP Request for Payment of Long-Term Care Services.
 - c. No form is needed.
2. Julia is a current MA enrollee. MA-LTC was closed two months ago when she was discharged from an LTCF. Julia is now requesting home and community-based services through the Elderly Waiver.
 - a. DHS-3531, MHCP Application for Payment of Long-Term Care Services.
 - b. DHS-3543, MHCP Request for Payment of LTC Services.
 - c. No form is needed.
3. Rhonda moved into an LTCF yesterday. She was receiving home and community-based services through the Elderly Waiver prior to her admission.
 - a. DHS-3531, MHCP Application for Payment of Long-Term Care Services.
 - b. DHS-3543, MHCP Request for Payment of LTC Services.
 - c. No form is needed.
4. Sweeny contacts the county to apply for MA and MA payment of LTC services because he is requesting services through the Elderly Waiver.
 - a. DHS-3531, MHCP Application for Payment of Long-Term Care Services.
 - b. DHS-3543, MHCP Request for Payment of LTC Services.
 - c. No form is needed.

DETERMINING THE BEGIN DATE OF MA-LTC

Factors

Use the following factors to determine the begin date for MA-LTC:

- Date the request for MA-LTC is received at the county.
- Date of admission for clients residing in an LTCF, or if in a hospital, the date skilled nursing facility services began.
- Date the case manager anticipates services will begin based on the LTCC for clients requesting services through one of the home and community-based waiver programs.

Begin Date Rules

Follow these rules based on living arrangement when determining the begin date for MA-LTC for the following clients:

- **Residents of an LTCF.**

The begin date for a person residing in an LTCF is the date on which all of the following is true:

- The client resided in the LTCF or began receiving skilled nursing facility services in a hospital.
- The client requested coverage for that month.
- The client meets all eligibility requirements for MA-LTC.

- **People requesting services through a home and community-based waiver program.**

The begin date for a person requesting services through one of the home and community-based waiver programs is the date on which all of the following is true:

- The case manager anticipates services will begin based on a LTCC.
- The client requested coverage for that month.
- The client meets all eligibility requirements for MA-LTC.

PROCESSING MA-LTC REQUESTS – REVIEW

Read each scenario and answer the questions.

Scenario 1

Kara, who is not an MA enrollee, is requesting MA-LTC on December 12 and is requesting three months of retroactive coverage. She was admitted permanently to an LTCF on October 3. Her newly designated authorized representative, her daughter, is helping her to apply and is requesting a meeting with Kara's worker. No prior AREP designation is on file.

1. Who must sign the request form?
2. Do you have to meet with the authorized representative?
3. What is the begin date for MA-LTC?

Scenario 2

Jacob, an MA enrollee for the past two years, is requesting MA-LTC on December 12. He was admitted to the LTCF on August 3.

4. What do you need to do if you are waiting for the DHS-3543 to be submitted?
5. How do you verify Jacob requires an institutional level of care?
6. What is the begin date for MA-LTC?

Scenario 3

Mandy is requesting MA-LTC through the Elderly Waiver on December 12. She is requesting one month of retroactive coverage. Her LTCC took place on December 2, anticipating services to begin on this same date.

7. How do you verify Mandy requires an institutional level of care?
8. What is the begin date for MA-LTC?

Scenario 4

Joey is ineligible for MA when his parents' income is deemed. Eligibility is being determined using the TEFRA option.

9. Who is required to sign the request form?
10. What is the begin date for MA-LTC?

DHS-5181 PROCEDURES

The Lead Agency Case Manager/Worker Communication Form (DHS-5181) was developed to help with communication between the waiver case manager and the financial worker. The form is required in the situations recorded below.

Waiver Case Manager

The case manager is required to immediately send the DHS-5181 in the following situations:

Situation	Send Form	Comments
LTCC and full team DD screening indicates waiver services are needed.	Immediately.	The LTCC date or the anticipated begin date of services if different than the LTCC date.
A change occurs such as a change in waiver program, living arrangement, address, managed care plan, or other type of change.	Immediately.	Note the change.
Client death.	Immediately.	

