

# DIVISION OF MEDICAID & MEDICAL ASSISTANCE (DMMA)

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HOME AND COMMUNITY BASED SERVICES (HCBS)

ELDERLY AND/OR DISABLED (E/D) WAIVER MEDICAID (MA)

# DIVISION OF MEDICAID & MEDICAL ASSISTANCE

## MISSION:

The mission of the Division of Medicaid & Medical Assistance is to improve health outcomes by ensuring that the highest quality medical services are provided to the vulnerable populations of Delaware in the most cost-effective manner.

## VISION:

Through innovation, enhance medical coverage to meet the diverse needs of Delawareans.



# LEARNING OBJECTIVES:

## Learn

- Learn about the Long-Term Care (LTC) Home and Community Based Services (HCBS) Elderly and/or Disabled (E/D) Waiver Medicaid (MA) Program

## Understand

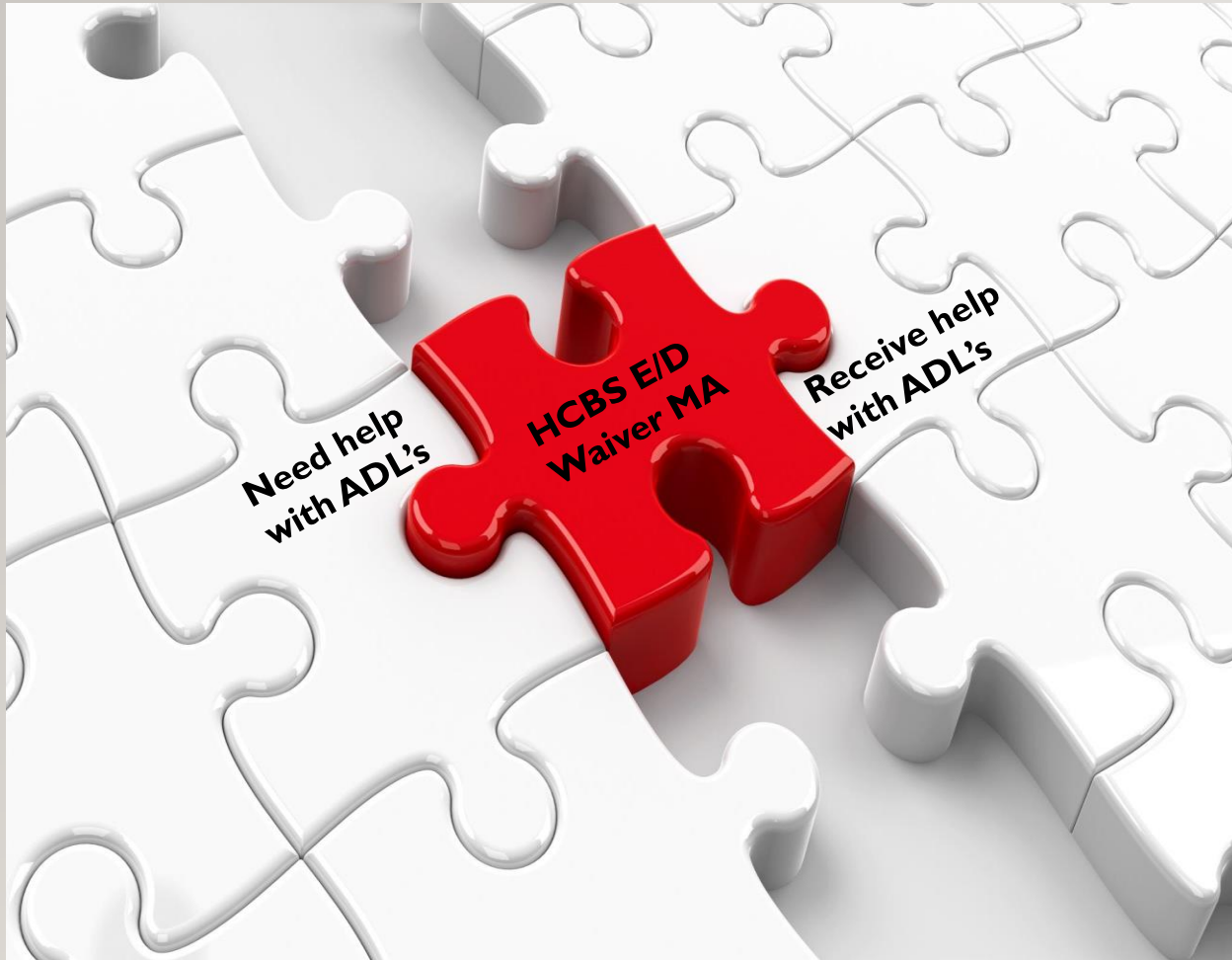
- Understand the referral/application process flow

## Explore

- Explore financial and medical eligibility



# **What is LTC HCBS Elderly And/Or Disabled MA?**



The Elderly and Disabled Waiver MA program is for someone who needs help with activities of daily living (ADL).

