Medicaid in Idaho
Overview, Eligibility and Benefits

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Division of Medicaid

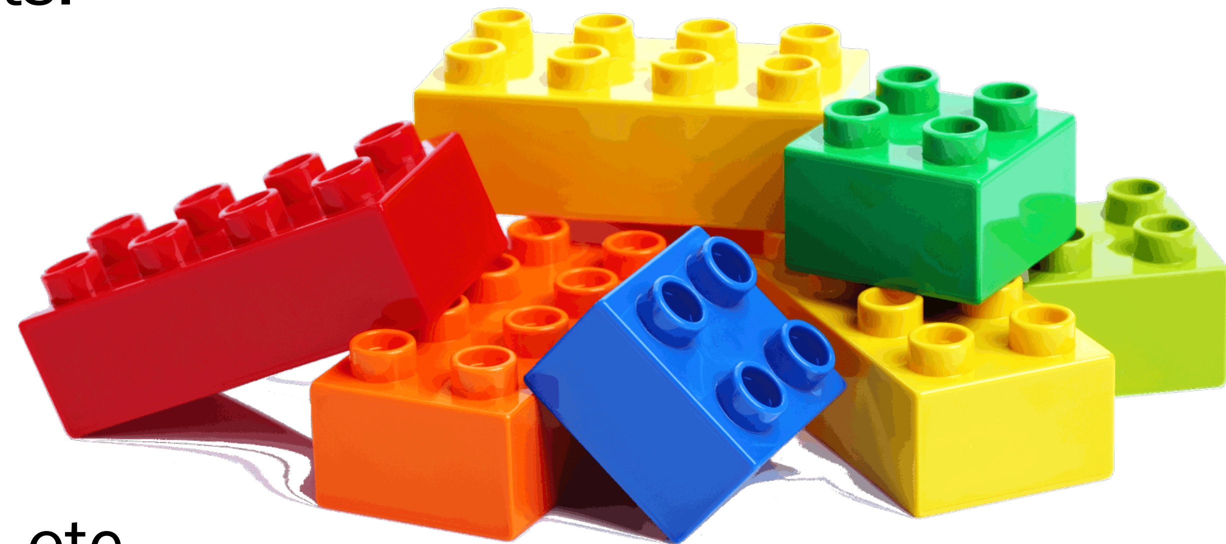
IDAHO DEPARTMENT OF HEALTH & WELFARE

What *is* Medicaid?

- Medicaid is federally subsidized, state administered **health insurance** for certain populations
- In Idaho, Medicaid is available to:
  - Children up to age 18
  - Children with developmental disabilities or serious emotional disturbance
  - Pregnant women
  - People age 65 or older
  - People who are blind or disabled (using Social Security criteria)
  - Adults (with or without children) with low income

Medicaid Regulatory Structure

- Each state that offers a Medicaid program must follow rules outlined by our federal partner, the Centers for Medicare and Medicaid Services.
- States can customize parts of their Medicaid programs.
  - **Mandatory** benefits include hospital, physician, prescription drugs, and some other basic benefits.
  - **Optional** benefits include services like dental coverage.
  - “**Waiver**” benefits include services like residential habilitation, Certified Family Home or assisted living care, home-delivered meals, etc.



Idaho Medicaid Covered Benefits

- Physician services
- Hospital services
- Dental services
- Behavioral health services
- Physical, occupational and speech therapies
- Medical transportation
- Durable medical equipment and supplies
- Nursing home services

Home and Community Based Services

Idaho Medicaid offers various HCBS and programs:

- Aged and Disabled Waiver
- Developmental Disabilities Waiver
- Children's Developmental Disabilities services
- State plan HCBS for adults and children

The purpose of HCBS is to increase independence, promote community integration, encourage individual choice, and prevent unnecessary institutionalization

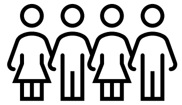
What is a waiver?

- A vehicle for states to test new or different ways to deliver and pay for health care services.
- Allows the state to use different standards for eligibility and benefits than the federal guidelines, normally used for targeted populations.
- Requires the state to submit an application to the Centers for Medicare and Medicaid Services (CMS) to operate.

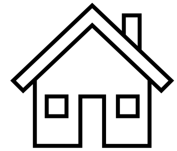
If you've seen one Medicaid program, you've seen *ONE* Medicaid program!

Each state Medicaid program is unique, even if there might be some similarities in the programs and services offered.

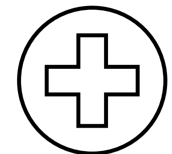
Aged & Disabled (A&D) Waiver



Who? Adults ages 18 – 64 with a disability, and individuals over the age of 65 with functional limitations.



Where? A&D Waiver participants receive services in private residences, Certified Family Homes (CFHs), Residential Assisted Living Facilities (RALFs) and the community.



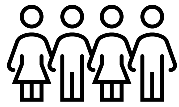
How? A&D Waiver participants must need the kinds of services they'd otherwise receive in a nursing facility.

- Functional eligibility is determined by registered nurses working in the Bureau of Long Term Care
- Participants usually receive their services in one of the following ways:
  - Certified Family Home – small, homelike setting that usually has two or fewer program participants.
  - Residential Care and Assisted Living Facilities – settings with more than 8 beds that have on-site supports. These might look like an apartment complex.
  - In their own home or the home of a loved one from a Personal Assistance Agency, where their direct care staff comes to the home to provide care there or in the community when the person needs supports.

