

17.1	INTRODUCTION.....	1
 <u>NURSING FACILITY SERVICES</u>		
17.2	APPLICATION/REDETERMINATION	2
A.	THE APPLICATION PROCESS.....	2
B.	REDETERMINATION PROCESS.....	4
17.3	CASE MAINTENANCE	7
A.	COUNTY TRANSFER.....	7
B.	CHANGES REQUIRING RE-EVALUATION	7
C.	DISCHARGES AND CLOSURES	7
17.4	VERIFICATION.....	8
17.5	RESOURCE DEVELOPMENT.....	9
17.6	NOTIFICATION.....	10
A.	WHO RECEIVES NOTIFICATION.....	10
B.	ES-NH-3, NOTICE OF CLIENT'S CONTRIBUTION TOWARD HIS COST OF CARE	10
C.	IM-NL-LTC-1	11
D.	IM-NL-LTC-2	11
E.	ES-NL-D.....	11
F.	IM-NL-AC-1	11
G.	DFA-NL-UH-1.....	12
H.	DFA-NL-UH-2.....	12
17.7	COMMON ELIGIBILITY REQUIREMENTS.....	12a
17.8	ELIGIBILITY DETERMINATION GROUPS	13

Long Term Care

A.	THE ASSISTANCE GROUP	13
B.	THE INCOME GROUP	13
C.	THE NEEDS GROUP	13
D.	CASE COMPOSITION.....	13
17.9	INCOME.....	14
A.	EXCLUDED INCOME SOURCES.....	14
B.	BUDGETING METHOD	14
C.	FINANCIAL ELIGIBILITY PROCESS.....	16
D.	POST-ELIGIBILITY PROCESS	18
E.	EXAMPLES.....	26
17.10	ASSETS.....	30
A.	ASSET ASSESSMENTS	30
B.	TRANSFER OF RESOURCES	33
1.	Definitions.....	34
2.	Effective Date	36
3.	Look-Back Period	36
4.	Permissible Transfers.....	36
5.	Transfers Which Are Not Permissible	39
6.	Transfers Related to Life Estates	39
7.	Transfer To Purchase An Annuity	40
8.	Transfer for Payment of Personal Care Services	42
9.	Transfer to Purchase a Promissory Note, Loan or Mortgage	42d
10.	Treatment Of The Transfer Of A Stream Of Income Or The Right To A Stream of Income	42d
11.	Treatment of Jointly Owned Resources	43
12.	Transfer Penalty	43
C.	HOMESTEAD PROPERTY EXCLUSION	44
D.	HOME EQUITY	45
17.11	ESTABLISHING MEDICAID CATEGORICAL RELATEDNESS AND THE MEDICAL NECESSITY FOR NURSING FACILITY CARE.....	46

A.	ESTABLISHING MEDICAID CATEGORICAL RELATEDNESS	46
B.	ESTABLISHING MEDICAL NECESSITY, THE PAS	46
C.	ESTABLISHING MEDICAL NECESSITY, PHYSICIAN'S PROGRESS NOTES OR ORDERS	50
17.12	SPECIAL PROCEDURES RELATED TO COVERAGE GROUPS	52
A.	SSI RECIPIENTS.....	52
B.	DEEMED SSI RECIPIENTS	52
C.	QUALIFIED MEDICARE BENEFICIARIES (QMB).....	52
D.	APPLICATION OF TRUST AND TRANSFER OF RESOURCES POLICY	52
17.13	BENEFIT REPAYMENT	53
A.	RECIPIENT REPAYMENT.....	53
B.	PROVIDER FRAUD	53
C.	ESTATE RECOVERY.....	53
17.14	RESERVED FOR FUTURE USE	54
17.15	MANAGEMENT OF THE PERSONAL NEEDS ALLOWANCE	55
A.	NURSING FACILITY RESPONSIBILITIES	55
B.	PERSONAL NEEDS ALLOWANCE CHARGES NOT PERMITTED.....	55
C.	CHARGES PERMITTED.....	57
D.	WORKER RESPONSIBILITIES	58
17.16	BILLING PROCEDURES AND PAYMENT AMOUNTS	59

HOME AND COMMUNITY BASED WAIVER (HCB)

17.17	THE APPLICATION/REDETERMINATION PROCESS	60
17.18	CASE MAINTENANCE	62

A.	COUNTY TRANSFER.....	62
B.	CHANGES IN INCOME	62
C.	CHANGE IN MEDICAL CONDITION	62
17.19	VERIFICATION	64
17.20	RESOURCE DEVELOPMENT	65
17.21	NOTIFICATION	66
A.	CLIENT	66
B.	CASE MANAGEMENT AGENCY.....	66
C.	OTHER	66
17.22	COMMON ELIGIBILITY REQUIREMENTS	67
17.23	ELIGIBILITY DETERMINATION GROUPS	68
A.	THE ASSISTANCE GROUP	68
B.	THE INCOME GROUP	68
C.	THE NEEDS GROUP	68
D.	CASE COMPOSITION.....	68
17.24	INCOME	69
17.25	ASSETS	70
A.	TRANSFER OF RESOURCES PENALTY FOR AN APPLICANT	70
B.	TRANSFER OF RESOURCES PENALTY FOR A RECIPIENT	70
17.26	ESTABLISHING MEDICAL NECESSITY	71
17.27	SPECIAL PROCEDURES RELATED TO COVERAGE GROUPS	72
A.	CURRENT RECIPIENTS OF FULL-COVERAGE MEDICAID	72
B.	ALL OTHERS.....	72