

MANUAL MATERIAL TRANSMITTED					
MANUAL: INCOME MAINTENANCE			CHANGE NUMBER: 60		
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
10 a	9	10/96	10 a	9	1/97
175	10	5/96	175	10	1/97
176	10	8/95	176	10	8/95
Appendix A	10	12/96	Appendix A	10	1/97
Appendix B-3	10	8/96	Appendix B-3	10	1/97
15 - 16	17	2/96	15	17	2/96
17 - 18 a	17	4/96	16	17	1/97
19 - 20	17	2/96	17	17	4/96
20 a - 20 b	17	4/96	18 - 18 a	17	1/97
21 - 24	17	4/96	19 - 24 a	17	1/97
24 a	17	10/96	25	17	10/96
25 - 26	17	10/96	26	17	1/97
IM-LTC-1	FORM	4/96	IM-LTC-1	FORM	1/97
IM-LTC-2	FORM	9/95	IM-LTC-2	FORM	1/97
ES-FS-1	FORM	12/96	ES-FS-1	FORM	1/97
DATE: November, 1996			TO: All Income Maintenance Manual Holders		

This change is being made as a result of annual updates which are effective January, 1997.

As part of this update, changes have been made in Section 17.9,D,1,b to insure that the CSMA amount is determined correctly. Currently, the term CSMA is used interchangeably as the amount to which the income of the community spouse is compared and as the amount which is deducted in the post-eligibility process. In order to differentiate between the two amounts, the term for the amount to which the income of the spouse is compared has been changed to Spousal Maintenance Standard (SMS). The amount which is deducted in post-eligibility is the CSMA.

Please note that the income of the spouse is never compared to an amount which is greater than the maximum Spousal Maintenance Standard.

Some cases will receive an increase of \$1 in their monthly allotment. Printouts of affected cases will be sent to the counties at the end of December.

Form ES-FS-2: The form has had the numbering sequence corrected.

Questions should be directed to the IM Policy Unit in the Office of Family Support.

i. Others

Other individuals who share living quarters with the benefit group, but who do not customarily purchase and prepare food with them. These individuals may apply as a separate benefit group. However, the parent/child/parental control relationship described in item 1,c,(2) and (3) must be considered.

3. The Determination Of A Boarder

Although boarders are considered non-benefit group members, they may not receive Food Stamps as a separate benefit group. They may, at the request of the benefit group, be included with them. To

greater than the Allocation Standard, the ineligible spouse's income is added to the eligible spouse's income. These are the SSI deeming provisions, which also require use of the couple income limit to determine eligibility for the individual when income is deemed. If the SSI-Related individual is a child, the income of the parent(s) is also deemed, and the above exclusions are applied to their income.

a. Deeming From Ineligible Spouse to SSI-Related Spouse

The deeming calculations are as follows:

- Step 1: Determine the ineligible spouse's total non-excluded unearned income.
- Step 2: Subtract the needs of all ineligible dependent children.

The needs of each ineligible child is determined separately by subtracting the child's income from the Allocation Standard. The difference, if any, represents the child's needs.

EXAMPLE: SSI payment level for 1 and 2 persons is \$484 and \$726. The Allocation Standard is \$242. Child #1's income is \$248. Because the child's income exceeds \$242, there is no deduction for Child #1's needs. Child #2's income is \$40. The allocation for this child's needs is \$202.

After a separate determination is made for each child, the allocations are added together and then subtracted from income.

- Step 3: Determine the ineligible spouse's total gross non-excluded earned income.
- Step 4: Subtract the remainder of the needs of all ineligible dependent

	1	2	3	4	5	6	7	8
10/94		\$134						\$139
10/95		\$138					\$247	\$143
12/95		\$134						
7/96			\$216					
1/97							\$250	

* Began

** For Each Dependent

NURSING CARE SERVICES

C. FINANCIAL ELIGIBILITY PROCESS

Eligibility for payment for nursing care services is determined in any of the following four ways, in the following priority order:

1. QMB Eligible

When a client needs nursing care services and Medicare is participating in the payment or will participate when the client enters the nursing facility, it may be to the client's advantage to receive payment for nursing care services as a QMB eligible, until Medicare no longer participates. The QMB medical card pays all Medicare co-insurance and deductibles, and QMB recipients are exempt by law from the post-eligibility process. They, therefore, have no contribution toward their cost of nursing care services as long as Medicare participates in the payment. See Chapter 16.

