

Long Term Care

17.1 INTRODUCTION.....1

NURSING FACILITY SERVICES

17.2 APPLICATION/REDETERMINATION2

 A. THE APPLICATION PROCESS.....2

 B. REDETERMINATION PROCESS.....4

17.3 CASE MAINTENANCE7

 A. COUNTY TRANSFER.....7

 B. CHANGES REQUIRING RE-EVALUATION7

 C. DISCHARGES AND CLOSURES7

17.4 VERIFICATION8

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 CARE10

 C. IM-NL-LTC-111

 D. IM-NL-LTC-211

 E. ES-NL-D.....11

 F. IM-NL-AC-112

 G. DFA-NL-UH-1.....12

 H. DFA-NL-UH-2.....12

17.7 COMMON ELIGIBILITY REQUIREMENTS12a

17.8 ELIGIBILITY DETERMINATION GROUPS13

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 40

 6. Transfers Related to Life Estates 40

 7. Transfer To Purchase An Annuity 40a

 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

Long Term Care

C. HOMESTEAD PROPERTY EXCLUSION44e

D. HOME EQUITY44f

E. LONG-TERM-CARE INSURANCE PARTNERSHIP (LTCIP) ASSET
DISREGARD.....44f

**17.11 ESTABLISHING MEDICAID CATEGORICAL RELATEDNESS AND THE MEDICAL
NECESSITY FOR NURSING FACILITY CARE46**

A. ESTABLISHING MEDICAID CATEGORICAL RELATEDNESS46

B. ESTABLISHING MEDICAL NECESSITY, THE PAS46

C. ESTABLISHING MEDICAL NECESSITY, PHYSICIAN'S PROGRESS NOTES
OR ORDERS50

Long Term Care

17.12 SPECIAL PROCEDURES RELATED TO COVERAGE GROUPS52

 A. SSI RECIPIENTS.....52

 B. DEEMED SSI RECIPIENTS52

 C. QUALIFIED MEDICARE BENEFICIARIES (QMB).....52

 D. APPLICATION OF TRUST AND TRANSFER OF RESOURCES POLICY52

17.13 BENEFIT REPAYMENT53

 A. RECIPIENT REPAYMENT.....53

 B. PROVIDER FRAUD.....53

 C. ESTATE RECOVERY53

17.14 RESERVED FOR FUTURE USE54

17.15 MANAGEMENT OF THE PERSONAL NEEDS ALLOWANCE55

 A. NURSING FACILITY RESPONSIBILITIES55

 B. PERSONAL NEEDS ALLOWANCE CHARGES NOT PERMITTED.....55

 C. CHARGES PERMITTED.....57

 D. WORKER RESPONSIBILITIES58

17.16 BILLING PROCEDURES AND PAYMENT AMOUNTS.....59

AGED AND DISABLED WAIVER (ADW)

17.17 THE APPLICATION/REDETERMINATION PROCESS.....60

 A. APPLICATION PROCESS.....60

 B. REDETERMINATION PROCESS.....60a

 C. TAKE ME HOME West Virginia, A Money Follows the Person (MFP) Initiative..61

17.18 CASE MAINTENANCE62

Long Term Care

A. COUNTY TRANSFER.....62

B. CHANGES IN INCOME62

C. CHANGE IN MEDICAL CONDITION62

17.19 VERIFICATION64

17.20 RESOURCE DEVELOPMENT.....65

17.21 NOTIFICATION.....66

A. CLIENT66

B. CASE MANAGEMENT AGENCY.....66

17.22 COMMON ELIGIBILITY REQUIREMENTS67

17.23 ELIGIBILITY DETERMINATION GROUPS68

A. THE ASSISTANCE GROUP68

B. THE INCOME GROUP68

C. THE NEEDS GROUP68

D. CASE COMPOSITION.....68

17.24 INCOME.....69

17.25 ASSETS.....70

A. TRANSFER OF RESOURCES PENALTY FOR AN APPLICANT70

B. TRANSFER OF RESOURCES PENALTY FOR A RECIPIENT70

17.26 ESTABLISHING MEDICAL NECESSITY71

17.27 SPECIAL PROCEDURES RELATED TO COVERAGE GROUPS.....72

A. CURRENT RECIPIENTS OF FULL-COVERAGE MEDICAID72

B. ALL OTHERS.....72

Long Term Care

17.28 BENEFIT REPAYMENT73

 A. RECIPIENT REPAYMENT.....73

 B. PROVIDER FRAUD.....73

 C. ESTATE RECOVERY73

17.29 SPECIAL DATA SYSTEM INSTRUCTIONS.....74

 A. CURRENT RECIPIENTS OF FULL-COVERAGE MEDICAID74

 B. ALL OTHERS.....74

17.30 MANAGEMENT OF THE PERSONAL NEEDS ALLOWANCE75

17.31 BILLING PROCEDURES AND PAYMENT AMOUNTS.....76

INTELLECTUAL DISABILITIES AND DEVELOPMENTAL DISABILITIES (I/DD)

