
Chapter 10: Results from Studies of County Medicaid Eligibility Workers in Ohio

With the help of the medical assistance coordinators stationed in the district offices, staff coordinating this study were able to meet with CDHS eligibility caseworkers and supervisors that specialize in long term care application processing and ongoing eligibility. Every district except Canton was visited, and attendees were asked to complete several questionnaires and polls, and to comment in general discussions. These visits occurred between May and November 1998, and included the Columbus, Cincinnati, Cleveland, and Toledo districts of ODHS. (Canton was excluded because no meeting was scheduled during that time frame by the district medical assistance coordinator with the CDHS staff.)

Techniques Used to Circumvent Provisions of OBRA 1993

Several states have had similar legislative mandates to study the issues of Medicaid estate planning and estate recovery, and have contracted with Stephen Moses to conduct their studies. The report by Moses to the state of Florida included a list of estate planning techniques that continue to be used to circumvent eligibility policy even after eligibility was tightened by the changes in OBRA 1993.

Taking this list of techniques, we asked caseworkers and supervisors who attended the district meetings to indicate which techniques were observed in their own caseloads. The results in the following table are therefore more indicative of the breadth of the occurrence of Medicaid estate planning across Ohio than of actual frequency and depth. However, it is important to note that many of these techniques were identified by most of the caseworkers surveyed.

In other studies of estate planning, it has been noted that specific estate planning actions may be undertaken with varying frequency or popularity in different regions. This may depend on the availability of elder law attorneys in the area, the relative wealth in the area, or for other reasons. Our results indicate that certain techniques are indeed more popular in some Ohio districts than others.

**Medicaid Estate Planning Techniques Used to Circumvent OBRA 1993 Restrictions¹
Observed in Caseloads of Ohio Medicaid Eligibility Workers**

Was technique observed in their caseload? Numbers represent workers who did observe the technique	ODHS District Office								Totals²	
	Cincinnati		Cleveland		Columbus		Toledo			
	36		19		27		44		126	
1. <i>Unrestricted asset transfers three years in advance of application.</i>	31	86%	14	74%	24	89%	33	75%	102	81%
2. <i>Giving away half of assets.</i>	18	50%	13	68%	10	37%	22	50%	63	50%
3. <i>Arranging monthly withdrawals and transfers in order to reduce penalty period in half.</i>	10	28%	9	47%	6	22%	11	25%	36	29%
4. <i>Purchase exempt assets like home, car, funeral plans</i>	34	94%	19	100%	24	89%	40	91%	117	93%
5. <i>Giving away exempt car then buying a new one and giving that away.</i>	12	33%	7	37%	4	15%	6	14%	29	23%
6. <i>Paying adult children for their assistance.</i>	33	92%	18	95%	26	96%	35	80%	112	89%
7. <i>Petitioning for increased resource allowances.</i>	16	44%	10	53%	21	78%	26	59%	73	58%
8. <i>Gifting or entrusting assets to the community spouse or minor or disabled child.</i>	21	58%	18	95%	19	70%	31	70%	89	71%
9. <i>Refusal by community spouse to care for institutionalized spouse.</i>	26	72%	14	74%	15	56%	20	45%	75	60%
10. <i>Divorcing to sever marital responsibility.</i>	25	69%	13	68%	16	59%	26	59%	80	63%

**Medicaid Estate Planning Techniques Used to Circumvent OBRA 1993 Restrictions¹
Observed in Caseloads of Ohio Medicaid Eligibility Workers**

Was technique observed in their caseload? Numbers represent workers who did observe the technique	ODHS District Office								Totals²	
	Cincinnati		Cleveland		Columbus		Toledo			
	36		19		27		44		126	
11. Charitable remainder trusts.	10	28%	10	53%	1	4%	7	16%	28	22%
12. Family limited partnerships.	6	17%	6	32%	4	15%	13	30%	29	23%
13. Purchasing an interest in a third party's home	10	28%	6	32%	1	4%	11	25%	28	22%
14. Converting the assets into exempt or unavailable property.	21	58%	16	84%	23	85%	27	61%	87	69%
15. Taking maximum advantages of guidelines on hardship waivers.	6	17%	8	42%	4	15%	8	18%	26	21%
16. Using new trusts set up under OBRA '93.	13	36%	14	74%	13	48%	17	39%	57	45%
17. Carving up estate interests into non-probate property to avoid estate recovery.	9	25%	14	74%	6	22%	10	23%	39	31%

Endnotes

1. Stephen A. Moses, The Florida Fulcrum: A Cost Saving Strategy to Pay for Long-Term Care, LTC Incorporated, Seattle, Washington, pp. 57-58.
2. Excludes Canton District Office.

