



State of Illinois

Illinois Department of Healthcare and Family Services
Illinois Department of Human Services



Long Term Care Services
and
Information for Couples

www.hfs.illinois.gov

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Long Term Care Services

Payment for long term care services may be available from the State of Illinois. If you want the state to pay for your care in a nursing home, supportive living facility (SLF) or with support services to stay in your home, you must do the following:



- 1. Apply for medical benefits.**
- 2. Obtain a needs screening.**

Please read this brochure carefully. It will tell you what you need to know if you want the state to pay for your care.

1. Apply for medical benefits.

If you already get cash assistance through the Department of Human Services (DHS), you are automatically eligible for medical benefits. If you do not get cash, but need help paying your medical bills including nursing home expenses, you may apply for medical benefits.

To apply for medical benefits, go to your local Department of Human Services, Family Community Resource Center (FCRC). A caseworker at the local FCRC will ask you questions and enter your answers into a computer. After the interview is complete, the caseworker will give you a computer printout with your answers on it and ask you to sign it. This is your application.

If you do not know where your local FCRC is, use the office locator at www.dhs.state.il.us or call the Bureau of Customer Inquiry and Assistance at 1-800-843-6154 (voice), Monday through Friday, between 7:30 a.m. and 7 p.m. (except state holidays). People using a teletypewriter (TTY), can call at 1-800-447-6404. The call is free. If you are physically unable to go to your local FCRC, a caseworker will call you on the telephone to interview you and help you apply. If you are a patient in a hospital, someone on the hospital staff will help you apply.

If your application is approved, your eligibility for medical benefits usually begins with the month you apply, as long as you meet all the eligibility requirements. You will receive a medical card that you can use when you need other medical services. In addition, you may be eligible for medical benefits for up to three months before the month you apply. If you have medical expenses during any of the three months before the month you apply, be sure to tell your caseworker about them so a decision can be made whether the state can pay for those bills.

If possible, do not pay your medical bills until you learn whether or not you are eligible for medical benefits from the state. Depending on your income and resources, it may be necessary for you to pay part of these bills. You may also be responsible to pay for some of your long term care services.

2. Obtain a Needs Screening.

A needs screening is an evaluation done by the Illinois Department on Aging (DoA) or DHS for each person considering the need for long term care services.

This screening will help determine if a nursing home or other supports are the best way for you to receive your care. If you are about to move into a nursing home and are now applying for medical benefits, the screening must show that you need nursing home care or the state will not pay for it.



The care coordinator completing the screening will assess your specific needs and, if appropriate, provide you with information about alternative home and community-based services. This information is provided to give you a choice to remain in your home, if appropriate, and receive care that meets your needs. Even though you may be informed of alternative home and community-based services, you have the right to enter or remain in the nursing home as long as you are able to pay for your care or you are eligible for medical assistance from the state to pay for nursing home services. You may enter or remain in the nursing home even if the state finds that you could live safely in the community with alternative home and community-based services or that you are ineligible for medical assistance from the state because you made non-allowable transfers of your resources.

If you already live in a nursing home when you apply for medical benefits and you entered the facility on or after July 1, 1996, a special needs screening is completed by Healthcare and Family Services (HFS). This screening will help determine if you may benefit from living in the community. If so, a care coordinator from DoA or DHS will assess your specific needs and, if appropriate, recommend alternative home and community-based services. Even though the care coordinator may recommend home and community-based services, you retain the right to remain in the nursing home as long as you are able to pay for your care or you are eligible for medical assistance from the state to pay for nursing home services.

If you are now in a hospital, ask your nurse to have someone from the hospital's social service department come to your room. This person will arrange for your screening.

If you are now living in your own home, call one of the following departments to schedule a screening appointment:

Department on Aging

If you are 60 years of age or older, call the Department on Aging at 1-800-252-8966 (voice and TTY) between 8:30 a.m. and 5:00 p.m. weekdays. The call is free.

