

# Chemung County Department of Aging and Long Term Care

New York Connects

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## Frequently Asked Questions for MEDICAID ELIGIBILITY WHEN IN A NURSING HOME

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**How do I apply for Medicaid?** Medicaid applications are available online at [https://www.health.ny.gov/forms/doh-4220\\_dd\\_access.pdf](https://www.health.ny.gov/forms/doh-4220_dd_access.pdf) and <http://nyhealth.gov/forms/doh-4495a.pdf> (Supplement A) (both forms are required). You can also request an application at the Nursing Home where you reside, the Department of Aging and Long Term Care or your local Department of Social Services. Upon completion of the application, submit your application and documentation to your Local Department of Social Services.

**When should I apply?** No later than 3 months after the month you need Medicaid coverage to begin. Medicaid coverage cannot begin more than 3 months before the month in which Department of Social Services receives your application. Although your application cannot be processed until all required documentation is received, you do **not** need to have all required documentation in order to submit a Medicaid application.

**What documents are required for a Medicaid application?** A list of required documents is included with the Medicaid application and includes proof of birth, residence, citizenship or immigration status, income and resources. Once the Department of Social Services receives your application, you will receive a list of required documents based on the information provided in your application.

**If I am in a Nursing Home, how much of my resources and income am I allowed to keep and qualify for Medicaid?**

### **Resources:**

Medicaid allows the individual living in a Nursing Home (referred to as the "institutionalized spouse", if the individual is married) to have \$15,900 in resources or assets (for example, savings and retirement accounts, CDs, stocks and bonds, real estate, and cash value of life insurance policies if the total face value is over \$1500). You may also be allowed to keep up to \$1500 for burial expenses. Money in an irrevocable burial fund is not counted as a resource.

**Income:**

As long as you meet resource requirements:

If you receive SSI you will be allowed to keep \$35/month of your income. Otherwise you will be allowed to keep \$50/month of your income. If you are a veteran or spouse of a veteran, you may be eligible to receive an additional \$90/month from the U.S. Department of Veterans Affairs.

**How much resources and income can my community spouse keep?**

**COMMUNITY SPOUSE** - A person who is the spouse of an institutionalized person, and who is residing in the community and not expected to receive home and community-based services provided pursuant to a waiver under Section 1915(c) of the Social Security Act for at least 30 consecutive days.

**Resources:**

If you have a spouse who is not living in a nursing home (referred to as the “community spouse”) and who does not have Medicaid, with your permission your spouse will be allowed to retain resources (assets) in the amount of \$74,820, or up to \$130,380 if your total combined resources equal more than \$149,640 on the date of institutionalization\*. You are allowed 90 days from the date of Medicaid determination to transfer resources to the community spouse’s name. You will be given an assessment of your countable resources from Department of Social Services after you provide all the required resource information and your Department of Social Services worker determines the total value of all your countable resources.

**Income:**

The community spouse can keep up to \$3,259.50/month\* of your combined monthly income (plus the cost of his or her health insurance premiums). If the community spouse’s personal income is over that amount, s/he will be expected to contribute 25% of the amount of his or her income that is over \$3,259.50/month. If your combined income is less than \$3,259.50, the community spouse may be able to keep additional income. If the community spouse has exceptional circumstances resulting in significant financial distress (for example, extraordinary housing or non-covered medical expenses, or a need to preserve income-producing assets), s/he may be able to keep additional income through a decision made by requesting a Fair Hearing by the State of New York.

Additionally, the community spouse may be allowed to keep additional income if he or she is paying court ordered child support or if a minor child, dependent child, dependent parent, or dependent sibling lives with him or her.

**If I am over-resource for Medicaid, what am I allowed to spend my resources on?**

Allowable expenses to reduce resources may include paying off medical expenses, including nursing home costs, and establishing irrevocable burial funds for both spouses.

\*Individuals determined eligible under the Modified Adjusted Gross Income (MAGI) will have different income/resource guidelines. For more information contact your Local Department of Social Services.

**Is there a way to protect more of my resources?** Some attorneys specialize in asset protection. You should expect to pay a fee for their services.

**What is a NAMI?** NAMI stands for “Net Available Monthly Income” and refers to the amount you (or your Power of Attorney, on your behalf) are responsible for paying the Nursing Home/Managed Long Term Care Plan each month when your placement is permanent. These payments should be made by you or your Power of Attorney to the Nursing Home/ Managed Long Term Care Plan after Medicare is no longer paying and until a Medicaid decision is made. When the Medicaid decision is made you will receive notification in the mail. At that time the Nursing Home will make any adjustments to your bill that may be necessary. You will be expected to pay all of your income to the Nursing Home/Managed Long Term Care Plan, except for the amounts mentioned in the income sections on page 1 and 2 of this document.

