

# LONG TERM CARE MEDICAID APPLICATION

## Medicaid Assistance for Individuals

PACE

DDS Waiver

ElderChoices

Assisted Living

Nursing Facilities

## Alternatives for Adults with Physical Disabilities



A growing number of Home and Community based programs are available as alternatives to Nursing Facilities. While a Nursing Facility is the right option for some people, others may find help is available to keep them at home. If you would like to talk to a counselor about your options, call toll free 1-866-801-3435 or email [choicesinliving@arkansas.gov](mailto:choicesinliving@arkansas.gov).

A brief description of each of these programs and their eligibility criteria, as well as the Medicaid application, can be found on the inside of this packet. If you are interested in the DDS Waiver program, please see the following page for application instructions. If you are interested in any of the other programs, please complete the attached application and return it to your local DHS county office or call for more information. The DHS county office will determine your eligibility and provide additional information on available assistance.

**LONG TERM CARE MEDICAID APPLICATION KIT**

The following programs are available for facility and non-facility care for individuals with long-term medical needs. These programs have common income and resource requirements.

### **Developmental Disability Services - (DDS)**

DDS provides both home and community based waiver services for individuals with developmental disabilities who would otherwise require care in an institution. An individual applying for Waiver services must be financially eligible and meet the level of care required for admission to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The DDS Waiver provides the full range of Medicaid benefits as well as other specialized services. To apply for DDS waiver services, please complete the attached application or talk with a DDS worker. If the applicant is an adult, contact DDS Adult Services at (501) 683-5687 or (501) 852-8556. If the applicant is a child, contact DDS Children Services at (501) 682-2277.

### **Nursing Facilities**

Nursing facilities are institutions that provide medically necessary care 24 hours per day for residents who require skilled nursing care, rehabilitation services or health-related care and services above the level of room and board and not primarily for the care and treatment of mental diseases. Recipients receive the full range of Medicaid benefits. Medicaid also pays all or a portion of monthly facility vendor payment depending on the monthly income to be considered.

Individuals in Nursing Facilities with income over the current limit may become eligible for Medicaid by establishing an Income Trust. The DHS caseworkers have information about Income Trusts.

Non-institutionalized spouses of Nursing Facility recipients are eligible for the division of spousal resources and income.

In addition to being income and resource eligible, the Nursing Facility resident must be aged, blind or disabled and require medical care of a certain level, determined by the Office of Long Term Care.

### **Alternatives for Adults with Physical Disabilities (AAPD)**

The AAPD program provides home and community based care for individuals with physical disabilities aged 21 to 64 as an alternative to institutionalization. AAPD provides Attendant Care and Environmental Accessibility Adaptation Services and the full range of Medicaid benefits. Individuals eligible for AAPD require an Intermediate Level of Care as determined by the Office of Long Term Care. Individuals requiring Skilled Care are not eligible.

### **ElderChoices -Alternative Community Services Program for the Aged (EC)**

The ElderChoices program provides home-based care for individuals aged 65 and over. ElderChoices provides homemaker services, chore services, home delivered meals, Personal Emergency Response System, Adult Day Health Care, Adult Foster Care, Respite Care, Adult Day Care and Adult Companion Service. ElderChoices provides the full range of Medicaid benefits.

Applicants with spouses living in the community are eligible for the division of spousal resources, but not for spousal income as the recipient does not contribute income to his or her care.

Individuals eligible for ElderChoices require an Intermediate Level of Care as determined by the Office of Long Term Care. Individuals requiring Skilled Care are not eligible.

### **Assisted Living Facilities Level II – (ALF)**

Assisted Living Facilities provide assistance with activities of daily living to individuals that are aged, blind or physically disabled in a residential setting. Living units and common space are provided to address all activities of daily living on a 24-hour basis. Individuals in Level II Assisted Living Facilities are eligible for the full range of Medicaid benefits. Room and board costs are not included in the waiver coverage. Assisted Living Facilities Medicaid requires an Intermediate Level of Care as determined by the Office of Long Term Care. Individuals requiring Skilled Care are not eligible for this program.

Individuals with income over the current limit may become Medicaid eligible by establishing an Income Trust. Non-institutionalized spouses of Assisted Living Facility recipients are eligible for the division of spousal income and resources.

### **PACE - (Program of All-Inclusive Care for the Elderly)**

PACE is a comprehensive health and social services program that provides and coordinates primary, preventive, acute and long term care services for individuals 55 years of age or older who need nursing facility care. Services are provided in PACE Centers, in the home and in inpatient facilities. Individuals eligible for PACE must live in an area served by a PACE program and be able to live in a community setting without jeopardizing their health or safety.

PACE applicants with income over the income limit may become eligible for Medicaid by establishing an Income Trust. DHS caseworkers have additional information regarding Income Trusts. PACE participants with spouses living in the community are eligible for the division of spousal income and resources.