Some examples of the activities of daily living would be; bathing, eating, dressing, etc.

This program bridges the gap between someone needing help with activities of daily living and being able to pay for the help they need to live their best quality of life.

The services for this MA program are rendered in the community, meaning the recipient is not currently in a facility.

This program does have financial and medical eligibility guidelines.

Let's look at some of the covered services with HCBS E/D Waiver



Ambulance



Home Healthcare



Hospitalizations



Medical Equipment



Medical Tests



Transportation



Prescriptions

# APPLYING FOR HCBS E/D WAIVER MEDICAID

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# HOW TO APPLY

You may apply for Medicaid in a variety of ways:

- At a Division of Medicaid and Medical Assistance (DMMA)
  - In Person
  - Submit completed application by fax
  - Submit completed application by mail
- At the Central Intake Unit
  - By phone 1-866-940-8963 (referral, app to be mailed)
  - In person
  - Submit completed application by fax
  - Submit completed application by mail
  - By email [DHSS\\_DMMA\\_CIU@delaware.gov](mailto:DHSS_DMMA_CIU@delaware.gov)
- Apply online through the Delaware ASSIST website:  
[assist.dhss.delaware.gov](http://assist.dhss.delaware.gov)

\*Once the completed application & Pre-Admission Evaluation are received, the application will be assigned to a Financial Eligibility Worker and a DMMA Nurse to determine financial & medical eligibility.



# Long Term Care Medicaid Applications

**DELAWARE HEALTH AND SOCIAL SERVICES**  
**APPLICATION FOR LONG TERM CARE MEDICAID**

**Welcome to the State of Delaware Health and Social Services (DHSS)**

**Apply faster Online** → Apply faster online at [www.assist.dhss.delaware.gov](http://www.assist.dhss.delaware.gov)

**Use this application to see if you qualify for Long Term Care Medicaid**

- Nursing Facility Services
- Long Term Care Community Services (with or without Food Benefits)
- Lifespan Waiver
- 30-day Hospitalization

**Who can use this application?**

- Anyone in need of assistance with paying for Long Term Care Services (Nursing Home, Long Term Care Community, Assisted Living, 30 days or more of hospitalization)

NOTE: You can choose an authorized representative to assist you with completing this application. Must complete Appendix C in order to do this.

**What you may need to apply**

- Your Social Security Number (or document number if you're a legal immigrant)
- Your income and resource information
- Information on your spouse will also be needed if you are married.
- Policy numbers for any current health insurance

**Why do we ask for this information?**

We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. We'll keep all the information you provide private, as required by law.

**What happens next?**

Please contact the Central Intake Unit at 1-866-940-8963.

**Get help with this application**

- If you need someone to help you fill out this application, please call 1-866-940-8963.
- If you need help with translation call 1-866-843-7212.
- For TTY call 711 or 1-800-232-5460.
- En Español: Llame a nuestro centro de ayuda gratis al 1-866-843-7212.

LTC Rev (2/2020)

Paper LTC MA application

**Delaware ASSIST**

**Summary of e-Application # W [redacted] B**

**Health and Social Services Signature Page**

e-Application Number	V	
e-Application Date	C	
Primary Applicant	J	
Address	7	
County	1	

**You are applying for Health and Social Service Benefits for the following individuals:**

[redacted]

**Rights and Responsibilities Summary Statement and Certification of Citizenship or Alien Status**

- I have agreed to submit an application by electronic means.

- I understand the questions on this application and the penalty for giving false or misleading information or breaking any of the rules listed in the penalty warning below. I understand that I can be prosecuted if I provide false or misleading information or documentation or hide or omit information or documentation.

- I understand and agree to provide information and documentation to prove what I have said as a condition of program eligibility.

- I understand and agree that DHSS may contact other persons, employers, financial institutions or organizations to obtain the necessary proof of my eligibility and to determine my level of benefits.

- I certify, under penalty of perjury, that all my answers are true, correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member applying for benefits.

- I understand that an electronic signature has the same legal effect and enforceability as a written signature on an application.

