



## Minnesota Health Care Programs

# Medical Assistance Information for People:

- Living in a nursing home
- Getting Elderly Waiver services

This information is effective July 1, 2020, through December 31, 2020.

## Medical Assistance (MA)

### What is MA?

Medical Assistance (MA) is a Minnesota health care program that can help pay for all or part of your medical expenses, including your long-term care services.

### What are long-term care services?

Long-term care (LTC) services include:

- Skilled nursing facility care you receive when you live in a nursing home
- Services covered by any home and community-based services waiver programs, such as the Elderly Waiver (EW) program

### What is the Elderly Waiver (EW) program?

Home and community-based services (HCBS) are additional services that enable MA members to receive care in the community rather than in a long-term care facility (LTCF).

The EW program funds HCBS for people who are 65 years old or older who are eligible for MA and require the level of care provided in a nursing home but choose to live in the community.

### How do I qualify for MA?

You must meet program rules, including income and asset limits, to qualify for MA.

### Are there special program rules that I must meet for MA to pay for LTC services?

Yes. You must meet certain program rules for MA to pay for your LTC services. We discuss these rules in other sections of this brochure.

- You must meet the program rules for MA, including the income and asset limits
- You must meet the level of care requirements
- The equity in your home cannot be more than the home equity limit unless an exception applies
- You must name DHS a preferred remainder beneficiary of certain annuities owned by you or your spouse
- You and your spouse cannot give away income or assets if you would be subject to a penalty period because of this transfer

If you qualify for MA but do not meet the special rules for LTC services, MA will not pay for your nursing home costs, and you are not eligible to receive services covered by any home and community-based waiver program.

### If I qualify, when will MA start?

MA can start up to three months before the month the county agency gets your request for coverage. If you qualify for EW, EW services generally start once you have been determined eligible for MA and your certified assessor has authorized the services that you need.

## How do I apply for MA, including payment of my LTC services?

Fill out a Minnesota Health Care Programs Application for Payment of Long-Term-Care Services (DHS-3531). Give the completed application to your county human services agency. To get an application:

- Call DHS at 651-431-2670 or 800-657-3739
- Call or go to your county agency (call DHS to get the address and phone number of your county agency)
- Download the application from our website at <http://mn.gov/dhs/general-public/publications-forms-resources/application-forms/index.jsp>

It is important to give your application to your county agency right away.

## What if I have questions?

If you have questions or need help, call your county agency. You can also make an appointment to meet with a financial worker. A financial worker is a person who determines eligibility for MA. The financial worker will explain MA to you and will answer your questions.

If you are 60 or older, you can also call the Senior LinkAge Line® at 800-333-2433. If you have a disability, you can also call the Disability Hub MN™ at 866-333-2466.

## Assets

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### Is there an asset limit to qualify for MA?

Most people must have assets within a certain limit to qualify for MA. The asset limit is \$3,000 for most people who are 65 years old or older or who are blind or have a disability. Program rules determine which types of assets we count toward your asset limit.

### What assets are counted for MA?

Some of the assets we count include:

- Cash
- Bank accounts
- Stocks and bonds
- Savings certificates
- Non-homestead property
- More than one vehicle
- Contracts for deed

### What assets are not counted for MA?

Some of the assets we do not count include:

- Personal property and household goods
- One vehicle
- Capital assets needed to operate a trade or business
- Money set aside for a burial space and burial space items for you, your spouse and other members of your immediate family
- Retirement annuities funded by a pension fund or retirement plan unless you can get all or part of the funds
- Certain assets if you are an American Indian

### Can my spouse keep any of our assets?

If your spouse does not receive LTC services, you must have your and your spouse's assets evaluated to determine the amount of assets your spouse can keep that will not count toward your asset limit. See the Asset Assessment section for more information.

### Can I protect any of my assets?

If you have an LTC insurance policy that qualifies as an LTC partnership policy, you may be able to get MA even if your counted assets are more than the limit. To get more information, do one of the following:

- Call or go to your county agency and ask for the Long-Term Care Partnership and Medical Assistance Asset Protection (DHS-5426) brochure
- Download the brochure from our website at <https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5426-ENG>

### Will I have to sell my home if I move into a nursing home?

We do not count your home as an asset if one of the following family members lives in the home:

- Your spouse
- A child under age 21
- A child who is blind or has a disability
- A brother or sister who owns the home with you and lived there at least one year before you moved into the nursing home
- A child who lived with you and helped take care of you for at least two years before you went

into the nursing home or began receiving services through an HCBS waiver

If one of these family members does not live in your home, we will not count your home as an asset:

- For the first six calendar months you permanently live in a nursing home
- Or for as long as you plan to return to your home and it is reasonable to expect that you will return home

If none of these situations apply, we will count the value of your home toward your asset limit unless you are making a reasonable effort to sell it.