Portrait of a Medicaid Applicant

The article recently published by Walker, Gruman and Robison included response to this request, “We would like to develop a profile of the ‘typical’ client who has completed an asset transfer to qualify for Medicaid. For each of the following characteristics, please choose one response that represents the most common client in your opinion.” Values represent the most common response, or the percentage of each group reporting a particular client/applicant characteristic as the most common.

In Connecticut, Medicaid workers, elder law attorneys and certified financial planners painted the following profiles by reporting the following characteristics most frequently:

Profile of Typical Applicant Executing Asset Transfers in Connecticut			
	Medicaid workers	Elder law attorneys	Certified financial planners
Age	70-79	70-79	70-79
Gender	Female	Female	Female
Marital status	Widowed	Married	Widowed
Race	White	White	White
Asset types most commonly transferred in order of frequency of response	In order of responses: bank accounts, former residences, stocks & bonds, equity interest, other real estate, and other.	Same order as Medicaid workers, but less reporting bank accounts and more reporting stocks and bonds.	Former residences, bank accounts and stocks, bonds, other real estate, equity interest, and other.
Value of transferred assets	46.3% reporting \$25,000-99,999, (with 21.7% reporting from \$25,000-\$49,000 and 24.6% reporting \$50,000 -99,999.)	47.5% reporting \$100,000-199,999	51.9% reporting \$200,000+
	Medicaid workers	Elder law attorneys	Certified financial planners

Profile of Typical Applicant Executing Asset Transfers in Connecticut			
Monthly Income	47.1% <\$1,000 48.6% 1,000-2,499 02.9% 2,500-4,999	27.5% <\$1,000 62.5% 1,000-2,499 07.5% 2,500-4,999	03.4% <\$1,000 27.6% 1,000-2,499 51.7% 2,500-4,999
Total assets held	32.8% 50,000-100,000 34.4% 100,000-199,999	26.8% 100,000 - 199,000 41.5% 200,000-299,000	72.4% \$350,000+
Home Ownership	93.9% own home	95.1% own home	93.1% own home
Mortgage	98.4% no mortgage	97.4% no mortgage	93.8% no mortgage
Market Value of Home	39.2% 100,000 - 149,000	44.7% 100,000-149,000	37.9% 200,000-299,999

We used the same variables and asked the Columbus and Cleveland Districts' CDHS workers to complete a profile.

Cleveland Profile of Typical Applicant Executing Asset Transfers
Total number of respondents 20

	Medicaid Eligibility Workers Responses
Age	20% 60-69 75% 70-79
Gender	55% Female
Marital Status	55% Married 35% Widowed
Race	95% White
Monthly Income	35% <\$1,000 55% Between \$1,000-\$2,499
Asset Types Most Commonly Transferred in Order of Frequency of Response	In Order of Responses: Former Residence, Bank Accounts, Stocks & Bonds, Equity Interest, Other Real Estate
Value of Transferred Assets (Answers Are Not Mutually Exclusive)	\$10,000-\$99,999 With 15% Reporting from \$10,000-\$24,999; With 45% Reporting from \$25,000- \$49,000; With 60% Reporting from \$50,000-99,999
Total Assets Held (Answers Are Not Mutually Exclusive)	\$25,000-\$199,999 with 15% Reporting from \$25,000-\$49,999 with 45% Reporting from \$50,000-\$99,999 with 15 % Reporting from \$100,000-\$199,999
Home Ownership	70% Applicants Own Home
No Mortgage	90% Have No Mortgage
Market Value of Home	35% of Those Responded \$50,000-\$149,999

