



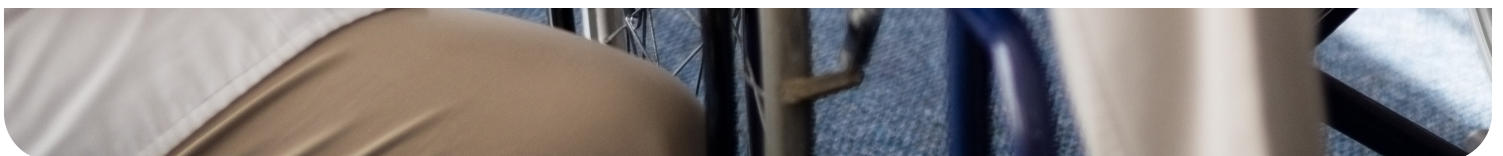
sc Thrive

LONG-TERM CARE TOOLKIT

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections

MEDICAID



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Introduction



People need help caring for themselves for different reasons. Those reasons could include being sick, hurt or recovering from surgery. Sometimes it is because of a serious, ongoing health condition or disability. Care may be needed as a result of someone getting older or an illness or disability getting worse. There are many reasons a person might need ongoing nursing care.

This toolkit will help you better understand long-term care options in South Carolina. Whether you need to plan for your future care or make an unexpected decision, our goal is to provide helpful, clear information.

The information provided in this toolkit offers:

- Descriptions of programs available
- Information related to South Carolina Healthy Connections Medicaid long-term care benefits
- Guidance if you need help paying for long-term care

The mission of SC Thrive is to lead South Carolinians to stability by providing innovative and efficient access to quality of life resources. We are a nonprofit partner for community education with Healthy Connections Medicaid.

Revised October 2019



What is Long-Term Care?

Over 50 percent of Americans 65 or older will need long-term care services in their lifetime¹. Many people think the phrase “long-term care” refers to a type of insurance policy. While long-term care may include insurance, it is much more than that. Long-term care includes both medical and non-medical care for people who need help to perform basic activities of daily living.

Long-term care services provide help to meet health and personal needs. Help with daily activities like dressing and bathing are part of long-term care services. These services are for an individual who requires a level of care like that received in a nursing facility. Long-term care services do not have to be provided in a nursing facility. There are different types of long-term care services like community-based services, home care or assisted living. Your ideal long-term care services depend on your needs and resources.

In South Carolina, many seniors need long-term care services but cannot afford to pay for them. Healthy Connections Medicaid can help.



What is Healthy Connections Medicaid?

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections
MEDICAID



South Carolina Department of Health and Human Services manages Medicaid in South Carolina. Healthy Connections is the name of the state's Medicaid program. Funding for Medicaid comes from both the state and federal governments. Medicaid pays for the medical needs of eligible low income, aged, blind or disabled individuals.

The federal government requires states to cover certain groups of people following federal laws and policies. States may also cover extra groups of people and set some of their own rules and regulations. Medicaid eligibility, benefits and services are different from state to state.

People of all ages can apply for Healthy Connections Medicaid. It covers things like hospital stays, prescription drugs and doctor visits. Medicaid can also cover transportation to medical appointments, dental care, preventative services and even long-term care services.

To receive Healthy Connections Medicaid, you must meet certain criteria. An eligibility worker will determine if you qualify. In South Carolina, Medicaid eligibility is based on financial and non-financial criteria. However, long-term care criteria is not the same as other Medicaid categories. You may be eligible even if you have not qualified for other benefits in the past.

How Do I Pay for Long-Term Care?



How much does long-term care cost?

The first thing many people think about when they need long-term care is cost. According to HowMuch.net, a cost calculating website, the cost of senior care is rising. The average monthly cost for in-home healthcare in South Carolina is \$3,533. Nursing home care in South Carolina costs \$6,596 per month on average².

Can I pay for long-term care myself?

Long-term care can be expensive, but there are many ways to pay for your care. Most people who need nursing home-type services start paying for their care out-of-pocket. Some insurance companies let you use your life insurance policy to pay for long-term care. Contact your insurance provider for more information on what your private insurance covers.

What if I have long-term care insurance?

Long-term care insurance can vary widely. This type of insurance policy can help pay for many types of long-term care. Some policies may cover only nursing home care. Others may include coverage for many services like adult day care, assisted living, medical equipment and informal home care.

