

**NURSING FACILITY SERVICES**

## 3. Gross Income Test

If the client is not eligible under items 1 or 2 above, Medicaid eligibility may be established as follows:

- Determine the client's gross non-excluded monthly income.
- Compare the income to 300% of the current maximum SSI payment for one person.

To be Medicaid eligible, his income must be equal to or less than 300% of the SSI payment.

Once Medicaid eligibility is established in this manner, the client's contribution toward his cost of care is determined in the post-eligibility process. There is no spenddown amount for persons determined eligible in this way.

**EXAMPLE:** When the current maximum SSI payment is \$698, the client's gross, non-excluded monthly income is compared to \$2,094.

**NOTE:** SSI-Related Medicaid disability and asset guidelines must be met.

Certain individuals who meet the gross income test but are ineligible for Medicaid due to being over the allowable asset limit, may be eligible for the LTCIP Asset Disregard. See Section 17.10.

## 4. SSI-Related Medicaid Test

If the client is not eligible under items 1, 2 or 3 above, his eligibility as an SSI-Related Medicaid client must be explored as another way to receive financial assistance for the cost of nursing facility services.

All policies and procedures in effect for other SSI-Related cases apply to these cases, including the determination of a spenddown amount, if applicable.

**NURSING FACILITY SERVICES****E. EXAMPLES****EXAMPLE: Single Individual with OLE, Categorically Needy**

A Pass-Through Medicaid recipient enters a nursing home and wants Medicaid to pay toward his cost of care. He has \$2,125 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. 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:

\$2,125.00	Client's gross monthly non-excluded income
- 50.00	Personal Needs Allowance
\$2,075.00	Remainder
- 175.00	OLE
\$1,900.00	Client's resource amount which is also his total contribution toward his cost of care.

**EXAMPLE: Single Individual With OLE, Medically Needy**

Same situation as above except that the client is not a Deemed SSI Recipient. His Medicaid eligibility must be established as an SSI-Related individual.

**Eligibility**

\$2,125.00	Income
- 20.00	SSI Income Disregard
\$2,105.00	Remainder
- 200.00	MNIL for 1
\$1,905.00	Monthly Spenddown

The monthly Medicaid cost for his care in the facility is \$4,383. Therefore, his spenddown is met for the month and post-eligibility calculations are performed for any additional contribution he must make.

Long Term Care**NURSING FACILITY SERVICES**Post-Eligibility

\$2,125.00	Income
- 50.00	Personal Needs Allowance
\$2,075.00	Remainder
- 175.00	OLE
\$1,900.00	Remainder
- 99.90	Medicare Part B premium (non-reimbursable medical expense)
\$1,800.10	Remainder
- 1,905.00	Spenddown (non-reimbursable medical expense)
0.00	Resource Amount

The client has no resource amount, so his total contribution is \$1,905, his spenddown amount. The Department will not pay any part of the \$1,905 because it is the client's spenddown and he is, by definition, liable for it.

**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.

Post-Eligibility

\$2,125.00	Income
- 50.00	Personal Needs Allowance
\$2,075.00	Remainder
- 99.90	Medicare Part B premium (non-reimbursable medical expense)
\$1,975.10	Remainder
- 1,905.00	Spenddown (non-reimbursable medical expense)
\$ 70.10	Resource Amount

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

\$1,905.00	Spenddown
+ 70.10	Resource Amount
\$1,975.10	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 \$2,125. He has non-reimbursable medical expenses of \$99.90 (Medicare Part B premium). The monthly Medicaid cost for his care is \$4,600.

## Long Term Care

**NURSING FACILITY SERVICES**Eligibility

\$2,125.00	Income
- 20.00	SSI Disregard
\$2,105.00	Remainder
- 200.00	MNIL
\$1,905.00	Monthly Spenddown

Post-Eligibility

\$2,125.00	Income
- 50.00	Personal Needs
\$2,075.00	Remainder
- 99.90	Medicare Part B premium (non-reimbursable medical)
\$1,975.10	Remainder
- 1,905.00	Spenddown (non-reimbursable medical)
\$ 70.10	Resource
+1,905.00	Spenddown
\$1,975.10	Total Contribution

**NOTE:** Mr. Smith is not eligible for the FMA, because there is no community spouse.

**EXAMPLE: Married Individual With Community Spouse, Medically Needy**

Mr. Holley has the following income:

\$1,225.00	RSDI
+ 900.00	Retirement
\$2,125.00	Total Income

He has a community spouse who has \$585/month RSDI income and \$365/month earned income, for a total of \$950. His child receives \$585/month RSDI. The monthly Medicaid cost for his care is \$5,322.

Eligibility

\$2,125.00	Income
- 20.00	SSI Disregard
\$2,105.00	Remainder
- 200.00	MNIL
\$1,905.00	Monthly Spenddown