Columbus Profile of Typical Applicant Executing Asset Transfers Total number of respondents 28	
	MEDICAID WORKERS
Age	57% 60-69 46% 70-79
Gender	68% Female
Marital Status	46% Married 50% Widowed
Race	96% White
Monthly Income	43% <\$1,000 54% Between \$1,000-\$2,499
Asset Types Most Commonly Transferred in Order of Frequency of Response	In Order of Responses: Former Residence, Bank Accounts, Other Real Estate, Stocks & Bonds, Equity Interest.
Value of Transferred Assets (Answers Are Not Mutually Exclusive)	\$10,000-\$99,999; With 39% Reporting from \$10,000-\$24,999 With 25% Reporting from \$25,000- \$49,000 with 43% Reporting \$50,000-99,999.
Total Assets Held (Answers Are Not Mutually Exclusive)	\$25,000-\$199,999; With 29% Reporting from \$25,000-\$49,999 With 46% Reporting \$50,000-\$99,999 With 21% Reporting \$100,000-\$199,999.
Home Ownership	93% of Applicants Own Home.
No Mortgage	86% Have No Mortgage.
Market Value of Home	\$50,000-\$149,999 with 50% reporting \$50,000-\$99,999 with 18% reporting \$100,000-\$149,999

Focus Group Sessions

In “focus group” sessions held on the same days as the polls were taken, workers had a resonant theme. For the most part, Medicaid applicants are people with very few assets, who follow the rules to the letter, and even those meager assets left at the time of death, in the form of a PNA account, are taken for Medicaid estate recovery. These cases are compared to the cases much fewer in number that have people who are quite knowledgeable about both Medicaid estate planning techniques and avoidance of Medicaid estate recovery. In those cases, the people are often determined eligible (for many, their period of restricted eligibility has already expired), yet

keep more resources, and their assets are not recovered from their non-probate estates. The inequitable way the system works was seen as a major source of frustration to the workers.

Attitude and Opinion Poll

Staff members constructed an opinion poll concerning several programmatic issues related to Medicaid estate planning and estate recovery in Ohio. The poll was completed by the attendees of the district ODHS meetings between the months of May and November of 1998.

The seven sections of questions were generally phrased in open-ended fashion, but upon review of the responses, answers tended to cluster around certain responses. The results of the poll (which exclude the Canton District Office) are set forth below by district, and by the total for Ohio. Comments that added more insight than the clustered responses are also noted.

One of the major complaints about the Medicaid estate recovery program has been that when Medicaid and HCBS waiver applicants hear about how the program works, they shy away from participating in Medicaid in order to preserve their assets. This complaint is heard more frequently about people seeking HCBS waiver care than institutional care. We asked Medicaid workers about their observations on this potential response to estate recovery in question #3.

①. How do you feel about a potential Medicaid recipient's right to leave a legacy (the "family home") versus the taxpayers' right to only pay for the "poorest of the poor's" Medicaid benefits?

District Office Responses by CDHS Eligibility Caseworkers and Supervisors

Response	Cincinnati		Cleveland		Columbus		Toledo		Totals	
	35		19		26		42		122	
Gov't should use home for payment for LTC services	23	66%	14	74%	15	58%	32	76%	84	69%
Person should be able to keep home as legacy, gov't should pay	4	11%	4	21%	5	19%	5	12%	18	15%
Undecided	6	17%	0	0%	4	15%	2	5%	12	10%
Unanswered	2	6%	1	5%	2	8%	3	7%	8	7%

COMMENTS RECEIVED from Cleveland:

"Poor or rich, everyone should be equal."

"There should be no right to a legacy unless there is a minor or disabled child or a child who gave up his livelihood to take care of parent."

"Medicaid is a public assistance program and no additional protection for family assets are appropriate."

"I feel the taxpayers' rights are superior; if there is a family home or farm, the children should be allowed to purchase it."

①. How do you feel about a potential Medicaid recipient’s right to leave a legacy (the “family home”) versus the taxpayers’ right to only pay for the “poorest of the poor’s” Medicaid benefits?

COMMENTS Continued.:

Toledo

“If a family member has worked for the legacy, (worked side by side on a farm or kept the patient off of Medicaid) they have more of a right to it than someone who has not aided the patient.”

Columbus

“There are a few children who move in with their parent for several years and should be able to protect the home.”

“The family home is the asset of the owner. If other family members want it they should buy it.”

“The costs of Medicaid are high enough to taxpayers that it doesn’t seem unreasonable that clients bearing part of the costs, as they can, should be required.”

