

## Qualifying for Home and Community Based Services

Home and Community Based Services (HCBS) is a Medicaid program that pays for help in the home, adult day care, and assisted living, and respite care. It serves elderly and blind or disabled individuals who require Long-term care services. The intent is to serve this population in a home or appropriate community setting that is more cost effective than a nursing home. The individual must have the same medical level of need as one who requires nursing home care.

Services are arranged by the Single Entry Point (SEP) agency that assigns a case manager to coordinate and monitor services. HCBS does not provide 24-hour help. The cost of all combined services must be less than Medicaid's payment for nursing home care. There is a yearly cap on the amount the state spends on an individual, usually a third of comparable nursing home costs.

### SERVICES AVAILABLE UNDER HCBS

Once accepted for HCBS, the following services are paid for by Medicaid to the extent they are part of the individual's care plan:

Home health care as defined under the Medicaid Home Health Program, including services of medical personnel if needed.
Personal care services such as hands-on assistance with activities of daily living (ADLs). This includes help with bathing, dressing, shampooing hair, ambulating, transfers, medication reminders, etc.
Homemaker services, such as light housecleaning, meal preparation, laundry, grocery shopping, etc.
Adult Day Care, offering protective oversight in a structured environment including activities, meals, and medication administration.
Transportation to Adult Day services, grocery store, dental and vision appointments, support groups, and visits to a spouse in a nursing home.
Respite care in a Medicaid-certified protective setting, such as a nursing home or assisted living facility, when the primary caregiver is unavailable. Maximum 30 days benefit per calendar year.
Home modification such as a wheel chair ramp, widening doorways, bathroom grab bars, etc.
Electronic monitoring or Lifeline emergency response system hookup, to signal a provider agency in an emergency.
Prescription medications, not covered by Medicare.
Assisted Living in an Alternate Care Facility (ACF). This means it is a licensed Medicaid facility.

**NOTE:** Assisted living costs are only covered by Medicaid if the individual is in a Medicaid licensed Alternate Care Facility (ACF). This may be a small personal board and care home or a larger assisted living facility. Individuals who live in a non-Medicaid assisted living facility are not eligible for HCBS benefits. The individual must move to a Medicaid assisted living facility in order to make an application for Medicaid.

## **ELIGIBILITY REQUIREMENTS**

Three requirements must be met for an individual to be eligible for Home and Community Based Services. The individual must be eligible in **all** three categories:

<i>Medical need for care</i>
<i>Income below a certain amount</i>
<i>Resources (savings, stocks, life insurance) below a certain amount</i>

An individual applying for HCBS must be a citizen of the United States either by birth or naturalization or a legal alien living in the United States prior to August 22, 1996. An applicant must be a resident of Utah. There is no length of state residency requirement. The individual can apply for Medicaid the first day in Utah, provided there is the intent to remain in Utah. The application process cannot begin before the individual arrives in Utah.

### **MEDICAL NEED**

As for nursing home Medicaid, the Single Entry Point agency performs an assessment of the individual's activities of daily living using the UTLC-100.2 assessment tool. This is used to determine that the individual qualifies for nursing home care, which also entitles him/her to HCBS services. The assessment may be done in the hospital, nursing home, or in the individual's own home.

### **INCOME**

The gross income of the applicant must be below \$1,809 a month (2006). If the income is over this amount, an Income Trust must be set up. The rules for an Income Trust for an individual on HCBS are different than those for an individual on nursing home Medicaid. This is discussed under Income Trusts.

### **RESOURCES**

The non-exempt resources of the applicant must be below \$2,000. After July 1, 1999 a couple is allowed the same Community Spouse Resource Allowance (CSRA) as that for nursing home applicants. That figure for 2006 is \$99,540.

## WHERE TO APPLY

All applications for Home and Community Based Services are made through the Single Entry Point

**If the individual is at home** an application for Home and Community Based Services is made through the Single Entry Point (SEP) agency in the **county where the home is located**.

**If the individual is in the hospital** an application for Home and Community Based Services is made through the Single Entry Point agency **in the county where the individual normally resides**, although the hospital may be in a different county. Hospitalization does not cause an individual to lose his/her county of residence.

**If the individual is in an assisted living facility**, having paid private pay until funds are depleted, the application is made in the county where the assisted living is located.

A listing of Single Entry Point agencies is found in Appendix V.

## APPLICATION PROCESS

The application for Home and Community Based Services begins with the Single Entry Point Agency (SEP). The referral can be made to the SEP by a family member, social worker, hospital discharge planner, or anyone involved in the care of the applicant. Once the referral is made, the SEP will see that Part I and Part II of the application is sent to the applicant or the family.

The ULTC-100.2 is done at this time using information obtained from the applicant, family members, or hospital personnel. A family member should be present at this appointment to supplement any information about the applicant's condition.

Once the applicant is approved by the SEP as needing nursing home level of care, Part II of the Medicaid application will be processed by the county Department of Human Services. An appointment may be set up with an eligibility technician at the county department for financial eligibility. The application process can take two to three months before approval. Services cannot begin until the application is approved.

Many assisted living facilities require 6 months to a year of private pay before they will accept a resident on Medicaid. In many cases it is prudent to find an assisted living facility that accepts Medicaid and pay private pay while funds are available to obtain a Medicaid bed when funds run out.