Bulletin

October 9, 2000

Minnesota Department of Human Services è 444 Lafayette Rd. è St. Paul, MN 55155

OF INTEREST TO
- County Directors
- County Social Services
- County Public Health Nursing Services
- Administrative Contact for Alternative Care Program

Alternative Care financial eligibility worksheets are updated and asset assessment time lines are clarified

TOPICS
For the Alternative Care (AC) program, the clothing and personal needs allowance, the spousal income allocation, the uncompensated transfer divisor, the average cost of nursing facility care for 180 days, and the income amount which determines premium payments by certain clients has been updated. Policy defining the application of presumptive eligibility for married couples has been clarified.

PURPOSE
Notify local agencies of changes affecting determination of client premium obligation and other financial eligibility criteria; distribute the new worksheets.

CONTACT
Contact Pat James at 651-296-2213 with questions about this bulletin. For TTY, contact Minnesota Relay Service at 651-297-5353 or 1-800-627-3529. Contact DHS Forms Supply at 651-296-9116 for copies of the DHS 2630 and DHS 2630A forms. Bulletins may be accessed through the Internet at the DHS website at www.dhs.state.mn.us

SIGNED

MARIA R. GÓMEZ
Assistant Commissioner
Continuing Care
I. REPLACEMENT OF FINANCIAL ELIGIBILITY WORKSHEET

Effective immediately, counties must use the attached revised worksheets to assess clients’ financial eligibility for Alternative Care (AC) funding and determination of client premium obligation during initial determination of program eligibility and reassessments. The following two worksheets, “Alternative Care Program Eligibility Worksheet for Unmarried Individuals or Married Couples When Both May Choose the Alternative Care Program or a Married Person Whose Spouse is an EW Recipient or Is Living in a Nursing Facility” (DHS 2630) (Attachment A) and the “Alternative Care Program Eligibility Worksheet for a Married Person Who Has a Community Spouse” (2630A) (Attachment B) have been revised. Counties should destroy current supplies of worksheets and use copies of the attached forms. Revised worksheets are currently available from DHS Central Forms Supply at 651-296-9116.

II. COMPLETION OF THE FINANCIAL ELIGIBILITY WORKSHEET

A. UNCOMPENSATED TRANSFER OF AN ASSET

The divisor used to determine a person’s period of program ineligibility due to the transfer of their asset without adequate compensation has been increased to 3343. Alternative Care Program applicants and recipients incur a period of ineligibility if they transfer any asset with a value of $3343 or more (without receiving adequate compensation) within 36 months of requested program eligibility. If such a transfer has been made, a penalty period is calculated by dividing the value of the transferred asset by 3343. The resulting whole number (drop the fraction) is the number of months the client may not receive any AC services. The penalty period begins in the month in which the asset was transferred. Transferred assets may include cash gifts to others, transferring ownership of real property, establishing a life estate or creating a trust (if the client has no access to the trust).

B. INCOME and ASSET ELIGIBILITY

Several numbers used in computing applicants’ and recipients’ financial eligibility for the AC program have changed. For all clients, the monthly MA nursing facility clothing and personal needs allowance is $67.00. For all clients, the projected nursing facility cost of care for 180 days is $21,022. For a married client whose spouse meets the definition of a community spouse, the monthly income allocation is $1407.00.

Single clients with a countable monthly income of $700 or less and assets within the Medical Assistance guidelines should be referred to the county financial assistance office to make application for Medical Assistance - Special Income Standard (SIS) - Elderly Waiver (EW). Married clients who have less than $700 in monthly income after appropriately allocating income to their community spouse and who have assets within the Medical Assistance guidelines after the community spouse asset allowance has been determined should be referred to the county financial assistance office to make application for Medical Assistance, Special Income Standard (SIS) - Elderly Waiver (EW).
C. UNMARRIED PERSONS FINANCIAL ELIGIBILITY

AN UNMARRIED PERSON’S INCOME AND ASSET ELIGIBILITY:

**Income:** Use form DHS 2630 to determine the portion of the unmarried person’s income that is available to pay for nursing facility care for 180 days.