However, when the client would be disadvantaged in any way by QMB eligibility as opposed to eligibility under another coverage group, the Worker must use one of the following ways to determine eligibility, if one is more beneficial to him. In addition, when Medicare stops participating in the cost of care, QMB eligibility no longer covers nursing care costs and eligibility must be redetermined according to item 2, 3 or 4 below.

2. Client Is Medicaid Recipient

When the client is a recipient, under a coverage group which provides full Medicaid coverage, at the time he is determined to need nursing care services, his Medicaid eligibility has already been determined, and no further eligibility test is necessary. The Worker must complete only the post-eligibility calculations to determine the client's contribution toward his cost of care, if any.

All Medicaid coverage groups listed in Chapter 16 are full Medicaid coverage groups, unless there is a statement specifically to the contrary.

NURSING CARE SERVICES

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 care 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.

EXCEPTIONS:

- Income is not deemed.
- The MNIL for one person is always used. See Chapter 10, Appendix A.
- The spenddown amount is determined on a monthly basis.
- Eligibility and the monthly spenddown, if any, are computed manually by the Worker. The M-219 system performs only post-eligibility calculations when Block 48 is greater than \$0.

When the client's monthly cost of care exceeds his monthly spenddown amount, the spenddown is assumed to be met and Medicaid eligibility is established. In addition, if his monthly spenddown amount exceeds his monthly cost of care, he may become eligible for Medicaid based on a 6-month POC, but not for payment of nursing care services.

Case examples of the entire process of determining eligibility and the amount of the client's contribution are found below in item D.

NOTE: Only for cases with a community spouse -- the amount of the spenddown is used only for comparison with the cost of care. It is not used as a part of the client's contribution toward his cost of care as it is for all other M-219 system nursing care cases which must meet a spenddown.

NURSING CARE SERVICES

See Chapter 10, Appendix A for the minimum and maximum Spousal Maintenance Standard amounts.

The remainder is the amount of the institutionalized spouse's income which can be used to meet his community spouse's needs.

The determined amount must actually be paid to the community spouse for the deduction to be applied. If the client contributes less than the determined amount, only the amount actually contributed to the community spouse is deducted. If he has been ordered by a court or a Hearings Officer to contribute more to his spouse, the higher amount is deducted.

The following steps are used to determine the amount of the CSMA.

Step 1: Add together the actual shelter cost and the amount of the current Food Stamp SUA. See Chapter 10,

NURSING CARE SERVICES

Appendix B. The shelter cost must be from the home the institutionalized spouse and the community spouse shared prior to institutionalization, and in which the community spouse continues to live. It must have been the client's principal place of residence. Shelter costs include rent or mortgage payments, interest, principal, taxes, insurance and required maintenance charges for a condominium or cooperative.

- Step 2: Compare the total of the costs in Step 1 to 30% of the minimum SMS. See Chapter 10, Appendix A. When the shelter/utility costs exceed 30% of the minimum SMS, subtract the 30% amount from the shelter/utility costs.
- Step 3: Add the remainder from Step 2 to the minimum SMS. This amount, not to exceed the maximum SMS, is used in Step 5. See Chapter 10, Appendix A.
- Step 4: Add together the community spouse's gross, non-excluded earned and unearned income.
- Step 5: Subtract the Step 4 amount from the amount determined in Step 3 and if there are any cents, round the resulting amount up. This is the amount subtracted from the income of the institutionalized spouse for the needs of his community spouse.

If the Step 4 amount is equal to or greater than the Step 3 amount, no deduction is allowed.

NOTE: The amount used from Step 3 cannot exceed the maximum SMS.

NURSING CARE SERVICES

Step 2: Multiply the number of days the client was in Facility #1 by the per diem rate for the facility. The result is the clients cost of care for this facility for the month.

Step 3: Compare Step 1 to Step 2.

If Step 1 is less than or equal to Step 2, the client's entire contribution toward his cost of care is paid to Facility #1.

