

MANUAL MATERIAL TRANSMITTED					
MANUAL: INCOME MAINTENANCE			CHANGE NUMBER: 125		
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			25	17	8/98
			26	17	1/99
DATE: November, 1998			TO: All Income Maintenance Manual Holders		

This change is being made as a result of annual updates which are effective January, 1999.

SPOUSAL ASSET LIMITS AND SPOUSAL MAINTENANCE STANDARD MAXIMUM UPDATES

The minimum community spouse asset limit is \$16,392, the maximum is \$81,960.

The maximum SMS is \$2,049. The minimum amount will change in July, 1999.

RAPIDS will complete a mass change in December, effective January, 1999 for the following:

- The maximum SMS for Nursing Facility and ICF/MR cases;
- The SSI Allocation Standard for SSI-Related Medicaid cases with deeming.

The new amounts are effective in RAPIDS beginning January, 1999.

RAPIDS will also update the Asset Assessment with the new minimum and maximum amounts effective January, 1999.

greater than the Allocation Standard, the ineligible spouse's income is added to the eligible spouse's income. These are the SSI deeming provisions, which also require use of the couple income limit to determine eligibility for the individual when income is deemed. If the SSI-Related individual is a child, the income of the parent(s) is also deemed, and the above exclusions are applied to their income.

NOTE: The income of separated spouses is not counted or deemed beginning in the month following the month in which the couple separates.

a. Deeming From Ineligible Spouse to SSI-Related Spouse

The deeming calculations are as follows:

Step 1: Determine the ineligible spouse's total non-excluded unearned income.

Step 2: Subtract the needs of all ineligible dependent children.

The needs of each ineligible child is determined separately by subtracting the child's income from the Allocation Standard. The difference, if any, represents the child's needs.

EXAMPLE: SSI payment level for 1 and 2 persons is \$500 and \$751. The Allocation Standard is \$251. Child #1's income is \$265. Because the child's income exceeds \$251, there is no deduction for Child #1's needs. Child #2's income is \$75. The allocation for this child's needs is \$176.

After a separate determination is made for each child, the allocations are added together and then subtracted from income.

Step 3: Determine the ineligible spouse's total gross non-excluded earned income.

APPENDIX A - INCOME LIMITS

NUMBER OF PERSONS	100% FPL	120% FPL	133% FPL	150% FPL	185% FPL	200% FPL	300% FPL	C/U PAYMENT	C/U 100% SON	C/U 185% SON	TRIP
1	671	805	893	1,007	1,242	1,342	2,013	149	581	1,075	514
2	905	1,085	1,203	1,357	1,673			201	786	1,454	766
3	1,138		1,513	1,707	2,105			253	991	1,833	841
4	1,371		1,824	2,057	2,537			312	1,196	2,212	916
5	1,605		2,134	2,407	2,968			360	1,401	2,592	991
6	1,838		2,444	2,757	3,400			413	1,606	2,971	1,066
7	2,071		2,755	3,107	3,832			462	1,811	3,350	1,141
8	2,305		3,065	3,457	4,263			477	2,016	3,729	1,216
9	2,538		3,375	3,807	4,695			477	2,221	4,108	1,291
10	2,771		3,686	4,157	5,127			477	2,426	4,487	1,366

NUMBER OF PERSONS	MAXIMUM COUPON ALLOTMENT	FOOD STAMP GROSS/NET TEST			MNIL		QMB	SLIMB	QI-1	QI-2	SSI MAX	EMER. ASST.	LIEAP
		GROSS	NET	E & D	1 Mo.	6 Mos.							
1	125	873	671	1,107	200	1,200	671	672-805	806	907	500	355	739
2	230	1,176	905	1,492	275	1,650	905	906-1,085	906	1,175	751	533	995
3	329	1,479	1,138	1,877	290	1,740			1,086	1,222		566	1,252
4	419	1,783	1,371	2,262	312	1,872			-	-		711	1,508
5	497	2,086	1,605	2,647	360	2,160			1,221	1,584		819	1,765
6	597	2,389	1,838	3,032	413	2,478						939	2,022
7	659	2,693	2,071	3,417	461	2,766						1,046	2,278
8	754	2,996	2,305	3,802	477	2,862						1,165	2,535
9	848	3,300	2,539	4,187	527	3,162						1,273	2,792
10	942	3,604	2,773	4,572	547	3,462						1,394	3,048

NURSING HOMES

Min. SMS - \$1,357
 Max. SMS - \$2,049
 MAX. FMA/each - \$453
 OLE - \$175

NURSING FACILITY SERVICES

Step 2: Multiply the number of days the client was in Facility #1 by the per diem rate for the facility. The result is the clients cost of care for this facility for the month.

Step 3: Compare Step 1 to Step 2.

If Step 1 is less than or equal to Step 2, the client's entire contribution toward his cost of care is paid to Facility #1.