Department of Human Services

If you have a developmental disability or mental illness, call 1-800-843-6154 (voice). If you are using a teletypewriter (TTY), call 1-800-447-6404 between 8:00 a.m. and 5:00 p.m. weekdays. If you are between the ages of 18 and 59 and you have a physical disability, call 1-877-761-9780 (voice) or 1-866-264-2149 (TTY), between 8:00 a.m. and 5:00 p.m. weekdays. The call is free.

Using Your Own Money

Your local FCRC will tell you how much of your own money you will have to pay to the nursing home or SLF each month. You will be able to keep \$30 each month if you reside in a nursing home or \$90 each month if you reside in a SLF.

Information for Couples

Protecting Property for Your Community Spouse

When you go into a nursing home, your spouse may keep your home, your car and your household furnishings. The FCRC will then determine the value of your other property, such as bank accounts or certificates of deposit. You may transfer this other property to your spouse or to someone else for the sole benefit of your spouse. Depending on how much property your spouse already has (not counting things like the house and the car), you may give your spouse property valued up to \$109,560 for 2015.* The amount may increase each year. Your FCRC caseworker will tell you the actual amount you may give to your spouse.

*** Please ask your caseworker for the most current information.**

Protecting Income for Your Community Spouse and Dependents

Your income includes money you get from all sources such as Social Security, pension, disability payments and veterans benefits. When your FCRC decides the amount of income you have to apply to the cost of your nursing care, deductions are permitted if you give money to your spouse and any other dependent family members. These family members include dependent children under age 21, dependent adult children with severe disabilities, dependent parents or dependent brothers or sisters of either you or your spouse.

Depending on your spouse's income and other circumstances, for 2015 you may give up to \$2,739 of your income per month to your spouse.

For 2015, you may also give up to \$655 per month to each dependent family member.* These amounts may increase each year. Your FCRC will notify you of the actual amount you may give.

*** Please ask your caseworker for the most current information.**

If You Receive Veterans Benefits

Your eligibility for veterans benefits may be reduced or discontinued if you give income (from any source) to your family. Your eligibility for veterans benefits is determined by the U.S. Department of Veterans Affairs (USVA), based in part on the

amount of nursing care expenses you are required to pay. If the amount of income you have to apply to the cost of your nursing care is reduced or eliminated because you are giving income to your family, your veterans benefits may be reduced or discontinued by the USVA.

If you are giving income (from any source) to your family, contact your local DVA field office. A representative from the office will help you determine your continued eligibility for veterans benefits.

Transfer of Resources to Qualify for Medical Benefits

Your property includes your savings, retirement accounts, stocks and investments, your home and other possessions. Giving away or selling your resources for less than what they are worth may affect your eligibility. If you or your spouse have transferred property for less than its value, you may be subject to a penalty period for nursing care services, supportive living facility services or for in-home care services through DoA. These changes were made to federal law under the Deficit Reduction Act of 2005.

There are new rules for transferring your property to someone else that went into effect January 1, 2012. Before 2012, the rules were based on 36 months (3 years.) Starting with 2012, transfers that may affect your eligibility for long term care services are those made within 60 months (5 years) of the date you apply for medical coverage and are living in a nursing home, SLF or you apply for or receive in-home care services through DoA.

If the state decides that you are subject to a penalty period, the penalty begins with the month of application or the month you transferred the resources, whichever is later. The penalty period is the length of time the state will not pay for your long term care services in a nursing home, SLF or home and community-based services. You will still be entitled to other medical services during the penalty period, if you are eligible.

The penalty period continues for as long as the uncompensated value of the transferred property would meet the monthly cost of nursing care at the private rate. However, if a transfer is made during a penalty period and the FCRC decides that you are subject to an additional penalty period, the new penalty begins with the month following the month the previous penalty period ends.

Example: Joe wants all his grandchildren to get a college education. He paid \$10,000 a year to each grandchild who was in college. In the last 60 months, Joe gave \$80,000 to help them. Since Joe gave away his resources, he may have a penalty period based on the transfers.