From the client’s monthly income (Line A), subtract any out-of-pocket recurring and predictable monthly medical expenses such as health insurance premiums, drug costs or acute care costs the client reports (Line B). If the result (Line C) is greater than $1043, the client may be assessed a monthly premium obligation. (See section III of this bulletin.) Report this figure as the income amount on the ALT4 screen, AC MONTHLY INCOME field of the screening document. Subtract the MA nursing facility resident’s clothing and personal needs allowance (Line D) from the adjusted income. The remaining monthly income (Line E) is available to pay for nursing facility care. Multiply the remaining monthly income by 6 to determine the amount of income available to pay for nursing facility care for 180 days (Line F).

**Assets:** Use form DHS 2630 to determine the portion of the individual’s assets available to pay for nursing facility care for 180 days.

Determine the total available assets owned by the individual. Do not include the value of any burial fund accounts or burial space item agreements the client has formally contracted for with a licensed mortuary. Do not include homestead property (including all contiguous land), personal goods, and the value of one vehicle in the total available asset amount. (Line G)

Subtract any unpaid medical bills which are the client’s financial responsibility (Line H) from the available assets reported by the individual. If the individual reports they do not have any burial fund accounts or burial space item agreements with a licensed mortuary, subtract $3,000 (Line I) from their available assets. If, at this point in the calculation, (Line J) the client has more than $10,000 in assets, they may be assessed a premium obligation. (See section III of this bulletin). Report this figure in the AC PERSONAL ASSETS field of the ALT4 screen on the screening document. Next, subtract the MA asset allowance of $3,000 (Line K). The remaining assets (Line L) are available to pay for nursing facility care and are used in determining the client’s AC financial eligibility.

**Program Eligibility:** Add the amount of income available to pay for nursing facility care for 180 days (Line F) to the assets available to pay for nursing facility care (Line L). If this figure is equal to or greater than $21,022, the individual is not financially eligible for the AC program. If it is less than $21,022, the individual is income and asset eligible for the AC program.

D. THE ASSET ASSESSMENT:

For all married persons, a determination of financial eligibility for the Alternative Care program cannot be made until a Medical Assistance Asset Assessment Form (DHS form 3340) has been completed and the financial assistance division determines the Community Spouse Asset Allowance.(CSAA).
An asset assessment is completed at the request of either an LTC or community spouse on or after the date that one spouse:

- Begins residing in a long term care facility
  - OR
- Has had a PAS (which determined nursing facility risk) and begins receiving home care services which would be covered by the Elderly Waiver program if the person was eligible for MA for a period expected to last at least 30 consecutive days.

Per Medical Assistance eligibility policy, the total assets owned by the couple from which the community spouse’s asset allowance will be identified are reviewed on a specific date. That date is the earliest of the 1st day of the 1st continuous period of:

- Admission to a medical hospital
  - OR
- Admission to a nursing facility (NF)
  - OR
- Receipt of home care services that would be covered by Elderly Waiver (EW or Alternative Care (AC) program, or the PAS date, whichever is later.

Examples:

Mr. Smith enters the hospital on June 1, is admitted to the nursing facility on June 4 and returns to his home on August 10. An asset assessment may be completed based on the assets he and his wife owned on June 1.

OR

Mr. Smith is admitted (from home) to the nursing facility on June 4 and returns to his home on June 30 and has not received any services for 30 days or more. There will be no asset assessment completed as he has not received services for more than 30 days.

OR

Mr. Smith has received home health aide visits (either Medicare or privately funded) since June 1. On September 2, he contacted the county to request a public assistance program fund his home care services. A preadmission screening is completed on September 10 and Mr. Smith is determined to be at risk of nursing home placement. An asset assessment may be completed based on the assets he and his wife owned on September 10.

Some married applicants request public assistance to fund needed home care services they are not currently receiving and that they are unable to privately fund. These couples cannot request an asset assessment be completed until the applicant is receiving home care services and neither AC nor EW eligibility can be determined until the asset assessment is completed and returned to the county. In an effort to simplify the sequence of events and make this process clearer, case management service may be considered a home care service (that is, it is a service available only to the EW or AC client) for the purpose of setting an asset assessment date.