If Step 1 is greater than Step 2, the Step 2 amount is paid to Facility #1 and the difference between Step 1 and Step 2 is paid to Facility #2.

E. EXAMPLES

EXAMPLE: Single Individual with OLE, Categorically Needy

A Pass-Through Medicaid recipient in the C-219 system enters a nursing home and wants Medicaid to pay toward his cost of care. He has \$1,500/month unearned income. He is a single individual with OLE.

Medicaid eligibility is already established. Even though his income exceeds 300% of the SSI payment level, he is eligible without a spenddown as a Categorically Needy Medicaid recipient. Therefore, only post-eligibility calculations must be performed. To accomplish this, the C-219 system case is closed, and an M-219 system case is opened. The Worker records that the client was a Deemed SSI Recipient prior to nursing care eligibility so that eligibility may be restored if he no longer requires nursing care. Post-eligibility calculations are as follows:

\$1,500	Client's gross monthly non-excluded income
- 30	Personal Needs Allowance
\$1,470	Remainder
- 175	OLE
\$1,295	Client's resource amount which is also his total contribution toward his cost of care.

NURSING FACILITY SERVICES

EXAMPLE: Single Individual Without OLE, Medically Needy

Same as above except the client has no OLE. The client's spenddown amount is the same as determined above.

<u>Post-Eligibility</u>	
\$1,500	Income
<u>- 30</u>	Personal Needs Allowance
\$1,470	Remainder
<u>- 46</u>	Medicare premium (non-reimbursable medical expense)
\$1,424	Remainder
<u>-1,280</u>	Spenddown (non-reimbursable medical expense)
\$ 144	Resource Amount

The client's total contribution toward his cost of care is:

\$1,280	Spenddown
<u>+ 144</u>	Resource Amount
\$1,424	Total Contribution

EXAMPLE: Married Individual Without Community Spouse, Medically Needy

Mr. Smith is married but has been separated from his wife for 10 years. He has 1 dependent child still living in his home. His monthly income is \$1,570. He has non-reimbursable medical expenses of \$46 (Medicare premium).

<u>Eligibility</u>	
\$1,570	Income
<u>- 20</u>	SSI Disregard
\$1,550	Remainder
<u>- 200</u>	MNIL
\$1,350	Monthly Spenddown

NURSING FACILITY SERVICES

Post-Eligibility

Community Spouse	\$ 421	Shelter
Deduction:	+ 243	SUA
	\$ 664	Total Shelter/Utilities
	- 408	30% Min. SMS
	\$ 256	Excess Shelter/Utilities
	+1,357	Min. SMS
	\$1,613	
	- 640	Total gross monthly non-
		excluded income of
		Community Spouse
	\$ 973	CSMA

Family Maintenance	\$1,357	Min. SMS
Deduction:	- 275	Income
	\$1,082	Remainder ÷ 3 = \$361 FMA

\$1,705	Income
30	Personal Needs
\$1,675	Remainder
973	CSMA
\$ 702	Remainder
36	FMA
\$ 341	Remainder
142	Medicare premium and doctor bill
\$ 199	Resource and total contribution toward his care

The client has a \$199 resource to contribute to his care. Because there is a community spouse, the spenddown amount determined in the eligibility process is not subtracted as a non-reimbursable medical expense and is not added to the resource to determine his total contribution.

NURSING FACILITY SERVICES

17.10 ASSETS

A nursing care client must meet the asset test for his eligibility coverage group. The asset level for those eligible by having income equal to or less than 300% SSI payment for an individual is the same as for an SSI-Related Medicaid eligible. See Chapter 11 for the appropriate coverage group.

NOTE: Once Medicaid eligibility is established, the assets of the community spouse are not counted for the institutionalized spouse. In addition, when assets such as the home and attributed assets legally transferred to the community spouse are subsequently transferred by him, no penalty is applied to the institutionalized spouse.

Once the Worker determines the value of the assets, there are additional procedures that apply to nursing facility clients.

A. ASSET ASSESSMENTS

NOTE: A legally married individual and his spouse, although separated, are treated as a couple for the asset assessment, regardless of the length of the separation.

When determining eligibility for nursing facility services for an individual, institutionalized on or after 9/30/89, who has a community spouse, the Worker must complete an assessment of the couple's combined countable assets. The assessment is completed, when requested by the client or his representative, prior to application, or at application, if not previously completed. It is completed as of the first continuous period of institutionalization and is completed one time only.

The assessment is done on Form IM-NL-AC-1 or in RAPIDS. See the RAPIDS User Guide. The purpose of the spousal asset assessment is to allow the spouse of an institutionalized individual to retain a reasonable portion of the couple's assets.

When requested, the Worker must advise the individual(s) of the documentation required for the assessment. Verification of ownership and the CMV must be provided. When it is not provided, the assessment is not completed.

The Worker documents the total value of all non-excluded assets.