Worker

You are required to send the form to the waiver case manager within certain timeframes based on specific situations. Send the form:

Situation	Send Form	Comments
A change occurs such as death, living arrangement, address change, LTC spenddown or waiver obligation changes, or other types of changes.	Immediately.	Note the change.
MA is approved, denied or closed.	Immediately.	
MA-LTC is approved, denied or ending.	Immediately.	
Case manager sends DHS-5181 initially and MA-LTC is pending.	Within 10 working days of receipt of DHS-5181.	Indicate if additional information is needed for processing.
Eligibility continues to pend and the processing period is ending.	45 days from the receipt of the DHS-5181.	Indicate why eligibility is pending.

DHS-5181 ACTIVITY

Circle both the person responsible to send a DHS-5181 and when the form must be sent in each of the following situations.

1. Louisa, an MA enrollee, contacts Anoka County Social Services to request services that will enable her to continue to live in her home. An LTCC is completed on April 1.

Who

- a. Case Manager
- b. Worker
- c. Neither

When

- a. Immediately
- b. Within 10 days
- c. On the 45th day
- d. Not Required

2. Rhonda is an MA-LTC enrollee receiving services through the EW. Her daughter calls Rhonda's worker to report Rhonda's death.

Who

- a. Case Manager
- b. Worker
- c. Neither

When

- a. Immediately
- b. Within 10 days
- c. On the 45th day
- d. Not Required

3. Jake resides in an LTCF. His LTC spenddown amount is changing.

Who

- a. Case Manager
- b. Worker
- c. Neither

When

- a. Immediately
- b. Within 10 days
- c. On the 45th day
- d. Not Required

4. Frank, an MA enrollee, was given a DHS-3543 to complete at the time of his LTCC on January 7. The waiver case manager sent a DHS-5181 to the worker on the day of the LTCC indicating the application form was provided. Frank returned the DHS-3543 on January 10. Frank's eligibility is pending for income verification.

Who

- a. Case Manager
- b. Worker
- c. Neither

When

- a. Immediately
- b. Within 10 days
- c. On the 45th day
- d. Not Required

LTC SCREENING ACTIVITY

Determine if the statement for each of the following scenarios is true or false.

1. A PAS is used to document an institutional level of care for a person who is requesting MA-LTC services for Elderly Waiver.

True False

2. The purpose of the PAS is to prevent inappropriate LTCF placement.

True False

3. The LTCC team will make the final decision for a client as to when she can be placed in an LTCF or if she is able to remain in her home with support services.

True False

4. A PAS is not required for a person transferring from one Minnesota LTCF to another Minnesota LTCF.

True False

5. A PAS is required for a person, who previously lived in the community, and was admitted to an LTCF on an emergency basis.

True False

6. If a current MA enrollee refused the LTC screening, his current eligibility for basic MA would be terminated.

True False

GENERAL MA REQUIREMENTS REVIEW

Bases of Eligibility

1. List the bases of eligibility available for people residing in an LTCF or requesting services through a waiver program.

	Bases of Eligibility Available for Use
LTCF*	
EW	
CAC*	
CADI*	
DD*	
BI*	

*Children receiving adoption assistance must use the appropriate adoption assistance basis of eligibility.

Basic MA Eligibility Criteria

2. Which three eligibility criteria follow basic MA rules when processing MA-LTC?

- _____
- _____
- _____

Residency/Living Arrangement

3. Why is it important to determine how a person was placed in a facility?
4. Why is it important to know whether an LTCF is considered a Medicaid facility when a person is requesting MA-LTC?

Spouse Activity

A spouse is a person who is legally married to another person; a husband or a wife. The legal marriage must be a union legally recognized in Minnesota. A legal separation does not dissolve the union for MA-LTC purposes.

Activity Directions

Read each scenario and determine whether or not the person requesting MA-LTC has a spouse.

1. Bernice and Ron live together with their 15-year-old son. They were never legally married. Bernice is requesting MA-LTC through the CADI waiver.

Spouse

No Spouse

2. Christy and Justin were married two years ago by a Minneapolis judge. Justin enters an LTCF and is requesting MA-LTC.

Spouse

No Spouse

3. Sistine has been married to Sylvester for 25 years. They have been separated for 15 of those 25 years. Sistine is requesting MA-LTC through the EW.

