

NEW YORK STATE
 DEPARTMENT OF SOCIAL SERVICES
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 Commissioner

ADMINISTRATIVE DIRECTIVE

TRANSMITTAL: 89 ADM-47

TO: Commissioners of
 Social Services

DIVISION: Medical
 Assistance

DATE: December 5, 1989

SUBJECT: Treatment of Income and Resources for Institutionalized
 Spouses/Individuals and Legally Responsible Relatives

SUGGESTED DISTRIBUTION:	Medical Assistance Staff Public Assistance Staff Adult Services Staff Fair Hearing Staff Legal Staff IV-D Staff Staff Development Coordinators
CONTACT PERSON:	MA County Representative 1-800-342-3715, extension 3-7581. MA New York City Representative at (212) 587-4853.
ATTACHMENTS:	See page 4 for list of Attachments. Attachments A through F are available on-line. Attachments G through P are not available on-line.

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 ADM-23	88 ADM-1	358-3.1(g)	Ch. 558 of		
89 ADM-21	85 ADM-37	358-5.2(d)	Laws of 1989		
88 ADM-30	78 ADM-58	360-1.4	S303(a) of		
88 ADM-25		360-2.6(c)	MCCA of 1988		
88 ADM-1		360-4.2(f)	S608(d) of		
87 ADM-27		360-4.3(f)	FSA		
85 ADM-37		360-4.9(c)	SSL 101		
85 ADM-27		360-4.10	SSL 366(2)(c)		
84 ADM-9		425.5(c)(2)	SSL 366(3)(a)		
78 ADM-58			SSL 366-c		

DSS-296EL (REV. 9/89)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

I. PURPOSE

The purpose of this release is to advise local districts of the provisions of Chapter 558 of the Laws of 1989 which relate to the treatment of income and resources for institutionalized spouses under the Medical Assistance Program. The new federal definition of an institutionalized spouse, as set forth in this Directive, requires changes to the definitions of permanent absence, temporary absence and chronic care budgeting. The contents of client notices have been revised accordingly to reflect these changes. This Directive also modifies procedures to establish the requested contribution from a legally responsible relative living apart from an applicant/recipient (A/R) and clarifies procedures to follow in circumstances where a legally responsible relative living with an A/R refuses to provide information regarding finances or refuses to support a dependent.

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III. BACKGROUND

Section 303(a) of the Medicare Catastrophic Coverage Act (MCCA) of 1988 (P.L. 100-360), as amended by the Family Support Act (FSA) of 1988 (P.L. 100-485), redesignated Section 1924 of the Social Security Act as Section 1925, and added a new Section 1924 regarding the treatment of income and resources of a couple when determining the Medical Assistance eligibility of the institutionalized spouse.

A. TREATMENT OF INCOME

Prior to implementation of this legislation, in determining the Medical Assistance eligibility of an institutionalized spouse, the income of the community spouse was deemed to be available, regardless of whether any contribution was actually made. However, this income was deemed to be available only for the

balance of the initial month that the institutionalized person was permanently absent from the household. Thereafter, only the institutionalized person's income, including any actual contribution from the spouse, was considered in determining continuing eligibility. After the institutionalized person was determined to be eligible for Medical Assistance, all the person's monthly income was applied toward the cost of care in the facility, after deducting a monthly personal needs allowance and an amount to meet the maintenance needs of the applicant's/recipient's spouse and family in the community. The institutionalized spouse was permitted to make income available to the spouse and family only up to the Medical Assistance eligibility level or the Public Assistance Standard of Need, whichever was higher. A higher level of support for the spouse and/or family could, however, be established by a court order.

Under the new provisions, the income of the community spouse is not deemed available for purposes of determining the institutionalized spouse's Medical Assistance eligibility for any month of institutionalization (including a partial month). In determining the amount of income available for the cost of care, the institutionalized spouse will be able to retain a monthly personal needs allowance. Deductions will be made from the institutionalized spouse's income to bring the community spouse's monthly income up to \$1,500, unless a greater amount is established pursuant to a fair hearing or court order. Deductions are also to be made for a family allowance for each family member (as defined in this Directive), and an amount for expenses incurred for medical or remedial care of the institutionalized spouse not subject to third party payment. Any remaining income would be required to be applied to the institutionalized spouse's cost of care.