If you have long-term care insurance, check your policy to find out if it covers the care you need. If you are shopping for long-term care insurance, look at the types of long-term care services and facilities each policy covers. Also, check to see if your coverage could be limited because of a pre-existing condition. Make sure you buy your policy from a reliable company that is licensed in South Carolina.

Does private health insurance pay for long-term care?

If you or your loved one has other health insurance, you will need to contact your provider about long-term care coverage. If you have trouble determining coverage, contact your provider to ask for help.



Does Medicare pay for long-term care?

Under certain conditions, your Medicare Part A coverage may cover some long-term care costs. Certified skilled nursing facilities, some short-term stays and home-based care after hospitalization may be covered.

After a qualifying hospital stay, Medicare pays in full for services during the first 20 days of skilled care. Beginning with the 21st day, only part of the cost is covered. Coverage may be available for up to 100 days if you meet all the Medicare criteria. Medicare does not cover custodial care if that is the only care you need. Custodial care helps with activities of daily living or personal needs. This care can be done safely and reasonably without professional skills or training.

Does Medicaid pay for long-term care?

Medicaid is a joint federal and state healthcare program that helps individuals and families with low income and resources pay for costs associated with medical and long-term care. Most healthcare costs are covered if you qualify for both Medicare and Medicaid. Most, but not all, nursing homes accept Medicaid payment. It is important to know if the nursing home you choose accepts Medicaid.

South Carolina Healthy Connections Medicaid may cover long-term nursing home stays and Home and Community-Based Services. Home and Community-Based Services make it possible for people with Medicaid to get nursing home-type services in their own homes or in community-based residential settings. These programs provide a variety of services for people with mental illnesses, intellectual or developmental disabilities, physical disabilities and people age 65 or older.



What Are My Long-Term Care Options?

If you need help paying for long-term care services, Healthy Connections Medicaid offers four types of long-term care benefits:

1. Nursing Home
2. Home and Community-Based Services
3. General Hospital
4. Optional State Supplementation Program



Nursing Home Benefits

Medicaid sponsors the payment of long-term care for individuals who live in licensed and certified nursing facilities. Nursing homes provide a wide range of health and personal care services. Nursing homes focus more on medical care than other types of assisted living facilities. These services include nursing care, 24-hour supervision, three meals a day and help with everyday activities.

Federal requirements specify that each nursing home must provide at least:

- Nursing related services
- Specialized rehabilitative services
- Medically-related social services
- Pharmaceutical services
- Dietary services
- Professionally directed activities to meet the interests and needs for the well-being of each resident
- Emergency dental services and routine dental services to the extent covered under the state plan
- Room and bed maintenance services
- Routine personal hygiene items and services



Optional State Supplementation (OSS) Program

The OSS program is for individuals living in licensed Community Residential Care Facilities (boarding homes) who meet Supplemental Security Income (SSI) eligibility requirements, except for income. If you meet all eligibility requirements, you could receive full Medicaid benefits and payment could be provided to the facility.



Home and Community-Based Waiver Services

Home and Community-Based Waiver Services (HCBS) provide in-home care to individuals who want to live at home, rather than moving to a facility for care.

Some services offered through Home and Community-Based Services include:

- Skilled nursing care
- Therapy: occupational, speech and physical
- Dietary management by a registered dietitian
- Pharmacy
- Durable medical equipment
- Case management
- Senior center
- Adult day care
- Congregate meal sites
- Home-delivered meal programs
- Personal care (dressing, bathing, using the restroom, eating, transferring to or from a bed or chair, etc.)
- Transportation
- Home repair and modification



General Hospital

General Hospital is for people of any age who are hospitalized for 30 consecutive days or more.



How Do I Decide Between Nursing Home or In-Home Care?

Some individuals need nursing home care but choose to stay home rather than going to a nursing facility. If you need nursing home care but want to stay at home, think about these questions as you plan:

- What are your values and beliefs? Think about your values, beliefs and opinions about quality of life when developing a care plan.
- What do you want for yourself? Most people think about the way they wish to face disability or death but may be uncomfortable discussing these topics.
- Who do you want as your decision maker? Decide who should make decisions for you if you cannot. Choose someone who will understand and be able to carry out your wishes.
- Who do you know with whom you can discuss your care? Talk to your family, your healthcare provider, a counselor or a social worker for help deciding what kind of long-term care services you need. If you are in a hospital, nursing home or working with a home health agency, you can get support to help you understand your options or help you arrange care.

