

**Medicaid Authorization Process for
Developmental Disabilities Home and Community-Based Services
July 2017**

This notice provides clarification about the process for applying for Medicaid by means of being found eligible for developmental disabilities (DD) home and community-based services (also known as Long Term Services and Supports).

When a person receives developmental disabilities home and community-based services and already has Medicaid, the process for enrolling them as a DD home and community-based services recipient usually works smoothly. Note: SSI recipients are automatically eligible for Medicaid.

To confirm the person's current Medicaid status, providers may call Hewlett Packard (HP) at **1-800-925-1706, (out of state 802-878-7871)**, or go online at **<http://www.vtmedicaid.com>**.

However, when a) a person has been found eligible for DD home and community-based services and does not have Medicaid, b) becomes ineligible for Medicaid, or c) his or her SSI is terminated, the Department of Vermont Health Access (DVHA) Long Term Care (LTC) needs to re-determine Medicaid eligibility using the steps outlined below.

- A. The DD home and community-based services designation allows DVHA to waive the normal financial responsibility rules.
1. First, it disregards the normal parental financial responsibility. DVHA does look at spouses' resources only at the initial application. A person getting DD home and community-based services is considered to be a "household of 1" (whether adult or child), so only that person's income and resources are used when determining Medicaid eligibility.
 2. Second, it allows for a more generous income limit. The income limit allowed for a "household of 1" for a person getting DD home and community-based services is currently \$2,205 versus the non-home and community-based services income limit of \$1,108 (Chittenden County) or \$1,025 (elsewhere in the state)¹. Even if the income exceeds this standard, the person might still be eligible.

¹ The income limits are updated as of January 2017.

- B. This designation enrolls people into Medicaid’s fee-for-service insurance plan.
- C. In all circumstances, a person applying for Medicaid cannot exceed the \$2,000 resource limit allowed in “countable” resources. There are resource exclusions, such as burial funds (up to \$10,000) that may be taken into account to reduce the amount of a person’s “countable” resources.

Approval for DD home and community-based services does not automatically bestow Medicaid eligibility. Unless a person is already a Medicaid recipient, a person must still apply and meet financial eligibility criteria for Medicaid, even if he/she qualifies for Medicaid by virtue of being approved for DD home and community-based services.

If it is known that a person is receiving SSI, or one can verify SSI status through the Social Security Administration, the person generally will have Medicaid. If not, verify the person’s is receiving Medicaid by emailing: AHS.DVHALTCAOPS@vermont.gov.

- A. If a person is not already a Medicaid recipient, and the person is within the income and resource limits, they must apply for Medicaid by submitting the Application for Long-Term Care Medicaid form 202LTC and, if needed, the form for retroactive coverage, Medicaid Request for Retroactive Assistance form 202A, to the person’s regional DCF Economic Services Division office².
- B. If a person has resources that exceed \$2,000, call the person’s regional DCF Economic Services Division office and let the LTC Benefit Program Specialist know the person is being considered for DD home and community-based services and ask what the person’s options are for becoming eligible for Medicaid (e.g., converting savings into a burial fund). If a person has a trust, DVHA will need to see a copy of the trust to verify whether it is a viable special needs trust and therefore not considered to be a countable resource. If you think the person is over resources, there are several options. It is best to contact Vermont Legal Aid – Disability Law Project (1-800-899-0247).

When an application for Medicaid has been made for a person who has been approved for DD home and community-based services, it is helpful to write on the application “***Developmental Disability Home and Community-Based Services approved locally; DDS³ authorization pending***”. It often takes a month or two (especially at the start of the fiscal year) for a person’s name to show up on the DD home and community-based services spreadsheet at DDS once a person has been approved for funding. It is the inclusion of the person on this spreadsheet that triggers notification of a person’s DD home and community-based services status to DVHA. There is a 3-month retroactive window for Medicaid approval from the time DVHA receives a Medicaid application so there is a limited period for retroactive reimbursement back to the start date of DD home and community-based services. This should be taken into account when determining when to send in the Medicaid application.

² The DVHA LTC workers are co-located in the DCF Economic Services Division offices.

³ DDS means Developmental Disabilities Services Division.

Lastly, it is imperative that the person or the person's designated authority (e.g., representative payee, guardian, service provider) respond to reviews and requests for information from DVHA in a timely manner. If a person does not have SSI or is terminated from DD home and community-based services, 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 be completed.

If you have questions about this, please contact:

- **June Bascom – Developmental Disabilities Services Division, DAIL**
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- **DVHA – Long Term Care**
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