The amount set aside to meet the maintenance needs of dependent members of a single institutionalized person's former family household will continue to be the amount needed to bring the income of the family up to the Medical Assistance level or the Public Assistance Standard of Need, whichever is higher.

B. TREATMENT OF RESOURCES

Prior to October 1, 1989, resources were considered available depending upon the eligibility of the married couple for Medical Assistance. If both spouses were aged, or certified as blind or disabled and eligible for Medical Assistance as a couple, their resources were considered mutually available during the month of institutionalization of one spouse and for six months thereafter. Subsequently, only the institutionalized spouse's resources, including any resources actually contributed by the community spouse, were considered in determining eligibility. If both spouses were aged, or certified as blind or disabled but were not eligible for Medical Assistance as a couple, or if only one spouse was aged, or certified as blind or disabled, their resources were only considered mutually available during the balance of the first month of institutionalization.

Under the provisions of the MCCA, the countable resources, either individually or jointly owned by the couple, are attributed to the institutionalized spouse without regard to the actual ownership of the resource. The community spouse is permitted to retain up to \$60,000 of the couple's total countable resources, unless a greater amount is established pursuant to fair hearing or court order. If the total resources exceed \$60,000, any additional resources will be deemed to be resources of the institutionalized spouse. Once eligibility of the institutionalized spouse is established, the resources of the community spouse cannot be considered available to the institutionalized spouse.

C. CONTRIBUTIONS FROM LEGALLY RESPONSIBLE RELATIVES

Prior to October 1, 1989, the Medical Assistance Program utilized the Table of Support to request a contribution from a legally responsible relative (LRR) living apart from an applicant/recipient (A/R). Since the determination of the amount an LRR was requested to contribute depended on a number of varying factors, such as categorical relationship (ADC-related), residence (foster care, nursing home care) and relationship of the LRR (spouse) to the A/R, utilization of the Table of Support is no longer viable.

Therefore, effective October 1, 1989, in MA-Only cases involving a spouse living apart from an SSI-related A/R, LRRs will be requested to contribute twenty-five percent (25%) of their otherwise available income which exceeds the minimum monthly maintenance needs allowance plus any family member allowance(s). Medical Assistance cases that include a child under the age of 21 whose parent is absent from the home will continue to be referred to the Child Support Enforcement Unit (IV-D) for the establishment of the contribution toward the cost of medical care. The requested contribution from the parent(s) of a foster child, who is not certified as blind or disabled, continues to be determined by using the formula set forth in 18 NYCRR Section 425.5(c)(2) relative to foster care maintenance. The contribution from the LRR for the cost of medical care of an MA-Only HR-related A/R shall continue to be determined in accordance with local social services district Income Maintenance procedures.

Any income and resources of an LRR living with an A/R will continue to be considered to be available to the A/R. However, in accordance with SSL 366(3)(a), in cases where the income and/or resources of the LRR are not made available to the A/R, the A/R's MA eligibility must be determined by disregarding any unavailable income and/or resources belonging solely to the LRR.

Chapter 558 of the Laws of 1989 enacted the new federal provisions regarding the treatment of income and resources for institutionalized

spouses for Medical Assistance eligibility purposes, by adding a new Section 366-c to Social Services Law (SSL). Amendments to Department Regulations Sections 360-1.4, 360-4.3(f), 360-4.9(c), 358-3.1, 358-5.2, and the addition of a new Section 360-4.10 have been filed.

IV. PROGRAM IMPLICATIONS

The new Section 366-c of Social Services Law, as enacted by Chapter 558 of the Laws of 1989, requires redefining certain terms related to the budgeting methodologies used for persons in medical institutions and nursing facilities, and defining new terms related to the treatment of income and resources of a couple when determining the Medical Assistance eligibility of an institutionalized spouse.

