

NORFOLK DEPARTMENT OF HUMAN SERVICES

PRESENTERS

BENEFIT PROGRAMS SUPERVISORS

ARNDREER GILCHRIST

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NORFOLK DEPARTMENT OF HUMAN SERVICES

NORFOLK DEPARTMENT OF HUMAN SERVICES CONNECTS ELIGIBLE CITIZENS TO FEDERAL, STATE AND LOCAL RESOURCES FOR FOOD, HEALTHCARE, CHILDCARE, CASH ASSISTANCE, WORKFORCE DEVELOPMENT, AND ENERGY AND UTILITIES ASSISTANCE.



WHAT YOU NEED TO KNOW ABOUT DISABLED MEDICAID

DEFINITION OF DISABLED

MERRIAM-WEBSTER DEFINES DISABLED AS BEING IMPAIRED OR LIMITED BY A PHYSICAL, MENTAL, COGNITIVE, OR DEVELOPMENTAL CONDITION AFFECTED BY DISABILITY.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS) DEFINITION OF DISABLED

DMAS USES THE SAME “DISABLED” DEFINITION THAT THE SOCIAL SECURITY ADMINISTRATION (SSA) USES FOR THE FOLLOWING:

- DISABLED 18 AND OLDER
- DISABLED UNDER 18

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS) CONSIDERS YOU DISABLED IF:

18 OR OLDER

THE SSA DEFINES “BEING DISABLED” AS AN INDIVIDUAL’S INABILITY TO DO ANY SUBSTANTIAL GAINFUL ACTIVITY OR WORK BECAUSE OF A SEVERE MEDICALLY DETERMINABLE PHYSICAL OR MENTAL IMPAIRMENT OR COMBINATION OF IMPAIRMENTS.

THIS IMPAIRMENT(S) HAS LASTED OR IS EXPECTED TO LAST FOR A CONTINUOUS PERIOD OF NOT LESS THAN 12 MONTHS, OR THE IMPAIRMENT IS EXPECTED TO RESULT IN DEATH.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS) CONSIDERS YOU DISABLED IF:

CHILD UNDER 18

THE SSA DEFINES “BEING DISABLED” AS HAVING A MEDICALLY DETERMINABLE PHYSICAL OR MENTAL IMPAIRMENT OR COMBINATION OF IMPAIRMENTS THAT CAUSES MARKED AND SEVERE FUNCTIONAL LIMITATIONS. THESE LIMITATIONS MUST HAVE LASTED OR BE EXPECTED TO LAST FOR A PERIOD OF NOT LESS THAN 12 MONTHS OR THE IMPAIRMENT IS EXPECTED TO RESULT IN DEATH.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS) CONSIDERS YOU DISABLED IF:

CHILD UNDER 18 CONTINUED

HOWEVER, A CHILD CANNOT BE FOUND DISABLED IF, AT APPLICATION THE CHILD IS PERFORMING SUBSTANTIAL GAINFUL ACTIVITY OR WORK AND IS NOT CURRENTLY ENTITLED TO SUPPLEMENTAL SECURITY INCOME (SSI) BENEFITS.

MEDICAID COVERED GROUPS

- AGED (65 AND OLDER), BLIND, OR DISABLED INDIVIDUALS
- MEDICALLY NEEDY
- AUXILIARY GRANT (AG)
- MEDICAID WORKS PROGRAM
- HOSPICE
- PLAN FIRST – VIRGINIA'S FAMILY PLANNING SERVICES PROGRAM
- EMERGENCY SERVICES FOR NON-CITIZENS

MEDICARE COVERED GROUPS

INDIVIDUALS WHO ARE ELIGIBLE FOR MEDICARE PART A AND WHO MEET ONE OF THE FOLLOWING COVERED GROUPS MAY RECEIVE **LIMITED** MEDICAID COVERAGE. MEDICAID PAYS THE MEDICARE COSTS ON BEHALF OF THESE MEDICARE BENEFICIARIES AS INDICATED BELOW:

- QUALIFIED MEDICARE BENEFICIARIES (QMB)
- SPECIAL LOW-INCOME MEDICARE BENEFICIARIES (SLMB)
- QUALIFIED INDIVIDUALS (QI)
- QUALIFIED DISABLED AND WORKING INDIVIDUALS (QDWI)

