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Common misconceptions about Medicaid

Navigating the world of long term care is very complicated and can be very confusing for caregivers, whether you are an adult child, relative or friend, or a spouse. Anne Tumlinson, in her blog, "Daughterhood" wrote recently about 5 common misconceptions about Medicaid that offers some good advice for anyone seeking a way to pay for expensive long term care. (<http://www.daughterhood.org/5-common-misconceptions-about-medicaid/>). Ms. Tumlinson has spent the last two decades working on improving how America cares for its frailest, most vulnerable older adults.

This article starts with the concept that someday Medicaid will be right for your parent (or spouse). Medicaid is a complicated program that can act as a safety net when the current plan (or often lack of plan) is no longer working.

The first misconception discussed is that Medicaid and Medicare are similar. Other than their names and when Congress authorized them, there is little similarity between the two programs. Almost all Americans are entitled to Medicare upon reaching age 65 years or some younger persons who are disabled and receive SSDI; it is a program run by the federal government to provide healthcare coverage to older and some disabled Americans. On the other hand, Medicaid can provide *additional* coverage to Medicare (if the older adult qualifies for both programs) but does not substitute for Medicare.

The next misconception is that Medicaid is available to everyone. Medicaid is "means tested", meaning that low income and low assets coupled with a very high need for care are needed to meet the very stringent eligibility requirements. There are also very strict gifting rules; parents cannot give their money to children to qualify for Medicaid. If the Medicaid applicant is married, and the non-frail spouse stays home, there are even more complicated rules in how to protect assets for the non-frail spouse so that they can afford to remain home.

Many people find that the advice that they receive regarding the family home and its disposition often results in the scariest part of the process. The nursing home and Medicaid (in PA it is the Department of Human Services or DHS) do not "take" the family home. In fact, in most cases, if a spouse is still living in the home, it is possible to protect the home as an asset. Even if it is a single older adult who now needs nursing home care, there are still methods to consider in order to protect assets and to achieve qualification for Medicaid. Ms. Tumlinson recommends consulting an elder law attorney at this juncture. The National Academy of Elder Law Attorneys (NAELA) is a good resource for assistance.

The final two misconceptions are that Medicaid is a national program and only covers nursing home care. Both are false as the federal government shares in the costs for Medicaid, and dictates some of the rules, but the program is run by each state government. Medicaid may be available for Home and Community based services such as care at home. Medicaid is NOT available in Pennsylvania for care in a personal care home/assisted living facility at this time.

There are many factors to consider when deciding whether to apply for Medicaid for an aging loved one. The most important is to learn the correct way to approach this so as to be successful. An elder law attorney who is versed in Medicaid rules can be a valuable ally.