A. DEFINITIONS

1. Applicable percentage of the annual federal poverty level used to determine the family member allowance shall be:
 - 122% as of September 30, 1989;
 - 133% as of July 1, 1991; and
 - 150% on or after July 1, 1992.
2. Assessment is a review by the local social services district of the total countable resources of the couple, and/or the income of the couple and family members (as defined in this Directive) as of the date of the request for assessment or at the time of application for Medical Assistance. This includes the review and documentation of the total value of the couple's countable resources, a determination of the community spouse resource allowance, community spouse monthly income allowance, and/or family allowance, and the methods of computing such allowances.
3. Chronic care budgeting is a budgeting procedure used for individuals who are in permanent absence status. Chronic care budgeting will begin on the first day of the calendar month following the month in which the A/R is determined to be in permanent absence status.
4. Community spouse is a person who is the spouse of an institutionalized person and who is residing in the community.
5. Community spouse monthly income allowance is the amount by which the minimum monthly maintenance needs allowance for the community spouse exceeds the monthly income otherwise

available to the community spouse, unless a greater amount is established pursuant to a fair hearing or a court order for support of the community spouse.

6. Community spouse resource allowance means the amount, if any, by which the greatest of the following amounts exceeds the total value of available resources of the community spouse:
 - o \$60,000 (as increased annually by the same percentage as the percentage increase in the federal Consumer Price Index);
 - o the amount established for support of the community spouse pursuant to a fair hearing; or
 - o the amount established pursuant to a court order for the support of the community spouse.

The maximum community spouse resource allowance means the total value of the combined countable resources owned by the couple up to \$60,000 (as increased annually by the same percentage as the percentage increase in the federal Consumer Price Index), or a higher amount established pursuant to a fair hearing or court order.

7. Continuous period of institutionalization means at least 30 consecutive days of institutional care in a medical institution and/or nursing facility, or at least 30 consecutive days of receipt of home and community-based waived services, or a combination of institutional and home and community-based waived services for 30 consecutive days. A continuous period is presumed to cease upon discharge from the medical institution/facility or discontinuance of home and community-based waived services. The presumption may be overturned by adequate medical documentation that the discontinuance or discharge will not exceed 30 days.
8. Countable resources are resources which are not subject to exclusion for SSI-related A/Rs. Resources excluded for SSI-related A/Rs include, but are not limited to: the homestead, household goods, personal property, one car and funds set aside for burial expenses.
9. Expected to remain means available medical evidence/documentation indicates a reasonable expectation that a person will remain in an institution/facility, receive home and community-based waived services, or a combination of institutional and community-based waived services for at least 30 consecutive days, even though such person may not actually remain at least 30 days.
10. Family allowance for each family member is an amount equal to one-third (1/3) of the amount by which one twelfth (1/12)

of the applicable percentage of the annual federal poverty level for a family of two members exceeds the amount of the otherwise available monthly income of that family member.

11. Family member includes a minor child, dependent child, dependent parent or dependent sibling of the institutionalized spouse or community spouse, who is residing with the community spouse, and who has over 50% of his/her maintenance needs met by the community spouse and/or the institutionalized spouse.
12. Home and community-based waived services are provided pursuant to a waiver under Section 1915(c) of Title XIX of the Social Security Act (generally through the Long Term Home Health Care Program; see 85 ADM-27). The waived services currently available under Section 1915(c) are:

- Home Maintenance Tasks
- Housing Improvement
- Social Transportation
- Congregate/Home Delivered Meals
- Respite Care
- Social Day Care
- Personal Emergency Response System Services
- Moving Assistance
- Medical Social Services
- Respiratory Therapy
- Nutritional Counseling/Education Services

13. Institutionalized spouse is a person who is:
 - (a) in a medical institution or nursing facility and is expected to remain in such a medical institution or nursing facility for at least 30 consecutive days; or
 - (b) in receipt of home and community-based waived services, and expected to receive such services for at least 30 consecutive days; or
 - (c) in a medical institution/nursing facility or in receipt of home and community-based waived services, and expected to receive a combination of institutional services and home and community-based waived services for at least 30 consecutive days;
AND
 - (d) is married to a person who is not described in items (a) through (c).