HOW TO APPLY

CUSTOMERS CAN APPLY FOR DISABLED MEDICAL ASSISTANCE THREE (3) WAYS

- LOCAL DEPARTMENT OF HUMAN SERVICES/SOCIAL SERVICES IN PERSON
- ONLINE

WWW.COMMONHELP.VIRGINIA.ORG

WWW.COVERVA.ORG

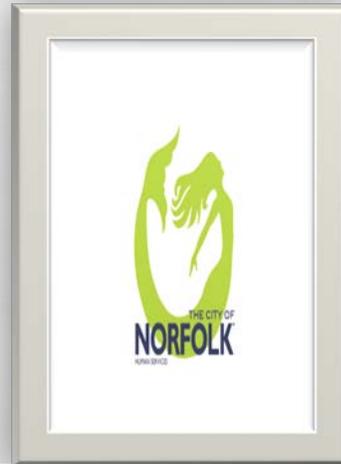
- BY PHONE

855-242-8282

855-635-4370

APPLICATION PROCESS

- RECEIVED
- REVIEWED (NEEDED VERIFICATION(S) REQUESTED)
- EVALUATED
- APPROVED OR DENIED



ELIGIBILITY REQUIREMENTS

A SUBMITTED APPLICATION IS ASSIGNED TO A WORKER WHO WILL REVIEW IT AND VERIFY THAT ALL INFORMATION NEEDED IS RECEIVED:

- NON-FINANCIAL
- RESOURCES (ASSETS)
- INCOME
- APPENDIX D
- ADULT/CHILD DISABILITY REPORT

NON-FINANCIAL REQUIREMENTS

- SOCIAL SECURITY NUMBER
- VIRGINIA RESIDENCY
- UNITED STATES CITIZENSHIP/ IMMIGRATION STATUS
- IDENTITY

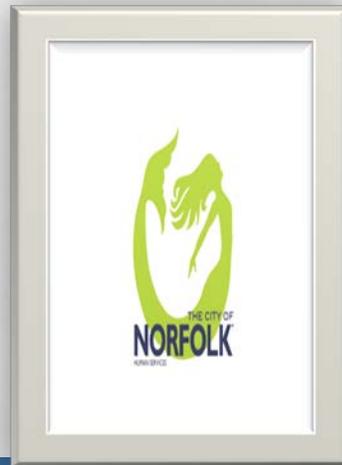
RESOURCES/ASSETS

ALL RESOURCES MUST BE REPORTED

- MONEY ON HAND
- CHECKING/SAVINGS ACCOUNT
- SAFE DEPOSIT BOX
- STOCKS/BONDS
- CERTIFICATES OF DEPOSIT
- TRUSTS

RESOURCES/ASSETS CONTINUED

- PRE-PAID BURIAL PLANS
- VEHICLES/BOATS
- LIFE INSURANCE POLICIES
- REAL PROPERTY



INCOME REQUIREMENTS

ALL INCOME RECEIVED MUST BE LISTED ON THE APPLICATION

- EARNED INCOME (WAGES AND SELF-EMPLOYMENT)
- UNEARNED INCOME (SOCIAL SECURITY, RETIREMENT PENSIONS, CERTAIN VETERAN'S BENEFITS, ALIMONY, ETC.)