After the completed form is received in the county, the case manager may approve and begin other home and community based services if the couples assets meet the standards listed below.

Example: Mr Smith lives at home with his wife. On June 1 his wife contacts the county and requests assistance with funding needed home and community based services. A preadmission
screening is completed on June 9 and Mr Smith is determined to be at risk of nursing home placement. Because the county will provide a case management service on June 9, their asset assessment form may be completed based on the assets the couple owns on June 9.

**CSAA has not been determined:** Form DHS 3340 must be completed and submitted to the county agency prior to the delivery of any AC services other than case management. After the completed DHS 3340 is delivered to the county agency, the case manager may assume AC eligibility will exist after the CSAA is determined and authorize needed services before the DHS 2630A is completed if the couple meets the criteria as outlined below:

1) If one spouse will receive long term care services, add the total marital assets the couple reports (do not include any burial account(s) with a licensed mortuary) and add this figure to the couple’s total monthly income multiplied by 6. If the result of the computation is less than $56,400 the case manager may make the presumption that the applying spouse will be eligible for AC and authorize AC funded services to begin.

   OR

2) If one spouse will receive long term care services and the total assets (do not include burial account(s) with a licensed mortuary) are less than $26,700 and the couple’s combined monthly income is less than $2,107, assume AC eligibility exists but also assume Medical Assistance SIS/EW eligibility is likely and Medical Assistance application must be made. Note: The figures quoted here are minimums and the client may choose to submit an MA application even though income and asset amounts exceed these numbers.

   OR

3) When both spouses will receive long term care services, and the couple’s total assets are less than $27,000 and the couple’s combined income is less than $2107 per month, assume AC eligibility exists but also assume Medical Assistance SIS/EW eligibility is likely and Medical Assistance (MA) application must be made. Note: The figures quoted here are minimums and the client may choose to submit an MA application for one of the spouses even though income and asset amounts exceed these numbers.

   OR

4) When both spouses will receive long term care services, subtract $67 (the MA monthly personal needs allowance) from each spouse’s individual income. Multiply the result by 6. Add this result to half of the marital assets. If the individual’s result is less than $24,000 the case manager may make the presumption that that applicant will be eligible for AC and authorize AC funded services.

**CSAA has been determined:** When a Medical Assistance Asset Assessment Form (DHS Form 3340) has been completed and the couple’s CSAA has been established, determine AC asset eligibility for the applying spouse by determining the total marital assets owned by the couple on the date of application. Subtract the CSAA from the couple’s total assets. The remaining assets must be considered as available to the client to pay for nursing facility care. Next, subtract any medical bills and an allowance for burial accounts, if appropriate. The result is the asset amount used to compute AC eligibility.

When completing a reassessment, determine the total marital assets owned by the couple on the date of the reassessment. Subtract the CSAA from the couple’s total assets. The remaining assets must be considered as available to the client to pay for nursing facility care.
Next, subtract any medical bills and an allowance for burial accounts, if appropriate. The result is the asset amount used to compute AC eligibility. If, after subtracting the CSSA from the total marital assets, the result is $3,000 or less, and the AC applicant/client’s available income (after subtracting the spousal income allowance) is less than $700, assume Medical Assistance SIS/EW eligibility is likely (with no waiver obligation) and Medical Assistance (MA) application must be made. When a client has recurring and predictable medical expenses (not including long term care costs) which exceed their waiver obligation it may be financially advantageous to apply for SIS/EW.

If, after subtracting the CSSA from the total marital assets, the assets available to the applicant/client plus their available income for six months exceeds the limits allowed by the Alternative Care program, send a 10 (calendar) day notice to the client terminating AC services. Do not request restitution of AC expenditures.

The couple is not required to formally divide their assets by establishing separate ownership while on the AC program. Whenever redetermining financial eligibility for the couple, the community spouse owns all of the marital assets up to the couple’s CSAA amount. Example: A couple has a CSAA of $25,000 and report total assets at the reassessment of $26,000. The community spouse owns $25,000 in assets and the AC spouse owns $1,000 in assets.

Note: When an asset assessment is completed, it pertains to that couple. If a person has had a CSSA established with a previous spouse and remarries, a new asset assessment must be completed including the new spouses’ assets.

