

NURSING FACILITY SERVICES**17.12 SPECIAL PROCEDURES RELATED TO COVERAGE GROUPS****A. SSI RECIPIENTS**

Notify SSA, using the HS-3, when the SSI recipient enters or leaves a nursing facility.

When the institutionalized SSI recipient has an Essential Spouse (See Chapter 16) who is included in the AG and who appears on the same medical card, the Essential Spouse remains eligible for SSI Medicaid, unless SDX information indicates SSI is terminated. Use appropriate RAPIDS procedures to provide Medicaid to the nursing facility client and the Essential Spouse.

NOTE: SSI recipients must complete the DFA-LTC-5 to evaluate any annuities, trusts and/or transfers. See Application of Trust and Transfer of Resources Policy below.

B. DEEMED SSI RECIPIENTS

Deemed SSI Recipients receive Medicaid, even though they do not receive SSI. When the Deemed SSI Recipient enters a nursing facility and is eligible for payment for his care, his coverage group does not change.

NOTE: Deemed SSI recipients must complete the DFA-LTC-5 to evaluate any annuities, trusts and/or transfers. See item D below.

C. QUALIFIED MEDICARE BENEFICIARIES (QMB)

QMB recipients receive coverage for Medicare co-insurance payments and deductibles, which includes nursing facility payment, when Medicare is participating in the cost of care. See Section 17.9.

D. APPLICATION OF TRUST AND TRANSFER OF RESOURCES POLICY

The trust and transfer of resources provisions which were and are effective for trusts and transfers established on or after 8/11/93 and for trusts and transfers on or after 2/8/06 apply to all Medicaid Recipients, including SSI, Deemed SSI **and MAGI Coverage Group** Recipients. When either or both applies, the penalty is applied for as long as the trust exceeds the asset limit or until the transfer penalty period expires, or both, as appropriate.

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NOTE: SSI, Deemed SSI and full coverage Medicaid Recipients who need Medicaid payment for long term care services must complete the DFA-LTC-5 application form at the initial application and the annual redetermination. The recipient must disclose information about annuities, trusts and other potential resources and transfers. See Section 17.10 and 11.4 for the policy regarding treatment of annuities. **Evaluation of other potential resources is required only for Medicaid coverage groups that require an asset test.**

MAGI Medicaid coverage groups – Adult Group, Parents/Caretaker Relatives, Pregnant Women, and Children Under Age 19 – do not require an asset test and should not have an asset test applied prior to receiving LTC services. MAGI Medicaid coverage groups only need evaluated for annuities, trusts and transfers.

SSI and Deemed SSI recipients were determined asset eligible for Medicaid by the Social Security Administration, and only need evaluated for annuities, trusts and transfers.

Failure to complete, sign and return the DFA-LTC-5 within 30 days of the date sent to the recipient and/or authorized representative results in denial of payment for nursing facility, HCB, TBI or I/DD Waiver Services and ICF/MR. LTC payment is not approved until the DFA-LTC-5 form is completed, signed and returned to the local office. When the DFA-LTC-5 form is not returned at the annual redetermination, the LTC payment is closed with adverse action notice.