

Medicaid Long-Term Services and Supports

Medicaid provides an array of programs for individuals in need of long-term services and supports (sometimes referred to as long-term care). Long-term services and supports (LTSS) is assistance with daily activities—such as bathing, eating, dressing—for older people and persons with disabilities who cannot perform the activities themselves. Long-term services and supports have traditionally been provided in facilities like nursing homes. Today services are available in facilities as well as in the individual's home and other community settings. The goal is for persons in need of LTSS to receive the services in the best possible setting for the individual.

Individuals in need of LTSS and who qualify for a Medicaid program may receive services:

- At home through:
 - ARChoices in Homecare
 - Program of All-Inclusive Care for the Elderly (PACE)
 - Personal Care
 - IndependentChoices
- In an Adult Family Home if enrolled in ARChoices
- In a Level II Assisted Living Facility
- In a Nursing Facility

The following is a description of each of these choices.

ARChoices in Homecare

Long-term services and supports are provided to individuals age 21 or older living at home or in an Adult Family Home. Individuals under age 65 must have a physical disability as defined by Social Security. Individuals enrolled in ARChoices are eligible to receive the full-range of Medicaid services plus the following:

- Adult Day Services
- Adult Day Health Services
- Attendant Care Services
- Environmental Accessibility Adaptations/Adaptive Equipment
- Home-Delivered Meals
- Personal Emergency Response System
- Respite Care
- Adult Family Homes

Note: ARChoices participants living in an Adult Family Home will receive these services from their Adult Family Home provider.

Program of All-Inclusive Care for the Elderly (PACE)

This is a comprehensive health and social services program that provides and coordinates primary, preventive, acute, and LTSS for individuals age 55 or older in need of nursing facility care. Services are provided in PACE Centers, in the home, and in inpatient facilities. Individuals eligible for PACE

must live in an area served by a PACE program and are able to live in a community setting without jeopardizing health or safety.

PACE is currently available in the following Northeast Arkansas counties:

- **Craighead:** For individuals residing in the following zip codes: 72401, 72402, 72403, 72404, 72411, 72414, 72416, 72417, 72419, 72421, 72427, 72437, 72447 and 72467
- **Cross:** For individuals residing in the following zip codes: 72314, 72324, 72347, 72373, 72385, 72387, 72396 and 72397
- **Greene:** For individuals residing in the following zip codes: 72412, 72425, 72436, 72439, 72443, 72450, 72451 and 72474
- **Lawrence:** For individuals residing in the following zip codes: 72410, 72415, 72433, 72434, 72440, 72445, 72457, 72458, 72459, 72465, 72466, 72469, 72476 and 72572
- **Mississippi:** For individuals residing in the following zip codes: 72310, 72313, 72315, 72316, 72319, 72321, 72329, 72330, 72338, 72350, 72351, 72358, 72370, 72381, 72391, 72395, 72426, 72428, 72438 and 72442
- **Poinsett:** For individuals residing in the following zip codes: 72354, 72365, 72377, 72386, 72429, 72432, 72472, 72475 and 72479

Personal Care

This Medicaid service is available to Medicaid recipients in need of “hands-on” assistance with physical dependency needs (e.g. bathing, dressing, eating, etc.). Personal care may be provided by a personal care agency aide or by a friend, family member or other individual of choice through the IndependentChoices program.

IndependentChoices

A Medicaid service that allows Medicaid recipients age 18 and older to self-direct his/her care by hiring and supervising a personal assistant. Recipients must have a medical need for attendant care services. Participants receive a monthly allowance based on need that can be used to pay a personal assistant of choice as well as purchase items that support the participant’s care and independence. Personal assistants may be family members (excluding spouses), friends, or other trusted employees. Individuals who choose IndependentChoices accept the responsibilities of being an employer and supervising care. A participant may choose a representative to supervise the care. For more information, call toll-free at **888.682.0044**.

Adult Family Home

This option provides a family-style living environment for ARChoices clients who cannot live independently. Each home is limited to a maximum of three residents who are not related to the Adult Family Home provider. Homes are certified by the Arkansas Department of Human Services, Division of Aging and Adult Services. Adult Family Home providers must complete regular training

in health, nutrition, caregiving, and related subjects. Providers must also be First Aid and CPR certified. Each Adult Family Home is inspected regularly to ensure that required standards are met. Each home is unique, but all homes provide basic care services, including:

- Activities of Daily Living
 - Bathing
 - Dressing
 - Grooming
 - Feeding
- Meals and snacks
- Housekeeping and laundry services

Living Choices

Long-term services and supports are provided to individuals living in a licensed Level II Assisted Living Facility (ALF) that has agreed to provide services to enrollees of Living Choices, which are age 65 or older, or age 21 or over and meet the social security definition of blindness or disability. Individuals enrolled in Living Choices are eligible to receive the full-range of Medicaid services plus the following:

- Attendant Care
- Therapeutic Social and Recreational Activities
- Medication Oversight
- Medication Administration
- Periodic Nursing Evaluations
- Limited Nursing Services
- Non-Medical Transportation
- Three Prescription Drugs beyond the Medicaid limit for participants who are not entitled to Medicare. Those enrolled in Medicare must receive all prescription drugs through Medicare Part D.

Living Choices participants are responsible for paying for their own room and board in the ALF. Medicaid sets limits on what the ALF may charge for room and board based on the SSI Federal Benefit Rate so that all residents can afford the rate.