14. Medical institutions and nursing facilities include hospitals, skilled nursing facilities (SNFs), health-related facilities (HRFs), intermediate care facilities (ICFs),

residential treatment facilities (RTFs), small residential facilities (SRUs), and room and board situations eligible for reimbursement under Title XIX of the Social Security Act.

15. Minimum monthly maintenance needs allowance is an amount equal to \$1,500.
16. Otherwise available income refers to the income that is available to an individual. In determining otherwise available income the following deductions, if applicable, shall be made: federal, state, and city income taxes, New York State Disability, F.I.C.A., actual incapacitated adult/child care expenses, court-ordered support payments and health insurance premiums.
17. Permanent absence status means that an individual is not expected to return home, or the individual is an **institutionalized spouse** as defined in this Directive. It will be presumed that an individual will not return home if:
 - (a) a person enters a nursing or intermediate care facility;
 - (b) a person is initially admitted to acute care and is then transferred to an alternate level of care, pending placement in a residential health care facility (RHCF); or
 - (c) a person without a community spouse remains in an acute care hospital for more than six calendar months.

Adequate medical evidence may overcome these presumptions.

18. Significant financial distress means exceptional expenses which the community spouse cannot be expected to meet from the monthly maintenance needs allowance or from amounts held in resources. Such expenses may be of a recurring nature or may represent major one-time costs, and may include, but are not limited to: recurring or extraordinary non-covered medical expenses (of the community spouse or family members as defined in this Directive); amounts to preserve, maintain, or make major repairs on the homestead; and amounts necessary to preserve an income-producing asset.
19. Spouses are persons legally married to each other under the provisions of State law.
20. Temporary absence means a time when a person is absent from his/her permanent residence and is expected to return. Reasons for temporary absence may include employment, hospitalization, military service, vacation, education or

visits. A period of temporary absence will be presumed to exist if:

- (a) the person is not an institutionalized spouse, as defined in this Directive, and returns to his/her permanent residence in the month in which he/she left or the following month;
- (b) a person without a community spouse is in an acute care hospital for six calendar months or less;
- (c) a person with a community spouse is expected to be in an acute hospital for less than 30 consecutive days; or
- (d) a person with a community spouse is expected to receive home and community-based services provided pursuant to a waiver under Section 1915(c) of the Social Security Act for less than 30 consecutive days.

21. Undue hardship means a situation where:

- (a) a community spouse fails or refuses to cooperate in providing necessary information about his/her resources; and
- (b) the institutionalized spouse is otherwise eligible for Medical Assistance; and
- (c) the institutionalized spouse is unable to obtain appropriate medical care without the provision of Medical Assistance; and
- (d)
 - (1) the community spouse's whereabouts are unknown; or
 - (2) the community spouse is incapable of providing the required information due to illness or mental incapacity; or
 - (3) the community spouse lived apart from the institutionalized spouse immediately prior to institutionalization.

B. ASSESSMENT AND TREATMENT OF THE INCOME AND RESOURCES OF AN INSTITUTIONALIZED SPOUSE

The new Section 366-c of Social Services Law includes provisions for an assessment of the resources and income of a couple with an institutionalized spouse, the treatment of such resources and income in determining the Medical Assistance eligibility of the institutionalized spouse, notice requirements and fair hearing rights.

1. Treatment of Resources

a. Assessment

In an attempt to avoid the impoverishment of the community spouse by ensuring that the couple's resources are not depleted by the institutionalized spouse's cost of care, SSL Section 366-c(7), in accordance with the MCCA, provides for an assessment of the combined countable resources owned by the couple.

When a request for assessment is not accompanied by an MA application, the assessment is based on the combined countable resources owned by the couple as of the date of the request. When an MA application is filed, the assessment is based on the first month covered by the initial MA application.