Spouse

No Spouse

4. Mark is a single father living with his 17-year-old daughter. He is requesting MA-LTC due to placement in an LTCF.

Spouse

No Spouse

LTC AND COMMUNITY SPOUSE ACTIVITY

LTC Spouse:

A person is an LTC spouse if he/she is married to a community spouse and:

- Resides in a long-term care facility (LTCF) and has resided, or is anticipated to reside, in an LTCF for at least 30 consecutive days, or
- Requests services through a Home and Community Based Waiver (HCBW) or Alternative Care (AC) programs and has received, or is anticipated to receive services for at least 30 consecutive days.

Community Spouse:

A person who does not reside in a long-term care facility (LTCF) or receive services through a waiver program (EW, CAC, CADI, DD or BI) who is married to a long-term care (LTC) spouse. A community spouse may receive basic MA or services through the AC program.

Activity Directions

Identify the LTC spouse and community spouse in each of the following scenarios.

1. Christy and Justin were married two years ago by a Minneapolis judge. Justin enters an LTCF on October 1 and requests MA-LTC services on October 15. He is not expected to be discharged from the facility. Christy is an MA enrollee.

LTC Spouse:

Community Spouse:

2. Sistine has been married to Sylvester for 25 years. They have been separated for 15 of those 25 years. An LTCC completed on April 15 approves Sistine for the CADI waiver. Sistine applies for MA-LTC on April 16 and is found eligible. Sylvester lives in his own home and continues to receive services through the EW for the past year.

LTC Spouse:

Community Spouse:

3. Mark and Amy are married. Mark's 17-year-old daughter lives with the couple. He applies for MA-LTC the day after his LTCC indicates he is approved for BI services indefinitely. Amy is not requesting MA or MA-LTC.

LTC Spouse:

Community Spouse:

HOUSEHOLD SIZE REVIEW

1. Indicate the household size to use for the resident of the **LTCF** in each of the situations listed.

		Month of Admission to LTCF	Month after Admission to LTCF
Community Spouse	MA-LTC		
	MSP		
No Community Spouse	MA-LTC		
	MSP		

2. Indicate the household size for the **EW client** and for other household members during the month waiver services are anticipated to be received.

		Month of EW Services Anticipated to Begin		Month after EW Services Anticipated to Begin	
		Client	Other HH Members	Client	Other HH Members
Community Spouse	MA-LTC				
	MSP				
No Community Spouse	MA-LTC				
	MSP				

HOUSEHOLD SIZE REVIEW

3. Indicate the household size for the **disability waiver** client and for other household members during months waiver services are anticipated to be received.

	Client		Other Household Member	
	MA-LTC	MSP	MA	MSP
CAC				
CADI				
DD				
BI				

MA-LTC ASSET DEEMING

		MA-LTC	QMB	SLMB
LTCF	Community Spouse			
	No Community Spouse			
EW	Community Spouse			
	No Community Spouse			
CAC				
CADI				
DD				
BI				

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ASSET LIMITS FOR MA-LTC

		MA-LTC	QMB	SLMB
LTCF	Community Spouse	\$3,000 (Method B) or \$10,000 (Method A) for months of LTCF residence.	\$10,000	\$10,000
	No Community Spouse	\$3,000/\$6,000 /+\$200 (Method B) or \$10,000/\$20,000 (Method A) for entry month. \$3,000 (Method B) or \$10,000 (Method A) for months following entry month.	\$10,000/\$18,000 for month of entry. \$10,000 for months following month of entry.	\$10,000/\$18,000 for month of entry. \$10,000 for months following month of entry.
EW	Community Spouse	\$3,000 for months services anticipated to be received.	\$10,000	\$10,000
	No Community Spouse	\$3,000/\$6,000 /+\$200 (Method B) for month services are anticipated to be received. \$3,000 for months following the month services anticipated to be received.	\$10,000	\$10,000

ASSET LIMITS FOR MA-LTC

	MA-LTC	QMB	SLMB
CAC	\$3,000 for months services received.	\$10,000/\$18,000 based on household size.	\$10,000/\$18,000 based on household size.
CADI	\$3,000 for months services received.	\$10,000/\$18,000 based on household size.	\$10,000/\$18,000 based on household size.
DD	\$3,000 for months services received.	\$10,000/\$18,000 based on household size.	\$10,000/\$18,000 based on household size.
BI	\$3,000 for months services received.	\$10,000/\$18,000 based on household size.	\$10,000/\$18,000 based on household size.