Individuals eligible for PACE require a nursing home Level of Care as determined by the Office of Long Term Care. The PACE program is available to individuals who live in Craighead county and also within certain zip codes in Greene, Poinsett, Randolph, Lawrence, Mississippi and Cross counties in northeast Arkansas. To determine if you live in an area covered by PACE, please call 1-855-207-7500.

### **Income and Resource Limits**

#### **Income Limit**

The income limit for all of the following programs is three times the current SSI Standard Payment Amount (SPA) for an individual. The income limit for 2015 is \$2,199.00. The income limit usually increases at the first of each calendar year. Only the income of the applicant is counted toward this limit. In some categories, if there is a non-institutionalized spouse, the spouse may be eligible to keep all or a portion of the institutionalized individual's income.

#### **Resource Limit**

The resource limit for the covered individual is \$2,000. In some programs, if the covered individual has a spouse, the spouse may be eligible to keep all or a portion of the total spousal resources. See Resource Rule on the next page.\*

## **\*RESOURCE RULE FOR SPOUSAL RESOURCES**

If total resources are under \$23,844 – Community Spouse gets all.  
If total resources are \$23,844 to \$47,688 – Community Spouse gets \$23,844  
If total resources are \$47,688 to \$238,440 – Community Spouse gets one-half.  
If total resources are over \$238,440 – Community Spouse gets \$119,220  
(the maximum effective 01-01-15)

These amounts usually increase annually dependent on the cost of living increase.



### **When completing an application for Long Term Care Assistance some of the items that you will need to provide are:**

Verification of your bank accounts  
Proof of your monthly income  
Social Security card or number  
Your Medicare card  
Proof of Life and Health Insurance  
If you have sold or transferred any property, please provide deeds.

**The PRIVACY ACT of 1974** requires the Department of Human Services (DHS) to tell you: (1) Whether disclosure is voluntary or mandatory; (2) how DHS will use your SSN; and (3) the law or regulation that allows DHS to ask you for the SSN. We are authorized to collect from your household certain information including the social security number (SSN) of each eligible household member. For the Medicaid Program, this authority is granted under Federal laws codified at 42 U.S.C. §§ 1320b-7(a) (1) and 1320b-7(b) (2). This information may be verified through computer matching programs. We will use this information to determine Program eligibility, to monitor compliance with program rules, and for program management. This information may be disclosed to other Federal and State agencies and to law enforcement officials. If a claim arises against your household, the information on this application, including all SSNs, may be provided to Federal or State officials or to private agencies for collection purposes.

**EXCEPTION:** In the Medicaid Program, information is disclosed without the individual's written consent only to: authorized employees of this Agency, the Social Security Administration, the U.S. Department of Health and Human Services, the individual's attorney, legal guardian, or someone with power of attorney; or an individual who the recipient has asked to serve as his representative AND who has supplied confidential information for the case record which helped to establish eligibility, or court of law when the case record is subpoenaed.

## ARKANSAS VOTER REGISTRATION INFORMATION

This Voter Registration packet is an opportunity for you to register to vote or change your voter registration address. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

Section 7 of the National Voter Registration Act (NVRA) of 1993 requires that each state provide the opportunity to register to vote with every application for public assistance and every recertification, renewal and change of address. Attached is a Voter Registration form. Please review the information below and answer "Yes" or "No" to the voter registration question.

**Would you like to register to vote or change your voter registration address?**  Yes  No

Voter registration forms completed in the DHS office may be submitted to the county office today. You may also return the Voter Registration form with your application, renewal, or change form. You can also mail your completed Voter Registration form to the Arkansas Secretary of State at the address listed below.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application form in private.

No information relating to a declination to register to vote in connection with an application may be used for any purpose other than voter registration.

If you believe that someone has interfered with your right to:

- Register to vote,
- Decline to register to vote,
- Privacy in deciding whether to register or in applying to register to vote, or
- Choose your own political party or other political preference,

You may file a complaint with:

Secretary of State  
Room 256 State Capitol  
Little Rock, Arkansas 72201  
1-800-482-1127

## **Mailing Instructions for Voter Registration**

You have three options to submit your Voter Registration form.

1. You can submit the registration form in person to the county DHS office along with your SNAP or Medicaid application/renewal. If you choose this option, we will mail your Voter Registration form to the Secretary of State for you.
2. You can mail the registration form along with your SNAP or Medicaid application to the appropriate county DHS office. The address for this office may be different than your local county office. Some applications (DCO-151 & DCO-152) must be mailed to the Jefferson County DHS office. If you are using one of these forms, you can mail the Voter Registration form with your application to that office. Upon receipt at any county office, that office will mail the form to the Secretary of State's office for you.
3. You may also mail the Voter Registration form directly to the Secretary of State's Office. If the form is mailed directly to the Secretary of State's office, fold the form along the middle perforation, seal the bottom with tape or staple, and mail to the address on the form. A stamp or stamped envelope is required for mailing.