Example: Martha gave \$15 as a gift to her nephew for his birthday as she has every year. Since this is a minimal amount consistent with her past behavior this would not result in a penalty.

If you receive medical benefits, your local FCRC will inform you of the penalty period. You may eliminate a penalty by getting back the property that was transferred or you can apply for a hardship if it can be proven that the penalty would cause you to be without food, shelter, clothing or necessary medical care.

Liens and Claims

The state has the legal right to recover the amount of assistance some people receive through the medical benefits program. The state can file a lien on real property you own, like your home, while you are receiving long term care services and the state can file a claim against your estate. The state will seek to recover money equal to the amount of medical benefits you received. For more information on liens and claims, get the brochure called Property Liens and Estate Claims from your local FCRC.

Money Owed to You

You may be owed money because you have an annuity, promissory note (agreement to pay an amount of money), a loan agreement with someone, or mortgage (including selling your property contract for deed).

You must report any money owed to you and you must change the agreements to assign your interest in the debt to the State of Illinois upon your death.

Example: Mary was hurt at work and used the settlement to purchase an annuity policy. This policy pays her a monthly income. Mary must report the annuity and contact the company to make the State of Illinois the remainder beneficiary of any remaining funds after her death up to the amount of medical assistance paid on her behalf.

Your Rights

You Have the Right to Receive Nursing Care

You have the right to receive the care you need. You have the right to know about your medical condition and make decisions about your care.

You Have the Right to Stay in the Nursing Home

If you go into the hospital, the nursing home must save a space for you for at least 10 days. If you are in the hospital longer than that, the nursing home must still take you back unless all of its beds are full or the nursing home cannot provide the type of care you need. The nursing home must let you come back as soon as a bed becomes available, if it can provide the type of care you need.

A nursing home cannot move you against your will unless:

- The nursing home cannot provide the type of care you need;
- You are unsafe in the home, or you make others unsafe; or
- You do not pay for your care.

If you receive medical benefits, the nursing home cannot make you leave even if it decides to stop taking care of patients who receive medical benefits.

You Have the Right to Keep Your Own Money

You have the right to manage your own money. You may keep \$30 (or \$90 if you live in a supported living facility) of your monthly income and do whatever you want with it. The nursing home must have your written permission to manage your money for you. If it keeps your money, you can take it any time you want. If the nursing home has more than \$50 of your money, it must put the money in an interest earning bank account.

You Have the Right to Privacy

You have the right to see visitors privately and to make private telephone calls. Your mail should not be opened. Nursing home staff should knock before coming into your room and should help you with your personal and medical care in private.

You Have the Right to Complain

If you have a problem with your nursing home, you have the right to report it. If you cannot solve your problem yourself or with the help of your resident council, you can ask for help from the state. For a referral to a nursing home or to file a complaint about your current nursing home, call the Illinois Department of Public Health at 1-800-252-4343. If you are using a teletypewriter (TTY), you can call the Illinois Relay Center at 1-800-526-0844. The call is free.

You can also contact the Illinois Long Term Care Ombudsperson for your area. For the telephone numbers of your local ombudsperson, call the Department on Aging Senior Helpline at 1-800-252-8966 (voice and TTY). Your nursing home cannot retaliate against you because you file a complaint.

For more information about long term care and nursing home services or other DHS programs, call or visit your local DHS Family Community Resource Center. To find the location near you, use the office locator at www.dhs.state.il.us or call the Bureau of Customer Inquiry and Assistance at 1-800-843-6154 (voice), Monday through Friday, between 7:30 a.m. and 7:00 p.m. (except state holidays). People using a teletypewriter (TTY), can call at 1-800-447-6404. The call is free.

If you have questions about long term care and nursing home services or any other DHS programs, call or visit your local FCRC. (If you live in Cook County, you can call **Medical Field Operations at 1-312-793-8000.**)

For answers to your questions, you may also write:

Illinois Department of Human Services
Bureau of Customer and Provider Assistance
100 South Grand Avenue East
Springfield, Illinois 62762



To learn more about HFS's medical programs, scan this code to go to our home page.

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