E. FINANCIAL ELIGIBILITY FOR MARRIED PERSONS

MARRIED PERSON’S INCOME AND ASSET ELIGIBILITY WHEN THEIR SPOUSE IS LIVING IN A NURSING FACILITY OR IS AN EW RECIPIENT:

Income: Use form DHS 2630 to determine the portion of the AC spouse’s income available to pay for nursing facility care for 180 days.

From the AC applicant/recipient’s income (including any income allocated from their spouse) (Line A), subtract any out-of-pocket recurring and predictable monthly medical expenses such as health insurance premiums, drug costs or acute care costs the client reports (Line B). If the result is greater than $1043, the AC client may be assessed a premium obligation. Multiply the remaining monthly income by 6 to determine the amount of income available to pay for nursing facility care for 180 days (Line F). (See section III of this bulletin.) Report this figure as the income amount on the ALT4 screen, AC MONTHLY INCOME field of the screening document. Subtract the MA nursing facility resident’s clothing and personal needs allowance (Line D) from the adjusted income. The remaining monthly income (Line E) is available to pay for nursing facility care.

Assets: Use form DHS 2630 to determine the portion of the couple’s assets available to pay for nursing facility care for 180 days.

The AC applicant/recipient’s available assets listed on form DHS 2630 are either:

1) The community spouse asset allowance identified on the couple’s completed DHS 3340;
2) The total assets reported by the couple if that total is less than the community spouse asset allowance identified on the couple’s completed DHS 3340;

OR

3) The assets the AC client individually owns (determined because the couple has formally divided ownership of their assets to meet MA requirements).

Subtract any unpaid medical bills which are the client’s financial responsibility (Line H) from the AC spouse’s assets as defined above. If the individual reports they do not have any burial funds accounts or burial space item agreements with a licensed mortuary, subtract $3,000 (Line I) from their available assets. If, at this point in the calculation, (Line J) the client has more than $10,000 in assets, they may be assessed a premium obligation. (See section III of this bulletin.) Report this figure in the AC PERSONAL ASSETS field of the ALT4 screen on the screening document. Next, subtract the MA asset allowance of $3,000 (Line K). The remaining assets (Line L) are available to pay for nursing facility care and are used in determining the client’s AC financial eligibility.

Program Eligibility: Add the amount of income available to pay for nursing facility care for 180 days (Line F) to the assets available to pay for nursing facility care (Line L). If this figure is equal to or greater than $21,022, the individual is not financially eligible for the AC program. If it is less than $21,022, the individual is income and asset eligible for the AC program.

A MARRIED COUPLE’S INCOME AND ASSET ELIGIBILITY WHEN BOTH SPOUSES MAY CHOOSE AC

Both spouses may choose the AC program only if neither of them is eligible for EW without a waiver obligation. To determine this, a DHS 3340 must be completed to identify the couple’s community spouse asset allowance. If, after subtracting the community spouse asset allowance from the couple’s total counted assets, the result is $3,000 or less, MA asset eligibility exists for one of the spouses. The couple must complete a MA application to determine whether one spouse would be eligible for EW with no waiver obligation. If one or both of the spouses is eligible for MA without a waiver obligation, they must access their long term care services through the MA program.

When the community spouse asset allowance has been determined, complete a form DHS 2630 for each spouse following the instructions in the asset section of this segment to verify their AC program financial eligibility.

Income: If both spouses are able to choose the AC program, use a separate form DHS 2630 to determine the portion of each person’s individual income (there is no income allocation) available to pay for nursing facility care for 180 days. If an income source is shared by the couple, divide that income equally.

From each spouse’s personal monthly income (Line A), subtract any out-of-pocket recurring and predictable monthly medical expenses (Line B) such as health insurance premiums, drug costs or acute care costs they report. If the result is greater than $1043, the client may be assessed a premium obligation. (See section III of this bulletin.) Report this figure as the income amount on the ALT4 screen, AC MONTHLY INCOME field of the screening document. Subtract the MA
nursing facility resident’s clothing and personal needs allowance (Line D) from the adjusted income. The remaining monthly income (Line E) is available to pay for nursing facility care. Multiply the remaining monthly income by 6 to determine the amount of income available to pay for nursing facility care for 180 days (Line F).