ABD MEDICAID INCOME LIMITS

AU	Medically Needy/ Spenddown (07/01/17)			Income Limits Effective 01/18/18								Auxiliary Grant ALF & AFC Eff. 01/01/18
	1 month	3 month	6 month	80% FPL	QMB 100% FPL	SLMB 120% FPL	QI 135% FPL	QDVI 200% FPL	CN 300% of SSI	Plan First 200%	WORKS Initial assessment	
Group I												
1	\$311.20	\$933.60	\$1,867.21	\$810	\$1,012	\$1,214	\$1,366	\$2,024	\$2,250	\$2,024	\$810	Rate: \$1,236
2	\$396.20	\$1,188.60	\$2,377.24	\$1,098	\$1,372	\$1,646	\$1,852	\$2,744		\$2,744	\$1,098	Planning District 8 Rate: \$1,421
												PNA: \$82
Group II				AC	AC	AC	AC	AC		AC	AC	AG ACs
1	\$359.08	\$1,077.24	\$2,154.48	029 Aged	023 Aged	053	056	055		080	059	012 AG Aged
2	\$422.16	\$1,266.48	\$2,653.01	039 Blind	043 Blind							032 AG Blind
				049 Disabled	063 Disabled							052 AG Disabled
Group III				BCCPTA: No income or resource test. (AC 066)								
1	\$466.80	\$1,400.40	\$2,800.83	Former Foster Care Child < 26: No income or resource test. (AC 070)								
2	\$562.80	\$1,688.40	\$3,376.83									
MN AC's				Long Term Care				300% LTC Acs				
018 Aged, NonQMB	300% SSI Limit: \$2,250 (01/01/18)				054 HOSPICE							
038 Blind, NonQMB	Personal needs allowance for NF: \$40 (no change)				020 Aged, NonQMB <300% SSI							
058 Disabled, NonQMB	Personal needs allowance (165% SSI): \$1238 (01/01/18)				040 Blind, NonQMB <300% SSI							
028 Aged & QMB	Medicare Part A: \$232 (eff. 01/1/18) Paid Medicare taxes 30 to 39 quarters				060 Disabled, Non-QMB <300% SSI							
048 Blind & QMB	Medicaid Part A: \$422 (eff. 01/01/18) Paid Medicare taxes <30 quarters				022 Aged, QMB <300% SSI							
068 Disabled & QMB	Medicare Part B: \$134.00 standard (01/01/18)				042 Blind, QMB <300% SSI							
024 Aged SLMB Plus	Medicare Part D: \$30.05 benchmark (eff. 01/01/18)				062 Disabled, QMB <300% SSI							
044 Blind or Disabled SLMB Plus	NBD child allocation & NABD deeming standard: \$375 (eff. 01/01/18)				025 Aged, SLMB Plus <300% SSI							
	CBC Special Earning Allowance 300%: \$2,250 (01/01/18)				045 Blind/Disabled SLMB Plus <300% SSI							
Resources				Spousal Resource Std: \$24,720 (01/01/18)								
FPL/ MN Resource Limit: \$2,000 (AU=1)				Max Spousal Resource Std: \$123,600 (01/01/18)				CN ACs				
\$3000 (AU=2)				Max Monthly Maintenance Needs Allowance: \$3,090 (01/01/18)				011 SSI AGED				
CN MSP Resource Limit: \$7,560 (AU=2)				Excess Shelter Standard: \$609.00 (07/01/17)				031 SSI BLIND				
(eff. 01/18/18) \$12,840 (AU=2)				Burial Fund Exclusion: \$3,500				051 SSI DISABLED				
QDVI Resource Limit: \$4000 (AU=1)				For student child earned income exclusion refer to S0820.510				021 PROTECTED AGED				
\$6000 (AU=2)								041 PROTECTED BLIND				
All contiguous property exempt exem 80% FPL, QMB, SLMB, & QI				LTC: Penalty Period Calculations				Utility Standard (Eff. 10/01/18)				
				Average Monthly Private NF Cost (eff. 01/01/15)				Number of Person: Utility Std.				
				Northern VA: \$8367				1-3 \$306				
One vehicle exempt				All other localities: \$5933				4 or more \$381				
								SSI Individual: \$750 (01/01/18)				
								SSI Couple: \$1,125 (01/01/18)				
								SSI/SSA Individual: Max \$750 (01/01/18)				
								SSI/SSA couple: Max \$1,125 (01/01/18)				

Note: There was a 2% COLA for 2018

APPENDIX D

COMPLETE APPENDIX D IF APPLYING FOR MEDICAID COVERAGE FOR:

- DISABLED INDIVIDUAL
- 65 YEARS OR OVER
- ANY ADULT/CHILD IN NEED OF LONG-TERM CARE SERVICES (NURSING FACILITY OR COMMUNITY BASED CARE)

APPENDIX D CONTINUED

- APPENDIX D GATHERS ADDITIONAL INFORMATION NEEDED TO DETERMINE MEDICAID ELIGIBILITY
- APPENDIX D IS NOT A STAND-ALONE APPLICATION
- THE APPLICANT MUST SUBMIT APPENDIX D ALONG WITH THE MEDICAID APPLICATION

PROCESSING TIME

- AN ELIGIBILITY DETERMINATION WILL BE MADE WITHIN 45 CALENDAR DAYS
- NOTICE OF APPROVAL OR DENIAL PROVIDED
- APPLICANT HAS A RIGHT TO FOLLOW THE APPEAL PROCESS IF THEY DO NOT AGREE WITH THE ELIGIBILITY DECISION MADE

DISABILITY DETERMINATION SERVICES (DDS)

DISABILITY DETERMINATION SERVICES, COMMONLY CALLED DDS, IS A STATE AGENCY THAT IS CONTRACTED BY THE SOCIAL SECURITY ADMINISTRATION (SSA) TO MAKE THE MEDICAL DECISION OF INDIVIDUALS APPLYING FOR SOCIAL SECURITY DISABILITY BENEFITS.

