

# Medicaid Eligibility: Understanding the Essentials

## Question and Answer



**Q: When Medicaid has information that is incorrect such as a life insurance policy that puts them over income, how do you supply verification of a non-existent policy? They want verification and you have nothing to verify something that doesn't exist. What can you provide that they will accept?**

A: The Medicaid office does require some type of proof. For example, if the Medicaid office shows that a person has a bank account, and that account was closed, they do require a letter from the bank stating that the account was closed. It's the same thing with a life insurance policy. You would have to go to the life insurance company to get the necessary documentation.

**Q: Can you elaborate a little more on ABLER accounts?**

A: The ABLER National Resource Center is a great resource for information about ABLER accounts. Their website is [www.ablenrc.org](http://www.ablenrc.org).

**Q: Will this presentation be available after today's webinar?**

A: All registrants and attendees will receive an email with the link to today's presentation recording, materials, and the Question and Answer, normally within 2 business days. This information will also be available on the IPMG website at [www.gotoipmg.com](http://www.gotoipmg.com).

**Q: Are there IQ limitations for waiver services?**

A: For the DD Waivers, the individual needs to have an intellectual or developmental disability that occurred prior to the age of 22 and substantial limitations in major life areas.

**Q: It has been my experience that one has to wait at least three days after submission of requested documents before being able to call to verify. Have been told they require three days to secure sent documents. Has this changed?**

A: Typically, it will be 1-3 days. You can check the portal for the documents. It helps to use the barcode coversheet. If the barcode wasn't used, it may take a little longer.



**Q: I noticed that I'm unable to access the port for status without creating a 'log in account'. Can Case Managers do that?**

A: The case manager can create an authorized rep log in if the case manager or the case management agency is an authorized rep.

**Q: Can you talk a little about SS situations where an individual gets a large payback from a SS appeal for example? How this can affect Medicaid eligibility?**

A: Social Security lump sum payments are not counted toward the \$2000 resource limit for Medicaid for 9 months.

**Q: Just a comment: Our DFR office will not allow a parent who has guardianship to cancel or reschedule an interview without an authorized representative in place. Guardianship in itself is not sufficient.**

A: DFR case workers are not very familiar with guardianship. It can make their system work more effectively if the guardian does submit an authorized form.

**Q: If an individual is incarcerated and awaiting trial, and the waiver becomes terminated due to the individual being incarcerated for over 30 days, is their Medicaid still intact for pharmacy and other Medicaid needs?**

A: When a Medicaid recipient becomes incarcerated, the health coverage is typically suspended. If having an active waiver was used to meet the financial eligibility for Medicaid, the waiver termination can impact the Medicaid being reinstated upon release. Please refer to [www.indianamedicaid.com](http://www.indianamedicaid.com) for more information.

**Q: Individuals on Medicaid wishing to purchase their own home are still eligible to receive Medicaid but should be encouraged to put savings in a special needs trust in order to build an account for future down payments, correct, or are there any other tips to suggest?**

A: Given the impact of profits from the sale of the home, obtaining unearned income from roommates, etc. can have on person's benefits, a person may want to consult with an attorney.

**Q: Are people notified when they need a Miller trust?**

A: If a Miller Trust is required, the DFR will notify the applicant.



**Q: I know you have said that being eligible for one doesn't mean you are eligible for the other. However, I thought that to be eligible for Waiver services, one has to be eligible and receiving Medicaid first. Is this correct or incorrect?**

A: The eligibility standards are different for Medicaid and Medicaid Waiver. However, a person needs to have active Medicaid to utilize waiver services.

**Q: Does a diagnosis of Hydrocephalous make an individual eligible for the Medicaid Waiver?**

A: A diagnosis alone doesn't typically make a person eligible for either program, whether it's Medicaid or Medicaid Waiver. These two programs have entirely different eligibility standards. In both programs, you do need to demonstrate that a person's diagnosis is having an impact on their abilities.

