

NURSING FACILITY SERVICES

17.8 ELIGIBILITY DETERMINATION GROUPS

Medical eligibility may be determined under any full Medicaid coverage group using the eligibility determination groups for the appropriate coverage group. See Section 17.9,C and Chapter 9. If the client is not eligible for a full Medicaid coverage group, the following eligibility determination groups are used.

A. THE BENEFIT GROUP

1. Who Must Be Included

The institutionalized individual must be included.

2. Who Cannot Be Included

Only the institutionalized individual is included. An eligible spouse must be in his own benefit group, whether he is also institutionalized or not.

B. THE INCOME GROUP

Only the non-excluded income of the institutionalized individual is used to determine his eligibility.

C. THE NEEDS GROUP

- Compare the client's own total gross non-excluded monthly income to 300% of the monthly maximum SSI payment for one person; or
- For an SSI-Related Medicaid individual, use the monthly MNIL for one person to determine the spenddown amount. See Section 17.9,C.

D. CASE COMPOSITION

The case is composed of the institutionalized individual. An eligible spouse is in his own case, whether he is also institutionalized or not.