



A
Consumer's Guide
To
Maryland Medicaid
Home and Community-Based
Long Term Care Services

2015 Medicaid Plus, P.C. 855.471.6771
www.mymedicaidplus.com

Medicaid Law • Medicaid Planning • Medicaid Applications

This guide describes Medicaid services that are designed to help those individuals who are interested in leaving an institution or who are at risk for institutionalization to remain in their homes. It describes the range of home and community-based services available through Medicaid and can help consumers, families, and health care professionals make informed decisions about long-term care services.

Maryland Medicaid offers home and community-based services for:

- Older adults,
- Persons with disabilities, and
- Children with chronic illnesses

Maryland Medicaid's home and community-based services are offered through the regular Medicaid program and special Medicaid programs called "waivers." Each waiver has different eligibility criteria and each target a different population, such as older adults or people with a certain disability.



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Who is eligible for waiver services?

Individuals must meet medical, financial, and technical criteria to qualify for Medicaid funded services. This guide outlines the basic eligibility criteria for each waiver program.

Financial Eligibility: Financial eligibility is based on both income and assets. Certain waiver programs may accept individuals with a different level of income than other traditional Medicaid programs. In these waivers, the monthly income limit in 2015 is \$2,199. Assets may not exceed \$2,000 or \$2,500 depending on eligibility category. The income standard changes annually in January.

- Income includes, but is not limited to, wages, social security benefits, veteran's benefits, pensions, annuities, self-employment income, and disability benefits.
- Assets include cash, bank accounts, stocks, bonds, mutual funds, and life insurance. The value of an individual's home may also be considered when calculating assets.

Individuals should not try to determine eligibility for the waiver programs or any other Medical Assistance program based on the information provided in this booklet. Our experienced attorneys and financial advisors will ensure you are guided through the eligibility process properly.

Medical Eligibility: Medical and functional needs will be assessed during the application process. For some programs, a trained professional can go to an individual's home to assess health status and need for services.

Technical Eligibility: Most waivers target a specific age group or persons with a particular disability. Maryland Medicaid programs are available only to Maryland residents.

Waiver Information for Nursing Home Residents

Individuals who currently reside in nursing homes may also apply for waiver services. Eligibility for a waiver program depends on the specific eligibility requirements for each waiver.

Special Exception for Nursing Home Residents

Each waiver program has a maximum number of participants who can be served. In some cases, a waiver program may have met maximum capacity and may not accept new applicants.

An individual who is a resident of a nursing facility with at least 30 consecutive days of the individual's nursing facility stay, eligible to be paid for by Medicaid, can apply from the nursing facility for the following waivers: -Community Options -Community Pathways -Brain Injury Waiver
Persons may apply even if waivers reach their maximum capacity.

What services are available?

For each program described in this guide, there is a list of services unique to that program. In addition, all waiver participants have access to traditional Medicaid services including prescription drugs, physician care, and hospital services.

Waiver Registry

There is a limit on the total number of participants who can be served in each waiver. When the waiver is at maximum capacity, the waiver will be closed to community applicants. In the event that a waiver has reached maximum capacity, interested persons can place themselves on the Waiver Services Registry by calling Maryland Access Point at 1-844-627-5465.

As spaces in the waiver program reopen, persons on the Registry will be notified in turn. For more information... See the description for each waiver program for information on who to contact regarding questions and additional information.

Information can also be found on our website www.mymedicaidplus.com



The Medicaid Waiver for Children with Autism Spectrum Disorder

is administered by the Maryland State Department of Education. The local school systems provide or arrange for case management services called service coordination. The local lead agencies and school systems help individuals access many of the community services offered through this waiver

Services that may be provided include:

- Adult life planning • Environmental accessibility adaptations
- Family training
- Intensive individual support services
- Respite care • Service coordination
- Residential habilitation
 - Therapeutic integration services
- All other standard Medicaid services

Technical Eligibility: Children must be between ages one through the end of the school year in which the youth turns 21 years old. Children must have an Individualized Family Service Plan (IFSP) or an Individualized Education Plan (IEP) and children have to be receiving at least 15 hours of special education services per week.

Financial Eligibility: Financial eligibility is based on the income and assets of the child alone without consideration of parents' financial status.

Medical Eligibility: Children who are diagnosed with Autism Spectrum Disorder are eligible. These children must meet the "institutional level of care" criteria and must be able to live in the community with the services available under this waiver.

For more information ...