Many people prefer to stay in their own home for as long as possible. When planning for in-home care, there are many things to consider:

- The condition of your home and on-going maintenance needs
- Potential home modifications to accommodate a wheelchair or other equipment
- The availability of long-term care services in your area, like adult day care or medical facilities
- How senior-friendly is your community? Does your community have public transportation, meal delivery, and opportunities to socialize?
- Tax and legal issues



How Do I Talk to My Loved One About Long-Term Care?

It can be difficult to make the decision about whether you or a loved one needs nursing home care. Sometimes decisions about where to care for a family member need to be made quickly. For example, a sudden injury may require a new care plan. Other times a family has time to look for the best place to care for an elderly relative.

You may have had a conversation with a loved one who asked you not to “put them” in a nursing home. Agreeing that you will not put someone in a nursing home may close the door to the right care option for your loved one. For some illnesses and some people, professional care is the only reasonable choice.

Long-Term Care Eligibility



Long-term care eligibility is based on the following categories:



Categorical



Non-Financial



Financial



Additional Requirements

Categorical Criteria

Aged, Blind, Disabled

You must be 65 years of age or older, blind or disabled.

Level of Care

You must need the level of care required for a skilled nursing facility.

30 Consecutive Days

You must reside in a medical facility, be an inpatient in a hospital, participate in Home and Community-Based Services Waiver Program or any combination of the three for at least 30 consecutive days before applying. The date of admission starts the 30-day countdown.



Non-Financial Criteria

Citizenship

You must be a citizen of the United States or a legal alien.

Residency

You must be a resident of the state of South Carolina.

Social Security Number

You must provide your Social Security number or apply for a Social Security number.

Assignment of Rights

When you sign a Medicaid application, you acknowledge the assignment of rights to a third party for payment for medical care.



Financial Criteria

Income

Your gross monthly income must fall at or below \$2,382. List on your application all the income you, your spouse and any of your dependents in your household receive.

Resources

Resources include assets you own and could use to pay for your care. The value of your resources cannot exceed \$2,000. If you are married, you and your spouse's combined resources cannot exceed \$68,480.



Additional Requirements

Apply for Benefits

You must apply for any other benefits you are not receiving but may be entitled to receive. This could include Social Security benefits, retirement benefits, or Veterans Affairs benefits. These benefits could contribute to your long-term care services costs.





What About My Finances?

Learn more about the financial criteria for long-term care benefits.

Income³



Your gross monthly income must fall at or below a limit set annually by Healthy Connections Medicaid. As of January 1, 2021, the gross income limit for an individual is \$2,382 per month. List all the income you, your spouse and any of your dependents in your household receive on your application.

If your gross monthly income is greater than the limit but you meet all other eligibility criteria, you may be able to establish an income trust to become eligible if you are seeking long-term care benefits.

Income Trust



If your income exceeds \$2,382, you can establish an income trust. By signing an income trust agreement, you agree to appoint a trustee and deposit all or part of your income into a trust every month. The trust account must be a separately identifiable account and only be used for authorized expenses.

Income Trust Requirements:

- **Beneficiaries:** You must be named as the primary beneficiary on your income trust account. South Carolina Department of Health and Human Services must be named as the secondary beneficiary. You can name other beneficiaries on your account, but they will not receive any money until South Carolina Department of Health and Human Services has been repaid in full for any Healthy Connections Medicaid long-term care benefits you have used.
- **Trustee:** You must appoint a trustee to manage your income trust account. You cannot be your own trustee, but can choose a family member, caregiver, friend, court appointee or even the facility in which you choose to reside.

Resources



Resources are assets you own that could be used to pay for basic needs like shelter and medical care. These resources include both real and personal property that you own. Resources can include retirement funds and annuities, promissory notes, assets, property and more. The value of your resources cannot exceed \$2,000. If you are married, your combined resources cannot exceed \$68,480.

