

Accessing and Maintaining Medicaid when Applying for or Receiving Developmental Disabilities Home and Community-Based Services January 2022

This notice provides clarification on the process for applying for Medicaid and developmental disabilities home and community-based services (DD HCBS)¹. A person must be found eligible for Medicaid prior to, or simultaneously with, applying for DD HCBS. To confirm the person's current Medicaid status, contact the following assistance lines:

- Medicaid Providers – call Gainwell Technologies, LLC Provider Services – 1-800-925-1706
- Consumers/guardians – call Green Mountain Care Customer Support Center – 1-800-250-8427

There are alternative ways to become eligible for Medicaid other than by applying for long term care. For example, SSI recipients are automatically enrolled into Medicaid. It is important to verify if someone is already a Medicaid recipient or whether a new Medicaid applicant has received his/her Medicaid card indicating enrollment was completed.

To learn more about alternatives to Medicaid eligibility, go to the Medicaid website:

<http://www.greenmountaincare.org/health-plans/medicaid>.

A. If a Person is not already a Medicaid Recipient

A person must apply and meet financial eligibility criteria for Medicaid Long Term Care Services, including meeting income and resource limits. To apply, complete an [Application for Long-Term Care Medicaid - Form 202LTC](#) and send it to:

Green Mountain Care
Application Document Processing Center
280 State Drive
Waterbury, VT 05671-1500

When an application for Medicaid has been made for a person who is applying for DD HCBS, it is helpful to write on the application “*Developmental Disabilities Home and Community-Based Services approved locally; DDS authorization pending*”. Once a person has been approved for DD HCBS funding, it often takes a month or two (especially at the start of the fiscal year) for DDS to record the person's name on the DD HCBS

¹ Developmental Disabilities Home and Community Based Services (DD HCBS) may also be referenced as Developmental Disabilities Long Term Care (DD LTC).

spreadsheet maintained by the DAIL business office. Inclusion of the person's name on this spreadsheet triggers notification to DVHA of the person's DD HCBS authorization.

B. If a Person already has Medicaid

The person only needs to apply for DD HCBS through their Designated Agency (DA) if they already have Medicaid. There are multiple steps to determine a person's eligibility for and access to DD HCBS.

1. **Clinical Eligibility** to determine the person has a developmental disability – conducted or arranged by the Designated Agency;
2. **Needs Assessment** to determine the person's service or support needs – conducted by the Designated Agency;
3. Person's needs meet **Funding Priority** and **Request for Funding** moves through Local Funding Committee, then to State Equity or Public Safety Committee – Designated Agency manages the process.
4. **Funding Determination** is made by DAIL/DDSD. Decision is sent to the DA.

When a person is found eligible for DD HCBS, that designation allows DVHA to waive the normal financial responsibility rules, as follows:

1. A person receiving DD HCBS is considered a "household of 1" (whether adult or child), so only that person's income and resources are used when determining Medicaid financial eligibility.
2. It allows for a more generous income limit. The income limit allowed for a "household of 1" for a person receiving DD HCBS (as of January 2022) is \$2,523. This contrasts with the non-HCBS income limit of \$1,266 (Chittenden County)/ \$1,166 (elsewhere in the state)².
3. If a person has a trust, part of the Medicaid application process requires DVHA to see a copy of the trust to verify whether it is a viable special needs trust and therefore may not be considered a countable resource.

C. If a person on Medicaid is over the Resource Limit

People on Medicaid and/or their representative payee/financial representative are responsible for keeping track of their resources and staying within their resource limit. A person applying for or receiving Medicaid cannot exceed the \$2,000 resource limit allowed in "countable" resources. The limit is higher for couples. There are resource exclusions, such as burial funds (up to \$10,000), that may be considered as a way to reduce the amount of a person's "countable" resources.

The developmental disabilities services agency has responsibility for helping assure the people they serve maintain their Medicaid coverage. If a person has resources that exceed the \$2,000 resource limit, the person's Services Coordinator should:

² The person still might be eligible even if the person's income exceeds this standard.

1. Call the Green Mountain Care Customer Support Center (1-800-250-8427).
2. Call the Developmental Disabilities Services Specialist at DDSD (Contact information at end of this document).
3. Depending on the situation, it may be helpful to contact Vermont Legal Aid – Disability Law Project (1-800-899-0247).

Both the Customer Support Center and the DD Services Specialist may put the person in touch with a DVHA Long Term Care Benefits Program Specialist to determine what needs to be done to establish or reinstate the person’s Medicaid.

If a person’s Medicaid has been discontinued, the agency will not be paid. When claims are denied, the agency should make an immediate inquiry to Gainwell Technologies. The agency needs to work with the person to help get his or her Medicaid re-established. The agency may then be able to recoup any retroactive payments. There is a 3-month window to request a retroactive payment from Medicaid from the time DVHA receives the initial Medicaid application. The opportunity for retroactive reimbursement is limited. Under certain circumstances, payment may be made back to three months prior to the application date.

If retroactive coverage is needed, DVHA will provide a Medicaid Request for Retroactive Assistance – Form 202A to be completed and sent to:

Green Mountain Care
Application Document Processing Center
280 State Drive
Waterbury, VT 05671-1500

D. Maintaining a Person’s Medicaid

It is imperative that the person or the person’s designated authority (e.g., representative payee, guardian, service agency) respond to all reviews and requests for information from DVHA in a timely manner. Not doing this puts the person at risk of losing Medicaid coverage, which then puts the agency at risk of non-payment for critical service delivery. If a person does not have SSI or is terminated from DD HCBS, DVHA will re-determine a person’s Medicaid eligibility using the most current information DVHA or the Social Security Administration has on record. DVHA may require additional information, or a new application may need to be completed.

E. Questions about Medicaid Eligibility and DD HCBS

If you have questions about Medicaid eligibility for people applying for, or currently receiving, Developmental Disabilities Home and Community-Based Services, please contact:

▪ **Developmental Disabilities Services Specialists, DDS, DAIL**

- **Nikki Marabella**
Phone: 802-585-8003
E-mail: nicole.marabella@vermont.gov
- **Melanie Feddersen**
Phone: 802-289-0015
E-mail: melanie.feddersen@vermont.gov
- **Deborah Smith**
Phone: 802-585-6274
E-mail: deborah.smith@vermont.gov

▪ **Department of Vermont Health Access – Long Term Care**

E-mail: AHS.DVHALTCAOPS@vermont.org