Note: Children under age 21, pregnant women, people receiving automatic MA, MA for adults without children enrollees, and others, are exempt from the asset limits listed. See the HCPM for more information about other people exempt from the asset limit.

MA-LTC CLIENTS EXEMPT FROM ASSET LIMITS

This handout contains asset information for MA-LTC applicants and enrollees who are exempt from an asset limit – including ‘AX’ adults without children who are **not** eligible for MA-LTC under another MA basis of eligibility.

MA-LTC applicants/enrollees who are exempt from an asset limit, including children under 21, pregnant women, and ‘AX’ adults without children, must meet the following MA-LTC requirements:

- Meet all basic MA eligibility requirements.
- Require an institutional level of care.
- Have home equity of \$560,000 or less.
- Name DHS as a preferred remainder beneficiary of certain annuities owned by the person or the person’s spouse.
- Comply with LTC insurance (LTCP) requirements, if applicable.
- Report all asset transfers which are uncompensated unless transfer meets an exception to the rule.

MA-LTC clients who are exempt from asset limits are exempt from the following asset-related MA-LTC requirements:

- If a community spouse exists, they are not required to complete an asset assessment because there is no asset limit. However, a ‘requested’ asset assessment could be determined if requested by the household. The asset assessment may become ‘required’ if the enrollee becomes eligible for MA under a basis that has an asset limit. See Asset Assessment course for steps to take when an MA-LTC enrollee is required to file an asset assessment.

Continue to follow income transfers policy in regards to MA-LTC eligibility.

PRE-DEATH LIENS

Follow the steps provided below to determine if a pre-death lien must be filed on real property owned by an MA-LTC client.

1. Determine if the MA-LTC client resides in an LTCF, ICF/DD or an inpatient hospital. If the client:
 - Does reside in one of the facilities, continue to Step 2.
 - Does not reside in one of the facilities, a pre-death lien is not required.
2. Determine if the MA-LTC client is expected to remain permanently in the facility. If the client:
 - Is expected to permanently remain in the facility, continue to Step 3.
 - Is not expected to permanently remain in the facility, a pre-death lien is not required.
3. Complete and send the MA Lien Worksheet (DHS-3203) to DHS Special Recovery Unit (SRU). SRU will determine whether or not a lien should be filed.

Pre-Death Lien Exemptions

If real property meets any of the following situations, a pre-death lien exemption is met.

- It is the homestead of the person's spouse.
- It was the client's homestead at the time the client entered the facility and any of the following people now live in the property:
 - The client's child who is under 21.
 - The client's child, of any age, who meet all of the following conditions:
 - Lived in the home for at least two years before the client began receiving institutional care.
 - Provided care that allowed the client to remain in the community.
 - Has lived in the home continuously since the client entered the institution.
- The client's sibling who meets all of the following conditions:
 - Has an equity interest in the homestead.
 - Resided in the home for at least one year before the person entered the institution.
- The income, resources and/or property meet an exemption for American Indians.

Exemptions do not preclude the need to file a DHS-3203 with the SRU.

ASSET REVIEW

Complete the chart for each of the following scenarios.

1. Emilio (age 57) is requesting MA-LTC due to residence in an LTCF. He receives RSDI disability payments. He lived with his sister prior to his admission on January 19.

		MA-LTC	MSPs
Household Size	January		
	February		
Deeming	January		
	February		
Asset Limit	January		
	February		

2. Carla (age 75) lives with her husband, Ellis, in their home. Carla had an LTCC and requested MA-LTC on January 15 through the EW. Ellis is not requesting coverage and does not receive any LTC services.

		MA-LTC	MSPs
Household Size	January		
	February		
Deeming	January		
	February		
Asset Limit	January		
	February		

3. Jim (age 54) lives with his wife, Peg. Jim had an LTCC and requested MA-LTC on January 17 through a disability waiver (CAC, CADI, DD or BI). Peg is not requesting coverage and does not receive LTC services.

		MA-LTC	MSPs
Household Size	January		
	February		
Deeming	January		
	February		
Asset Limit	January		
	February		

HOMESTEAD EXCLUSION FOR LTCF RESIDENTS

Use the exclusion reason below that allows for the longest exclusion period.

