



Community Choices Home & Community Based Waiver

What is Medicaid?

Medicaid is the state and federal partnership that provides health coverage for selected categories of individuals with low income and limited resources.

Within the Community Choices Waiver there are two options for services:

In- Home Services

In-Home Services offers an option for individuals who need nursing home level of care, but wish to remain in their home and receive specialized services that could delay or prevent admission to a nursing home.

Assisted Living Facility (ALF) Services

The Assisted Living Facility Services offers an option for individuals who need nursing home level of care, but wish to remain in the community in an assisted living facility and receive specialized services that may delay or prevent admission to a nursing home.

Eligibility Criteria

- **Must meet**
 - U.S. Citizenship/Immigration Status
 - Resident of Wyoming or intends to reside in Wyoming.
 - Age 65 or older, blind or disabled.
 - Must be age 19 or older.
- **Must meet the level of care requirements for entry into a Nursing Home.**
- **Must have approved Plan of Care.**
- **Income guidelines:**
 - Gross monthly income limit is \$2,742.
 - Individuals with income above this amount may qualify by establishing an Income Trust.
- **Income is defined as anything received in cash or in kind, that can be used to meet an individual's needs.**
 - **Income is counted:**
 - When it is received.
 - When it is credited to an individual's account.
 - When it is set aside for an individual's use.
 - **Resource guidelines:**
 - Individual - \$2,000.
 - Couple - \$3,000, when both are applying.
 - Couple - \$148,620 when one is applying.
 - **Resources include real and personal property that an individual owns. Some resources are not counted in the limit, such as but not limited to:**
 - One (1) home may be excluded if the value is less than \$688,000 and it is the individual's primary place of residence.
 - One (1) Vehicle may be excluded.



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○ **Transfer of Resources:**

Medicaid law prohibits the transfer of resources for less than market value by an institutionalized Medicaid applicant/recipient or anyone acting on their behalf.

- Certain transfers are allowable, such as the transfer of a home to a spouse or disabled child.
- Per the Deficit Reduction Act, a five year look back period is reviewed to determine if resources have been transferred.
- A penalty is applied for a period of time based on the uncompensated value of the transferred resource. The length of the penalty is calculated by dividing the uncompensated value of the transferred resource by the average monthly private pay rate for nursing home care (currently \$8,472). The penalty begins the day the applicant becomes Medicaid eligible. The individual is not eligible for Medicaid benefits during the penalty period.

Cost of Care

• **In-Home Services:**

A recipient is not responsible to contribute towards the cost of services provided under the LTC waiver.

• **Assisted Living Facility (ALF) Services**

A recipient is responsible to pay the room and board cost under the ALF services.

Application Process

Medical Necessity Assessment (LT101) completed by the Public Health Nurse.

- Complete the Application for Benefits, Medicaid Application.
- An interview must be completed within 45 days from the date of application.
- An application must be approved or denied within 45 days from the date of application unless:
 - Waiting for third party verification. In this case, the decision must be made within 60 days.
 - A pending disability determination. In this case, a decision should be made within 90 days.
- Application is not required for individuals receiving SSI.
- If SSI is lost, an application will be required to re-determine eligibility.

Benefits Begin

Benefits begin the 1st day of the month the Plan of Care is approved by WDH and a slot is available, if all eligibility factors are met.



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Periodic Reviews

Cases are reviewed every 12 months to determine continued eligibility. A periodic review is not required for individuals receiving Supplemental Security Income (SSI).

Benefits May Be Lost

Benefits will close on the first day of the next month when any of the following occur:

- Individual leaves the Assisted Living Facility (ALF) or no longer needs services provided by the Community Choices Waiver, and is not eligible for another Medicaid program.
- Individual does not complete periodic review.
- Individual enters a public institution, excluding Uinta Hall.
- Individual determined no longer eligible.

Notification to the Applicant

The Medicaid Long Term Care Unit notifies applicants and clients in writing whenever cases are pended, approved, denied or closed.

Notification to Case Manager

The Medicaid Long Term Care Unit notifies the Case Manager of pending, approval, denial and closure actions by sending the Notice to Case Manager Form to the Case Manager.

For More Information:

Wyoming Department of Health, Medicaid: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>