Either spouse or a representative acting on their behalf may request, at the beginning or after the commencement of a continuous period of institutionalization, an assessment of the total value of their countable resources. Upon receipt of such request and all the relevant documentation, the local social services district shall assess and document the total value of the countable resources owned by the couple as of the date of the request for an assessment, and provide each spouse or their representative, if applicable, with a copy of such assessment and the documentation upon which it is based. The notice of such assessment shall advise the spouses of their right to a fair hearing regarding the assessment of the couple's countable resources and the determination of the community spouse resource allowance after the institutionalized spouse's eligibility for Medical Assistance has been determined.

In determining the total countable combined resources owned by the couple as of the date of the request for assessment or the date of MA application, a pension fund(s) owned by an ineligible or non-applying community spouse is a countable resource. However, such a pension fund cannot be considered available to the institutionalized spouse. Any amount of the pension fund which exceeds the maximum community spouse resource allowance is not considered in determining the total countable combined resources owned by the couple.

b. Determination of the community spouse resource allowance

In determining the community spouse resource allowance, the total countable combined resources owned by the

couple shall be assessed as of the date of the request for assessment or the date of MA application. For purposes of determining MA eligibility, the total value of their combined countable resources at the time of the MA application shall be utilized to determine the community spouse resource allowance.

The new Section 366-c of Social Services Law allows the community spouse to retain up to \$60,000 of the total value of the countable resources owned by the couple at the time of the request for assessment or the date of MA application, unless a higher amount is established pursuant to fair hearing or court order. If the couple's countable resources are less than \$60,000, the community spouse is allowed to retain all of the resources. If the couple's countable resources are greater than \$60,000, the resources in excess of \$60,000 are considered to be available to the institutionalized spouse. The resource allowance level of \$60,000 shall be increased annually by the same percentage as the percentage increase in the federal Consumer Price Index.

After the month in which the institutionalized spouse has been determined eligible for MA, no resource of the community spouse will be considered available to the institutionalized spouse.

c. Determination of the couple's resources available for the institutionalized spouse's cost of care

In determining the resources of an institutionalized spouse at the time of application for Medical Assistance, all the countable resources of the couple shall be considered to be available to the institutionalized spouse, but only to the extent that the amount of such resources exceeds the maximum community spouse resource allowance. The new Section 366-c of Social Services Law clarifies that, notwithstanding any other provisions of law, such resources are considered available to the institutionalized spouse. Therefore, if the community spouse fails or refuses to cooperate in providing necessary information about his/her resources, such refusal shall be reason for denying Medical Assistance for the institutionalized spouse because eligibility can not be determined.

If such a denial would result in undue hardship and an assignment of support is executed, or the institutionalized spouse is unable to execute such an assignment due to physical or mental impairment, Medical Assistance shall be authorized, and the case

referred to the local social services district legal staff for appropriate action.

Undue hardship exists when:

- (1) a community spouse fails or refuses to cooperate in providing necessary information about his/her resources; and
- (2) the institutionalized spouse is otherwise eligible for Medical Assistance; and
- (3) the institutionalized spouse is unable to obtain appropriate medical care without the provision of Medical Assistance; and
- (4) (a) the community spouse's whereabouts are unknown; or
(b) the community spouse is incapable of providing the required information due to illness or mental incapacity; or
(c) the community spouse lived apart from the institutionalized spouse immediately prior to institutionalization.

For the purpose of determining the amount of resources available to the institutionalized spouse from the couple's combined countable resources in excess of the maximum community spouse resource allowance, the MA resource level for one person and funds set aside for burial expenses, if applicable and not already excluded, are deducted. Any remaining resources are considered to be available to the institutionalized spouse's cost of care or other legitimate expenses.

d. Refusal of the community spouse to make his/her excess resources available

An institutionalized spouse will be determined ineligible for Medical Assistance if the community spouse refuses to make his/her resources in excess of the maximum community spouse resource allowance available to the institutionalized spouse (if such resources combined with the available resources of the institutionalized spouse exceed the MA resource level for one), unless one of the following criteria is met:

- o The institutionalized spouse executes an assignment of support from the community spouse in favor of the social services district and the Department.