“I believe people who have the money to pay for their care are having the monies, or resources, protected by a family attorney (Estate Planning).”

“If family members want to protect those assets they should care for the elderly family member.”

“I feel the client should liquidate all property that they have available before Medicaid will pay. In this day and age, it would just cost too much if not.”

Cincinnati

“I do not feel the family should be left a legacy if the state has been taking care of the recipient.”

“Most of our consumers have worked all their lives and when they become ill and have to go into a nursing home they feel like they have failed in not being able to leave their children “something”. Taxpayer money (like mine) should only help the poor.”

“Homes/ legacies don’t have to be left to families.”

“The “family legacy” needs to be used for the client’s cost of care. Taxpayers should not be required to pay for care when there is property available to be utilized for such care.”

“If they have the resources to pay for their own care, those resources should be applied. I do not believe that children are entitled to receive any particular inheritance.”

“If the recipient is interested in leaving a “legacy” the appropriate transfers need to be made long before application for Medicaid is made. If a transfer is made years prior to an application being filed, I believe that is an acceptable action. I don’t agree with people waiting until their “golden years” to decide to leave their family their assets. To me they are transferring assets to avoid utilization.”

- What is your opinion of Medicaid applicants, or Medicaid recipients converting countable assets into non-countable assets? What experiences have you had with potential Medicaid recipients transferring assets (annuities, SPLIMPA, trusts)? Do you have any “crazy” stories to tell about asset divestiture and the “look back” policy?

District Office Responses by CDHS Eligibility Caseworkers and Supervisors

Response	Cincinnati		Cleveland		Columbus		Toledo		Totals	
	35		19		26		42		122	
Converting assets is ok	6	17%	3	16%	4	15%	5	12%	18	15%
Converting assets is not ok	14	40%	7	37%	17	65%	31	74%	69	57%
Undecided	1	3%	0	0%	1	4%	1	2%	3	2%
Unanswered	14	40%	9	47%	4	15%	5	12%	32	26%

COMMENTS RECEIVED: Cleveland

“One client wrote his own trust, with no mention of revocable, or irrevocable.”

“I’ve had people who want the prenuptial agreement to determine what belongs to the community spouse.”

Toledo

“The look back period should be a minimum of ten years. The current regulations protect the wealthy.”

“Putting assets into non-countable assets should be within reason, such as fixing the roof on the house, but not buying diamonds or other expensive jewelry.”

“I support the use of burial contracts so the family does not become burdened with this expense, the rest is just cheating. I had a 90-year old sell his home to his son on a 30-year land contract.”

What is your opinion of Medicaid applicants, or Medicaid recipients converting countable assets into non-countable assets? What experiences have you had with potential Medicaid recipients transferring assets (annuities, SPLIMPA, trusts)? Do you have any “crazy” stories to tell about asset divestiture and the “look back” policy?

COMMENTS continued:

Columbus

“What is crazy is asking the poorer people, usually less informed and less ‘attorneyed’, to ‘hand it over’ while the informed and well ‘attorneyed’ walk off with the bank.”

“I think the burial fund is a good way to utilize the client’s excess resources.”

“I think raising the look-back period of transfer to five years would help in finding resources that were not utilized by the client for their needs.”

“We see this **daily**, we have a lot of dealings with an elder law attorney who is very good.”

“It seems to be that the applicants with the most assets are the ones that get the information on how to divert or convert the assets. Some applicants have clearly planned their own or most generally their family member’s application.”

“I have been to common pleas court twice over policy on transferred assets and the look back period.”

“Some clients have learned through an attorney how to gift on a month to month basis.”

Cincinnati

“We have attorneys that know all the loopholes in our policies and anyone who does planning takes full advantage of these gaps.”

“I had one case where the power of attorney took two homesteads, bank accounts, CD’s and car and opened up a trust for the husband and one for a disabled son. The husband & wife both live in a nursing home. He died and we tried to see if remaining funds could be put back in wife’s name. There was almost \$300,000 transferred.”

“I have ‘heard’ of clients purchasing a very expensive car with the funds prior to spousal assessments and Medicaid application.”

“A client purchased a \$21,000 bed knowing that if the bed was not needed they would and could get money back. Pre-purchase was for three months in advance. The lady died two months before the bed was delivered and family got all money back. Ohio taxpayers paid for the Nursing Facility.”