First Six Calendar Months

Exclude for the first six months of placement. To determine the six calendar months of exclusion start with the first full calendar month in which the client resides in the LTCF.

- _____
- _____
- _____

Intent to Return Home

Exclude for as long as the client intends to and reasonably expects to return home.

- _____
- _____

Residence of Spouse, Child under 21 or Disabled Child

Exclude for as long as it is the residence of the LTCF resident's spouse, child under 21 or disabled child of any age.

Residence of Sibling

Exclude for as long as it is the residence of the LTCF resident's sibling when both of the following conditions are met:

- _____
- _____

Residence of Non-Disabled Adult Child or Grandchild

Exclude for as long as it is the residence of the LTCF resident's adult child or grandchild when both of the following conditions are met:

- _____
- _____

MA-LTC AND PARENTAL FEES

Parents may be liable for a fee to reimburse part of their children's costs in any of the following situations:

- The custodial parents do not live with their minor children.
- The parents' income is not considered in determining MA eligibility. This is the case when a child receives services through a waiver program or MA through the TEFRA Option.
- A child resides in an LTCF.

Referral Process

Follow the steps below to refer cases to DHS for collection of parental fees:

1. Give a copy of the Important Notice and Parental Fee Worksheet ([DHS-2977](#)) to all parents of children for whom DHS will collect fees.

Explain to parents that their liability for parental fees begins with the first month in which MA is effective or waiver services are received and that they may be liable for a fee through the month of the child's 18th birthday. Parents can estimate the amount of the fee using the Parental Fee Estimator located on the DHS website at: <http://pfestimator.dhs.mn.gov/>.

2. Enter the proper eligibility type (DX or BX) on MMIS to enable DHS to bill and collect a parental fee. Notify DHS any time an eligibility change is made. See the MMIS User Manual for coding information.
3. Within ten days of approving MA, send a completed County Parental Fee Referral to DHS ([DHS-2982](#)) to the address noted on the form.

Refer to the Health Care Programs Manual (HCPM) for more information on Parental Fees.

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MEDICARE

	Part A	Part B	Part C	Part D	Medigap Policy
Alternative Name	Original Medicare	Original Medicare	Medicare Advantage	Prescription Drug Coverage	Medicare Supplement Insurance
Covered Services	Hospitalization, SNF Care, Hospice, Home Health Services	Medically-Necessary and Preventative Services	Part A and Part B Covered Services	Prescription drug coverage (varies by plan – see plan formulary for specific coverage)	Part A and Part B Cost-Sharing Amounts (vary by plan)
Potential Coverage	N/A	N/A	<ul style="list-style-type: none"> ▪ Portion of Part B Premium ▪ Part D Covered Services ▪ Other Services (vary by plan) 	N/A	<ul style="list-style-type: none"> ▪ Other services vary by plan ▪ Prescription Drug Coverage (limited)
Service Delivery	Medicare Fee-For-Service	Medicare Fee-For-Service	<ul style="list-style-type: none"> ▪ Private Health Plan Network ▪ Plan Fee-For-Service 	Private Health Plan Network	Medicare Fee-For-Service

MEDICARE

	Part A	Part B	Part C	Part D	Medigap Policy
Costs	<ul style="list-style-type: none"> ▪ Premium, if applicable* ▪ Cost-sharing amounts 	<ul style="list-style-type: none"> ▪ Premium* (varies) ▪ Cost-sharing amounts 	<ul style="list-style-type: none"> ▪ Part A and B premiums (plan may pay for a portion – see HCPM 04.40.10) ▪ Cost-sharing amounts (vary by plan) ▪ Premium and cost-sharing amounts for extra coverage (vary by plan) 	<ul style="list-style-type: none"> ▪ Premium varies by plan ▪ Cost-sharing amounts (vary by plan) 	Premium based on chosen plan
Medical ID Card Used	Medicare	Medicare	Health Plan	Health Plan	Medicare and Health Plan
Review MSP Eligibility	Yes	Yes	Yes Note: MSP covers the portion of the Part A/B premiums and/or Part B cost-sharing amounts for which the client is responsible. See HCPM 04.40.10.	No Note: MA-eligible clients have Part D premium up to the benchmark covered by Extra Help. Check HCPM Benchmark document.	No

