

LTC BUDGET: Any month (except the month when institutionalization begins) during which the A/R is continually in a LTC living arrangement and is not expected to return home within 6 months. If the A/R has a community spouse, an income allowance may be made in Step II. Refer to manual and attach computations. MRR=Medicaid Reimbursements Rate. Table in MA-2270 gives lowest MRR for ICF-MR and Nursing Facility Care. If A/R is in swing bed or inappropriate level, rate in table is standard rate.

STEP I FINANCIAL ELIGIBILITY FOR MEDICAID

A. LOWEST MRR NEED TEST

If gross monthly income of the b.u. is **less** than the lowest monthly Medicaid rate for the a/r's approved level of care, the client is eligible for help with cost of care. Go to Step II now.

B. NEED TEST AT FACILITY'S MRR

1. If gross monthly income of the b.u. is greater than or equal to lowest monthly MA rate, contact the facility and verify their MRR and their private daily rate.

a. Daily MRR _____

b. Multiply by 31 days x31 _____

c. MAXIMUM MONTHLY MA RATE _____

2. If the gross monthly income of the b.u. is **less** than the facility's MRR for 31 days, the client is eligible for help with cost of care. Go to Step II now.

C. NEED TEST AT FACILITY'S PRIVATE RATE FOR 31 DAYS

1. If the gross monthly income of the b.u. is greater than the facility's unique MRR for 31 days, compute the following:

a. Gross Income of the b.u. _____

b. Subtract exclusions, deductions, disregards and exemptions (include mandatory withholding) - _____

c. Subtract MN PLA maintenance allowance for number in b.u. - _____

d. Subtract facility's private rate for 31 days - _____

e. Result _____

2. If there is NO EXCESS income in 1.e. above, client is in need. Go to Step II now to determine if the a/r is eligible for help with cost of care.

D. NEED TEST WITH ALL PREDICTABLE MEDICAL COSTS

1. If there is any excess in C. above, verify all predicted monthly medical expenses of the a/r. (Prescriptions, premiums for health insurance, physician charges, etc.)

Total other predicted medical _____

2. If other predicted medical costs are equal to or greater than the excess in C. above, the client is in need. Go to Step II now to determine if the a/r is eligible for help with cost of care.

3. If other predicted medical costs are less than the excess in C. above, the client is financially ineligible.

STEP II ELIGIBILITY FOR HELP WITH COST OF CARE

A. LTC DEDUCTIONS (See MA-2270, V. C.)

1. Enter **GROSS INCOME** of the b.u. _____

Subtract operational expenses Countable - _____

Income _____

2. Deductions from Countable Income

a. (PNA) Personal Needs Allowance \$70/\$140 - _____

b. Court-ordered Guardianship Fees - _____

c. Mandatory deductions - _____

d. Work incentive deduction - _____

e. Spouse/Dependent Allowance - _____

f. Maintenance of the home (Single a/r with no spouse or dependents returns home within 6 months.)\$242 - _____

g. (UMN) Unmet Medical Needs - _____

3. Result _____

B. IS PATIENT ELIGIBLE FOR HELP WITH COST OF CARE?

YES:

1. If financial eligibility (NEED) was established in part A. or part B. of Step I, round result in Step II A.3. above to nearest whole dollar. This is the PML amount.

2. If financial eligibility (NEED) was established in part C. or part D. of Step I, compare the result in Step II A. 3. to the facility's MRR for 31 days:

YES a. If result in Step II A.3 is less than the MRR, round to the nearest whole dollar. This is the PML amount.

Complete and mail DHB-5016

NO b. If result is **equal** to or greater than the MRR, go to Step III. This individual is not eligible for Cost of Care.

LTC BUD/GET (Continued –step 1 and II on front)

STEP III ELIGIBILITY FOR HELP WITH OTHER MA COVERED SERVICES ONLY - WHEN STEP I IS MET BUT STEP II IS NOT

A. NOTIFICATION TO THE FACILITY OF A/R'S MEDICAID STATUS

Enter the facility's Medicaid Reimbursement Rate for a 31 day month as the PML.

B. POST-ELIGIBILITY DETERMINATION OF EXCESS INCOME

1. Compute the deductible for the c.p.

- a. GROSS income of the b.u. _____
- b. Subtract PLA deductions, exclusions and \$20 exemption. - _____
- c. Net Countable monthly income _____
- d. Subtract facility's unique MRR for 31 days. - _____
- e. Subtract PLA maintenance amount for number in the b.u. - _____
- f. Monthly Excess Income.

2. Multiple Excess by number of months in the prospective or retroactive c.p. x _____

3. Round results up/down to the nearest whole dollar and report as deductible amount for the period.

DEDUCTIBLE AMOUNT \$ _____

4. If there is no deductible (excess in Step III B. 1. f. above is zero or a negative number):

- a. **Authorize** in EIS
- b. DO NOT enter deductible amount as a PML or issue a new DHB-5016.

NOTE: EIS will not accept a LTC living arrangement code.

5. If there is a deductible, hold an application open for the full six months or an active case open until the end of the current c.p. DO NOT apply cost of care in LTC toward the deductible.

6. Each month, or as bills are provided, determine if the deductible has been met for the c.p.

- a. TOTAL accumulated expenses using DHB-5036.
- b. When deductible is met, **authorize** showing deductible balance (NOT PML).

7. If the deductible has not been met by the end of 6 months, deny the application; or when not met by the end of the c.p. for an active case, propose termination.

COMPUTATIONS