If Step 1 is greater than Step 2, the Step 2 amount is paid to Facility #1 and the difference between Step 1 and Step 2 is paid to Facility #2.

E. EXAMPLES

EXAMPLE: Single Individual with OLE, Categorically Needy

A Pass-Through Medicaid recipient in the C-219 system enters a nursing home and wants Medicaid to pay toward his cost of care. He has \$1,500/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. To accomplish this, the C-219 system case is closed, and an M-219 system case is opened. 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:

\$1,500	Client's gross monthly non-excluded income
- 30	Personal Needs Allowance
\$1,470	Remainder
- 175	OLE
\$1,295	Client's resource amount which is also his total contribution toward his cost of care.

NURSING CARE SERVICES

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

\$1,500	Income
- 30	Personal Needs Allowance
\$1,470	Remainder
- 44	Medicare premium (non-reimbursable medical expense)
\$1,426	Remainder
-1,280	Spenddown (non-reimbursable medical expense)
\$ 146	Resource Amount

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

\$1,280	Spenddown
+ 146	Resource Amount
\$1,424	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 \$1,470. He has non-reimbursable medical expenses of \$44 (Medicare premium).

Eligibility

\$1,470	Income
- 20	SSI Disregard
\$1,450	Remainder
- 200	MNIL
\$1,250	Monthly Spenddown

NURSING CARE SERVICES

Post-Eligibility

Community Spouse	\$ 421	Shelter
Deduction:	+ 216	SUA
	\$ 637	Total Shelter/Utilities
	- 389	30% Min. SMS
	\$ 248	Excess Shelter/Utilities
	+1,295	Min. SMS
	\$1,543	
	- 640	Total gross monthly non-
		excluded income of
		Community Spouse
	\$ 903	CSMA

Family Maintenance	\$1,295	Min. SMS
Deduction:	- 275	Income
	\$1,020	Remainder ÷ 3 = \$340 FMA

\$1,705	Income
- 30	Personal Needs
\$1,675	Remainder
- 903	CSMA
\$ 772	Remainder
- 340	FMA
\$ 432	Remainder
- 142	Medicare premium and doctor bill
\$ 290	Resource and total contribution toward his care

The client has a \$290 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.

NURSING CARE 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% SSI payment for an individual is the same as for an SSI-Related Medicaid eligible. See Chapter 11 for the appropriate coverage group.

Once the Worker determines the value of the assets, there are additional procedures that apply to nursing care clients.

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 care services for an individual, institutionalized on or after 9/30/89, 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 done on Form IM-NL-AC-1. The purpose of the spousal asset assessment is to allow the spouse of an institutionalized individual to retain a reasonable portion of the couple's assets.

When requested, the Worker must advise the individual(s) of the documentation required for the assessment. Verification of ownership and the CMV 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 asset assessments are available upon request from the county office. The agency has developed a statement concerning the availability of asset assessments. Nursing facilities provide this "Patient's Bill of Rights" as part of their admission package. See Appendix C.



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

LONG-TERM CARE INCOME ELIGIBILITY

1. \$ _____ Total Gross Non-Excluded Monthly Earned Income
2. + _____ Total Gross Non-Excluded Monthly Unearned Income
3. \$ _____ Total Gross Non-Excluded Monthly Income **

** If the amount on line 3 is equal to or less than 300% of the current maximum SSI payment for 1 person, the client is financially eligible for long-term care. Continue by determining the client's contribution toward his cost of care, if any.

If the amount on line 3 is more than 300% of the current maximum SSI payment for 1 person, the client is not eligible for HCB or MR/DD Waiver. Nursing facility and ICF/MR residents must spenddown before becoming eligible.

