

Eligibility Long Term Care

For the Aged, Blind and Disabled Living in Nursing Homes



What is Medicaid?

Medicaid is a national health care program.

It helps pay for medical services for certain low-income people.

For those eligible for full Medicaid services, Medicaid is not paid to you. Medicaid is only paid to providers of health care. Providers are doctors, hospitals, pharmacists and other medical professionals who take Medicaid.

Be sure the provider you see takes Medicaid *before* you get any service.

If the provider does not take Medicaid, you must pay the bill.

Who is eligible?

You and/or your husband or wife may qualify for Medicaid in a nursing home or hospital if you are, or will be considered, a long-term care patient(s) in a medical facility that accepts Medicaid.

“Long-term” care means that the patient will remain in a nursing home or hospital for 31 consecutive days or longer.

Eligibility

- To be eligible for Medicaid, an applicant must be a citizen of the United States or a qualified alien.
- Applicants must be residents of Mississippi.
- A person must be age 65 or older, blind or disabled (unable to work).
The medical necessity of the placement must be certified by the attending physician.
- Persons must apply for, and accept, all benefits which he or she may be entitled, such as VA benefits, retirement or disability benefits, etc. Persons who do not accept these benefits may lose their Medicaid eligibility.
- Persons may have monthly income of up to \$2,0J1 (before deductions). Persons with income above this limit may be able to qualify under an “income Trust.”
- Individuals may have total resources of up to \$4,000. Resources mean those assets, including real and personal property, that a person owns that help him or her meet his or her basic needs. Some resources are not counted in the \$4,000 limit. They include:

Home Property

One (1) home may be excluded if it is the person's primary place of residence.

Income-Producing Property

This property is not counted towards the limit if it produces a net annual return of 6% of the equity value to the beneficiary. Promissory notes and annuities must be determined actuarially sound, i.e., the return must be equal to the life expectancy of the beneficiary.

Automobiles

Up to two (2) vehicles may be excluded.

Household Goods

These items are totally excluded.

Personal Property

Personal property may be excluded if the equity value is \$5,000 or less

Life Insurance

The cash value of whole life insurance policies is excluded if the face value of all whole life insurance policies on each person is \$10,000 or less. The value of term life insurance is not countable regardless of value.

Burial Plots and Burial Funds

Burial spaces intended for family members are not counted in the \$4,000 limit.

Money saved for funeral expenses up to \$6,000 is not counted.

Transferred Assets

Persons who plan to apply for Medicaid may not transfer assets within 60 months prior to application. For assets transferred into a trust, the review (look-back) period is 60 months.

More Information 

ESTATE RECOVERY: Effective July 1, 1994, Medicaid will seek recovery from the estate of deceased Medicaid recipients who are age 55 or older and in a nursing facility, or enrolled in a Home and Community Based Services Waiver Program at the time of death. Recovery will be made from any real or personal property in the estate of the recipient up to the value of payments made by Medicaid for nursing facility, hospital and drug services. Estate recovery will not apply to recipients who have a surviving spouse or dependent or disabled child. In addition, if the recipient was claiming homestead exemption at the time of death on any real property owned and a child or grandchild survived them, Medicaid may be able to waive its claim against the homestead.

ASSESSMENT OF RESOURCES: Persons who have entered long-term care on or after September 30, 1989, and who have a spouse living in the community, are entitled to an "assessment for resources" upon request. This means a representative from a Medicaid Regional Office will advise the couple in writing of how their combined resources will be counted.

- Effective January 1, 2012, the spouse who is living in the community is entitled to have up to \$113,640 in combined, countable resources. (Please note that these are in addition to those resources listed in the previous section.)
- A request for an assessment may be made by either member of a couple or a representative for either spouse. An assessment can be completed when one spouse is in long-term care and the couple provide verification of all countable resources to the representative from the Medicaid Regional Office completing the assessment.
- An application for Medicaid may be filed rather than requesting an assessment. If the couple chooses to make an application, their combined countable resources will be evaluated allowing the "community spouse" the maximum \$113,640 in resources. The spouse who is entering the long-term care facility is allowed \$4,000 as his or her share of resources to qualify for Medicaid. The community spouse will be allowed up to 90 days to make any needed changes in ownership of assets between spouses.

RETROACTIVE BENEFITS: Persons who apply for Medicaid may be eligible to receive benefits for up to three (3) months prior to their month of application. To qualify, the applicant must meet all eligibility requirements during the three (3) months and have received medical services in each of the three (3) previous months.

ALLOWED INCOME: Even though a person has been determined eligible for Medicaid, he or she is still responsible to pay a certain amount of his or her care. This payment, which is made to the long-term care facility, is often referred to as Medicaid income. Medicaid income is the individual's total income less the following allowable deductions:

- A personal needs allowance (PNA) of \$44 per month. Individuals active in a work therapy program with earnings are allowed additional deductions based on their earnings. Veterans and surviving spouses of veterans who receive a \$90 VA pension have a \$90 PNA.
- A monthly allowance for the community spouse, less the spouse's own income, which is based on the institutionalized person's actual income. The maximum monthly allowance is \$2,841 and in order for this amount to be deducted, it must be available to the community spouse.
- A monthly allowance for the other dependant family members is based on the dependant's own income.
- Deductions for one (1) health insurance premium for which the recipient has paid.
- Certain medical expenses that would ordinarily be paid for by Medicaid but, due to service limits placed on these services, the recipient is charged for the expense.

If you have any questions about eligibility or if you want to apply for Mississippi Medicaid, call (toll-free) 1-866-635-1347, or contact your nearest Medicaid Regional Office in:

Brandon RO	601-825-0477
Brookhaven RO	601-835-2020
Canton RO	601-978-2399
Clarksdale RO	662-627-1493
Cleveland RO	662-843-7753
Columbia RO	601-731-2271
Columbus RO	662-329-2190
Corinth RO	662-286-8091
Greenville RO	662-332-9370
Greenwood RO	662-455-1053
Grenada RO	662-226-4406
Gulfport RO	228-863-3328
Hattiesburg RO	601-264-5386
Holly Springs RO	662-252-3439
Jackson RO	601-978-2399
Kosciusko RO	662-289-4477
Laurel RO	601-425-3175
McComb RO	601-249-2071
Meridian RO	601-483-9944
Natchez RO	601-445-4971
New Albany RO	662-534-0441
Newton RO	601-635-5205
Pascagoula RO	228-762-9591
Philadelphia RO	601-656-3131
Picayune RO	601-798-0831
Senatobia RO	662-562-0147
Starkville RO	662-323-3688
Tupelo RO	662-844-5304
Vicksburg RO	601-638-6137
Yazoo City RO	662-746-2309

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