- o The institutionalized spouse is unable to execute such assignment due to physical or mental impairment.

e. Transfer of resources to the community spouse

Once initial eligibility of the institutionalized spouse has been established, the amount of the community spouse resource allowance shall be legally transferred to the community spouse. The community spouse resource allowance must actually be available to the community spouse if the resources are to be excluded in determining the continuing eligibility of the institutionalized spouse. The transfer of the community spouse resource allowance shall be made within 90 days of the eligibility determination or a longer period as determined by the social services district. Additional time must be allowed when required because courts are involved in assigning couples' property through support actions.

2. Treatment of Income

The new Section 366-c of Social Services Law, in accordance with the MCCA, includes specific provisions relative to the treatment of the couple's income and the determination of Medical Assistance eligibility for the institutionalized spouse. These provisions include an assessment, determination of ownership of income, community spouse monthly income allowance, family allowance, notice requirements, and fair hearing rights.

a. Assessment

At any time after the commencement of the most recent continuous period of institutionalization, either spouse, or a representative acting on their behalf, may request an assessment/determination of the community spouse monthly income allowance, the family allowance and the methods of computing such allowances. Upon receipt of such request and all the relevant documentation, the local social services district shall determine and document the community spouse monthly income allowance, the family allowance, if any; the methods of computing such allowances, and provide each spouse or representative (if applicable) with a copy of such assessment and the documentation upon which it is based. This notice shall advise the spouses of their right to a fair hearing regarding such assessment after the institutionalized spouse's eligibility for Medical Assistance is determined.

b. Determining ownership of income

The community spouse's income is not deemed to be available to the institutionalized spouse for purposes of determining such spouse's Medical Assistance eligibility for any month of institutionalization, including a partial month.

The following rules governing a couple's ownership of income shall be used to determine the institutionalized spouse's initial and ongoing income eligibility, unless either spouse or a representative acting on his/her behalf establishes by a preponderance of evidence that ownership interest is other than specified below.

- (1) Income solely in the name of the institutionalized spouse or the community spouse shall be considered available only to that respective spouse.
- (2) Income in the name of the institutionalized spouse and the community spouse shall be considered available one-half to each spouse.
- (3) Income in the name of the institutionalized spouse or the community spouse, or both, and also in the name of another person or persons, shall be considered available to each spouse in proportion to the spouse's interest or, if in the names of both spouses and no share is specified, one-half of the joint interest shall be considered available to each spouse.
- (4) Income in which there is no instrument establishing ownership shall be considered to be available one-half to the institutionalized spouse and one-half to the community spouse.
- (5) Income from a trust shall be considered available to each spouse in accordance with the provisions of the trust instrument, or in the absence of a specific trust provision allocating income, in accordance with the provisions of items 1 through 4.

c. Community spouse monthly income allowance

The new Section 366-c of SSL includes provisions to avoid the impoverishment of a community spouse by ensuring that the community spouse has sufficient income to meet his/her monthly maintenance needs.

- (1) The community spouse is allowed a Minimum Monthly Maintenance Needs Allowance (MMMNA) of \$1500. If the community spouse's otherwise available income is less than the MMMNA, a community spouse monthly income

allowance will be deducted from the available income of the institutionalized spouse to raise the income of the community spouse to the MMMNA. The community spouse monthly income allowance may be increased if an amount greater than the MMMNA is established as a result of a court order or fair hearing.

- (2) In determining the otherwise available income of the community spouse for purposes of establishing the community spouse monthly income allowance, only the following items are to be deducted from the income of the community spouse:

- federal, State, and city income taxes,
- NYS disability,
- FICA,
- actual incapacitated adult/child care expenses,
- court-ordered support payments, and
- health insurance premiums

Since only the items listed above can be deducted from the community spouse's income, cash assistance (e.g. PA, SSI) received by the community spouse is counted as available income.

In determining personal available income derived from self-employment or rental of real property, the business expenses incurred in the production of such income must be determined by applying SSI-related income exemptions/disregards.