Current SSI Maximum Payment =	<u> </u>	300% SSI Payment
	<u> </u> x <u> </u> 3	

DETERMINATION OF COMMUNITY SPOUSE AND FAMILY MAINTENANCE ALLOWANCE
FOR LONG-TERM CARE PROGRAMS

A. Community Spouse Maintenance Allowance

- | | | |
|----|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | \$ _____ | Total Monthly Rent or Mortgage Payments, including interest, principal, taxes, insurance and required maintenance charges for a condominium or cooperative. |
| 2. | + _____ | Current Food Stamp Standard Utility Allowance (SUA) |
| 3. | \$ _____ | Total Shelter/Utility Expenses |
| 4. | - _____ | 30% of Minimum Spousal Maintenance Standard |
| 5. | \$ _____ | Remainder. If line 4 exceeds line 3, use \$0 as deduction. If not, continue. |
| 6. | + _____ | Minimum SMS |
| 7. | \$ _____ | Remainder, Not to exceed maximum SMS |
| 8. | - _____ | Community Spouse's Total Gross Monthly Non-Excluded Income |
| 9. | _____ | Community Spouse Maintenance Allowance Deduction |

Minimum = \$ _____ X .30 _____ Comparison Amount for Shelter/Utilities

Maximum SMS: \$ _____

FOOD STAMP WORKSHEET

1. Gross Non-Excluded Earned Income _____
2. Subtract Allowable Self-Employment Deductions - _____
3. Remaining Earned Income _____
4. Step 3 amount _____ X .8 = _____
5. Unearned Income + _____
6. Total Income _____
7. Subtract Standard Deduction - _____
8. Remainder _____
9. Subtract Homeless Shelter Standard Deduction - _____
10. Remainder _____
11. Subtract Medical Deduction - _____
12. Remainder _____
13. Subtract Dependent Care Deduction (up to maximum) - _____
14. Remainder _____
15. Subtract Child Support Deduction - _____
16. Remainder _____
Further computations needed? YES () NO ()
If no, countable income is line 16.
17. Line 16 amt. _____ X .5 = _____
18. Shelter/Utility Total _____
If line 18 is less than line 17, no further
computation is necessary and line 16 is countable
income. Otherwise continue.
19. Line 18 minus line 17 up to maximum, if applicable _____
Shelter/Utility cap applied? YES () NO ()
20. Line 16 amount _____
21. Subtract Line 19 amount - _____
22. Countable income _____

CA = _____

NAME: _____

DATE: _____

APPENDIX A - INCOME LIMITS

NUMBER OF PERSONS	100% FPL	120% FPL	133% FPL	150% FPL	185% FPL	200% FPL	300% FPL	C/U PAY- MENT	C/U 100% SON	C/U 185% SON	TRIP
1	645	774	857	967	1,194	1,290	1,935	149	581	1,075	490
2	864	1,036	1,149	1,295	1,598			201	786	1,454	725
3	1,082		1,439	1,623	2,002			253	991	1,833	800
4	1,300		1,729	1,950	2,405			312	1,196	2,212	875
5	1,519		2,020	2,278	2,809			360	1,401	2,592	950
6	1,737		2,310	2,605	3,213			413	1,606	2,971	1,025
7	1,955		2,601	2,933	3,617			462	1,811	3,350	1,100
8	2,174		2,891	3,260	4,021			477	2,016	3,729	1,175
9	2,392		3,181	3,588	4,425			477	2,221	4,108	1,250
10	2,610		3,472	3,915	4,829			477	2,426	4,487	1,325

NUMBER OF PERSONS	MAXIMUM COUPON ALLOTMENT	FOOD STAMP GROSS/NET TEST				MNIL		QMB	SLIMB	SSI MAX	EMER. ASST.	LIEAP
		GROSS	NET	E & D	1 Mo.	6 Mos.						
1	120	839	645	1,065	200	1,200	645	646-774	484	355	709	
2	220	1,123	864	1,425	275	1,650	864	865-1,036	726	533	950	
3	315	1,407	1,082	1,785	290	1,740				566	1,190	
4	400	1,690	1,300	2,145	312	1,872				711	1,430	
5	475	1,974	1,519	2,506	360	2,160	NURSING HOMES Min. SMS - \$1,295 Max. SMS - \$1,976 Max. FMA/each - \$432 OLE - \$175					
6	570	2,258	1,737	2,866	413	2,478						
7	630	2,542	1,955	3,226	461	2,766						
8	720	2,826	2,174	3,586	477	2,862						
9	810	3,110	2,392	3,947	527	3,162						
10	900	3,394	2,610	4,308	547	3,462	1,3942,871					