## **Asset Assessments**

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### **What is an asset assessment?**

An asset assessment is an evaluation of all the assets owned by you and your spouse. A financial worker must complete an evaluation of your and your spouse's assets. This evaluation determines how many assets your spouse can keep that will not count toward your asset limit.

### **When do I need to have our assets evaluated?**

Your assets must be evaluated if you ask for MA to help pay for your nursing home costs or to receive EW services when all the following are true:

- You will be in the nursing home or will receive EW services for 30 uninterrupted days
- You are married
- Your spouse does not live in a nursing home
- Your spouse is not getting services covered by any HCBS waiver programs, such as EW

You can ask for an Asset Assessment form (DHS-3340) to have your assets evaluated anytime you meet those conditions. You do not need to apply for MA. It is best to complete the Asset Assessment form as soon as possible. The results can help you decide when to apply for MA. A financial worker will send you an estimate of the following:

- How many assets your spouse can keep

- How many assets you must spend before you are within the asset limits for MA to help pay for your LTC services

### **How do I get an Asset Assessment form?**

Contact your county agency and ask for an Asset Assessment form (DHS-3340). You can also get the form from the DHS website at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3340-ENG>.

### **How many assets can my spouse keep?**

If you entered a nursing home or began receiving EW services on or after October 1, 1989, and you applied for MA on or after January 1, 2020, your spouse can keep \$128,640 in assets, the maximum amount allowed.

### **What happens to my share of the assets?**

You must reduce your share of countable assets to within your asset limit before you can qualify for MA. If your spouse does not let you reduce your assets, MA may still pay for your nursing home or EW costs. However, the county will take legal action against your spouse.

## **Level of Care**

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If you do not meet the level-of-care requirements to live in a nursing home, you are not eligible for MA to help pay for your nursing home costs or to receive services covered by the EW program.

### **How do I know whether I meet the level-of-care requirements to live in a nursing home or receive HCBS?**

People who enter a nursing home must receive an assessment to tell whether they need a nursing facility level of care.

If you are requesting EW services to allow you to live in the community, you must have an assessment of your required level of care. A certified assessor will evaluate you to determine whether you need a nursing facility level of care and whether you meet the program requirements for EW.

If you would like to receive services through EW, call your county agency to schedule an assessment.

## **Home Equity Limit**

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If the equity in your home is more than the home equity limit and you do not meet an exception, you are not eligible for MA to help pay for your nursing home costs or to receive EW services.

### **What is the limit on the amount of equity I can have in my home?**

The home equity limit is \$595,000. This limit may increase each year.

### **What are the exceptions to the home equity limit?**

We will not apply the home equity limit to you if one of these family members lives in the home:

- Your spouse
- A child under age 21
- A child who is blind or has a disability

If you do not qualify for MA for your LTC services because of the home equity limit and you do not have any other resources available to pay for your care, your county agency may be able to waive the home equity limit.

## **Annuity Requirements**

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If you refuse to name DHS as a preferred remainder beneficiary of certain annuities owned by you or your spouse, you are not eligible for MA to help pay for your nursing home costs or to receive EW services.

### **What is a “preferred remainder beneficiary”?**

A preferred remainder beneficiary is the person who receives a death benefit from an annuity when a death benefit is available under the terms of the annuity contract.

As a preferred remainder beneficiary, DHS may receive up to the total amount of money MA paid for your care. DHS is a secondary beneficiary if you name your spouse, your child under 18 or your disabled child of any age as a beneficiary of the annuity and the person is alive at the time of your death.

### **For which annuities must I name DHS a preferred remainder beneficiary?**

You must name DHS a preferred remainder beneficiary for any annuity you or your spouse own and for which both the following are true:

- An annuity transaction occurred on or after February 8, 2006
- The annuity provides for a death benefit and allows someone other than your spouse to be named a beneficiary

## **Transfers**

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If you have a penalty period because you or your spouse gave away income or assets, you are not eligible for MA to help pay for your nursing home costs or to receive EW services.

