### CHAPTER 17

### Long Term Care

# NURSING FACILITY SERVICES

## Post-Eligibility

| Community Spouse<br>Deduction:   | \$ 600.00<br>+ 366.00<br>\$ 966.00<br>- 525.00<br>\$ 441.00<br>+ 1,750.00<br>\$ 2,191.00<br>- 950.00<br>\$1,241.00 | Shelter<br>SUA<br>Total Shelter/Utilities<br>30% Min. SMS<br>Excess Shelter/Utilities<br>Min. SMS<br>Total gross monthly non-excluded income<br>of Community Spouse<br>CSMA |
|----------------------------------|--|---|
| Family Maintenance<br>Deduction: | <b>\$1,750.00</b><br>- 585.00<br><b>\$1,165.00</b>   | Min. SMS<br>Income<br>Remainder ÷ 3 = <b>\$388.33</b> FMA   |
| \$2,050.00                       | Income<br>Personal Need  | <b>c</b>  |

| -   | 50.00    | Personal Needs                                  |
|-----|----------|---|
| \$2 | 2,000.00 | Remainder                                       |
| - 1 | ,241.00  | CSMA  |
| \$  | 759.00   | Remainder                                       |
| -   | 388.33   | FMA   |
| \$  | 370.67   | Remainder                                       |
| -   | 158.50   | Medicare premium and doctor bill                |
| \$  | 212.17   | Resource and total contribution toward his care |

The client has a **\$212.17** 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.

7/05

#### Long Term Care

# 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% of the monthly SSI payment for an individual is the same as for an SSI-Related Medicaid eligible. See Chapter 11 for the asset limit of the appropriate coverage group.

Once the Worker determines the value of the assets, an Asset Assessment, described in item A below, is completed when an institutionalized person has a spouse in the community.

**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.

## 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, and 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 completed on form IM-NL-AC-1 or in RAPIDS. See the RAPIDS User Guide. The purpose of the Asset Assessment is to allow the spouse of an institutionalized individual to retain a reasonable portion of the couple's assets and to prevent the impoverishment of the community spouse.

When requested, the Worker must advise the individual(s) of the documentation required for the assessment. Verification of ownership and the FMV 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 an Asset Assessment is available upon request from the local office. The