Contact your local school system and ask to speak to the Autism Waiver Coordinator, or call the Maryland State Department of Education at: 410-767-1446, toll free 1-800-535-0182, or Maryland Relay Service at 1-800-735-2258.

Note: As of January 2009, the waiver is full. Interested persons may place their name on the Waiver Services Registry by calling 1-866-417-3480.

The Community Pathways Waiver

is administered by the Developmental Disabilities Administration and provides services and supports in the community for individuals with developmental disabilities. Waiver participants receive services and supports from provider agencies funded by the Developmental Disabilities Administration.

Services that may be provided include:

- Assistive technology and adaptive equipment
- Behavioral support services
- Community learning services
- Day habilitation
- Employment discovery and customization
- Environmental accessibility adaptations
- Family and individual support services
- Fiscal management services (for people self-directing services)
- Live-in caregiver rent
- Medical Day Care services
- Personal supports/community supported living arrangements
- Respite care
- Shared living
- Support Brokerage (for people self-directing services)

Technical Eligibility: No age limitation.

Financial Eligibility: Eligibility for Medicaid depends on an individual's income and assets. Individuals are encouraged to apply so that financial eligibility may be determined.

Medical Eligibility: Individuals must need the level of care required to qualify for services in an intermediate care facility for individuals with intellectual disabilities or persons with related conditions (ICF/ID).

The Model Waiver for Medically Fragile Children

allows children with complex medical needs to receive medical care in their homes instead of a hospital, nursing facility, or other long-term care facility. The Department of Health and Mental Hygiene administers this waiver.

Services that may be provided include:

- Case management
- Medical Day Care
- Home health aide assistance
- Physician participation in the plan of care development
- Private duty nursing
- All other standard Medicaid services

Technical Eligibility: Birth through age 21.

Financial Eligibility: Financial eligibility is based on the income and assets of the child alone without consideration of parents' financial status.

Medical Eligibility: The child must have complex medical needs, be at risk of long-term hospitalization, and need the level of care required to qualify for nursing facility or chronic hospital services.

For more information... Contact The Coordinating Center at 410-987-1048, 301-621-7830, or toll free 1-800-296-2242, or Maryland Relay Service at 1-800-735-2258.



The Home and Community Based Options Waiver

provides services for older adults and individuals with physical disabilities in order for them to live at home or an assisted living facility instead of a nursing facility. The Maryland Department of Health and Mental Hygiene administers this waiver.

Services that may be provided include:

- Assisted living services (not including room and board)
- Behavior consultation services
- Case management
- Fiscal intermediary services
- Dietitian and nutritionist services
- Medical day care
- Senior Center Plus
- All other standard Medicaid Services

Technical Eligibility: Age 18 and older.

Financial Eligibility: Eligibility for Medicaid depends on an individual's income and assets. Individuals are encouraged to apply so that financial eligibility can be determined.

Medical Eligibility: Individuals must need the level of care required to qualify for nursing facility services.

For more information... Contact our office at **855.471.6771**



The Brain Injury Waiver

provides services to individuals who are currently residing in state psychiatric hospitals, state-owned and operated facilities, chronic hospitals that are accredited for brain injury rehabilitation, or for whom Maryland is paying for services in an out-of-state facility.

Services that may be provided include:

- Case management
- Day habilitation
- Individual support services
- Residential habilitation
- Supported employment
- Medical Day Care
- All other standard Medicaid services

Technical Eligibility: Age 22 to 64. The brain injury must have occurred after the age of 17.

Financial Eligibility: Eligibility for Medicaid depends on an individual's income and assets. Individuals are encouraged to apply so that financial eligibility may be determined.

Medical Eligibility: Individuals must be diagnosed with a brain injury and need the level of care required to qualify for nursing facility or chronic hospital services.

For more information... Contact our office at **855.471.6771**.

The Medical Day Care Services Waiver

offers qualified Medicaid participants services in a community-based day care center. Day care centers operate five to seven days a week providing services four to twelve hours per day. This waiver is administered by the Maryland Department of Health and Mental Hygiene.

Services that may be provided include:

- Skilled nursing and nursing assessments
- Medication monitoring
- Meals
- Social work services
- Activity programs
- Daily living skills training
- Daily living skills enhancement
- Transportation
- Therapy
- Personal care
- Nutrition services

Technical eligibility: Individuals must be at least 16 years old. **Financial eligibility:** Individuals must qualify for Medicaid in the community.