**Signature of applicant or person applying for applicant**

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ASSIST Self-Service application



<b>Service Requested Choice:</b>		
<input type="checkbox"/> 30 Day Acute Care Hospitalization	<input type="checkbox"/> Home & Community Services	<input type="checkbox"/> Nursing Facility (NF)
<input type="checkbox"/> Out of State Rehabilitation	<input type="checkbox"/> Nursing Facility Payment Only (Client is no longer in NF)	<input type="checkbox"/> PASRR Only
<input type="checkbox"/> Assisted Living Facility		<input type="checkbox"/> PACE Program

Applicant: Name (Last, First, Middle) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

SSN \_\_\_\_\_ Marital Status \_\_\_\_\_ Primary Language \_\_\_\_\_

Living Arrangement: Alone \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_ Parent \_\_\_\_\_ Other \_\_\_\_\_

Applicant's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

Current Location \_\_\_\_\_ Room # \_\_\_\_\_ Admission Date \_\_\_\_\_

Medically Stable: Yes \_\_\_\_\_ No \_\_\_\_\_ Discharge Plan \_\_\_\_\_

Mental Status: Alert \_\_\_\_\_ Oriented: Person \_\_\_\_\_ Place \_\_\_\_\_ Time \_\_\_\_\_ Occasionally Confused \_\_\_\_\_

Delaware Resident: Yes \_\_\_\_\_ No \_\_\_\_\_ POA or Guardianship: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who is principle POA/Guardian? \_\_\_\_\_

Can referral source be revealed? Yes \_\_\_\_\_ No \_\_\_\_\_

Is applicant aware this referral is being made? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, why not? \_\_\_\_\_

Referral Source \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Diagnosis, Presenting Problem, Reason for Referral:** \_\_\_\_\_

\_\_\_\_\_

Is applicant knowledgeable of diagnosis? Yes \_\_\_\_\_ No \_\_\_\_\_

# Pre-Admission Evaluations

The Pre-Admission Evaluation tool needs to be completed & submitted with the application.

This is used by the assigned DMMA Nurse to help in determining medical eligibility.

If applying online through the ASSIST Self Service Portal, the Central Intake Unit (CIU) will mail the PAE to the applicant or their identified representative.

# HCBS E/D WAIVER MEDICAID ELIGIBILITY

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FINANCIAL ELIGIBILITY  
MEDICAL ELIGIBILITY



# FINANCIAL ELIGIBILITY FOR LTC MA

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GROSS income must be verified & is used to determine if an applicant meets the program income limit  
\*the limit changes based on the Federal Poverty Levels (FPL)

EARNED & UNEARNED INCOME is used in the income calculation  
Earned Income = Current 30 days verification  
Unearned Income = Current statement

An Income Qualifying Trust (Miller Trust) may be used to help someone become income eligible

RESOURCES may be reviewed and need to be verified if an applicant does not meet NON-LTC MA guidelines  
\*the current resource limit for a single individual is \$2,000.00

Typically, three months of resource account statements are requested for verification of resources. If needed up to five years of resource verifications can be requested.

# MEDICAL ELIGIBILITY FOR LTC MA

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The first 2 pages of the PAE are the referral & can be completed by anyone

Pages 3-6 of the PAE is the Medical Assessment and MUST be completed & signed by the assessor on page 7

The assessor should be a licensed professional & have their professional credentials listed (e.g. M.D., D.O., R.N., N.P., P.A., LCSW, etc)

The Certification of Level of Care on page 7 must be dated & signed by the M.D., P.A., D.O., or N.P.

If medication, insulin, or behavior is marked 1-3 an explanation of why applicant needs assistance in this area is needed

For Skilled Nursing Services each applicable service should be checked and supporting documentation is required

# WHO QUALIFIES FOR LTC MEDICAID?

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Medicaid eligibility criteria may be based on a combination of financial, medical and/or technical factors.

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The income limit for LTC MA is set by the federal government each year. It is 250% the SSI standard.

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Technical eligibility factors include citizenship status, Delaware residency, household composition, etc.

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For specific program eligibility requirements, please contact the DMMA/DSS Customer Relations Unit: 1-866-843-7212.

# HOW SERVICES ARE PROVIDED

- HCBS E/D Waiver Medicaid recipients are required to enroll in a Managed Care Organization (MCO) as a condition of eligibility.
- DMMA is currently contracted with three (3) MCOs to provide services to Medicaid recipients:
  - **Highmark Health Options**
  - **AmeriHealth Caritas**
  - **Centene Delaware First Health**
- Medicaid recipients enrolled in an MCO receive all their covered services, aside from non-emergency medical transportation, through the MCO.

# CONTACT INFORMATION

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Division of Medicaid and Medical Assistance  
(DMMA) Offices





# DMMA OFFICES

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- New Castle County
  - 1024 Justison Street, Wilmington, Delaware 19801, (302)657-5420
  - 153 E. Chestnut Hill Road, Newark, Delaware 19713, (302)451-3640
- Kent County
  - 805 River Road, Dover, Delaware 19901, (302)857-5070
  - 253 NE Front Street, Milford, Delaware 19963, (302)424-7210
- Sussex County
  - 546 S. Bedford Street, Georgetown, Delaware 19947, (302)515-3150

# QUESTIONS

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**THANK YOU!**

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