Excluded Resources

- Your home, if the equity is less than \$595,000 and you intend to return to it
- Up to two cars
- A life estate interest
- Household goods and personal effects
- Up to \$1,500 for a burial fund (an extra \$1,500 for a spouse, if applicable)
- The cash value of life insurance policies with face values at or below \$10,000 per insured
- Property that you are making a reasonable, bona fide effort to sell
- Proceeds from the sale of a homestead, for up to three calendar months after a completed sale
- Undivided interest in heirs property
- Life estate interest in real property

Spousal Provision



Your spouse may also be able to keep part of your monthly income. The maximum monthly income amount allotted to a spouse is \$3,259.50. Deductions must be made from your gross income to determine monthly recurring income. The following are possible deductions:

- Personal Needs Allowance (\$30)
- Court Ordered Guardianship Fees
- Spousal Allotment
- Dependent Allowance
- Uncovered Medical Expenses

60-Month Look-Back



When you apply for long-term care benefits, Medicaid conducts a 60-month look-back. This determines if you or your spouse transferred assets in the 60 months before your application. Long-term care benefits may be impacted if there was a transfer of assets.

A penalty is applied if you transfer assets in the 60-month period, no matter which type of long-term care benefits you receive. It also applies if your spouse transferred assets. The penalty delays payment for services for a period of time, but there are some exceptions to the penalty.

- If you transfer a home to an eligible spouse, child or sibling
- If the assets were transferred to your spouse or your blind or disabled child
- If you can show that you intended to dispose of assets at fair market value or for other consideration
- If you inadvertently did not receive adequate compensation
- If you transferred assets to another individual in return for care
- If you can show that assets were transferred for some reason other than to qualify for South Carolina Healthy Connections Medicaid
- If all assets transferred for less than fair market value have been returned to you
- If you can show that the transfer occurred because of exploitation
- If the imposition of the penalty would cause an undue hardship

NOTE: There is no penalty for a transfer of assets under the General Hospital benefit category. However, if you move from the hospital to a nursing home or seek to use Home and Community-Based Waiver Services, a penalty may affect continued eligibility.

Estate Recovery



Federal law requires SCDHHS to recover the amount that Medicaid has paid on your behalf for long-term care services from your estate upon your death. If you have an estate and pass away while using Healthy Connections Medicaid long-term care benefits, SCDHHS may recover any money that was paid for your medical services. Claims are made from the estate after claims with higher priority are paid.

This claim is similar to claims for funeral expenses, attorney's fees for administering the estate and taxes. Medicaid's claim must be satisfied to close your estate. However, your property may not need to be sold to pay the Medicaid claim. If your assets are not enough to pay the claim or other expenses of your estate, the executor of your estate may choose other options to repay the debt. The state does not want to take property from you or your family. There are times when you may be exempt from estate recovery. If estate recovery would cause undue hardship, a waiver request may be submitted and given consideration.



Application Process

Learn more about the application process for long-term care benefits from Healthy Connections Medicaid.

1. Complete Medicaid Forms



Complete and submit all required Medicaid forms. You can apply with an SC Thrive counselor or by getting the forms from your county SCDHHS office.

2. Supporting Documentation



Gather and submit all required supporting documentation. These relate to your income and resources. Use the checklist on the back page to help gather your documents.

Note: Healthy Connections Medicaid will review your finances for five years from the day you apply to make an eligibility decision. Each case is unique. There are allowances, exclusions and considerations that can help you become eligible. The key is to provide documentation for all income and resources.

3. Review and Verify



Healthy Connections Medicaid will review and verify all information submitted. If any other documentation or explanation is needed, they will mail you a checklist that explains what else you need to provide, along with a due date. Gather the requested information and send it to Healthy Connections Medicaid. You can mail it or work with an SC Thrive counselor to submit the information through Thrive Hub. If you need more time, call (888) 549-0820 (TTY) or (888) 842-3620.

4. Additional Documentation



You may need to submit additional documentation. This depends on the information requested and submitted. **Be patient and pay attention to due dates.**

5. Appealing a Decision



To appeal a Medicaid eligibility decision, state why and what you are appealing or why you think the decision was wrong. You should include a copy of the notice you received, keeping the original for your records. Also include your full contact information so they can contact you. You can appeal through:

Mail to SCDHHS Division of Appeals and Hearings, PO Box 8206, Columbia, SC 29202;

Email at appeals@scdhhs.gov;

Online at www.scdhhs.gov/appeals; or

Fax to (803) 225-8251.