DDS ALSO MAKES THE MEDICAL DECISION FOR MEDICAID IN THE COMMONWEALTH OF VIRGINIA.

ADULT/CHILD DISABILITY REPORT

SOCIAL SECURITY ADMINISTRATION Form Approved
OMB No. 0960-0579

DISABILITY REPORT ADULT

For SSA Use Only- Do not write in this box.

Related SSN

Number Holder

Anyone who makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an initial or continued right to payment, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.

If you are filling out this report for someone else, please provide information about him or her. When a question refers to "you" or "your," it refers to the person who is applying for disability benefits.

SECTION 1 - INFORMATION ABOUT THE DISABLED PERSON

1.A. Name (First, Middle Initial, Last) 1.B. Social Security Number

1.C. Mailing Address (Street or PO Box) Include apartment number or unit if applicable.

City State/Province ZIP/Postal Code Country (if not USA)

1.D. Email Address

1.E. Daytime Phone Number, including area code, and the IDD and country codes if you live outside the USA or Canada. Phone number

Check this box if you do not have a phone or a number where we can leave a message.

1.F. Alternate Phone Number - another number where we may reach you, if any.

Alternate phone number

1.G. Can you speak and understand English? Yes No

If no, what language do you prefer?

If you cannot speak and understand English, we will provide an interpreter, free of charge.

1.H. Can you read and understand English? Yes No

1.I. Can you write more than your name in English? Yes No

1.J. Have you used any other names on your medical or educational records? Examples are maiden name, other married name, or nickname. Yes No

If yes, please list them here:

SECTION 2 - CONTACTS

Give the name of someone (other than your doctors) we can contact who knows about your medical conditions, and can help you with your claim.

2.A. Name (First, Middle Initial, Last) 2.B. Relationship to you

2.C. Daytime Phone Number (as described in 1.E. above)

2.D. Mailing Address (Street or PO Box) Include apartment number or unit if applicable.

City State/Province ZIP/Postal Code Country (if not USA)

2.E. Can this person speak and understand English? Yes No

If no, what language is preferred?

Form SSA-3368-BK (10-2015) UF (10-2015)

Page 1

Destroy Prior Editions

SOCIAL SECURITY ADMINISTRATION Form Approved
OMB No. 0960-0577
Form SSA-3820-BK (03-2017) UF Page 1 of 12

DISABILITY REPORT - CHILD

SECTION 1 - INFORMATION ABOUT THE CHILD

A. CHILD'S NAME (First, Middle Initial, Last) B. CHILD'S SOCIAL SECURITY NUMBER

C. YOUR NAME (If agency, provide name of agency and contact person)

YOUR MAILING ADDRESS (Number and Street, Apt. No. (if any), P.O. Box, or Rural Route)

CITY STATE ZIP CODE

YOUR EMAIL ADDRESS (Optional)

D. YOUR DAYTIME PHONE NUMBER (If you do not have a phone number where we can reach you, give us a daytime number where we can leave a message for you.)

Area Code Number Your Number Message Number None

E. What is your relationship to the child?

F. Can you speak and understand English? YES NO

If "NO", what is your preferred language?

NOTE: If you cannot speak and understand English, we will provide you an interpreter, free of charge. If you cannot speak and understand English, is there someone we may contact who speaks and understands English and will give you messages?

YES (Enter name, address, phone number, relationship) NO

NAME RELATIONSHIP TO CHILD

ADDRESS (Number, Street, Apt. No. (if any), P.O. Box, or Rural Route)

City State ZIP DAYTIME PHONE Area Code Number

Can you read and understand English? YES NO

G. Does the child live with you? YES NO If "NO", with whom does the child live?

NAME RELATIONSHIP TO CHILD

ADDRESS (Number, Street, Apt. No. (if any), P.O. Box, or Rural Route)

City State ZIP DAYTIME PHONE Area Code Number

Can this person speak and understand English? YES NO

If "NO", what is this person's preferred language?

