MinnesotaCare:

No provisions.

MA:

The Elderly Waiver (EW) provides MA funding for home and community-based services for people who would otherwise need nursing facility care. Covered home care services include:

- Adult day care.
- Respite care.
- Homemaker services.
- Adult foster care (other than room and board costs).
- Extended home health.
- Case management.
- Equipment and supplies not covered by MA, Medicare, or the client. The equipment and supplies must help keep the client out of a nursing facility.
- Companion services.
- Extended personal care.
- Home-delivered meals.
- Caretaker training and education.
- Assisted living.
- Residential care.
- Extended transportation.
- Chore services

To receive EW services, a person must meet ALL of the following conditions:

- Have a Long Term Care Consultation (LTCC) screening.
- Require a nursing facility level of care (NF-I or NF-II).
- Be able to remain in the community rather than a nursing facility.
- Choose community care.
- The cost to MA for community-based services must cost less than institutional care.
- Be eligible for MA.

There are 2 income limits for EW. People with incomes equal to or less than the Special Income Standard (SIS) are eligible for EW without an MA spenddown. They must contribute any income over the maintenance needs allowance and other applicable deductions to the cost of services received under EW. This is known as the waiver obligation.

The SIS for 1-1-04 through 12-31-04 is $1,692 for all EW applicants or enrollees, regardless of marital status or household size. The SIS for 1-1-03 through 12-31-03 is $1,656. The maintenance needs allowance for 7-1-04 through 6-30-05 is $766 regardless of marital status or household size. Treat each person as a household of 1. The maintenance needs allowance for 7-1-03 through 6-30-04 is $752.

To determine eligibility for the SIS EW program, add together all monthly gross income of the applicant or enrollee before any exclusions. Do not include the income of the person's spouse. If the applicant or enrollee's gross income is equal to or less than the SIS, see §0913.13.05 (Waiver Obligation--SIS EW).

People with income equal to or less than the SIS but greater than 120% FPG for a household size of 1 may choose to receive services through Alternative Care (AC) rather than through SIS EW if they meet the eligibility requirements for both programs. See §0918.05 (Alternative Care - AC). However, people in this category who choose AC are NOT eligible for MA with a spenddown, with one exception as described in §0913.13.07 (Relationship Between EW and AC).

If income exceeds the SIS, single people and married couples who both receive EW must qualify under the applicable Method B income standard. See §0912.07.100 (100% of FPG), §0912.07.075 (75% of FPG) and TE02.07.117 (Single Elderly Waiver). Use a household size of 1 and Method B budgeting when both spouses receive EW services (as well as for single EW clients). Set the case up using a community spenddown. Treat the projected amount of EW services for the month as a medical bill incurred on the first day of the month.

Use a household size of 1 for MA and the Medicare Supplement Programs for the non-EW spouse when 1 spouse receives EW and the other receives MA.

For more information on community spenddowns see

§0913.05.05	Use of 6-Month and LTC Spenddowns
§0913.05	Which Spenddown Type to Use
§0913.11	Manual Monthly Spenddown Calculation
§0913.09	Automated Monthly Spenddown Calculation

Use an LTC spenddown for people with a community spouse who does not receive EW. See §0913.05 (Which Spenddown Type to Use) and §0913.13.03 (LTC Spenddown--EW With Community Spouse). If the person's available income exceeds the monthly EW charges, determine eligibility using a combined LTC/Medical spenddown. See §0913.15 (Combination LTC/Medical Spenddown).

The asset limit for EW is $3,000 for a household of 1. When both spouses receive EW, each has an asset limit of $3,000. If 1 spouse has assets over $3,000 and the other spouse has assets under $3,000, the spouse with excess assets may transfer assets to the other spouse.

Consider people who receive home care services through EW and who have a community spouse not receiving EW to be long term care spouses. An LTC spouse or a community spouse can request an asset assessment to determine what amount of the couple's marital assets are protected for the community spouse and when MA eligibility may begin for the LTC spouse. The asset assessment can be completed when the following conditions occur:

- The LTC spouse has had a LTCC screening.

AND

- The LTC spouse requires a nursing facility level of care.

AND

- Home care services began prior to the LTCC date and are anticipated to continue for at least 30 consecutive days after the LTCC date.

OR

- Home care services which are anticipated to last for at least 30 consecutive days will begin within 90 days of the LTCC date.

The community spouse of a person receiving EW services is entitled to a community spouse asset allowance. See §0909.25 (Spousal Asset Assessments).

If a need exists, the community spouse and certain family members who live with the LTC and community spouse may be entitled to an allocation from the income of the LTC spouse. See §0912.05.25 (Allocations).

GAMC:

No provisions.