Definitions & Citations



Definitions

Activities of Daily Living

Activities that are necessary to live independently. These activities include:

- Doing light housework and preparing meals
- Taking medication
- Shopping for groceries or clothes
- Managing money
- Using the telephone and communication devices
- Taking care of pets
- Getting around the community
- Responding to emergency alerts such as fire alarms

Many public programs determine eligibility for services according to a person's need for help with activities of daily living. Many long-term care insurance policies use the ability to perform activities of daily living as criteria for paying benefits.

Aged, Blind, and Disabled (ABD)

A categorical criteria for Healthy Connections Medicaid that requires beneficiaries to be age 65 or older, blind or disabled.

Authorized Representative

An individual granted authority to act for a Medicaid beneficiary or applicant with their knowledge and consent and who has knowledge of the beneficiary or applicant's circumstances.

Caregiver

A caregiver is anyone who helps care for an elderly individual or person with a disability living at home. Caregivers usually provide assistance with activities of daily living and other essential activities such as shopping, meal preparation and housework.

Community-Based Services

Services and service settings in the community which include adult day services, home delivered meals and transportation services. Often referred to as Home and Community-Based Waiver Services, they are designed to help seniors and people with disabilities stay in their homes and live as independently as possible.

Community Residential Care Facility (Boarding or Group Home)

Residential private homes designed to provide housing, meals, housekeeping, personal care services and supports to residents. At least one caregiver is on the premises at all times. In South Carolina, Community Residential Care Facilities are licensed or certified and must meet criteria for facility safety, types of services provided and the number and type of residents they can care for. These facilities are often owned and managed by an individual or family involved in the facility's everyday operation.

Community Spouse

Spouse of a nursing home resident applying for or receiving Healthy Connections Medicaid long-term care benefits.

Custodial Care (Personal Care)

Non-skilled personal care that helps with activities of daily living such as bathing, dressing, eating, getting in or out of a bed or chair, moving around and using the restroom. It may also include the kind of health-related care that most people do themselves, such as using eye drops.

Disability

For Medicaid eligibility purposes, a disability is a physical or mental condition that prevents an individual from doing enough work or the type of work needed for self-support. The condition must be expected to last for at least a year or be expected to result in death.

Durable Power of Attorney

Legal document that gives someone else the authority to act on your behalf on matters that you specify. The power can be specific to certain tasks or broad to cover many financial duties. You can specify if you want the power to start immediately or upon incapacity.

Estate Recovery

Process by which Medicaid recovers an amount of money from the estate of a deceased person who received Medicaid. The amount Medicaid recovers cannot be greater than the amount it contributed to the person's medical care.

Fair Market Value

The estimate of the value of a property based on what an informed, unpressured buyer would pay to an informed, unpressured seller.

Financial Eligibility

Assessment of a person's available income and assets to determine if they meet Medicaid eligibility requirements.

Home and Community-Based Waiver Services (HCBS)

HCBS help individuals who need the level of care offered in a nursing home remain in their home and avoid unnecessary or premature nursing home placement. These services are available for individuals age 18 years or older who are unable to perform activities of daily living such as bathing, dressing and using the restroom due to illness or disability.

Level of Care

Assessment of a person's ability to perform activities of daily living or the need for skilled care to determine if they meet Medicaid eligibility requirements for payment of long-term care services.

Life Estate

Property owned by an individual during their lifetime which beneficiaries cannot sell before the individual's death.

Long-Term Care (LTC)

Services and supports necessary to meet health or personal care needs over an extended period of time.

Long-Term Care Insurance

Insurance policy designed to offer financial support to pay for long-term care services.

Long-Term Care Services

Services that include medical and non-medical care for people with a chronic illness or disability. Long-term care helps meet health or personal needs. Most long-term care services assist people with activities of daily living such as dressing, bathing and using the restroom. Long-term care can be provided at home, in the community or in a facility. For purposes of Medicaid eligibility and payment, long-term care services are those provided to an individual who requires a level of care equivalent to that received in a nursing facility.

Look-Back Period

60-month period prior to a person's application for Medicaid payment of long-term care services. The Medicaid agency determines if any transfers of assets have taken place during that period that would disqualify the applicant from receiving Medicaid benefits for a period of time (called the penalty period).

Medicaid

Joint federal and state public assistance program for financing healthcare for people with low-income. It pays for healthcare services for those with low incomes or very high medical bills relative to income and assets. It is the largest public payer of long-term care services.

