

IPMG Professional Development Webinar: Medicaid 101 - Q&A



Question	Answer
Q: Will we have a copy of the slide show sent to our email address?	A: We are recording this training and will post it on IPMG's website under Resources, Publications for Individuals, Professional Development Workshops.
Q: So, anyone with MA-D and MA-DW can request the Independent Self Sufficiency Account ?	A: Only MA-DW and MA-DI can apply for the Independence and Self Sufficiency Account. MA-D does not allow for it.
Q: So, BDDS can approve a waiver and a CCB approved for individuals who have not yet applied for MA-D?	A: There is a two step process to the Initial CCB once submitted. The waiver unit will review and approve the CCB. A letter is sent to the CM stating the CCB is approved pending Medicaid eligibility. This CCB Approval is what DFR needs. Once Medicaid eligibility is approved, the second step, confirmation of waiver, is completed by the CM. This will then allow the NOA to be generated, thus allowing waiver services to begin.
Q: Does the portal still show what documents have been received by FSSA?	A: I do not believe that documents received are still visible. This feature appears to have been removed when the DFR portal was updated recently.
Q: How do you get to the Eligibility Inquiry page?	A: Web Interchange, where the Eligibility Inquiry is found, has limited access to within provider agencies. An agency needs to be a certified Medicaid provider in order to have access to Web Interchange.

<p>Q: Is the part about starting over with BDDS true for an intake struggling with Medicaid too?</p>	<p>A: The policy regarding terminating a waiver file after 90 days of Medicaid lapse applies only to active waiver participants. If an intake is having trouble establishing Medicaid, the time allowed to resolve the issue depends on a variety of issues including the reason for the delay as well as likelihood of the person being able to establish Medicaid. It is currently being addressed on an individual basis with BDDS when Medicaid is not established in a reasonable amount of time.</p>
<p>Q: Why are families who show the CCB approval letter to the Medicaid case worker, are they still not getting Medicaid approved. Isn't that suppose to be an automatic</p>	<p>A: The CCB letter simply tells DFR to apply the Special Waiver Rules if needed to establish Medicaid. The person still needs to follow the full application process for Medicaid.</p>
<p>Q: FYI My son is under 18 and is getting \$30 a month of SSI because he is on the waiver and met the disability requirement. This was all done without parental income being included. I just had to send in the first NOA and he had to get a current speech and psych eval done. State paid for both. I just called the local SS office and asked to apply for SSI for my son that was on the Medicaid Waiver.</p>	<p>A: That would be good information to share if you are able to provide any further details regarding the requirement to obtain.</p>
<p>Q: We keep receiving requests from Medicaid for our household income/assets. We have a son, age 18, who is on the FSW. Am I correct in that we do not have to provide this? MAD category</p>	<p>A: If an individual is on MA-A, MA-B, or MA-D, parental income and resources do not need to be shared regardless of the recipient's age beginning with the month of waiver approval. The annual recertification paperwork only needs to be answered for the individual recipient except for the question related to household size. However, if the aid category is not one of these, then the aid category is dependent on parental income and the information needs to be provided.</p>
<p>Q: Is this going to be avialable online after this training?</p>	<p>A: Yes, this is being recorded and will be posted on IPMG's website under Resources, Publications for Individuals, Professional Development Workshops.</p>

