

IPMG Professional Development Webinar: How to Navigate Medicaid Pitfalls - Q&A



Question	Answer
<p>Diane, this is helpful information that every consumer, parent, and guardian needs to hear. Thanks for presenting this webinar. Also, thanks for the assistance you have provided in navigating through my consumer's Medicaid issues.</p>	<p>You are welcome!</p>
<p>Does status of being Protected Person vs being Emancipated Adult have any bearing on SSI/ Medicaid Eligibility? If an Individual is a Protected Person, is the Guardian's income a factor in Eligibility or allocation?</p>	<p>I am not aware that the status of being a protected person has any bearing on SSI or Medicaid. If guardianship papers are submitted to DFR and it is logged in properly in their system, an authorized rep form should not be required. For an adult, only the Individual's income and resources should be counted when determining eligibility for Medicaid and SSI.</p>
<p>For a minor child on Medicaid Waiver, is it a requirement for the child to be on the parent's insurance?</p>	<p>Medicaid does not require that the private insurance be retained.</p>
<p>How do we know which Medicaid 'plan' we are on?</p>	<p>On the eligibility notices, there are typically letters in the top left corner of the box that has the dialog about eligibility. It typically starts with MA-. It is hard to see if you are not looking for it. Your waiver case manager has access to it. The authorized representative can also call DFR at 1-800-403-0864 option 1, option 8 to inquire.</p>

Question	Answer
<p>I have a resident at our nursing home that was denied because of documentation being late by 5 days. They were told to reapply with a new application. Also the family received 2 different notifications stating the document was due May 6 and then another a few days later received a form stating the document is due May 16 ...however she was again told to reapply. Do we reapply or not?</p>	<p>If a person was eligible for Medicaid and Medicaid is denied for not turning in documentation on time, they should be given 90 days from the date of Medicaid loss to submit the needed documentation. The policy is 2040.00.00 in the Medicaid Policy Manual. However, if a new application was filed and documentation was turned in late, there is not the same grace period. Regardless of the policy, sometimes it is easier to just submit a new application.</p>
<p>If an individual participates in pre-voc, is that considered 'earned?' Can they obtain a Miller Trust or get one of the others?</p>	<p>Income earned from prevocational services counts as income and needs to be reported as wages. However, typically the earnings are not enough to cause an issue. If total income is over \$2199/month and earned income is under \$1090/month, then a Miller Trust would be required or the authorized rep could talk with DFR about the appropriateness of Medworks.</p>
<p>If an individual moves and notifies FSSA of change of address, does Social Security also need to be contacted or are the systems linked?</p>	<p>A change in address should be reported to both DFR and SSA.</p>
<p>If the income is \$2199, do they still get their full SSI with that income?</p>	<p>The maximum income for SSI benefits is around \$1500/month. The amount changes every year. Wages need to be reported to both DFR and SSA. For detailed information about SSI, there is a great publication called "A Guide to Supplemental Security Income (SSI) for Groups and Organizations on their website at http://www.ssa.gov.</p>

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<p>Make sure the DFR stamps a copy of each document when turned in, as I had someone who had to start the process again because the DFR person who got the document stamped the envelope instead of the actual document. She ended up having to reapply.</p>	<p>Unfortunately, errors can be made even when documentation is hand delivered to the local DFR office. Best practice is that they date stamp each page and provide confirmation of number of pages received. Even with that, the authorized rep should call DFR 2-3 days later to assure that the documentation was received and complete.</p>
<p>What if the person does not qualify for SSI? What about Medicaid, then?</p>	<p>If they are found not to have a disability per SSA guidelines, then they do not qualify for MA-D. However, you would want to appeal the Medicaid denial to assure all proper policies were followed.</p>