Medicare

Federal program that provides hospital and medical expense benefits for people over age 65, or those meeting specific disability standards. Benefits for nursing home and home-health services are limited.

Nursing Home

Licensed facility that provides general nursing care to those who are chronically ill or unable to take care of daily living needs.

Optional State Supplementation Program (OSS)

South Carolina Healthy Connections Medicaid benefit which assists certain individuals who reside in a Community Residential Care Facility licensed by the Department of Health and Environmental Control.

Personal Care (Custodial Care)

Non-skilled service or care, such as help with bathing, dressing, eating, getting in and out of bed or chair, moving around and using the restroom.

Recurring Income

An individual's contribution to their cost of care.

Skilled Care

Nursing care such as help with medications and caring for wounds and therapies such as occupational, speech, respiratory and physical therapy. Skilled care usually requires the services of a licensed professional such as a nurse, doctor or therapist.

Skilled Nursing Facility

A nursing facility with the staff and equipment to give skilled nursing care and, in most cases, skilled rehabilitative services and other related health services.

South Carolina Healthy Connections Medicaid

Healthcare assistance program for residents of South Carolina that helps pay for some or all medical bills for people who meet eligibility requirements and need assistance paying for healthcare services.

Spend Down

The process of an individual spending more of their income and assets to pay for care before they can satisfy Medicaid's financial eligibility criteria.

Spousal Allocation

A portion of a long-term care beneficiary's income used to provide for the living expenses of a spouse and those of any dependent children living in the same household.

Supplemental Security Income (SSI)

Program administered by the Social Security Administration that provides financial assistance to needy persons with a disability or aged 65 or older.

Transfer of Assets

Giving away property or selling property for less than fair market value that could have been used to or for the sole purpose of becoming eligible for Medicaid. Transferring assets during the 60-month look-back period results in disqualification for Medicaid payment of long-term care services for a penalty period.

Citations

1. AARP.org, AARP, Mar. 2017, <https://www.aarp.org/content/dam/aarp/ppi/2017-01/Fact%20Sheet%20Long-Term%20Support%20and%20Services.pdf>.
2. Amoros, Raul. "The Monthly Cost of Senior Care." HowMuch.net, HowMuch.net, 26, June 2017, <https://howmuch.net/articles/cost-of-senior-care-usa>.
3. All noted figures, such as income and resource criteria and spousal allocation are updated yearly by South Carolina Department of Health and Human Services.



Long-Term Care Checklist

When applying for long-term care benefits, you may need the following information for both you and your spouse:

PERSONAL INFORMATION

- ☐ Home address & phone number
- ☐ Social Security number
- ☐ Birth date
- ☐ Durable power of attorney, conservatorship or guardianship information
- ☐ Veteran status information

ASSET INFORMATION

- ☐ Bank statements for the current month and past three months (checking and savings)
- ☐ Vehicle information (year, make and model of all cars, boats, campers, ATVs, etc.)
- ☐ Property tax notices (with map numbers)
- ☐ Pre-need burial contracts
- ☐ Cemetery plot deeds
- ☐ Verification of closed bank accounts for the past five years
- ☐ Verification of any assets sold, transferred or given away over the last five years

INCOME INFORMATION

- ☐ Earned income (salary, hourly wages, etc.)
- ☐ Retirement income (pensions, 401Ks, annuities, retirement benefits, etc.)
- ☐ Investment income (interest, dividends, etc.)
- ☐ Veteran benefit information
- ☐ Any other income information (miscellaneous income, self-employment income, etc.)

INSURANCE INFORMATION

- ☐ Health insurance cards
- ☐ Health insurance premium information
- ☐ Life insurance policy information (Copies of all policies or letters from agents showing policy numbers, owner names, face values and current cash values)
- ☐ Long-term care policy information



Long-Term Care Next Steps

sc Thrive
800.726.8774 | scthrive.org

SC Thrive leads South Carolinians to stability by providing innovative and efficient access to quality of life resources. We are a nonprofit partner for community education with Healthy Connections Medicaid.

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1

Call us at 800.726.8774 to learn more about long-term care benefits and to find a location to apply near you.



2

Gather the documents listed above that you may need to submit an application.



3

Apply for long-term care benefits at an SC Thrive Partner Site!