# ARKANSAS VOTER REGISTRATION APPLICATION

Check all that apply: <input type="checkbox"/> This is a new registration. <input type="checkbox"/> This is a name change. <input type="checkbox"/> This is an address change. <input type="checkbox"/> This is a party change.			Office Use Only			Assigned ID		
<b>1</b>	Mr. Mrs. Miss Ms.	Last Name	Jr. Sr. II. III. IV.	First Name	Middle Name			
<b>2</b>	Address Where You Live (See Section "C" Below) (Rural addresses must draw map.)			Apt. or Lot #	City/Town	County	State	Zip Code
<b>3</b>	Address Where You Receive Mail If Different From Above			Apt. or Lot #	City/Town	County	State	Zip Code
<b>4</b>	Date of Birth _____ / _____ / _____ Month Day Year			<b>5</b>	Home & Work Phone Numbers (Optional) (H) (W)		<b>6</b>	Party Affiliation (Optional)
<b>7</b>	E-mail Address (Optional)				<b>8</b>	Have you ever voted in a federal election in this State? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>9</b>	ID Number - Check the applicable box and provide the appropriate number. <input type="checkbox"/> Arkansas Driver's license number _____ <input type="checkbox"/> <b>If you do not have a driver's license provide the last 4 digits of social security number</b> _____ <input type="checkbox"/> I have neither a driver's license nor social security number.				Signature of elector - Please sign full name or put mark.  _____  The information I have provided is true to the best of my knowledge. I do not claim the right to vote in another county or state. If I have provided false information, I may be subject to a fine of up to \$10,000 and/or imprisonment of up to 10 years under state and federal laws.			
<b>10</b>	(A) Are you a citizen of the United States of America and an Arkansas resident? <input type="checkbox"/> Yes <input type="checkbox"/> No (B) Will you be eighteen (18) years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No (C) Are you presently adjudged mentally incompetent by a court of competent jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No (D) Have you ever been convicted of a felony without your sentence having been discharged or pardoned? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked <b>No</b> in response to either questions A or B, do not complete this form. If you checked <b>Yes</b> in response to either questions C or D, do not complete this form.				<b>11</b> If applicant is <b>unable to sign his/her name</b> , provide name, address and phone number of the person providing assistance: Name: _____ Address: _____ City: _____ State: _____ Phone#: _____			

**Please complete the sections below if:** **MAIL REGISTRANTS: PLEASE SEE SECTION D.**

- You were previously registered in another county or state, or
- You wish to change the name or address on your current registration.

	Agency Code (For Official Use Only)  <b>PA 04</b>
--	---

<b>A</b>	Mr. Mrs. Miss Ms.	Previous Last Name	Jr. Sr. II. III. IV.	First Name	Middle Name(s)		
Date of Birth _____ / _____ / _____ Month Day Year							

<b>B</b>	Previous House Number and Street Name	Apt. or Lot #	City or Town	State	Zip Code
----------	---------------------------------------	---------------	--------------	-------	----------

**If you live in a rural area but do not have a house or street number, or if you have no address, please show on the map where you live.**

<b>C</b>	• Write in the names of the crossroads (or streets) nearest where you live. • Draw an "X" to show where you live. • Use a dot to show any schools, churches, stores or other landmarks near where you live and write the name of the landmark.			
Example	Route #2	• Grocery Store		North ↑
• Public School		X		

**IDENTIFICATION REQUIREMENTS**

**D** **IMPORTANT:** If your voter registration application form is submitted by mail and you are registering for the first time, and you do not have a **valid Arkansas driver's license** number or **social security number**, in order to avoid the additional identification requirements upon voting for the first time you must submit with the mailed registration form: **(a)** a current and valid photo identification; or **(b)** a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

Arkansas Secretary of State  
ATTN: Voter Registration  
P.O. Box 8111  
Little Rock, Arkansas 72203-8111

First  
Class Postage  
Required

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
From:

---

**Deadline Information**

To qualify to vote in the next election, you must apply to register to vote 30 days before the election. If you mail this form, it must be postmarked by that date. You may also present it to a voter registration agency representative by that date. If you miss the deadline you will not be registered in time to vote in that election. *Please don't delay. Make sure your vote counts.*

If you are qualified and the information on your form is complete, you will be notified of your voting precinct by your local County Clerk.

**To Mail**

Fold form on middle perforation, tape the form closed, stamp and mail.

Questions?

Call your local County Clerk

Or

Arkansas Secretary of State

Mark Martin

Elections Division – Voter Services

1-800-482-1127

Contact your County Clerk if you have not received confirmation of this application within two weeks.