



DISTRICT OF COLUMBIA
DEPARTMENT
on
DISABILITY SERVICES

Medicaid Waiver Unit

Agenda

- Medicaid Waiver Operations
- Medicaid Renewals
- Medicaid Financial Eligibility Application Process
- Financial Spend Down
- Medical Spend Down

Medicaid Waiver Operations

- DDS Waiver unit will complete Medicaid Renewals for all persons enrolled in HCBS waiver (IDD or IFS). Persons who are non-waiver must renew their own Medicaid and can do so by setting up an online account at *districtdirect.dc.gov*.
- *The Waiver unit ensures providers maintain compliance with current DDA policies regarding Personal Funds*

Medicaid Renewals

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Medicaid Financial Eligibility Application Process

The Providers Role

- The employment status needs to accurately reflected if the person is working. The Employment History section of MCIS must be updated in a timely manner to reflect this information.
- Paystubs are utilized for the recertification of Medicaid and Social Security benefits to establish financial eligibility. To expedite financial eligibility, effective immediately, person's paystubs are to be uploaded to MCIS Profile/Finance/Person Pay Stubs (see screenshot on the next slide).
- Please ensure that paystubs are legible, clear and accurate. Paystubs can be in the following format; however, word or pdf are preferable: Word, pdf, Excel, Image (jpg, jpeg, bmp, gif).
- If the person lives in a residential setting (Residential Habilitation, Supported Living, Host Home), the Residential providers are to upload the paystubs.
- If the person lives alone or in natural setting the DDA Service Coordinator are asked upload the paystubs.
- At the end of each month or all paystubs for the person are to be uploaded.

Paystubs

Your session will expire in 01:29:21



Person Name: [Redacted] **Hab Case#:** SC: Vernon Romain **Person Type:** 2-137 **Waiver Type:** Waiver **Person Status:** Eligible 1326
Provider: ST JOHNS COMMUNITY SERVICES **Provider Facility:** Supported Living **Address:** 300 HAMILTON STREET NE NE Apt 112 WASHINGTON DC-20011

- Person**
- Permanent Address
- Phones
- General Information
- Contacts
- Providers
- No [Blue Arrow]
- Adaptive Equipments
- Court
- Substitute Consent
- Finances

Person Assets

New

Asset Type	Amount	Month & Year	Source Input
Burial Set Aside Account	\$0.00	June 2018	Shanel,King-Garrison
Community Checking Account	\$226.23	May 2023	Cykeethia,Phillips
DC Trust Checking Account	\$0.00	June 2018	Shanel,King-Garrison

Person Income Source

New

Source of Income	Amount	Frequency	Description	Created User	Created Date
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Person PayStubs

New

Month/Year	Name	Author	Document Uploaded Date
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Person Bank Statements

New

Month/Year	Name	Author	Document Uploaded Date
January 2022	[Redacted]	Elana Ricketts	6/7/2022
March 2022	[Redacted]	Elana Ricketts	6/7/2022

Medicaid Asset Verification System

- Federal regulations require all states to implement a program to verify an applicant/ beneficiary's money held in financial institutions when determining Medicaid eligibility for certain eligibility groups. Some of these groups include Aged, Blind, and Disabled category, Long Term Care Medicaid to include Home and Community Based Waiver Services and institutional care in a nursing facility or Intermediate Care Facilities for Individuals with Intellectual Disabilities. The District of Columbia's Asset Verification System (AVS) will automatically retrieve electronic financial information for new applications and during the beneficiary's annual renewal. AVS may also be used to verify reported changes.
- AVS will search all banks and other financial institutions in the District and surrounding areas within Virginia and Maryland. AVS allows the ESA worker to search for financial institution accounts in other states in the United States by initiating an ad hoc request and searching the specific state of the reported account. The search will verify the balance held in those accounts on the first day of the application month or month that the renewal is being completed. VS will automatically verify bank account/financial institution information once the application/renewal form is submitted to ESA.

Medicaid Asset Verification System

It is required by law for the applicant / beneficiary to disclose bank and financial accounts as a condition of Medicaid eligibility. However, if the applicant/beneficiary fails to report the bank account information on the application/renewal form, AVS will find all bank accounts that are listed in his/her name within the District of Columbia and surrounding counties in Virginia and Maryland. AVS will look back sixty months/5 years at an applicant/beneficiary's bank account balances.

