

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Medicaid Services

MEDICAID WAIVER SERVICES FACT SHEET

What are Medicaid Waiver Services?

If you are aged and/or physically, intellectually or developmentally disabled, ventilator dependent or have an acquired brain injury, Medicaid waiver programs can provide Medicaid coverage for many different services that help you stay in your home. Waiver services include personal care assistance, homemaker services, respite care, and case management.

Who is eligible for Medicaid Waiver Services?

You may be eligible for Medicaid waiver services if:

- You are age sixty-five (65) years or older and/or physically, intellectually or developmentally disabled, ventilator dependent, or have an acquired brain injury
- You meet the financial qualifications for Medicaid. Special financial qualifications are applied to waiver programs.
- You have a written certification by a physician that if Medicaid waiver services were not available, nursing facility services would be ordered and you would be admitted to a nursing facility and/or intermediate care facility in the immediate future
- You meet the nursing facility level of care criteria giving consideration to the medical diagnosis, age-related dependencies, care needs, services, health personnel required to meet those needs, and the feasibility of meeting those needs through alternative or non-institutional services
- You choose to live at home and get waiver services

What are Resources?

Resources are cash money and any other personal property or real property that you own, may convert to cash, and could use for support and maintenance. Resources include checking and savings accounts, stock or bonds, certificates of deposit, automobiles, land, buildings, burial reserves, life insurance policies, annuities, trusts and more.

We do not consider some resources in determining Medicaid eligibility. These resources include the home, household goods and personal effects, the first \$1,500 of a burial reserve or life insurance policy, one automobile used for work, medical treatment, or by the community spouse, burial spaces and plots, life estate interest, and IRAs, Keoghs, retirement funds, and other tax deferred assets (until accessed).

Your resources must be within Medicaid resource guidelines. The resource limits vary if you are married and we count your spouse's resources.

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Marital Status	Services Being Received	Resource Limit
Single Person	Medicaid waiver services	\$ 2,000
Married Couple	Both get Medicaid waiver services	\$ 4,000
Married Couple	Note: Includes \$2,000 for the spouse getting waiver services	Minimum \$24,720 to Maximum \$123,600

What is a Resource Assessment?

You, your spouse, or someone representing you may ask the Department for Community Based Services (DCBS) to assess your combined countable resources. You do not have to apply for Medicaid to get a resource assessment. The resource assessment involves documenting and verifying all countable resources owned by you and your spouse at the time of the most recent Medicaid waiver admission. The assessment compares the combined countable resources to the current Medicaid limits to determine if you meet Medicaid resource guidelines. The assessment also sets the spousal share, or the amount of resources your spouse may keep, if you apply and are approved for Medicaid.

Contact DCBS in the county where you live to request a resource assessment. DCBS will give you and your spouse copies of the completed assessment.

What are Transferred Resources?

If you or your spouse transfers resources, you may not be able to get Medicaid waiver services. Transferred resources are cash, liquid assets, personal property, or real property, which are voluntarily transferred, sold, given away, or otherwise disposed of for less than fair market value on or after February 8, 2006. If DCBS determines there was a transfer of resources, a penalty will be calculated and will begin the month the transfer was made or the day the individual is eligible for Medicaid, whichever date occurs last.

What is Income?

Income is money received from statutory benefits (including Social Security, Veterans Administration pension, Black Lung benefits, Railroad Retirement benefits), pension plans, rental property, investments or wages. Your income must be within Medicaid guidelines to get Medicaid waiver services. We consider your income, but do not count your spouse's income. The income limits may vary depending on the number of days you have received waiver services.

You are income eligible if your gross monthly income is at or below \$2,250. If your income is over \$2,250, you may become eligible by establishing a Qualifying Income Trust (QIT).

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You may be required to pay part of the cost of your care. Patient liability is determined by considering your income and allowing a \$770 deduction for personal needs, maintenance deductions for a spouse or family members, and deductions for medical expenses and health insurance premiums. The amount left over is what you must pay to the waiver provider for your care.

How Can I Apply?

You or someone representing you may make a Medicaid application at the DCBS office in the county where you live. Bring proof of citizenship, identity, social security number, income, resources, health insurance card and premiums, and medical bills to the application interview.