Assets: If, after the community spouse asset allocation has been determined by the financial worker, neither spouse is asset eligible for MA, both may choose the AC program. Use a separate DHS 2630 for each spouse to compute the amount of assets each individual has available to pay for nursing facility care for 180 days. Allot the community spouse asset allowance amount to one of the spouses as their asset. Allot the remainder of the couple’s assets to the other spouse. Using this method to divide the marital assets, complete a form DHS 2630 for each spouse to verify their AC program financial eligibility. For couples currently receiving services, use the revised method for determining asset eligibility at the time of reassessment.

Subtract any unpaid medical bills which are the client’s financial responsibility (Line H) from the available assets reported by the individual. If the individual reports they do not have any burial fund accounts or burial space item agreements with a licensed mortuary, subtract $3,000 (Line I) from their available assets. If, at this point in the calculation, (Line J) the client has more than $10,000 in assets, they may be assessed a premium obligation. (See section III of this bulletin). Report this figure in the AC PERSONAL ASSETS field of the ALT4 screen on the screening document. Next, subtract the MA asset allowance of $3,000 (Line K). The remaining assets (Line L) are available to pay for nursing facility care and are used in determining the client’s AC financial eligibility.

Program Eligibility: Add the amount of income available to pay for nursing facility care for 180 days (Line F) to the assets available to pay for nursing facility care (Line L). If this figure is equal to or greater than $21,022, the individual is not financially eligible for the AC program. If it is less than $21,022, the individual is income and asset eligible for the AC program

A MARRIED PERSON’S INCOME AND ASSET ELIGIBILITY WHEN THEIR SPOUSE MEETS THE DEFINITION OF A COMMUNITY SPOUSE:

An AC client has a community spouse if their spouse:
  - receives no long term care services; or
  - receives long term care services funded by the CADI, CAC, TBI or MRRC waiver; or
  - receives Medical Assistance but is not receiving any waiver service; or
  - is living in a nursing facility with an expected stay of fewer than 90 days.

Income: Use a DHS 2630A to determine income eligibility for a client whose spouse meets the definition of a community spouse.

The AC client may allocate part or all of their income to their community spouse up to the dollar amount set by MA spousal impoverishment standard. Any AC client’s income allocated to their spouse will not be included in determining AC financial eligibility. Lines A, B, and C of the DHS 2630A identify the portion of the AC client’s income that may be allocated to their community spouse. There is no income allocation if the calculation results in 0 on line C or if the community spouse refuses the allocation. However, the community spouse’s income is never included in determining the AC client’s income eligibility.
From the AC client’s monthly income (Line D), subtract the income allocation to spouse (Enter Line C on Line E) and any out-of-pocket recurring and predictable monthly medical expenses (Line F) such as health insurance premiums, drug costs or acute care costs. If the result is greater than $1043, the client may be assessed a premium obligation. (See section C.) Report this figure as the income amount on the ALT4 screen, AC MONTHLY INCOME field of the screening document. Subtract the MA nursing facility resident’s clothing and personal needs allowance (Line H) from the adjusted income (Line G).

The remaining monthly income (Line I) is available to pay for nursing facility care. Multiply the remaining monthly income by 6 to determine the amount of income available to pay for nursing facility care for 180 days (Line J).

**Assets:** Use form DHS 2630A to determine asset eligibility for a client whose spouse meets the definition of a community spouse.

To determine the amount of assets available to the AC client to pay for nursing facility care, subtract the estimated community spouse asset allowance (Line L) from the total counted assets (Line K). Do not include any burial funds or burial space items as part of their total counted assets if the burial agreements are with a licensed mortuary. (The process of determining the “protected assets” for the community spouse has excluded those assets.) Subtract any unpaid medical bills (including spouse’s bills) which are the client's financial responsibility (Line M). If the couple did not report any assets as designated for burial expenses, subtract $6,000 (Line N) from the marital assets. If, at this point in the calculation, the client has more than $10,000 in assets, they may be assessed a premium obligation. (see section III of this bulletin.) Report this figure on the AC PERSONAL ASSETS field of the ALR4 screen of the screening document. Next, subtract the MA asset allowance of $3,000 (Line P). The remaining assets are available to pay for nursing facility care and are used in determining the client’s AC financial eligibility (Line Q).