<p>Q: I have a 22 year old who is on the FSW and is renting/boarding in my home (has her own entrance, living quarter, etc), I also have an adopted child in the household. Should I be including the adopted child in the household number? If so, how does this affect my daughter who is on the waiver's redetermination?</p>	<p>A: If she has a separate mailing address, then you do not need to include anyone except who physically lives with your daughter at her own mailing address. However, if it is not considered a separate address, all household members should be listed with Division of Family Resources. It would have no impact on her Medicaid benefits to have your adopted child listed.</p>
<p>Q: At what income level does someone get placed on MED Works?</p>	<p>A: The link to the DFR manual regarding this subject is: http://www.in.gov/fssa/files/3300.pdf</p>
<p>Q: Can a burial trust be in the Medicaid recipient's name, or does it need to be in another entity's name?</p>	<p>A: The irrevocable burial trust can be in the Medicaid recipient's name.</p>
<p>Q: I work for a group home provider. Is there any way to get a person assigned to us? 90% of the people who answer the phone have no idea about people who live in a group home. For example, they can't understand why someone only makes \$1 in a week. This has caused problem after problem. It would be great to talk with someone who has the correct knowledge.</p>	<p>A: I am not aware of a way to have a DFR case worker assigned to work with an agency. I have had to ask for supervisory support within DFR or use the DFR Region E-mail for assistance when the case worker was not familiar the special circumstances related to the disability/waiver.</p>
<p>Q: I had a redetermination due the first of January. I am still in the process of becoming the Authorized Rep for that person. I submitted the retermination packet but need to know if it will be accepted or if this person is in jeopardy of being denied.</p>	<p>A: Once you submit the signed authorized rep form to DFR, you can typically call to inquire in 2-3 days. It takes a few days for the form to be visible in their system so that the case worker knows that it is okay to talk with you. If the person that you are supporting is verbal, you can try calling DFR with the person on the phone so that he/she can give verbal permission to the caseworker to talk with you. You can also try logging on to the DFR portal to check the status of the case.</p>
<p>Q: Will the determination be accepted if the person completing the review is not the individual's Authorized Rep?</p>	<p>A: The recertification paperwork can be completed by another person. However, I believe that it needs to be signed by the individual person/responsible party or the authorized rep.</p>

<p>Q: Is the Medicaid income limit \$1500 or \$2100 for waiver individuals?</p>	<p>A: For individuals on the waiver and MA-A, MA-B, or MA-D, the income level is roughly \$2130 (2013). But there are some factors in figuring that amount. Here is the link to the Medicaid manual regarding Special Income Level: http://www.in.gov/fssa/files/3000.pdf Here is the link to the Special Income Level as it relates to a person on the waiver: http://www.in.gov/fssa/files/3300.pdf</p>
<p>Q: When Medicaid eligibility lapses, I have found that parents who go in person to their local DFR office get it resolved faster than those who try faxing information. What do you recommend for parents trying to get Medicaid recertified?</p>	<p>Q: However a person is able to stay on top of it is fine. Sometimes going into the local office and talking with someone face to face is very beneficial. Anytime documentation is turned in to DFR/Medicaid, the applicant or authorized rep would want to call DFR/Medicaid to assure that the information was received and that they received everything that was requested. They would also want to check back with Medicaid in 1-2 weeks to assure that the information is being processed.</p>
<p>Q: Parents often confuse me with their DFR case worker when dealing with Medicaid issues. What is the best way for a parent to find out who is their DFR case worker?</p>	<p>A: There is no longer an assigned case worker with DFR/Medicaid. If they have a question or concern about their Medicaid eligibility, they can call 1-800-403-0864 or visit their local DFR office.</p>
<p>Q: How long does it typically take to get Medicaid reinstated if the annual redetermination is not completed by the due date?</p>	<p>A: If a new application is required, it typically takes 30-45 days to process. This timeframe can be shortened a little if you go ahead and turn in documentation that you believe might be requested such as: copy of private insurance card, pay stubs, bank statements, and SSA award letter.</p>
<p>Q: I am a bit confused about the SSI application requirement. Even if an individual under the age of 18 knows she will not qualify for SSI when applying for MA D through the Medicaid waiver, does she still have to apply concurrently for SSI? That just seems to be a waste of time and tax-payer money, so I thought I would ask for clarification.</p>	<p>A: The requirement regarding pending SSI application is part of their procedural policies.</p>
<p>Q: When applying or recertifying those who live in supervised group living, is it necessary to provide income for all individuals living in the group home?</p>	<p>A: Only the name and DOB needs to be given for household members.</p>

<p>Q: Just as a refresher, where in INsite can I find out the individual's Medicaid date?</p>	<p>A: The Red Indiana button in Insite/CCB waiver tab will provide the aid category, recertification date, and case number. If the information is blank, it typically means that Medicaid has lapsed.</p>
<p>Q: There may not be a clear-cut answer for this, but if an individual decides to terminate their waiver, will this affect their Medicaid eligibility? The individual is emancipated with no income and lives with her parents.</p>	<p>A: If the person is a minor and needs the special waiver rules to be eligible for Medicaid, then the Medicaid will also be terminated. If they are an adult, they may have a spend down assigned when they did not have one while on the waiver.</p>
<p>Q: Excellent and informative presentation!</p>	