Therefore at the time of a person's ISP meeting and or amendment, it's imperative that all financial accounts and income are disclosed by the person/family/guardian/conservator. Failure to provide this information will delay and or prevent an individual to apply for initial Medicaid benefits or renew these benefits.



Financial Eligibility

All countable assets are used to determine financial eligibility for long term care coverage (Medicaid). Countable assets (also called resources) include cash, stocks, bonds, investments, credit union, savings, and checking accounts, and real estate in which one does not reside. Exempt categories of assets, such as the individual's home or vehicle, are not included in the individual's countable assets. Gross countable income is used to determine financial eligibility for long term care coverage (Medicaid). Gross countable income includes any income from countable income sources.

Over Resourced and Over Income are defined as a person exceeding the financial limits for entitlement benefits for Medicaid.

- Resource requirement/**Over Resourced**
- Countable income/resources/assets combined must be at or below the resource limit
- The resource limit is \$4,000.00 for an individual or \$6,000.00 for a couple

If the individual has countable income/resources/assets exceeding \$4,000, the individual is ineligible for long term care services coverage (Medicaid). The individual may choose to reallocate assets by completing a **Financial Spenddown** (including transferring monies Special Needs Trust) and then submit a new application for coverage

Over Income

Financial Spend Down is the process by which a spend down of funds needs to be executed to remain under the **\$4000** capitation of Medicaid eligibility.

The persons/families/guardians/conservators/providers will be responsible to conduct a Financial Spend down. It is suggested that when the person has large sums of monies, they should be transferred to a special needs trust or similar financial arrangement that is designed to manage assets for that person's benefit while not compromising access to important government benefits.

Due to time limitations, the Financial Spend Down must occur quickly. Evidence of the Financial Spenddown (i.e. Bank accounts, Joiner agreements etc.) must be sent to designated staff at DDA timely to be included at the time of Medicaid renewal. If the Financial Spend Down is not completed timely the person will not be eligible for DC Medicaid and will have a lapse in coverage.

- Income requirement/ **Over Income**
- You must meet the income requirement to qualify for Long Term Care.
- The income limit is 300% of the Supplemental Security Income (SSI) benefit rate (3x Social Security Income monthly payment \$914, example: $3 \times \$914 = \2742 in 2023)



Medical Spend Down

If the individual has monthly income exceeding \$2742, the individual is ineligible for long term care services coverage. The individual must complete a **Medical Spend Down** and submit a new application for coverage

Medical Spend Down is the process by which individuals income/earning cannot exceed three times the Social Security payment of **\$2742** monthly (3x Social Security monthly payment \$914 example: $3 \times \$914 = \2742). The individual's Medical Spend Down obligation is the amount of the individual's countable income that exceeds the current Medically Needy Income Level (MNIL).

ESA will accept deductible medical expenses. For your deductible, you can count most of your medical bills. This includes your bills for drugs. You can count receipts for aspirin and adult diapers. Also, you can count the parts of bills that Medicare does not pay. You can count unpaid medical bills towards your deductible. You can even include old medical bills that you have not paid. ESA will also accept denial notices of HCBS IDD waiver services toward the spend down.

Evidence of the Medical Spend Down (i.e. medical expenses, denial of HCBS IDD Waiver services.) must be sent to designated staff at DDA timely to be included at the time of Medicaid renewal.

Medical Spend down for long term care services is determined for a six-month budget period. Once the individual meets the spend down obligation, the individual will be automatically enrolled in Medicaid from the first day of the month in which the individual meets the spend down obligation through the remainder of the six—month budget period.

Medical Spend Down

At the end of the first six-month budget period, another spend down obligation will be calculated for the second six-month budget period within the twelve (12) month eligibility span.

Notifications

The Waiver unit sends notification of persons that are Over Resourced and/or Over Income to the individual's person-centered team members via email. It is the responsibility of the team members to acknowledge, respond and collaborate to address this matter timely. If the Financial Spend Down is not completed timely the person will not be eligible for DC Medicaid and will have a lapse in coverage.

Medicaid Waiver Unit

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