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Medicaid vs Medicaid

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May 2012

I recently became involved in a couple situations where my clients were under the assumption that their spouses were in a long-term care facility licensed for Medicaid, only to find out that that wasn't the case.

Medicaid has many different programs. The program most are familiar with is the program that will pay for a loved one's care at a long-term care facility as long as certain asset and income limits are met. If one spouse needs long term care and the other does not, there are a number of things that can be done to maximize the assets available for the benefit of the spouse who is staying at home. This is what Estate Planning attorneys and others refer to as 'Medicaid Planning.' However, the availability of this Medicaid program always depends on the long term care facility being *licensed* for Medicaid. If the facility is not licensed for Medicaid, long-term Medicaid will not pay.

Confusion arises when a facility informs a prospective resident that it 'accepts' Medicaid (meaning it participates in the Medicaid Waiver Program) but does not go on to explain to the prospective client that the facility is not a Medicaid licensed facility – a huge difference.

The Medicaid Waiver Program provides payment for some services but it is not the same as the Medicaid program for individuals in long-term care. The Medicaid Waiver Program was designed to pay for some services at home or at an assisted living center to keep individuals from needing to be placed in long-term care facilities. However, acceptance into the Waiver program is not automatic. There are limited funds allocated to the program which means not everyone who qualifies will immediately receive benefits. Currently, in Kent and Ottawa counties, there is a 10 to 12 month waiting list for the Waiver program.

Do your due diligence. When considering placing a loved one in a long-term care facility, take the time to understand exactly what Medicaid programs will be available at that facility.