Can this person read and understand English? YES NO

Disability Report - Child - Form SSA-3820-BK

AUTHORIZATION TO DISCLOSE INFORMATION

Form Approved OMB No. 0960-0823	
WHOSE Records to be Disclosed	
NAME (First, Middle, Last, Suffix) _____	
SSN _____	Birthdate (mm/dd/yy) _____
AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)	
** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW **	
I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):	
OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:	
1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:	
<ul style="list-style-type: none"> • Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501) • Drug abuse, alcoholism, or other substance abuse • Sickle cell anemia • Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS • Gene-related impairments (including genetic test results) 	
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.	
3. Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.	
4. Information created within 12 months after the date this authorization is signed, as well as past information.	
FROM WHOM	THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:
<ul style="list-style-type: none"> • All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities • All educational sources (schools, teachers, records administrators, counselors, etc.) • Social workers/rehabilitation counselors • Consulting examiners used by SSA • Employers, insurance companies, workers' compensation programs • Others who may know about my condition (family, neighbors, friends, public officials) 	
TO WHOM	The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]
PURPOSE	Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability, and whether I can manage such benefits.
	<input type="checkbox"/> Determining whether I am capable of managing benefits ONLY (check only if this applies)
EXPIRES WHEN	This authorization is good for 12 months from the date signed (below my signature).
	<ul style="list-style-type: none"> • I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above. • I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details). • I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details). • SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed. • I have read both pages of this form and agree to the disclosures above from the types of sources listed.
PLEASE SIGN USING BLUE OR BLACK INK ONLY	IF not signed by subject of disclosure, specify basis for authority to sign
INDIVIDUAL authorizing disclosure	<input type="checkbox"/> Parent of minor <input type="checkbox"/> Guardian <input type="checkbox"/> Other personal representative (explain) _____
SIGN ▶	(Parent/guardian/personal representative sign here if two signatures required by State law) ▶
Date Signed _____	Street Address _____
Phone Number (with area code) _____	City _____ State _____ ZIP _____
WITNESS I know the person signing this form or am satisfied of this person's identity.	IF needed, second witness sign here (e.g., if signed with "X" above)
SIGN ▶	SIGN ▶
Phone Number (or Address) _____	Phone Number (or Address) _____
<small>This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"), 45 CFR parts 160 and 164; 42 U.S. Code section 29055-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.</small>	
<small>Form SSA-827 (11-2012) ef (11-2012) Use 4-2009 and Later Editions Until Supply is Exhausted Page 1 of 2</small>	

DISABILITY DETERMINATION SERVICES (DDS) TIMEFRAME

- DDS DISABILITY DETERMINATION MADE WITHIN 90 CALENDAR DAYS
- IF THE DISABILITY DETERMINATION TAKES LONGER THAN 90 DAYS DDS WILL NOTIFY THE APPLICANT
- THE LOCAL DEPARTMENT OF SOCIAL SERVICES DOES NOT DETERMINE WHETHER OR NOT AN INDIVIDUAL MEETS THE DISABILITY REQUIREMENTS

DISABILITY DETERMINATION SERVICES (DDS) TIMEFRAME

- DDS DETERMINES WHETHER OR NOT AN INDIVIDUAL IS DISABLED AS DEFINED BY SSA BY EVALUATING A SERIES OF FACTORS IN SEQUENTIAL ORDER
- DEPARTMENT OF MEDICAL ASSISTANCE SERVICES IS DIRECTED TO ADOPT ANY SSA DECISION(S) MADE WITHIN THE PAST 12 MONTHS. IF AN APPLICANT ALLEGES A CONDITION THAT IS NEW OR IN ADDITION TO CONDITION(S) ALREADY CONSIDERED BY SSA, A DDS REFERRAL IS MADE

LONG-TERM CARE (LTC) MEDICAID

TO BE ELIGIBLE FOR MEDICAID PAYMENT OF LONG-TERM CARE, AN INDIVIDUAL MUST BE ELIGIBLE FOR MEDICAID.