“Several spouses have spent down resources by buying a new car, getting new furniture, carpet, furnace, rather than pay the bill.”

“We had a client sell a home, and go off Medicaid. Then the adult child wrote himself a check and dated it 3 months before the money was received to shorten the period of restricted coverage.”

“The middle to low income people are the ones who transfer assets not knowing it will be looked at as improper.”

- Have Medicaid applicants declined medical assistance for Nursing Facility benefits, or withdrawn their application, after learning about Estate Recovery? Have Medicaid applicants declined medical assistance for PASSPORT or other HCBS Waiver benefits, or withdrawn their application, after learning about Estate Recovery? If you answered yes to either of these questions, do you feel the decision jeopardized the applicants' health?

District Office Responses by CDHS Eligibility Caseworkers and Supervisors

Response	Cincinnati*		Cleveland		Columbus		Toledo		Totals	
	35		19		26		42		122	
Have w/d application	25	71%	12	63%	19	73%	16	38%	72	59%
Have not w/d application	35	100%	5	26%	5	19%	22	52%	67	55%
Unsure	0	0%	1	5%	2	8%	1	2%	4	3%
Unanswered	0	0%	1	5%	0	0%	3	7%	4	3%

*Cincinnati's responses are not mutually exclusive.

COMMENTS RECEIVED:

Cleveland

"Yes, applications have been withdrawn especially in the waiver field. I don't believe health was jeopardized, but an Adult Protective Services referral would be completed if needed."

Have Medicaid applicants declined medical assistance for Nursing Facility benefits, or withdrawn their application, after learning about Estate Recovery? Have Medicaid applicants declined medical assistance for PASSPORT or other HCBS Waiver benefits, or withdrawn their application, after learning about Estate Recovery? If you answered yes to either of these questions, do you feel the decision jeopardized the applicants' health?

COMMENTS Continued:

Toledo

“No, these people generally have more assets than they care to admit. If the health was jeopardized, it’s usually because the family is being selfish and thinks the applicant owes them something.”

“Clients have declined medical assistance in PASSPORT due to Estate Recovery. I am not sure if it affected health, but feel reasonably sure it did not because family did share responsibilities and helped mother.”

Columbus

“Yes to both and I do feel that they don’t understand Estate Recovery entirely. They’ll do without services and count on family to help, (even when they don’t). I can see Estate Recovery if there are no immediate heirs to an estate, but I still don’t like the class difference.”

“Yes, and their health was jeopardized. Local PASSPORT agencies are “frightening” people by giving incorrect information on Estate Recovery.”

“Clients have withdrawn applications because of Estate Recovery. Some withdrew due to pressure from their families. I don’t know if their health was jeopardized.”

Cincinnati

“Yes, they remained in the Nursing Facility but paid privately.”

“Yes, in some cases, in others family member will generally keep that parent with them so that the money goes to the child, or children, instead of the state.”

“Yes, we have had several people withdraw from services because of Estate Recovery. Usually the family then took a more active role in their care.”

“Yes to both. I have had two persons withdraw their PASSPORT application due to Estate Recovery. Within two years of withdrawal of application, clients became permanent residents of Nursing Facility. So they had to sell the home (the asset they tried to protect).”

- How informed about eligibility criteria are the Medicaid applicants when you conduct the application interview? Do they know the terminology? Are they often represented by lawyers? By adult children?

District Office Responses by CDHS Eligibility Caseworkers and Supervisors

Response (not mutually exclusive)	Cincinnati		Cleveland		Columbus		Toledo		Totals	
	35		19		26		42		122	
Informed	4	11%	4	21%	1	4%	5	12%	14	11%
Somewhat informed	6	17%	2	11%	11	42%	5	12%	24	20%
Uninformed	17	49%	7	37%	11	42%	15	36%	50	41%
Know terminology	0	0%	3	16%	3	12%	3	7%	9	7%
Do not know terminology	6	17%	2	11%	8	31%	7	17%	23	19%
Represented by attorney	2	6%	9	47%	8	31%	2	5%	21	17%
Not represented by attorney	0	0%	0	0%	4	15%	3	7%	7	6%
Represented by family member/children	12	34%	12	63%	19	73%	24	57%	67	55%
No one representing	0	0%	1	5%	0	0%	0	0%	1	1%
Unanswered	2	6%	1	5%	1	4%	4	10%	8	7%

How informed about eligibility criteria are the Medicaid applicants when you conduct the application interview? Do they know the terminology? Are they often represented by lawyers? By adult children?