17.32 THE APPLICATION/REDETERMINATION PROCESS.....77

17.33 CASE MAINTENANCE78

 A. COUNTY TRANSFER.....78

 B. CHANGES IN INCOME78

 C. CLOSURE/DENIAL.....78

17.34 VERIFICATION79

17.35 RESOURCE DEVELOPMENT.....80

17.36 NOTIFICATION.....81

 A. CLIENT81

 B. CASE MANAGER81

 C. OTHER81

17.37 COMMON ELIGIBILITY REQUIREMENTS82

Long Term Care

17.38 ELIGIBILITY DETERMINATION GROUPS83

 A. THE ASSISTANCE GROUP83

 B. THE INCOME GROUP83

 C. THE NEEDS GROUPS83

 D. CASE COMPOSITION.....83

17.39 INCOME.....84

17.40 ASSETS85

17.41 ESTABLISHING MEDICAL NECESSITY86

17.42 SPECIAL PROCEDURES AT APPLICATION RELATED TO COVERAGE GROUPS.....87

 A. CURRENT RECIPIENTS OF FULL-COVERAGE MEDICAID87

 B. ALL OTHERS.....87

17.43 BENEFIT REPAYMENT88

 A. RECIPIENT REPAYMENT88

 B. PROVIDER FRAUD88

 C. ESTATE RECOVERY88

17.44 SPECIAL DATA SYSTEM INSTRUCTIONS89

17.45 PERSONAL NEEDS ALLOWANCE90

17.46 BILLING PROCEDURES AND PAYMENT AMOUNTS.....91

INTERMEDIATE CARE FACILITY/MENTALLY RETARDED (ICF/MR)

17.47 THE APPLICATION/REDETERMINATION PROCESS.....92

17.48 CASE MAINTENANCE94

 A. COUNTY TRANSFER.....94

Long Term Care

B. CHANGES IN INCOME94

C. CLOSURE/DENIALS94

17.49 VERIFICATION95

17.50 RESOURCE DEVELOPMENT.....96

17.51 NOTIFICATION.....97

A. WHO RECEIVES NOTIFICATION.....97

B. DFA-NH-3, NOTICE OF CLIENT’S CONTRIBUTION TOWARD HIS COST OF CARE97

17.52 COMMON ELIGIBILITY REQUIREMENTS98a

17.53 ELIGIBILITY DETERMINATION GROUPS99

A. THE ASSISTANCE GROUP99

B. THE INCOME GROUP99

C. THE NEEDS GROUP99

D. CASE COMPOSITION.....99

17.54 INCOME.....100

A. ELIGIBILITY100

B. POST-ELIGIBILITY100

17.55 ASSETS101

17.56 ESTABLISHING MEDICAL NECESSITY102

17.57 SPECIAL PROCEDURES RELATED TO COVERAGE GROUPS103

A. CURRENT RECIPIENTS OF FULL-COVERAGE MEDICAID103

B. ALL OTHERS103

Long Term Care

17.58 BENEFIT REPLACEMENT 104

 A. RECIPIENT REPAYMENT 104

 B. PROVIDER FRAUD 104

 C. ESTATE RECOVERY 104

17.59 SPECIAL DATA SYSTEM INSTRUCTIONS..... 105

17.60 MANAGEMENT OF PERSONAL NEEDS ALLOWANCE 106

17.61 BILLING PROCEDURES AND PAYMENT AMOUNTS..... 107

TRAUMATIC BRAIN INJURY WAIVER (TBI)

17.62 THE APPLICATION/REDETERMINATION PROCESS..... 108

17.63 CASE MAINTENANCE 110

 A. COUNTY TRANSFER..... 110

 B. CHANGES IN INCOME 110

 C. CHANGES IN MEDICAL CONDITION 110

17.64 VERIFICATION 112

17.65 RESOURCE DEVELOPMENT..... 113

17.66 NOTIFICATION..... 114

 A. CLIENT 114

 B. CASE MANAGEMENT AGENCY..... 114

 C. OTHER 114

17.67 COMMON ELIGIBILITY REQUIREMENTS 115

17.68 ELIGIBILITY DETERMINATION GROUPS 116

 A. THE ASSISTANCE GROUP 116

 B. THE INCOME GROUP 116

 C. THE NEEDS GROUP 116

Long Term Care

D. CASE COMPOSITION.....116

17.69 INCOME.....117

17.70 ASSETS118

A. TRANSFER OF RESOURCES PENALTY FOR AN APPLICANT118

B. TRANSFER OF RESOURCES PENALTY FOR A RECIPIENT.....118

17.71 ESTABLISHING MEDICAL NECESSITY121

17.72 SPECIAL PROCEDURES RELATED TO COVERAGE GROUPS122

A. CURRENT RECIPIENTS OF FULL-COVERAGE MEDICAID122

B. ALL OTHERS122

17.73 BENEFIT REPLACEMENT123

A. RECIPIENT REPAYMENT.....123

B. PROVIDER FRAUD.....123

C. ESTATE RECOVERY.....123

17.74 SPECIAL DATA SYSTEM INSTRUCTIONS.....124

A. CURRENT RECIPIENTS OF FULL-COVERAGE MEDICAL.....124

B. ALL OTHERS.....124

17.75 MANAGEMENT OF PERSONAL NEEDS ALLOWANCE125

17.76 BILLING PROCEDURES AND PAYMENT AMOUNTS.....126

APPENDIX A TRANSFER OF RESOURCE POLICIESA-1

APPENDIX B REMAINDER INTEREST TABLESB-1

APPENDIX C PATIENT'S RIGHTS.....C-1

**APPENDIX D NURSING HOME MEDICAID RATES
(Available Only on DFA Intranet for DHHR Staff)D-1**

APPENDIX E LIFE EXPECTANCY TABLESE-1

Long Term Care

APPENDIX F PUBLIC FORMS F-1
DFA-NH-RR-1, Nursing Home Only - Rights & Responsibilities

APPENDIX G PERIOD LIFE TABLESG-1

**APPENDIX H TRANSFERS MADE ON OR AFTER 8/11/93 VS TRANSFERS MADE ON
OR AFTER 2/8/06H-1**

APPENDIX I CONTRACT AGENCY LISTING I-1

**APPENDIX J LONG-TERM-CARE INSURANCE PARTNERSHIP (LTCIP) STATES’
IMPLEMENTATION DATES.....J-1**