**Program Eligibility:** Add the amount of income the AC spouse has available to pay for nursing facility care for 180 days (Line J) to their individual remaining assets available to pay for nursing facility care (Line Q). If this figure exceeds $21,022, the individual is not financially eligible for the AC program. If it is less than $21,022, the individual is income and asset eligible for the AC program.

**F. DETERMINING CLIENT PREMIUM**

Do not assess a premium obligation when a couple is waiting for a determination of their community spouse asset allowance. Do not assess a premium if the client is an MA applicant or is living in a nursing facility. Do not collect a premium if the computed premium is $25.00 or less. Premiums are assessed based on the cost of the first full month of client services in the client’s plan of care (excluding case management) and may only be adjusted at the time of reassessment. Counties continue to be responsible for collecting client premiums and forwarding them to the Department of Human Services.

All AC recipients who own assets (not including the value of any burial fund account or burial space item agreements the client has with a licensed mortuary) greater than $10,000 after appropriate deductions have been made must pay a premium for their AC services. The premium
obligation for AC clients with assets greater than $10,000 is 25% of the client’s care plan cost (excluding case management).

All AC recipients who have assets (not including the value of any burial fund account or burial space item agreements the client has with a licensed mortuary) below $10,000 but whose monthly income is above 150% of the Federal Poverty Guideline ($1043) must pay a premium for their AC services. The premium obligation for AC clients is either 25% of the client’s care plan cost (excluding case management) or the difference between their adjusted income (gross income minus recurring and predictable monthly medical expenses) and 150% of the Federal Poverty Guideline (1043), whichever is less.

III. ALTERNATIVE FORMAT

Upon request, this information will be made available in an alternative format such as Braille, large print, or audio tape. For TDD contact Minnesota Relay Service at 1-800-627-3529.

Attachments
I. Transfer of Assets
Individual has transferred assets within the previous 36 months without receiving adequate compensation.
Date of Transfer ___/___ Amount of transfer $________ ÷ 3,343 = _________ (months of ineligibility).
Individual is ineligible for AC program until ____/____/____ due to transfer.

II. Income
A. Monthly spousal income allocation ................................................................. A. $ 1,407.00
B. Subtract community spouse’s monthly income ............................................. B. $
C. Allocation to community spouse (A - B = C) ............................................... C. $
D. Client’s monthly income .............................................................................. D. $
E. Subtract the client’s allocation to their community spouse (line C) .......... E. $
F. Subtract recurring and predictable monthly medical expenses .................. F. $
G. Subtotal. This is the income used to determine client’s premium (see V) and enter as the AC monthly income on the screening document ......................... G. $
H. Subtract clothing and personal needs allowance ........................................... H. $ 67.00
I. Individual’s available monthly income (G - H = I) ..................................... I. $
J. Individual’s available income for 180 days of nursing home care (I X 6 = J) ... J. $

III. Assets
K. Total marital assets ("Total Counted Assets from page 14 of DHS 3340) ........ K. $
L. Subtract the estimated community spouse asset allowance (see DHS 3340) .... L. $
M. Subtract medical bills which are the individual’s responsibility ................. M. $
N. Subtract $6,000 IF there are no burial accounts(s) with a licensed mortuary..... N. $
O. Subtotal. If this figure exceeds $10,000, client must pay a monthly premium (See V) and enter as the AC asset amount on the screening document .......... O. $
P. Subtract the MA asset allowance .......................................................... P. $ 3,000.00
Q. Individual’s assets which are available to fund nursing home care ............. Q. $

IV. Determination of Eligibility
R. Individual’s income and assets available for nursing facility care (J + Q) ...... R. $
S. Projected nursing facility care cost for 180 days ......................................... S. $ 21,022.00

Check the appropriate box below:
❑ R is greater than S. Applicant is not eligible for AC services.
❑ R is less than S. Applicant is eligible for AC services.
❑ Applicant is ineligible for AC until ____/____ due to uncompensated transfer of assets.