COMMENTS RECEIVED:

Cleveland

“Most people who have substantial assets are represented. This is especially true in spousal cases.”

“Most are represented by adult children and sometimes lawyers. Those that have money are very aware of the regulations.”

Toledo

“More and more are bringing lawyers or adult children to the interview. I am also getting a lot of adult children applying without the applicant coming along.”

“It’s very hard for them (or anyone) to understand the Medicaid policies. Most poor to average persons are not represented by lawyers or children. Some with money have their children/lawyers with them.”

Columbus

“A lot of applicants are aware of the basic eligibility criteria but are not aware of the spousal impoverishment rules. Most are represented by adult children.”

“Three quarters of them are very aware of all eligibility criteria, one quarter of them know some things.”

“Lawyers usually are involved to help clients transfer assets. I usually do not see lawyers if there is nothing to hide.”

Cincinnati

“Many applicants know about the 3-year look back period and have been advised by attorneys.”

“I believe they know very little about eligibility criteria and are not familiar with terminology. They are most often represented by an adult child.”

“Occasionally they are familiar with criteria, but generally they have received incorrect information. Rarely have I had appointments with legal representation. Most often adult children are representatives as they are providing care and managing funds for their elderly parent.”

“Most are misinformed by hospital or nursing home staff.”

“They are not informed, in that they are told about Medicaid generally, but not “walked” through the process so applicants have a good understanding of the intricacies of the program.”

- At times do you offer advice on how to become Medicaid eligible? If so, generally what kind of advice do you share?

District Office Responses by CDHS Eligibility Caseworkers and Supervisors

Response	Cincinnati		Cleveland		Columbus		Toledo		Totals	
	35		19		26		42		122	
Yes, they give advice	29	83%	14	74%	24	92%	32	76%	99	81%
No, they do not give advice	3	9%	4	21%	2	8%	5	12%	14	11%
Unanswered	3	9%	1	5%	0	0%	5	12%	9	7%

COMMENTS RECEIVED:

Cleveland

- ✓ “Advice is not given on how to manage assets. Regulations are cited but the client is advised it is their decision on how to reduce assets. Questions are answered and clients are advised regarding irrevocable burials.”
“We tell them to purchase an irrevocable burial contract and/or spend the excess on behalf of the client and verify, verify, verify.”

Toledo

- “Yes, reduce resources, proper/improper transfers, life estate, land contract.”
“I describe Medicaid guidelines.”

At times do you offer advice on how to become Medicaid eligible? If so, generally what kind of advice do you share?

COMMENTS CONT.:

Columbus

“Survivorship accounts on everything including home.”

“Yes, we discuss methods to legally reduce assets/resources.”

Cincinnati:

“Yes, changing life insurance cash value to irrevocable burials. This makes the resource still useful for clients and it is exempt from Medicaid. Occasionally, I’ve told individuals to reconvey a transferred asset to the first owner.”

“To be aware of cash value of insurances that could cause ineligibility and takes several weeks to cash in.”

“I share scenarios to cover necessary expenses, like burial, and to the community spouse on incomes from IRA account versus this being counted as a resource. Also I may advise of durable equipment that it is difficult or not available through Medicaid Nursing Facility or prior authorization (certain wheelchairs).”

“I do not give advice on how to become Medicaid eligible, however, I do answer specific questions if asked. Our agency role is not to become an estate planner.”

“I explain the penalty process for improper transfers and the formula used to determine the time frame for restricted medicaid.”

- Do you favor government sponsored (i.e., taxpayer-funded) coverage of Long Term Care (nursing home or home care) for people of all incomes? Why or why not?

District Office Responses by CDHS Eligibility Caseworkers and Supervisors

Response	Cincinnati		Cleveland		Columbus		Toledo		Totals	
	35		19		26		42		122	
Favor Govt. sponsored LTC	6	17%	6	32%	9	35%	5	12%	26	21%
Do not favor Gov't sponsored LTC	14	40%	10	53%	13	50%	27	64%	64	52%
Undecided	1	3%	0	0%	1	4%	3	7%	5	4%
Unanswered	14	40%	3	16%	3	12%	7	17%	27	22%

COMMENTS RECEIVED:

Cleveland

"I am in favor if it is done on a sliding fee scale."