MEDICARE

	Part A	Part B	Part C	Part D	Medigap Policy
STAT/BILS *Amounts available in SVES response panel - Beneficiary Data Response (BDXM).	Enter each for which the client is responsible: <ul style="list-style-type: none"> ▪ Premium amount if using to meet spenddown* ▪ Deductibles ▪ Coinsurance 	Enter each for which the client is responsible: <ul style="list-style-type: none"> ▪ Premium amount if using to meet spenddown* ▪ Deductibles ▪ Coinsurance 	Enter each for which the client is responsible: <ul style="list-style-type: none"> ▪ Premium amount ▪ Cost-sharing amounts, such as copayments, deductibles, etc. 	Enter each for which the client is responsible: <ul style="list-style-type: none"> ▪ Premium amount ▪ Co-payments 	Enter each for which the client is responsible: <ul style="list-style-type: none"> ▪ Premium amount ▪ Cost-sharing amounts, such as copayments, deductibles, etc.
STAT/MEDI	Update: <ul style="list-style-type: none"> ▪ Begin and end dates ▪ Premium amount paid by client, if any* 	Update: <ul style="list-style-type: none"> ▪ Begin and end dates ▪ Premium amount paid by client* ▪ Indicator to apply to spenddown 	No Note: Enter Part A and Part B information, including premium amounts not covered by the Part C plan	No	No
STAT/INSA	No	No	Update	No	Update
MMIS TPL	No	No	Update Exception: MSHO or SNBC clients.	No	Update

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MEDICARE PART A

Medicare is a federal health insurance program for people age 65 or older, disabled and under age 65, or any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

Part A: Hospitalization Insurance

Coverage	Costs
Hospitalization	<p>Clients are responsible for:</p> <ul style="list-style-type: none">• A deductible of \$1,288 (2016) for hospital stays that are ____ days or less.• Coinsurance of \$322 (2016) per day for days ____ - ____.• Coinsurance of \$644 (2016) per day for days ____ - ____.• All costs after day ____.
Skilled Nursing Facility Care	<p>Coverage begins only if there is a qualifying stay of at least 3 consecutive days of hospitalization and the person enters a Medicare certified skilled nursing facility within 30 days of discharge from the hospital.</p> <p>This coverage is limited to ____ days in one benefit period beginning the day of entry into the facility.</p> <ul style="list-style-type: none">• The first ____ days are paid in full by Medicare.• The remaining ____ days require a co-payment of \$161.00 (2016) per day.
Limited hospice care	<p>Hospice is a special way of caring for people, and their family, who are certified terminally ill and expected to live 6 months or less. Hospice care may be provided in the home, or a facility such as a nursing home.</p>
Limited home health care	<p>Medicare covers the cost of the first ____ home health visits following a hospital stay.</p>

HOME EQUITY LIMIT

A person requesting or receiving MA-LTC, who has an ownership interest in their home, must have an equity value at or below \$552,000 to be eligible.

Exceptions

- _____
- _____

Verification

Verify EMV or FMV at application, at _____ and when a home equity exception ends.

Use the county assessor's website to verify the EMV of the home. Request proof from the client if the information is not available.

Verify client encumbrances on the property when the EMV or FMV exceeds \$_____

Equity Exceeds Limit

- Update MMIS/RLVA to inhibit payment of LTC services.
- Send 10-day notice to enrollee to close payment of LTC services.
- Send a Notice of Action for Payment of LTC of Services (DHS-4915) to notify the client of the denial when a MAXIS notice is not created.
- Provide appropriate notice text and case note the action taken.

Worker Comment Text

- Applicant Denial:
"Medical Assistance (MA) will not pay for your long-term care services because your home has an equity value of more than \$552,000. (Minnesota Statutes, Section 256B.056, subd. 2) Call your county worker right away if you feel your life will be in danger as a result of losing MA payment for your long-term care services."
- Enrollee Closure:
"Starting (add date) Medical Assistance (MA) will no longer pay for your long-term care services because your home has an equity value of more than \$552,000. (Minnesota Statutes, Section 256B.056, subd. 2) Call your county worker right away if you feel your life will be in danger as a result of losing MA payment for your long-term care services."