V. Client Premium
❑ Available assets (Line O) exceed $10,000. Premium is assessed.
  Premium equals cost of care plan (less case management) X .25 ...................... $
❑ Available assets (Line O) do not exceed $10,000 however income (G) is greater than $1,043. Premium is assessed. Premium is lesser of either:
  Income (G) minus 1,043 OR Cost of care plan (less case management ) X .25 ..... $
❑ Available assets (Line O) do not exceed $10,000 and income (G) is less than $1,043. No premium is assessed. ................................................................. $ 0

Individuals with monthly income (G) less than $700 and assets (Q) of zero, should be referred to their county financial assistance office for an evaluation of possible MA-SIS/EW eligibility.

I declare that the information I have given in completing this form is true and correct to the best of my knowledge.

Client’s signature __________________________________________________________ Date ________________
Client’s name _______________________________________________________________
### I. Transfer of Assets
Individual has transferred assets within the previous 36 months without receiving adequate compensation.

\[
\text{Amount of transfer} \times \frac{\text{Transfer Amount}}{3,343} = \text{Months of ineligibility}.
\]

Date of Transfer __/__/___ Individual is ineligible for AC program until __/__/___ due to transfer.

### II. Income

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual's Monthly Income</td>
<td>A. $</td>
</tr>
<tr>
<td>Subtract recurring and predictable monthly medical expenses</td>
<td>B. $</td>
</tr>
<tr>
<td>Subtotal</td>
<td>C. $</td>
</tr>
<tr>
<td>Subtract clothing and personal needs allowance</td>
<td>D. $</td>
</tr>
<tr>
<td>Individual's available monthly income</td>
<td>E. $</td>
</tr>
<tr>
<td>Individual's available income for 180 days of nursing home care</td>
<td>F. $</td>
</tr>
</tbody>
</table>

### III. Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual’s total available assets (do NOT include burial expense accounts held by a licensed mortuary)</td>
<td>G. $</td>
</tr>
<tr>
<td>Subtract medical bills which are the individual's responsibility</td>
<td>H. $</td>
</tr>
<tr>
<td>Subtract $3,000 IF there are no burial account(s) with a licensed mortuary</td>
<td>I. $</td>
</tr>
<tr>
<td>Subtotal</td>
<td>J. $</td>
</tr>
<tr>
<td>Subtract MA asset allowance</td>
<td>K. $</td>
</tr>
<tr>
<td>Individual's assets which are available to fund nursing home care</td>
<td>L. $</td>
</tr>
</tbody>
</table>

### IV. Determination of Eligibility

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual's income and assets available for nursing facility care</td>
<td>M. $</td>
</tr>
<tr>
<td>Projected nursing facility care cost for 180 days</td>
<td>N. $</td>
</tr>
</tbody>
</table>

Check the appropriate box below:

- M is greater than N. Applicant is not eligible for AC services.
- M is less than N. Applicant is eligible for AC services.
- Applicant is ineligible for AC until __/__/___ due to uncompensated transfer of assets.

### V. Client Premium

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available assets (Line J) exceed $10,000. Premium is assessed.</td>
<td>$</td>
</tr>
<tr>
<td>Premium equals cost of care plan (less case management) X .25</td>
<td>$</td>
</tr>
<tr>
<td>Available assets (Line J) do not exceed $10,000 however income (C) is greater than $1,043. Premium is assessed. Premium is lesser of either: Income (C) minus 1,043 OR Cost of care plan (less case management ) X .25</td>
<td>$</td>
</tr>
<tr>
<td>Available assets (Line J) do not exceed $10,000 and income (C) is less than $1,043. No premium is assessed.</td>
<td>$</td>
</tr>
</tbody>
</table>

Individuals with monthly income (A) less than $700 and assets (G) less than $3,000, must apply for MA SIS/EW. Individuals with monthly income (A) below $824 and assets (L) less than $1,000 should be referred to their county financial assistance office for an evaluation of possible QMB/SLMB/SDP eligibility.

I declare that the information I have given in completing this form is true and correct to the best of my knowledge.

Client's signature ___________________________________________ Date _____________

Client's name _______________________________________________