

Home and Community Based Services (HCBS)

It provides non-skilled services in addition to full Medicaid. Examples of non-skilled services are activities of daily living such as help with bathing, dressing, managing medications, meal preparation, light housekeeping, etc. The spouse's income is not used when deciding if a person is eligible for this program.

Assisted Living:

To qualify for assisted living services, eligible clients must meet all of the eligibility criteria for the HCBS program. Eligible recipients must contribute a portion of their income toward the room and board portion of their care. As of calendar year 2018 the minimum income contribution was \$695 per month.

Be prepared to provide the following for all members of the household for all programs:

- Written application;
- Valid Driver's license or photo ID;
- Proof of Citizenship such as birth certificate, citizenship records, Social Security Card
- Proof of income to include pay stubs, Social Security Disability (SSDI), Supplemental Security Income (SSI),
- Proof of all resources/assets to include checking savings account information, property ownership, vehicles, life insurance, stocks, bonds, IRAs, annuities, burial policies

Medicare Savings Program (MSP)

Helps people with limited income and resources pay for some or all of their Medicare premiums and may also pay their Medicare deductibles and co-insurance.

Qualified Medicare Beneficiary (QMB):

Pays Part A, Part B and Deductibles and Co-insurance

- Individual monthly income limit: \$1,032
- Married Couple monthly income limit: \$1,392

Specified Low-Income Medicare Beneficiary (SLMB)

- Individual monthly income limit: \$1,234
- Married Couple monthly income limit: \$1,666

Qualified Individual (QI-1)

Pays Part B premium only

- Individual monthly income limit: \$1,386
- Married Couple monthly income limit: \$1,872

Qualified Disabled and working Individuals (QDWI)

Pays Part A premium only

- Individual monthly income limit: \$2,044
- Married Couple monthly income limit: \$2,644

Must be working disabled person under age 65, lost part A when you went back to work, aren't getting medical assistance, and meet income/resource limits Resource limit for QDWI for single \$4,000 and \$6,000 for married couple.

Resource Guidelines:

Resource/asset limit for MSP is \$9,060 for a single individual and \$14,340 for a couple. Exempt assets include a primary residence (in Colorado), one automobile, life insurance up to \$1,500.00 face value per individual and irrevocable pre-need funeral plans.



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Quick Facts on Medical assistance

Welcome to the Pueblo County Department of Social Services. We offer several medical programs to help low-income individuals, including the elderly and disabled. Each program has different requirements for eligibility. This brochure contains brief information on some of the medical assistance programs available.

For more information on how to apply, call 719-583-6900. You can also pick up applications from Monday-Friday, 7:30 a.m. to 5:00 p.m. or call and we can mail an application.

Long Term Care

Colorado's Long Term Care (LTC) program provides medical assistance to aged, blind or disabled persons who need the level of care which is delivered in a nursing home.

People eligible for Long-Term Care may be eligible for the following assistance:

- ◆ Nursing Home Care
- ◆ Long-Term Hospital Care
- ◆ Home and Community Based Services (HCBS)
- ◆ Assisted living facilities

Disability Guidelines:

You must have a disability determined by Social Security Administration. If you do not have a current disability determined by SSA, you can complete a disability application and submit to our office for review. Please contact your us for the application.

Income Guidelines:

Maximum income guidelines for the recipient are \$2,250.00 (for 2018) per month. Applicants whose income exceeds this amount may be able to qualify if they establish a state approved income trust account.

Income Trust:

An income trust is a legal document that the county technician will provide to an applicant that has income over the allowable amount for Long Term Care Medicaid. Once completed, this form is sent to the State for approval. Contact your county technician to get more information about how this works.

Resource Guidelines:

Resource/asset limit for the program is \$2,000.00 for a single individual and \$3000.00 for a couple (both receiving assistance). Exempt assets include a

primary residence (in Colorado), one automobile, life insurance up to \$1,500.00 face value per individual and irrevocable pre-need funeral plans.

LTC has a five year look back period for any assets transferred, given away or sold for less than fair market value from the date of application. If any transfers, etc that were made within the look back period, the individual may be ineligible for long-term care services for a period of time.

Spousal Protection:

There is a benefit of this program called spousal protection. This applies with married couples where one requires nursing home care (institutionalized spouse) and the other remains in the community and does not receive public assistance (community spouse).

Community Spouse Resource Guidelines: Resource/Asset Limit:

The asset limit for a single individual is \$2,000, and for a married couple who are both on assistance, the asset limit is \$3,000. There is spousal protection of resources (assets) for a married couple when one is applying for Long Term Care Medicaid such as Home Community Based Services, and the other spouse is not receiving any public assistance. We call the spouse not receiving public assistance a Community Spouse. In these situations, the resource limit increases to \$123,600 for the Community Spouse and \$2,000 for the spouse applying or receiving HCBS

The resource limit for a community spouse is \$123,600.00 (effective January 1, 2018). The recipient is entitled to an additional \$2,000.00 in assets.

Estate Recovery

Estate Recovery is a federally mandated program to help pay for medical costs for the increasing number of people in need of care. The Colorado Department of Health Care Policy and Financing recovers medical care costs from the estates of certain former recipients.

Medicaid clients who are 55 years of age or older, or an inpatient of any age residing in a institutionalized care facility, can be affected by this program and may be required to repay, from their estate, all Medicaid benefits paid on their behalf.

Certain estates are exempt from recovery. The State may recover costs of medical assistance from an estate only when:

- Medical services were delivered to a person of any age who lives in a nursing facility or to a person over the age of 55 in any living situation.
- AND**
- The deceased recipient is not survived by a spouse, a child under the age of 21, or a blind or disabled dependent.

Nursing Home Care

Medicaid is available to provide assistance with the cost of nursing home care. Applicants must qualify both medically and financially for the program. Resource limits vary depending on marital status, number in family receiving public assistance, and the first continuous period of institutionalization.

For single individuals the recipient's total monthly income, less \$84.41 for personal needs, is paid to the nursing home toward the cost of care. For those who intend to return home within 6 months, a home maintenance allowance (up to \$270.00 monthly) can be requested. This amount is subtracted from income before paying the nursing home. Spousal protection can also include a monthly income allowance for the community spouse from the institutionalized spouse. This may reduce the monthly income contribution required to be paid to the nursing home.