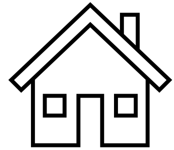
A&D Waiver Services

- Adult Day Health
- Homemaker Services
- Respite
- Supported Employment
- Attendant Care
- Chore Services
- Day Habilitation
- Residential Habilitation
- Environmental Accessibility Adaptations
- Home Delivered Meals
- Non-medical Transportation
- Personal Emergency Response System
- Skilled Nursing Services
- Specialized Medical Equipment/Supplies
- Consultation (for Fiscal Intermediary Services)
- Companion Services
- Transition Services

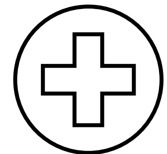
Developmental Disability (DD) Waiver



Who? Adults aged 18 and older with a developmental and/or intellectual disability, or autism.



Where? DD Waiver participants receive services in private residences, Residential Habilitation settings (supported living or Certified Family Homes) and the community.



How? DD Waiver participants must need the kinds of services otherwise needed in an intermediate care facility for individuals with intellectual disabilities (ICF/IDD).

- Functional eligibility is determined by the independent assessment contractor, currently Liberty Healthcare
  - Plans of care are developed from the assessment by community providers and submitted for approval by Care Managers in the Bureau of Developmental Disability Services
- Participants can choose to use their services through a traditional model (an agency provides services and connects participants to support workers) or a self-directed model (the participant finds and employs their own support workers).

DD Waiver Services

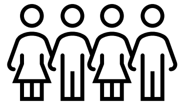
- Residential Habilitation
- Respite
- Supported Employment
- Financial Management Services
- Support Broker Services
- Adult Day Health
- Behavioral Consultation/ Crisis Management
- Career Planning Services
- Community Support Services (Participant Direction)
- Environmental Accessibility Adaptations
- Home Delivered Meals
- Non-Medical Transportation
- Personal Emergency Response System
- Prevocational Services
- Skilled Nursing
- Specialized Medical Equipment and Supplies
- Chore Services
- Transition Services

A&D versus DD Programs

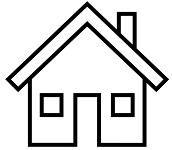
- Program purpose is to support people in the community
- Many benefits are the same or very similar
- Must have an assessment and a service plan

- Self-direction is very different under each program
- Some services are only offered on one or the other waiver

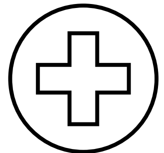
Children's Services



Who? Children from birth to age 18 who have special healthcare needs, a developmental disability or serious emotional disturbance.



Where? Children may receive these specialized services in their home, school, or community.



How? Children must meet certain medical necessity criteria for these services.

- Personal Care Services and Private Duty Nursing
- Children's Developmental Disabilities Services
- Children's Habilitative Intervention Services
- Youth Empowerment Services (YES)

Income and Medicaid Eligibility

- The Division of Self Reliance is responsible for the first part of determining Medicaid eligibility. This includes a review of household information, assets and income, and other information.
- Some Medicaid eligibility categories have a low income limit
  - Expansion: $1,677/month for one person
- Some programs have higher limits
  - A&D waiver: $2,762*/month for one person, $5,504*/month for a married couple

**There are some instances in which a person's income may be higher than these amounts. In some cases a person can direct excess income to a Miller Trust in order to be eligible for Medicaid*

Eligibility Process

Apply for Medicaid with **Division of Self Reliance** – complete financial eligibility process

Referral for specific services to **FACS*** or **Medicaid**; complete medical/functional eligibility process

Services authorized and service plan developed

**Division of Family and Community Services – for Children's DD services*

Katie Beckett

- Children with special healthcare needs may still qualify for Medicaid, even if their family income is too high for children's Medicaid.
- To be eligible for Medicaid under the **Katie Beckett*** category, a child must have functional limitations that are severe or complicated enough to require the level of care provided in a skilled nursing facility or intermediate care facility.
- **Katie Beckett** is *not* a group of Medicaid services.
- Families whose child qualifies under this category may have a monthly premium for coverage.

**Katie Beckett refers to the Home Care for Certain Disabled Children eligibility category*

Share of Cost

Some adults who qualify for the A&D or DD waivers may have a **Share of Cost** – an amount that they must pay out of pocket for their HCBS each month

- This is how a participant who is otherwise over income for regular Medicaid may qualify.

Share of Cost is calculated by the Division of Self Reliance. It is an amount that is owed to the participant's A&D or DD waiver service provider each month.

Example:

My Share of Cost is $200 per month.

My provider bills Medicaid $500 for my services.

Medicaid pays the provider only $300.

The provider collects my $200 Share of Cost directly from me.

Medicaid Estate Recovery

It is federally required that states recover Medicaid costs from estate proceeds for members who are 55 years of age or older. Recovery can be made on any real or personal property, or a claim filed in probate court.

- Recovery is *deferred* when there is a surviving spouse or disabled child regardless of whether the spouse or disabled child is living in the home.
- Recovered funds go back into our benefits fund to use for services provided to Medicaid recipients.

Key Takeaway

There are **many** ways to qualify for Medicaid – if in doubt, apply! Applying for Medicaid does not obligate a person to accept coverage.

Questions? Please reach out!

- **Questions about applying for Medicaid**? Call Self Reliance at (877) 456-1233 or learn more at http://healthandwelfare.idaho.gov

- **General questions about Medicaid programs and services?** Visit our webpage at http://healthandwelfare.idaho.gov/services-programs/medicaid-health or call our main office at (208) 334-5747

- If you need to reach me – email is best! Alexandra.Fernandez@dhw.idaho.gov