- LTC IS CONSIDERED FULL MEDICAID COVERAGE
- COPAYMENT DEPENDS ON GROSS INCOME
- THE MEDICAID NON-FINANCIAL ELIGIBILITY REQUIREMENTS APPLY TO ALL MEDICAID APPLICANTS AND RECIPIENTS
- HAVE TO MEET RESOURCE GUIDELINES

LONG-TERM CARE (LTC) MEDICAID

- LTC SERVICES INCLUDES COVERAGE FOR INDIVIDUALS IN NURSING FACILITIES AS WELL AS INDIVIDUALS SEEKING COMMUNITY BASED CARE (CBC)
- PRE-ADMISSION SCREENING
- MEETING LEVEL-OF-CARE REQUIREMENTS SUCH AS BATHING, CLOTHING, FEEDING ETC. IN ORDER TO RECEIVE WAIVER SERVICES

LONG-TERM CARE (LTC) MEDICAID

- FEDERAL REQUIREMENT THAT THE INDIVIDUAL BE AT RISK OF INSTITUTIONALIZATION WITHIN 30 DAYS IF WAIVER SERVICES ARE NOT PROVIDED
- APPLICATION PROCESS IS WITHIN 45 DAYS

CONTACT LOCAL DEPARTMENT OF HUMAN SERVICES/SOCIAL SERVICES FOR DETAILS IF MEDICAID LONG-TERM CARE SERVICES ARE NEEDED.

LONG-TERM CARE (LTC) SERVICES

HOME AND COMMUNITY-BASED WAIVERS

VIRGINIA PROVIDES A VARIETY OF SERVICES (SUCH AS PERSONAL CARE) UNDER HOME AND COMMUNITY-BASED WAIVERS TO SPECIFICALLY TARGETED INDIVIDUALS.

EACH WAIVER PROVIDES SPECIALIZED SERVICES TO HELP ELIGIBLE INDIVIDUALS REMAIN IN THEIR COMMUNITIES. THESE INDIVIDUALS RECEIVE ACUTE AND PRIMARY MEDICAL SERVICES FROM A MCO AND WAIVER SERVICES (AND THE RELATED TRANSPORTATION) THROUGH THE FEE-FOR-SERVICE PROGRAM. THE WAIVERS ARE:

LONG-TERM CARE (LTC) SERVICES

HOME AND COMMUNITY-BASED WAIVERS CONTINUED

ELDERLY OR DISABLED WITH CONSUMER DIRECTION (EDCD) WAIVER

PROVIDES SUPPORTS IN THE COMMUNITY FOR INDIVIDUALS WHO ARE ELDERLY OR HAVE A DISABILITY. INDIVIDUALS MAY CHOOSE TO RECEIVE AGENCY-DIRECTED SERVICES, CONSUMER-DIRECTED SERVICES OR A COMBINATION OF THE TWO AS LONG AS IT IS MEDICALLY APPROPRIATE AND DUPLICATE SERVICES ARE NOT PROVIDED.

LONG-TERM CARE (LTC) SERVICES

HOME AND COMMUNITY-BASED WAIVERS CONTINUED

INDIVIDUAL AND FAMILY DEVELOPMENTAL DISABILITY (DD) SUPPORT WAIVER

PROVIDES SUPPORTS IN THE COMMUNITY RATHER THAN IN AN INTERMEDIATE CARE FACILITY. THE DD WAIVER SERVES INDIVIDUALS 6 YEARS OF AGE AND OLDER WHO HAVE A RELATED CONDITION AND DO NOT HAVE A DIAGNOSIS OF INTELLECTUAL DISABILITY, AND WHO:

LONG-TERM CARE (LTC) SERVICES

HOME AND COMMUNITY-BASED WAIVERS CONTINUED

INDIVIDUAL AND FAMILY DEVELOPMENTAL DISABILITY (DD) SUPPORT WAIVER

- MEET THE INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH/INTELLECTUAL DISABILITIES LEVEL OF CARE CRITERIA
- ARE DETERMINED TO BE AT IMMINENT RISK OF PLACEMENT
- ARE DETERMINED THAT COMMUNITY-BASED CARE SERVICES UNDER THE WAIVER ARE THE CRITICAL SERVICES THAT ENABLE THE INDIVIDUAL TO REMAIN AT HOME RATHER THAN BEING PLACED IN AN IMMEDIATE CARE FACILITY

LONG-TERM CARE (LTC) SERVICES

WAIVERS CONTINUED

INTELLECTUAL DISABILITY (ID) WAIVER

PROVIDES SUPPORTS IN THE COMMUNITY RATHER THAN IN AN IMMEDIATE CARE FACILITY FOR INDIVIDUALS WHO ARE UP TO 6 YEARS OF AGE WHO ARE AT DEVELOPMENTAL RISK AND INDIVIDUALS AGE 6 AND OLDER WHO HAVE AN INTELLECTUAL DISABILITY.