If your stay is temporary and you are expecting to return home, Regular Medicaid budgeting applies and the NAMI is based upon Medicaid Eligibility Guidelines that update from year to year. 2021 Guidelines Medically Needy Income level is \$884 which means income and resources above these levels, minus disregards, would be paid monthly to the Nursing Home/Managed Long Term Care Plan.

**What if the community spouse refuses to contribute towards the nursing home cost?** Medicaid must be provided to the otherwise eligible institutionalized spouse, but Department of Social Services will refer the matter to court for a review of the community spouse’s actual ability to pay.

**What if my bank account is also in another person’s name (i.e., you are not the sole account owner)?** If your name is also on the account, the full value of the account is presumed to be available to you and will count as your resource. If you believe some or all of the money should not be counted, submit proof explaining why (for example, if the original source of funds was from the other account owner and your name is on the account solely for tax advantages, convenience in obtaining proceeds, or inheritance purposes).

**What if I own a home?** A home will not affect your eligibility for Medicaid if the home is transferred to your:

- Spouse;
- Child who is blind, disabled or under age 21, living in the home;
- Sibling who has an equity interest in the home and who resided in the home for at least one year before the person was institutionalized; or
- Child who resided in the home for at least two years before the person was institutionalized and provided care to maintain the person at home (you will need a doctor’s statement to verify this)

### **What if I do not have anyone listed above to whom I can transfer my home?**

- If you intend to return to your home and provide a doctor's note to that effect, you may keep your home and \$884/month in income.
- If you intend to return to your home but you do **not** provide a doctor's note to that effect, you may keep \$50/month, or \$35/month if you receive SSI, and a lien may be placed on your home.
- If you do not intend to return to your home, you will be expected to sell the home at fair market value and the proceeds will count as a resource. While waiting for your home to sell, Medicaid will not pay for the cost of your nursing home stay equal to the home's fair market value (or the fair market value minus \$15,900, if you have no other resources).

**What if my house is not in my name but I have life use or a life estate?** If the house is transferred prior to the 60 month "look back" period, the house will not count as a resource unless it is sold. If the house is sold, the amount that will count as a resource is based on the current fair market value of the property, your age, and a life estate table used by Department of Social Services. If property is rented out, the rent is counted as income, minus disregards.

### **What if my community spouse sells the house after my Medicaid coverage starts?**

Medicaid requires an annual recertification process. The recertification will count the incomes of both spouses, but only the resources of the institutionalized spouse are counted. Investing the proceeds from the sale of the house could increase the community spouse's income, which could affect the amount of income the community spouse is allowed to keep.

### **Why do I need to provide 60 months of statements from my banks and/or financial institutions and explanations of all transactions of \$2,000 or more?**

Medicaid has a 60 month "look back" period in which Medicaid applicants must provide proof that they have not transferred resources in order to become eligible for Medicaid.

**What if I have money in a trust?** Transfers into trusts and from trusts are subject to the 60 month look back period described above. Consult your attorney and your Department of Social Services worker regarding how a trust established within 60 months will be considered by Medicaid. (This could depend on the type of trust you have.)

**What if I currently live in a different state or county from the nursing home where I want to live?** Upon admittance to the nursing home you (or your Power of Attorney, on your behalf) can apply at the county Department of Social Services where the nursing home is located. Medicare and Medicaid do not cover the cost of transportation from one nursing home to another when the move is due to personal or family preference rather than medical necessity.

**Does Medicaid pay for other types of long-term care services besides nursing home care?** Yes. There are programs that allow some individuals to return or remain at home even though they need a nursing home level of care. Contact Chemung County Department of Aging and NY Connects at 737-5520 for more information.

**What if Department of Social Services denies my Medicaid application or requires my spouse to contribute more than s/he can afford?** You can appeal the decision by requesting a fair hearing. For legal assistance with your fair hearing, you may contact an attorney of your choice or Legal Assistance of Western New York at 607-734-1647.

**What if I have more questions?** Once your application is received by Department of Social Services, you will be notified by mail with the assigned worker's name and phone number.

**The information contained in this list of frequently asked questions is subject to change. Please contact the Department of Social Services worker who is processing your application for the most up-to-date information.**

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