Medical eligibility: Individuals must need the level of care required to qualify for nursing facility services.

For more information... Contact our office at **855.471.6771**



The Community First Choice Program

provides home and community based services to individuals with disabilities or chronic medical conditions. Services may be provided in the workplace. This program is administered by the Maryland Department of Health and Mental Hygiene.

Services that may be provided include:

- Consumer training
- Environmental assessments
- Fiscal intermediary services
- Home delivered meals
- Items that substitute for human assistance
- Nurse monitoring of attendants
- Personal assistance
- Personal emergency response system
- Supports planning services
- Transition services
- All other standard Medicaid services

Technical Eligibility: There is no age limitation.

Financial Eligibility: Individuals must qualify for Medicaid in the community.

Medical Eligibility: Individuals must need the level of care required to qualify for nursing facility services.

The Medical Assistance Personal Care Program

provides in-home personal care services to individuals with disabilities or chronic medical conditions. Services may be provided in the workplace. The Department of Health and Mental Hygiene administers this program.

Technical Eligibility: There is no age limitation.

Financial Eligibility: Individuals must qualify for Medicaid in the community.

Medical Eligibility: An individual must be under physician's care for a chronic medical condition and require assistance to perform activities of daily living.

For more information... Contact our office at **855.471.6771**

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

provides comprehensive medical and social services to older adults. The PACE program is jointly administered through the Centers for Medicare and Medicaid Services and the Department of Health and Mental Hygiene. This program is designed to provide and coordinate all needed preventive, primary, acute and long-term care services so that older individuals can continue living in the community. PACE program services are offered through Hopkins ElderPlus, located on the campus of Johns Hopkins Bayview Medical Center.

Services that may be provided include:

- Adult Day Care
- Case Management
- Home Health Care
- Meals
- Medical Equipment
- Nursing Facility Services
- Nutritional Counseling
- Personal and Supportive Services
- Prescription Medications
- Physician Services
- Restorative Therapies
- Recreational Therapy
- Social Services
- Transportation
- All other standard Medicaid services and/or Medicare services (if eligible)

Technical Eligibility: Age 55 and older. Participants must have the potential to live safely in the community with Hopkins ElderPlus assistance.

Participants must live within one of the following service area zip codes: 21202, 21205, 21206, 21213, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237, and 21052

Financial Eligibility: Eligibility for Medicaid depends on an individual's income and assets. Individuals are encouraged to apply so that financial eligibility may be determined. For individuals who do not meet the Medicaid financial eligibility requirements, there is the option to pay privately.

Medical Eligibility: Individuals must need the level of care required to qualify for nursing facility services.

Note: Participants must receive all of their health care through PACE, except for emergency services. If you are eligible for Medicare and/or Medicaid, PACE takes the place of the standard Medicare and/or Medicaid Programs. Enrollment in PACE results in disenrollment from any other Medicare or Medicaid plan.

For more information... Contact our office at 855.471.6771

Employed Individuals with Disabilities Program(EID)

is a program which expands traditional fee-for-service Medicaid to individuals with disabilities who are working. EID is administered by the Department of Health and Mental Hygiene.

Technical Eligibility: This program is for individuals, age 18 to 64 years, with disabilities who are citizens or qualified aliens and are currently employed.

Financial Eligibility: Income is at or below 300% of the Federal Poverty Level (if applicable, spouse's income is included) and assets that do not exceed \$10,000 for an individual and \$15,000 for a couple. For certain individuals, enrollment is free. For others, a small fee of \$25 to \$55 a month will be charged, based on income.

Fee-for-Service Medicaid includes:

- Inpatient hospital
- Outpatient
- Physician and clinic visits
- X-rays and lab tests
- Prescription drugs subject to co-pays
- Personal care services in the home and workplace.

Adult Evaluation and Review Services (AERS)

The AERS program assists older adults and people with disabilities who need long-term care services and are at risk for institutionalization. AERS staff conducts comprehensive evaluations to identify services that individuals need to remain in the community. Upon completion of an evaluation, the AERS team develops a plan of care providing recommendations for appropriate services. The local health departments administer this program.

Thank you for reading our guide to Home and Community Based waiver programs in Maryland. We hope you have gained some knowledge in which programs are offered for your specific needs.

Our expert attorneys are here to answer any of your questions and we will complete your entire application and eligibility process in any of these programs to help ensure your approval is obtained and your loved one is cared for.

For more information... Contact our office;

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