### **What is a transfer?**

Examples of giving away income and assets include but are not limited to the following:

- Selling, trading or giving away items of value or income for less than they are worth
- Refusing to accept items of value or income you can take, such as an inheritance or pension
- Buying property or services for more than they are worth
- Putting money into a trust, unless it is for someone who is under age 65 and was certified disabled at the time the trust was established

You may incur a penalty period for any transfers made within the 60 months before the date you asked for MA to pay for your LTC services or made while you are receiving MA for LTC services.

### **How long is the penalty period?**

The penalty period depends on how much you and your spouse gave away or sold for less than its value.

Your financial worker will do the following:

- Determine the value of each asset you and your spouse gave away or sold for less than its value
- Total the value of all those assets
- Divide the total value by the average monthly amount MA pays for nursing home care. This amount is \$8,412 effective July 1, 2020. This amount may change every year

The result is the number of months MA cannot pay for your LTC services.

Your financial worker will explain when the penalty period begins. If you do not qualify for MA to help pay for your LTC services because of the penalty period and there are no alternatives for payment of your LTC costs, your county agency may be able to waive the penalty period if your health and well-being are threatened. However, the county may sue the person to whom you gave the income or asset.

## **Paying for your Nursing Home Care**

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### **Do I contribute my income toward the cost of my care?**

Yes. Your monthly income helps pay for your care. Your financial worker will calculate your total income and subtract any allowable deductions.

The amount that remains is the amount you are responsible to pay toward your nursing home costs. This is called your LTC spenddown. Your financial worker will tell you how much of your income you must contribute toward your nursing home care.

If your monthly income after allowable deductions is more than the cost of your care, you may not be eligible for MA.

### **What deductions are allowed from my income?**

Program rules allow us to deduct the following:

- An amount for your personal needs, such as for clothing or to pay your guardianship fees, if applicable
- An amount for the needs of your spouse, if applicable
- An amount for the needs of your dependent family members, if applicable
- An amount for your Medicare or other health insurance costs that someone else will not pay
- An amount for any necessary medical expenses someone else will not pay

### **Will my spouse have to use part of his or her income to pay for my care?**

No. Your spouse will not have to use his or her income to contribute toward your nursing home costs.

### **Do I always contribute the same amount to the nursing home each month?**

No. The amount you pay each month depends on the actual amount of your income and deductions in that month. When your income or deductions change, the amount you pay for your nursing home care changes. Your financial worker will tell you when you have to pay a different amount.

## **Paying for EW Services**

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### **Do I contribute my income toward the cost of my EW services?**

Yes. Your monthly income helps pay for your care.

If you are eligible for the EW program and your monthly income is \$2,349 or less, your financial worker will calculate your total income and subtract any allowable deductions. This income limit may change every year. The amount that remains is the amount you are responsible to pay toward your EW services. This is called your waiver obligation. Your financial worker will tell you how much of your income you must contribute toward your EW services.

If you are eligible for EW and your monthly income is above \$2,349, your financial worker will calculate the amount you must contribute toward your MA costs following program rules. Your financial worker can explain these rules to you.

### **What deductions from my income are allowed?**

If you are eligible for the EW program and you have monthly income of \$2,349 or less, program rules allow us to deduct the following:

- An amount for your personal needs. For 2020, the amount is \$104
- An amount for the needs of your spouse, if applicable
- An amount for the needs of your dependent family members, if applicable
- An amount for your Medicare or other health insurance costs that someone else will not pay
- An amount for any necessary medical expenses someone else will not pay

If you are eligible for the EW program, do not have a community spouse, and have monthly income above \$2,349, program rules do not allow any deductions from income. Only your income is counted, and if the counted income is over 100 percent of the federal poverty guidelines, you will have a spenddown.

## **MA Estate Claims and Liens**

In certain circumstances, federal and state law require the Minnesota Department of Human Services and local agencies to recover costs that the MA program paid for its members' health care services. This recovery process is done through Minnesota's MA estate recovery and lien program.

If you are enrolled in MA when you are 55 years old or older, after you die, Minnesota must try to recover certain payments the MA program made for your health care, including:

- Nursing home services
- Home and community-based services
- Related hospital and prescription drug costs

If you permanently live in a medical institution, Minnesota must also try to recover the costs of all MA services you received while living in a medical institution. If you are permanently living in a medical institution and you do not have a spouse or disabled child living on your homesteaded real property, the state may file an MA lien against your real property to recover MA costs before your death.