Nursing Facilities

These are institutions that provide medically necessary care 24 hours/per day for residents who require skilled nursing care, rehabilitation services, or health-related care and services above the level of room and board and not primarily for the care and treatment of mental diseases. Recipients receive the full range of Medicaid benefits. Medicaid also pays all or a portion of monthly facility vendor payment depending on the monthly income of the resident.

Additional LTSS Medicaid Services

The following are some additional services for Medicaid recipients that may assist individuals in meeting Long-Term Services and Supports needs:

- **Targeted Case Management:** Medicaid clients age 60 or older and all ARChoices recipients who have limited functional capabilities and need assistance with the coordination of multiple

services and/or resources may be eligible for this service. Case management services will assist Medicaid recipients in gaining access to needed medical, social, educational and other services.

- **Home Health:** Medicaid clients may receive assistance with periodic nursing care to preserve life or to prevent or delay the necessity of inpatient care. These services include “part-time” or “intermittent” care provided by a registered professional nurse, licensed practical nurse, student nurse or home health aide.
- **Hospice:** Terminally ill Medicaid clients may receive a continuum of care services under this category. Services may include routine home care, continuous home care, inpatient respite care, and general inpatient care.
- **Transportation:** Medicaid clients may receive assistance with obtaining non-emergency transportation to a medical facility. This may include ambulance services.

Medical Need Eligibility

All Medicaid programs described above require that the individual be in medical need of the services provided in order to participate.

ARChoices, Adult Family Homes, PACE, Living Choices, and Nursing Facilities require that the individual meet the nursing home level of care as determined by the Office of Long-Term Care.

Personal Care and IndependentChoices require that the individual’s attending physician authorizes the need for personal care services.

Financial Eligibility

Personal Care and IndependentChoices are Medicaid services available to Medicaid recipients in a program that covers personal care. An individual must be eligible and enroll in a Medicaid program that covers personal care in order to receive the service.

ARChoices, Adult Family Homes, PACE, Living Choices, and Nursing Facilities are Medicaid programs that an individual must apply for and enroll in to receive the services. These programs have the same financial eligibility requirements except for a few criteria that will be noted.

Income Limit: \$2,199.00 per month (Effective January 2016 and may increase in January 2017)

- Only the individual’s gross monthly income is counted. The spouse’s income is not considered.
- Individuals applying for financial eligibility, who are over the income limit, may be income eligible if an Income Trust is established. When applying, the caseworker should explain how to establish an Income Trust if you are over the income limit.

Resource Limit: \$2,000 for an individual; \$3,000 for a married couple when they both apply

A home, car and certain burial arrangements are disregarded from resource consideration.

When an individual who is married applies and the spouse does not apply, a portion of the couple's resources can be protected for the ineligible spouse and not counted toward the applicant's resource limit. If the couple's total countable resources are:

- If total resources are under \$23,884, the ineligible spouse gets all of the resources.
- If total resources are \$23,844 to \$47,688, the ineligible spouse gets \$23,844.
- If total resources are \$47,688 to \$238,440, the ineligible spouse gets one-half.
- If total resources are over \$238,440, the ineligible spouse gets \$119,220 (the maximum, which is effective January 1, 2016).

The amount that is not protected for the ineligible spouse is counted toward the applicant's resource limit of \$2,000.

Individuals who have transferred resources in the past five years and did not receive full compensation may be ineligible to enroll in these LTSS programs during a penalty period determined by the value of the resource, compensation received, and when the transfer was made.

Estate Recovery

These Medicaid programs are subject to Estate Recovery provisions. Please go to the following link to learn more about Estate Recovery: <http://www.daas.ar.gov/pdf/estater recovery-medicaid.pdf>

How to Apply for LTSS

Apply at the local DHS County Office in the county in which the individual resides.

Money Follows the Person (MFP)

Money Follows the Person is a demonstration grant for individuals who are Medicaid eligible and live in a nursing facility. The individual must have a strong desire to move back into the community and receive home and community-based services in the setting of their choice.

What is the Eligibility Criteria? Populations served by MFP are the aged, individuals with physical disabilities, individuals with developmental disabilities, and individuals with mental illness. An individual must have been in a qualified residence for a minimum of 90 consecutive days and receive Medicaid.

Where Will I Live? A case manager will be assigned to assist you in determining where you want to live and assist with developing a plan to transition into the setting of your choice. If you do not have an existing home, or family arrangements are unavailable, the case manager will have a listing of available housing options in your community from which you may choose.

What Are Some Benefits of MFP? Participants will be enrolled into an existing Medicaid waiver program that provides specific long-term supports and services, which best meet his or her needs. The participant will receive medical and other state plan services through additional Medicaid programs

Additional services for the first 365-day transition period will be available to provide even greater support while participants regain their confidence and independence living back in the community of their choice.

What Services Are Provided in MFP?

- 24-Hour Home Monitoring
- Tele Home Care
- Therapeutic Services
- (Pharmacy Consultation, Nutritional Counseling)
- Community Transition Services
- Supporting Living Services
- 24-Hour Attendant Care
- Intense Transitional Management

How to Apply for MFP? Apply for MFP by calling the Choices in Living Resource Center toll free at 866.801.3435. You may also visit online at <http://www.mfp.ar.gov> for additional information.