LONG-TERM CARE (LTC) SERVICES

WAIVERS CONTINUED

TECHNOLOGY ASSISTED (TECH) WAIVER

PROVIDES CARE IN THE COMMUNITY FOR INDIVIDUALS WHO ARE DEPENDENT UPON TECHNOLOGICAL SUPPORT AND REQUIRE SUBSTANTIAL, ONGOING NURSING CARE.

LONG-TERM CARE (LTC) SERVICES

WAIVERS CONTINUED

**DAY SUPPORT (DS) WAIVER FOR INDIVIDUALS WITH INTELLECTUAL
DISABILITY (ID)**

**PROVIDES HOME AND COMMUNITY-BASED SERVICES TO
INDIVIDUALS WITH INTELLECTUAL DISABILITIES WHO HAVE BEEN
DETERMINED TO REQUIRE THE LEVEL OF CARE PROVIDED IN AN
ICF/IID AND ARE ON THE WAITING LIST FOR THE ID WAIVER.**

LONG-TERM CARE (LTC) SERVICES

WAIVERS CONTINUED

ALZHEIMER'S ASSISTED LIVING (AAL) WAIVER

IS AVAILABLE ONLY TO INDIVIDUALS WHO LIVE IN A LICENSED ASSISTED LIVING FACILITY, ARE AUXILIARY GRANT (AG) RECIPIENTS, AND HAVE A DIAGNOSIS OF ALZHEIMER'S DISEASE OR A RELATED DEMENTIA WITH NO DIAGNOSIS OF MENTAL ILLNESS OR INTELLECTUAL DISABILITY.

EXPENDITURES CHART

Department of Medical Assistance Services Summary Report on Medicaid and CHIP Expenditures -- August, FY2017