Toledo

"No, I believe those who wish to purchase private insurance should be able to, and to have a choice. Those who cannot, can expect more of the same."

"No, if we do not as a society favor national health care, long term care has no viable case to be the exception."

"Yes, as long as all people have access to the same nursing homes and the rich should not have nursing homes solely for their own use that the poor world would not have access to."

Do you favor government sponsored (i.e., taxpayer-funded) coverage of Long Term Care (nursing home or home care) for people of all incomes? Why or why not?

COMMENTS CONT.:

Columbus:

“Yes, just to make the system fair to everyone.”

“No, people who can afford to pay should. The money people accumulate really isn’t the kid’s inheritance, regardless of what the “kids” think.”

Cincinnati

“No, why should I pay for everyone? There are very wealthy people out there who would take advantage. It would be the old cliché of the **rich get richer -poor get poorer.**”

“No, I do not feel taxpayers should pay for care of persons who have more than adequate finances to pay for their own care. Taxpayers are over-taxed now and financially well-off people find more “loop holes” not to pay money anyway. It isn’t fair to the average person.”

“No, families need to be more responsible and not shift the burden to taxpayers. I have had many cases where the Institutionalized Spouse transferred real estate to family in exchange for care and are still placed in an Nursing Facility. Then that family should be responsible for a part of the care regardless of when the transfer occurred.”

“If a person’s income is sufficient to cover his care, he should be private pay.”

“No, people with assets should utilize them. Government should not create a program to allow family to receive inheritance. We should be there to help when an individual’s resources are utilized”.

“By keeping the rules (on transfer of assets) elastic, people who complain loudly or have strong political connections or get good legal advice can be accommodated easily”. Do you agree with this statement? Why or why not? *quote taken from material authored by Stephen Moses

District Office Responses by CDHS Eligibility Caseworkers and Supervisors

Response	Cincinnati		Cleveland		Columbus		Toledo		Totals	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
	35		19		29		42		125	
Agree	21	60%	16	84%	24	83%	20	48%	81	65%
Disagree	6	17%	3	16%	3	10%	10	24%	22	18%
Undecided	3	9%	0	0%	1	3%	4	10%	8	6%
Unanswered	5	14%	0	0%	1	3%	8	19%	14	11%

COMMENTS RECEIVED:

Cleveland:

“Yes, those people who can’t afford legal representation are the ones who are punished.”

“Yes, there are loopholes and if you can’t afford to pay for answers you can get shafted.”

“Yes, our poor farmers have to spend down a crappy \$5,000 and the people with enough money that an attorney will take their case get to keep hundreds of thousands of dollars and multiple houses.”

Toledo:

“Yes, legislators hear “sob” stories and they don’t really understand the regulations.”

“Yes, the more you can “pay” for representation, the more your attorney will “play” for you.”

Columbus: (This question was answered at a different date than questions 1-6, so the number of responses is 29 instead of 26.)

“People who can afford legal advice get the help in transferring assets to keep the state from having them utilize their assets for the persons needs or NF care. These individuals still are able to VOTE.”

“Yes, the rules and regulations are made to accommodate every situation”.

. “By keeping the rules (on transfer of assets) elastic, people who complain loudly or have strong political connections or get good legal advice can be accommodated easily”. Do you agree with this statement? Why or why not?

COMMENTS CONT.:

Cincinnati:

“Certainly people who have legal advice can accomplish what poor people cannot. What a shame that we can deny for excess life insurance and allow thousands of dollars to be put in annuities.”

“Yes, those who are willing to test the waters often are successful in obtaining a greater benefit from the system. I have had a legislator step in on a case before regarding eligibility.”

“Yes, it may fall between a proper or improper transfer and there is no concrete rule that says what is or what is not an improper transfer.”

“Nursing home administrators reflect this statement to us as the attitude in Washington.”

“Yes, in my experience as a nursing home eligibility supervisor it is the customers that hire an attorney whose assets are transferred into noncountable assets. The attorney utilizes ODHS staff to assist them in converting the assets.”