Life Transitions

SPRING FACE-TO-FACE LEARNING COLLABORATIVE

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Topics

- ► Eligibility Overview
- ► Review of two important and distinct life transitions
 - Transition from adolescent to adult
 - Transition associated with aging
- ▶ Understand the importance of the facilitation of transitions



Eligibility Overview



How is Eligibility Determined?

Eligibility is determined by the Health and Human Services Income Maintenance team.

Eligibility criteria is both financial and non-financial

Proof required of <u>all</u> eligibility factors <u>except</u> residency, household size, and pregnancy. However, if these are questionable, the Department will request verification

Eligibility factors are verified through electronic data sources or additional information requested from the applicant/member

A notice explaining the outcome of the application or redetermination of eligibility is mailed when the determination is complete



Financial Eligibility Criteria

Income Limits

- Income limits are based on Federal Poverty Level percentage and vary by coverage groups
- Up to 302% for children, 133% for adults, 375% for pregnant women and infants, and 300% for aged, blind, and disabled

Asset Limits

- Applies only to aged, blind, and disabled Medicaid groups
- Asset limits vary by coverage groups
- Ranges from \$2,000 to \$13,000 depending on coverage group

Household Size

 The size and composition of an applicant or member's household impacts whose income and assets are counted towards their eligibility and their federal poverty level



Non-Financial Eligibility Criteria

Requirements for most Medicaid members and applicants

Additional requirements for residents of Medical Institutions and HCBS Waiver members and applicants

- Iowa Residency
- Social Security Number or application for one
- U.S. Citizen or eligible immigration status
- Proof of identity
- Age
- Disability (when used as the basis for eligibility)
- Level of Care met
- Been in an institution for 30 consecutive days (if in the 300% eligibility group)



Who is eligible?

Individuals age 65 or older

People who are disabled

People who are blind

Families with dependent children

Pregnant women

Children (up to age 21)

Former foster children (up to age 26)

Adults aged 19 - 64

Individuals with breast and/or cervical cancer



Additional Eligibility Information

Can have other health insurance and be eligible for Medicaid After eligibility is approved, an enrolled member is assigned with a Managed Care Organization (MCO) The date of MCO enrollment is the same as the effective date of eligibility Eligibility period is not guaranteed for a full 12-months as any change in circumstances could affect eligibility for Medicaid Before Medicaid is canceled or reduced, at least 10 days notice is given prior to the action.



Transitioning from Adolescent to Adult



Transition Aged Youth

Individuals between late adolescents and early adulthood

Aged 16 to 24



Life events during this period

Transition to decision-making responsibilities

Transition from school

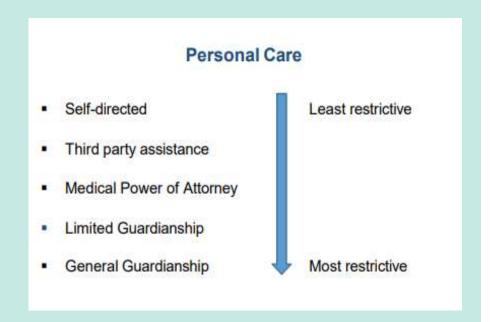
Transition in housing

Transition of benefits

Transition in healthcare

Decision-Making Responsibilities

Financial Management Self-directed Least restrictive Third party assistance Representative Payee Financial Power of Attorney Limited Conservatorship General Conservatorship Most restrictive







- ► Attend Individualized Education Plan (IEP) Meetings
- ▶ Determine desire for:
 - Post-secondary education
 - Vocational education
 - Adult and continuing education
 - Integrated employment
 - Meaningful day activities

Housing

- ► Determine desired living situation
 - Safe
 - Affordable
 - Accessible
- ► Identify if member needs support with:
 - Activities of Daily Living (ADLs)
 - Instrumental Activities of Daily Living (IADLs)
- ► Apply for rental assistance
 - Section 8
 - Home and Community Based Services (HCBS) Rent Subsidy

Benefits

- ► Apply for Social Security benefits if applicable
- ► Determine impact of transition from legally responsible person's medical coverage.
- ► Refer to benefits counseling

Healthcare

- ► Evaluate the need to find a new healthcare provider(s).
- ▶ Determine need for support with:
 - Scheduling appointments
 - Attending appointments (including transportation)
 - Obtaining needed medications
 - Taking medications as prescribed

Aging Associated Transitions



MEPD Eligibility

- ► Ends at age 65
- ► Habilitation eligibility could be impacted
- ► Establish transition of care plan

Need for Elderly Waiver

- ► Aging individuals receiving habilitation may benefit from Home and Community Based Services (HCBS) Elderly Waiver.
- ► Apply 45 days prior to member's 65th birthday.
- ► To maintain waiver, member needs to use at least one unit of service.
- ► Elderly Waiver results in Medicaid benefit.

Care Setting Transitions

Aging individuals can experience many care setting transitions including:

- Home to hospital
- ▶ Hospital to home
- ► Home to nursing facility
- Nursing facility to home
- Own home to HCBS supported setting
- ► HCBS supported setting to their own home
- ► Facility to Facility



Facilitating Transitions





Support the member achieve and maintain their maximum level of independence

- Most integrated
- Least restrictive
- Safe environment

Health Home Role in Transitions

- ▶ Support member in identifying a potential transition
- ► Active participation in facility discharge planning
- ► Coordinate with member and their support system
- Establish a clear plan for supports and services needed
- ► Ensure member's safety, satisfaction and wellbeing after transition

