

MANUAL MATERIAL TRANSMITTED					
MANUAL: INCOME MAINTENANCE			CHANGE NUMBER: 95		
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26	17	1/97	26	17	1/98
DATE: Novemer, 1997			TO: All Income Maintenance Manual Holders		

This change is being made as a result of annual updates which are effective January, 1998.

SPOUSAL ASSET LIMITS AND SPOUSAL MAINTENANCE STANDARD MAXIMUM UPDATES

The minimum community spouse asset limit is \$16,152, the maximum is \$80,760.

The maximum SMS is \$2,019. The minimum amount will change in July, 1998.

RAPIDS will complete a mass change in December, effective January, 1998 for the following:

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

The new amounts are effective in RAPIDS beginning January, 1998.

Nursing care cases which remain in the M-219 system must be evaluated to see if they qualify for a higher CSMA based on the new maximum SMS. Since very few cases remain in the M-219 system, no identification printout of cases potentially affected will be produced. Those district offices which still have Nursing Care cases in the M-219 system must identify them from the Medicaid Alpha Listings for November of December, 1997. Changes must be made effective January, 1998, if RAPIDS conversion is not completed.

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 \$494 and \$741. The Allocation Standard is \$247. Child #1's income is \$248. Because the child's income exceeds \$247, there is no deduction for Child #1's needs. Child #2's income is \$40. The allocation for this child's needs is \$207.

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.

NURSING CARE 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
- 30	Personal Needs Allowance
\$1,470	Remainder
- 44	Medicare premium (non-reimbursable medical expense)
\$1,426	Remainder
-1,280	Spenddown (non-reimbursable medical expense)
\$ 146	Resource Amount

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

\$1,280	Spenddown
+ 146	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 \$44 (Medicare premium).

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

NURSING CARE 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.

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

Nursing facilities are required to advise all new admissions and their families that asset assessments are available upon request from the county office. The agency has developed a statement concerning the availability of asset assessments. Nursing facilities provide this "Patient's Bill of Rights" as part of their admission package. See Appendix C.