**Q: How are the trusts you mentioned different?**

A: A special needs trust is an irrevocable trust set up for a particular individual with a disability. A pooled trust is a type of special needs trust typically run by a nonprofit organization. The individual still has his own separate account within the pooled trust.

**Q: Should we make sure the individuals we support have Medicare, or is it automatic?**

A: The Social Security Administration oversees Medicare eligibility and will issue notices when a person's eligibility is about to come through, so after being on SSDI for 24 months, they will issue the information about enrolling in Medicare. If you think you should be eligible but haven't received information, you can contact the SSA.

**Q: Is this training available to our families and providers? Or is there something on our website similar to this? Thanks**

A: All registrants and attendees will receive an email with the link to today's presentation recording, materials, and the Question and Answer, normally within 2 business days. This information will also be available on the IPMG website at [www.gotoipmg.com](http://www.gotoipmg.com). IPMG welcomes and encourages family members, providers, and the public to attend all Professional Development Webinars. Members of the public can register through our website at <http://gotoipmg.com/resources/professional-development-workshops>. If you are interested in receiving electronic notifications of upcoming trainings, you can [subscribe to our newsletter](#).



**Q: Where or how do we get print outs for this webinar? Good information in here. Thank you!**

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**Q: If individual receives SSI and SSDI, must they complete the annual Medicaid recertification process?**

A: As long as the person is receiving any amount of SSI, they do not need to complete the annual recertification.

**Q: Are individuals using MedWISE able to maintain a Family Supports Waiver, or do waiver recipients need to have Medicaid-D?**

A: Medworks includes aid categories MA-DW or MA-DI. Both are compatible with the waiver.

**Q: Is there a webinar that addresses guardianship/ supported decision making? This would be most helpful. Thanks**

A: IPMG hosted a Professional Development Workshop in 2016 titled *An Introduction to Supported Decision Making*, which featured guest speaker Jonathan Martinis. The recording, materials, and Q&A from this training can be access in the Resources -> Podcasts section of the IPMG website [www.gotoipmg.com](http://www.gotoipmg.com).

**Q: What is the amount a married couple can have and still qualify for the MAW?**

A: A married couple can have up to \$3000 in non-exempt resources and be eligible for Medicaid for Aged, Blind, or Disabled Medicaid aid categories if on the FSW or CIH waiver. If on the Aged and Disabled waiver, the resource limit for waiver participant is \$2000 when the Spousal Impoverishment Protection is utilized.

**Q: So to be clear, if a minor was eligible for the Medicaid and waiver, and then turns 18 and applies for Social Security, if the consumer is denied social security, he/she will lose Medicaid and the waiver unless they win an appeal to get social security?**

A: It depends on what kind of Medicaid they had previously. However, as an adult, there are limited Medicaid aid categories that do work with the waiver program.



**Q: A person who is on Medicare but not Medicaid does not qualify for FSW?**

A: Medicare is an entirely different public health insurance program. A person does need to be eligible for Medicaid to receive waiver services.

**Q: Does an individual have to apply in person for the waiver, or are they able to apply over the web?**

A: To apply for the Family Support or Community Integration and Habilitation Waivers, a person needs to contact their local BDDS office. This link can be used to find the contact information for your local BDDS Office: <http://www.in.gov/fssa/files/BDDS.pdf>.

To apply for the Aged and Disabled or Traumatic Brain Injury waivers, a person needs to contact their local Area Agency on Aging (AAA). This link can be used to find the contact information for your local AAA: [http://www.in.gov/fssa/files/AAA\\_Map.pdf](http://www.in.gov/fssa/files/AAA_Map.pdf).

**Q: How long does it usually take from the time you turn in the initial paperwork to receiving the FSW?**

A: The timeframe often depends on whether or not the Medicaid is active. The BDDS office does not make the referral to the chosen case management company until Medicaid is active. Among the other factors that can affect the timeframe are submitting the Confirmation of Diagnosis, completing the interview with BDDS staff, and submitting the completed case management choice list.