

# Medicaid: Tools to Maintain Eligibility



## Question and Answer

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**Q: If an individual received an Authorized Representative for Health Coverage form (State Form 55366), is the waiver case manager able to be that person?**

A: A waiver case manager can be an authorized representative.

**Q: If someone works and has an income of \$2250, the can apply for MED works or continue with MA-D and have a Miller Trust--is this correct? If so, is one option better than another?**

A: A person who has a disability and works can continue to qualify for Medicaid for the Disabled (MA\_D) if income from work is under \$1180/month gross. If income from work is over \$1180/month, then they will be placed on Medworks (MA-DW/MA-DI). If total income is over \$2250/month (work and benefits), then a Miller trust is needed for MA\_D. The person would have a waiver liability. A monthly premium payment would be required for Medworks. The pros of Medworks is that a Miller Trust does not need to be established, a person does not need to monitor how much needs to be paid into the trust each month, and a person does not need to pay providers directly for services provided. With Medworks, the person would need to make a monthly premium payment to keep the Medicaid active.

**Q: ABLE account - when do funds in the account go back to pay Medicaid costs. Does individual lose money.**

A: ABLE accounts do allow the state to seek Medicaid estate recovery. At this time, Indiana has not determined if they will seek Medicaid estate recovery for ABLE accounts.

**Q: We do? I am asked for specific log-in information with I go to portal and rely on Diane to look up eligibility, how do CMs get portal access?**

A: To obtain case information in the DFR portal, a person needs to create an account.

**Q: Is a SSI denial with a minor directly related to Medicaid eligibility?**

A: If the SSI was denied to not meeting financial eligibility for SSI, then an SSI denial does not directly impact eligibility for Medicaid for the Disabled. However, if the child was determined not to be disabled by SSA, the SSI denial will impact Medicaid eligibility if the child has Medicaid for the Disabled.

**Q: If a person passes away who was on Medicaid and his personal possessions are sold, does Medicaid get the money from the sale?**

A: For more information about Medicaid estate recovery, please visit <https://www.in.gov/fssa/ompp/4874.htm>

**Q: Does this account need to be established before age 26?**

A: An ABLE account can be established for a person of any age. However, the disability needs to have occurred prior to the age of 26.

**Q: How is income from a SNT counted?**

A: Disbursements from a Special Needs Trust are not counted as income when the trustee uses the funds for allowable expenses.

**Q: What all can Medicaid take back as repayment when the recipient passes? Do they only take the cash resources, or can they go after property as well in that person's name?**

A: For more information about Medicaid estate recovery, please visit <https://www.in.gov/fssa/ompp/4874.htm>

**Q: What happens if an individual has over the \$2000 in their resources on the first of the month? How long do they have to spend down that amount before they risk losing benefits?**

A: If a person is over the \$2000 resource limit for the Medicaid, they are not eligible for Medicaid. How quickly they lose benefits will depend on when DFR requests copies of the bank statements. If DFR requests bank statements and the bank balance is over \$2000 as of the first day of the month, the Medicaid will typically lapse the first day of the following month.

**Q: If a person is over assetted (ex. Jan 1) and in Feb, a redetermination was completed and Medicaid denied, if the person reduces the assets through spending down or obtaining a trust, and submits new asset totals, is there a lapse in coverage, and if so, how does that affect/impact the person's waiver services for the lapsed month?**

A: Once Medicaid is denied due to being over resources, a new Medicaid application needs to be submitted once the person's resources are under the \$2000 resource limit. Waiver providers are not required to provide services during a Medicaid lapse. The waiver is in jeopardy of being terminated if the lapse continues for 90 consecutive days.

**Q: How does someone also qualify for Medicare while under 65?**

A: A person who receives SSDI for 24 months becomes eligible for Medicare regardless of age.

**Q: What are the resource limits for A&D waiver recipients?**

A: The resource limits for individuals on the A&D Waiver with Medicaid for Aged, Blind, Disabled, SSI recipient, or Medworks is \$2000.

**Q: So you are saying if a person is on Med Works then they do not need a Miller Trust established if all their income is over \$2250 to protect their waiver?**

A: A person on Medworks does not need a Miller Trust. The \$2250 Special Income Level (SIL) for waiver participants applies to Medicaid for the Aged, Blind or Disabled aid categories.

**Q: The 300.00 amount was an error for married couple correct? Shouldn't it be 3000.00?**

A: The resource limit for a married couple is \$3000.

**Q: Are those on Medworks eligible for an ABLE Account?**

A: The Medicaid aid category does not influence a person's eligibility for an ABLE account. A person is eligible for an ABLE account if the disability occurred before the age of 26 and meets the definition of disabled as established by SSA.

**Q: Can the funeral trust actually pay for the cemetery plot?**

A: A funeral trust can pay for the cemetery plot.

**Q: I have an individual that is receiving SSI but also getting additional fund from the death of his father. But he is still having to do a re-determination of his Medicaid. Why is that? He is also getting Medicare since the death of his father. Could that be the reason he has to re-determine Medicaid annually?**

A: A person on SSI would need to go through annual redetermination for Medicaid if they are receiving support from DFR/Medicaid to pay their Medicare Part B premiums.

**Q: Do we need to advise individuals with ARC trusts to switch to ABLE?**

A: As a case manager, we would not advise on a person to make a change. We can provide information about options available so that they can research further to determine how they want to invest their money. There are many factors to consider when determining which exempt resource would be the best option.

**Q: My disabled son now how Medicare and Medicaid, his monthly premium payment for Medicare Part B is being taken out of his SS Benefits, why is he responsible for the payment and not Medicaid?**

A: You would want to contact DFR to request Qualified Medicare Beneficiary (QMB) be added to the Medicaid benefits for health insurance he is currently receiving.

**Q: How does the Medicaid office received the CCB, in order for the category change to occur?  
BDDS/AAA says Medicaid is responsible, Medicaid says the opposite.**

A: The information is electronically shared. Once the CCB is submitted and approved, the DFR is able to see the CCB information.

**Q: If a consumer has a large payout, such as a back payment received, how long do they have to put these funds into a Trust in order to not run the risk of losing eligibility due to income/resource limits?**

A: When a person receives a back payment from SSA, they have 9 months before the money is counted toward the \$2000 resource limit.

**Q: Has the Waiver limit changed for 2018? From \$2205 to \$2250 or is this a typo?**

A: Yes. The Special Income Level (SIL) increased in 2018 due to an increase in SSI benefits. The SIL is 3 x the current SSI amount which changed from \$735 (2017) to \$750 (2018)

**Q: Can a child who receives a check from his father's retirement receive SSI?**

A: SSI for a minor is based on household income, not just the child's income.