

# **Achieving Medical Assistance Resource Eligibility in the Most Efficient and Cost Effective Manner**

By Matthew T. Kikta, Esquire  
October 2016

After someone has suffered a medical event and begins the transition from rehabilitation to long term care placement, the financial path becomes both confusing and expensive. Additionally, if estate planning has not been done, a family is placed under a limited time frame to become “resource eligible” for Medical Assistance purposes. Many families assume that they will have 100 days to put a plan together while Medicare pays for their loved one to stay in the skilled facility. However, this is incredibly rare. In most instances, the average amount of time that Medicare will initially pay is between 20-30 days. While the family has the opportunity to appeal and attempt to extend Medicare for additional days, this is merely a temporary fix. Typically, an appeal may only grant the individual an extra week or so of coverage under Medicare. Therefore, it is important for the family to hit the ground running, once the loved one has entered the facility and begins using their limited Medicare days.

Because of the time constraint, it is important for the family to plan a strategy that will enable maximum efficiency while keeping costs as low as possible during the Medical Assistance application process. First, it is important for the family to recognize that the laws pertaining to Medical Assistance are extremely complex and require an elder law attorney to help guide them through the long term care obstacles. Second, the family must recognize the deadlines that exist in the world of Medical Assistance. Specifically, the first day of a loved one entering a skilled facility starts the countdown of diminishing Medicare paid days and the individual becoming responsible for paying the facility fee privately. In Pennsylvania, the 2016 average private pay monthly facility fee is around \$9,000. Therefore, it becomes extremely important to contact your elder law attorney within the first few days of the loved one entering the skilled facility and being covered under Medicare. Allowing the elder law attorney to become involved so early in the process, allows for the family to optimize the results of Medical Assistance crisis planning. For example, the elder law attorney can be strategizing and helping your family execute a spend down plan that will expedite Medical Assistance eligibility once the loved one’s Medicare days have ended. Additionally, your elder law attorney may have staff that can further advocate for and assess your loved one’s situation in the facility. At Julian Gray Associates, our clients have access to an “Eldercare Advocate” that can aid your family in many ways, including the Medicare appeals process. Finally, consulting with an elder law attorney will also limit

mistakes during the process that can significantly cost the family. Having your elder law attorney involved as early as possible in the process will only benefit your family while preparing for the Medical Assistance application process.

Before meeting with your elder law attorney, there are several things that the family can do to help achieve maximum efficiency and aid in a smooth financial transition to Long Term Care. First, the family wants to ensure that a Power of Attorney has been established for the loved one in the facility, and that the document allows the Agent to carry out the tasks that will be required during the Medical Assistance application process. If the document is insufficient, it may be necessary for your elder law attorney to amend or execute a new Power of Attorney, if possible. During this time, the family should also be determining and gathering the most recent information on all assets that are owned by the future applicant and their spouse, if applicable. Having this information available early in the process saves time and money for the family, as the elder law attorney will be able to run calculations to determine what it will take to achieve “resource eligibility,” and determine a strategy for the applicant and family to execute. The key is giving the family ample time to implement any strategy that will help the applicant achieve resource eligibility, and the sooner the elder law attorney is able to become involved, the less money that the family will have to pay once Medicare ceases paying for the applicant to be in the long term care facility.

Recognizing the true duration of ones Medicare coverage for long term care is a crucial starting point for any family beginning the Medical Assistance application process. If a family can involve the experts and gather the relevant materials in a timely manner, it can mean saving tens of thousands of dollars. So if you or a loved one has recently been moved to a skilled nursing facility, do not sit back and wait, because “100 days” of Medicare is even faster than you think.