	Official	Funding	Final	Funded	August	August	FY % Change	Balance Remaining	
	Forecast	Adjustments	Appropriation	Growth	FY2016	FY2017		Amount	%
General Medical Care: MCOs	3,386,152,613	0	3,386,152,613	7%	532,002,303	559,593,200	5%	2,826,559,413	83%
Capitation Payments: Low-Income Adults & Children	1,785,852,438	0	1,785,852,438	5%	272,875,890	279,772,679	3%	1,505,879,757	84.3%
Capitation Payments: Aged, Blind & Disabled	1,367,583,656	0	1,367,583,656	3%	208,880,661	226,284,358	8%	1,141,299,298	83%
Capitation Payments: Duals/CCC Program	322,916,521	0	322,916,521	4%	60,265,752	53,536,163	7%	269,380,358	83%
MCO Pharmacy Rebates	(90,000,000)	0	(90,000,000)	-43%	0	0	0%	(90,000,000)	100%
General Medical Care: Fee-For-Service	1,653,620,705	(34,991,533)	1,618,629,172	-1%	227,202,669	323,176,866	42%	1,295,452,306	80%
Inpatient Hospital	395,899,250	(15,359,619)	380,539,631	-6%	77,589,969	84,481,924	9%	296,057,707	77.8%
Outpatient Hospital	106,315,722	0	106,315,722	-3%	20,024,421	22,181,345	11%	84,134,377	79%
Physician/Practitioner Services	121,181,199	654,682	121,835,881	-6%	24,553,855	24,501,011	0%	97,334,870	80%
Clinic Services	80,831,876	0	80,831,876	-2%	18,997,587	26,945,929	42%	53,885,947	66.7%
Pharmacy	132,801,769	0	132,801,769	22%	19,395,676	21,764,353	12%	111,037,416	84%
FFS Pharmacy Rebates	(71,981,526)	0	(71,981,526)	50%	(84,341,051)	0	-100%	(71,981,526)	100%
Medicare Premiums Part A & B	298,799,637	0	298,799,637	9%	42,607,774	48,887,059	15%	249,912,578	84%
Medicare Premiums Part D	221,324,939	0	221,324,939	1%	47,890,915	36,302,290	-24%	185,022,649	84%
Dental	161,320,268	(3,538,023)	157,782,245	3%	29,073,881	29,727,536	2%	128,054,709	81%
Transportation	89,322,047	0	89,322,047	-2%	13,221,647	7,838,844	-41%	81,483,203	91%
All Other	117,805,524	(16,748,673)	101,056,851	-1%	18,187,995	20,546,575	13%	80,510,376	80%
Behavioral Health & Rehabilitative Services	787,680,604	11,844,542	799,525,146	9%	127,927,539	145,925,361	14%	653,599,785	82%
MH Case Management	81,116,766	0	81,116,766	-5%	15,382,119	17,320,508	13%	63,796,258	79%
MH Residential Services	30,456,560	0	30,456,560	16%	4,030,007	6,181,855	53%	24,274,705	80%
MH Rehabilitative Services	569,648,456	11,844,542	581,490,998	10%	90,657,743	100,790,506	11%	480,700,492	83%
Early Intervention & EPSDT-Authorized Services	106,460,822	0	106,460,822	9%	17,857,670	21,632,492	21%	84,828,330	80%
Long-Term Care Services	2,657,021,501	12,265,298	2,669,286,799	6%	453,356,007	465,767,450	3%	2,203,519,349	82.6%
Nursing Facility	807,560,364	0	807,560,364	3%	138,205,154	138,857,829	0%	668,702,535	82.8%
Private ICF/MRs	115,189,955	0	115,189,955	9%	20,833,813	17,687,953	-15%	97,502,002	85%
PACE	66,459,905	0	66,459,905	8%	11,772,136	8,743,782	-26%	57,716,123	87%
HCBC Waivers: Personal Support	835,149,095	(13,921,734)	821,227,361	5%	140,970,202	153,515,706	9%	667,711,655	81%
HCBC Waivers: Habilitation	680,747,025	39,146,502	719,893,527	11%	117,564,544	121,281,535	3%	598,631,992	83%
HCBC Waivers: Nursing, EM/AT, Adult Day Care, Alzheimers	87,287,778	2,485,540	89,773,318	49%	11,568,792	12,829,508	11%	76,943,810	86%
HCBC Waivers: Case Management & Support	64,627,379	(15,445,010)	49,182,369	-30%	12,451,366	12,871,137	3%	36,311,232	74%
Indigent Care	516,170,712		516,170,712	-4%	80,397,288	129,428,930	61%	386,741,782	75%
Total Medicaid Expenditures	\$9,000,646,135	(\$10,881,693)	\$8,989,764,442	5%	\$1,420,885,806	\$1,623,891,807	14%	\$7,365,872,635	81.9%
Mental Health Services CSA		71,713,945	71,713,945	-20%	17,837,795	16,923,786	-5%	54,790,159	76%
Federal Funds		43,187,748	43,187,748	-3%	8,918,898	8,461,893	-5%	34,725,855	80%
State Funds		28,526,197	28,526,197	-36%	8,918,898	8,461,893	-5%	20,064,304	70%
MHMR Facility Reimbursements (45607)	151,698,269	(17,008,121)	134,690,148	-28%	29,447,185	22,674,860	-23%	112,015,288	83.2%
Federal Funds	75,849,135	(12,504,061)	63,345,074	-37%	14,723,593	11,337,430	-23%	52,007,644	82.1%
State Funds	75,849,135	(4,504,061)	71,345,074	-17%	14,723,593	11,337,430	-23%	60,007,644	84.1%
Total Medicaid Program (456)	\$9,152,344,408	\$43,824,131	\$9,196,168,535	4%	\$1,468,170,786	\$1,663,490,453	13%	\$7,532,678,082	81.9%
Federal Funds	4,490,922,781	17,729,666	4,508,652,447	5%	712,948,882	822,446,458	15%	3,686,205,989	81.8%
Special Funds	346,848,632	18,236,320	365,084,952	-3%				365,084,952	100.0%
State Funds	4,314,572,995	7,858,145	4,322,431,140	4%	755,221,904	841,043,993	11%	3,481,387,147	80.5%

QUESTIONS
&
ANSWERS

BENEFIT PROGRAMS SUPERVISORS
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