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MinnesotaCare:

No provisions.

MA:

Use the following steps for transfers made on or after 9-1-94 through 4-13-96:

1. If the total amount transferred for less than fair market value in any month by the client and spouse combined does not exceed \$1,000 in total value for the month, disregard that amount and do not calculate a penalty period. Disregard transfers of \$1,000 or less made in any month after 9-1-94 even if the transfer occurred during a pre-existing penalty period.
2. If the amount transferred for less than fair market value is greater than \$1,000, determine a penalty period based on the total value of all uncompensated transfers made during that month. Do not disregard the first \$1,000 transferred.
3. If the total uncompensated value of assets transferred in a month by the client and spouse combined is greater than \$1,000, divide the uncompensated value by the statewide average monthly payment rate for nursing facility care (SAPSNF) in effect on the date of the client's application.

Effective 7-1-06, the SAPSNF is \$4,438. From 7-1-05 through 6-30-06, the SAPSNF is \$4,198.

4. Do NOT truncate partial months. Apply a partial month of ineligibility for MA payment of long term care services to both applicants and recipients.

If the transferred amount is LESS than the applicable SAPSNF, deny eligibility for long term care services equal to the amount transferred. The result is the dollar amount of long term care services the client is responsible for before MA eligibility for long term care services can begin.

If the transferred amount is MORE than the applicable SAPSNF and a fractional part of a month remains after calculating a period of ineligibility, multiply the remainder (rounded to hundredths) by the applicable SAPSNF. Truncate that result. The result is the dollar amount of long term care services the client is responsible for in the last partial month of ineligibility.

5. Add the amount determined in step 4 to the client's long term care spenddown or medical spenddown, whichever applies, for the partial month of

\*\*\*This version of the manual is no longer in effect as of December 1, 2006.\*\*\*

MDHS HEALTH CARE PROGRAMS MANUAL

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TRANSFERS 9-1-94 THROUGH 4-13-96

0909.27.11.07

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ineligibility. This is the client's total liability for the partial month.

Eligibility for payment of long term care services begins after that amount has been incurred by the client. If a client does not incur long term care services equal to or greater than his/her total liability, do NOT carry the penalty over to the next month.

GAMC:

See §0909.27.11 (Improper Transfer Ineligibility). For GAMC transfers, the SAPSNF is \$3,524 effective 7-1-06 (\$3,441 from 7-1-05 through 6-30-06). The GAMC SAPSNF is not the same as MA.