After you die, the state also may file a notice of potential claim, which is a form of lien, against real property to recover MA costs. Liens to recover MA costs may be filed against the following:

- Your life estate or joint tenancy interest in real property

- Your real property that you own solely
- Your real property that you own with someone else

Minnesota cannot start recovery of these costs while your spouse is still living or if you have a child under 21 years old or a child who is permanently disabled. Once your spouse dies, Minnesota must try to recover your MA costs from your spouse's estate. However, recovery is further delayed if you still have a child who is under 21 or permanently disabled.

Your children do not have to use their assets to reimburse the state for any MA services you received.

You have the right to speak with a legal-aid group or a private attorney if you have specific questions about how MA estate recovery and liens may affect your circumstance and estate planning. The Minnesota Department of Human Services cannot provide you with legal advice. For more information, go to <http://mn.gov/dhs/ma-estate-recovery/>.

## **Covered Services**

### **What services does MA cover?**

Please refer to the DHS website for the Minnesota Health Care Programs Summary of Coverage, Cost Sharing and Limits (DHS-3860). The summary sheet is located at <https://edocs.dhs.state.mn.us/lfs/Server/Public/DHS-3860-ENG>.

### **Should I keep my health or dental insurance?**

Tell your financial worker if you have other health or dental insurance. Sometimes MA will pay your premiums for you. Be sure to talk to your financial worker before you stop your health or dental insurance.

### **Can the nursing home charge me for extra services in the nursing home?**

A nursing home may charge you a fee for some services not covered by MA, such as cable TV or a private phone. You do not have to get these extra services.

A nursing home cannot charge you extra for a service that it must offer to keep its license. For example, licensed nursing homes cannot charge you when they do your laundry.

### **Will MA pay for a private room?**

Usually MA will not pay for a private room. Private room rates are often higher than the MA rates. This means that if you are in a private room and start getting MA, you may be asked to change rooms or to pay the extra cost.

Some medical conditions allow you to keep a private room when you get MA. Whether you can keep a private room is determined on an individual basis. If you feel you need a private room, contact the Office of Ombudsman for Long-Term Care at 651-431-2555 or 800-651-3591 for help.

Minnesota law lets a person pay the difference between the MA rate and the cost for a private room. You can pay this amount from your \$3,000 in assets. Or it can be paid by your spouse, or by someone other than your spouse. Be sure to find out whether MA will pay the higher rate before you agree to an extra charge.

### **If I am on MA, can I keep my room if I am away from the nursing home?**

You can keep your room if either of the following applies:

- You are in the hospital for no more than 18 days at a time
- You are away for no more than 36 days a year for therapeutic leave, such as vacations or home visits

### **Can a nursing home refuse to admit me or treat me differently because I get MA?**

Some nursing homes in Minnesota do not get paid by MA. These facilities can refuse admission to someone who is on MA. Ask your

county agency or nursing home ombudsman for a list of facilities that do not take MA patients.

Nursing homes that get paid by MA cannot do any of these things:

- Limit admissions because of a person's ability to pay
- Limit the number of people on MA admitted to their facility
- Have separate living areas based on payment status
- Offer "special services" to some residents and not to others

### **Can I move to another nursing home without losing my MA?**

Yes, you can keep your MA and move to any nursing home that is paid by MA if the new nursing home has a bed for the level of care you need.

### **What types of services are available through HCBS waivers?**

- Adult day service
- Chore services
- Companion services
- Consumer-directed community supports
- Home health aides
- Home-delivered meals
- Homemaker services
- Licensed community residential services (customized living services or 24-hour customized living services, family foster care, residential care)
- Environmental accessibility adaptations
- Personal care assistance
- Respite care
- Skilled nursing
- Specialized equipment and supplies
- Training for informal caregivers
- Transitional supports
- Transportation

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သ့ၣ်ဟ်သးဘၣ်တက့ၢ်. ဖဲန့ၣ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလိၤတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်.သံက့ၢ်ဘၣ်ပုၤဂ့ၢ်ဝိအပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့တ မ့ၢ်ကိးဘၣ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LBI (8-16)

ADA1 (2-18)



For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-657-3739, or use your preferred relay service.