- (3) In order to determine the MA eligibility of a community spouse, the community spouse cannot refuse to receive the community spouse monthly income allowance, even if the receipt of the community spouse monthly income allowance would result in ineligibility for Medical Assistance. However, an otherwise eligible community spouse who is related to a federally-participating (FP) category may achieve MA eligibility by contributing any excess income to the cost of care of the institutionalized spouse.

d. Family member allowances

- (1) A family allowance for each family member as defined in this Directive is deducted from the available monthly income of the institutionalized spouse. This amount is equal to one-third (1/3) of the amount by which one-twelfth (1/12) of the applicable percentage of the annual federal poverty level for a family of two members exceeds the amount of the otherwise available monthly income of that family member.

In situations where the institutionalized spouse is pregnant, the unborn shall be considered a family member of the community household.

- (2) As of October 1, 1989, 1/12 of 122% (applicable percentage) of \$8,020 (annual federal poverty level for two) equals \$815 (rounded down). Therefore, to calculate the family member allowance:

(a) subtract the otherwise available income of the family member from \$815;

(b) divide the result by 3, and round down to the nearest dollar.

For example, for 1989, if the family member does not have any available income, the family member allowance would be calculated as follows:

$$\begin{aligned} \$815 - \$0 &= \$815; \\ \$815 \text{ divided by } 3 &= \$271 \text{ (rounded down)} \end{aligned}$$

Therefore, the family member allowance is \$271.

If the family member has otherwise available income of \$300, the family member allowance would be calculated as follows:

$$\begin{aligned} \$815 - \$300 &= \$515; \\ \$515 \text{ divided by } 3 &= \$171 \text{ (rounded down)} \end{aligned}$$

Therefore, the family member allowance is \$171.

- (3) In determining the otherwise available income of each family member for purposes of establishing each family member allowance, the items specified as deductions from a community spouse's income are deducted from each family member's income. Since only these items can be deducted from a family member's income, cash assistance received by a family member is counted as available income.

In determining personal available income derived from self-employment or rental of real property, the business expenses incurred in the production of such income must be determined by applying SSI-related income exemptions/disregards.

- (4) In order to determine the MA eligibility of a family member, the family member cannot refuse to receive the family allowance, even if the family member would be rendered ineligible for Medical Assistance. However, an otherwise eligible family member who is related to a federally-participating (FP) category, and who is a

legally responsible relative of the institutionalized spouse, may achieve MA eligibility by contributing any excess income to the cost of care of the institutionalized spouse.

e. Income eligibility determination of an institutionalized spouse

- (1) For the first month (including a partial month) of a continuous period of institutionalization when permanent absence is established, the net monthly income of an institutionalized spouse and any income actually contributed by the community spouse is compared to the MA income level or PA Standard of Need for one, whichever is higher. The net monthly income of the institutionalized spouse must be determined by applying SSI-related income exemptions/disregards.

If the otherwise available income of the community spouse is less than the MMMNA, a community spouse monthly income allowance must be deducted from the net monthly income of the institutionalized spouse, as long as it is actually made available to the community spouse. Any family member allowance(s) must then be deducted from the remaining net monthly income of the institutionalized spouse, whether it is actually made available to the family member or not.

In a situation where the family member allowance is not being made available, the resources of the institutionalized spouse may need to be closely monitored, since the allowance is not being received by the family member and may be accruing to the resources of the institutionalized spouse.

- (2) The new definition of an institutionalized spouse, as set forth in this Directive, requires changes to the definitions of permanent absence, temporary absence, and chronic care budgeting. An institutionalized spouse, by definition, is in permanent absence status as of the month of institutionalization or receipt of home and community-based waived services. Therefore, for institutionalized spouses, chronic care budgeting begins as of 12:01 A.M. the first day of the month following the establishment of permanent absence status.
- (3) In order to determine the amount of income to be applied toward the cost of care of an institutionalized spouse, deductions from the available income of the institutionalized spouse must be made in the following order:
 - (a) a personal needs allowance;

- (b) a community spouse monthly income allowance (if actually made available to the community spouse);
 - (c) a family allowance for each dependent family member (whether made available or not);
 - (d) any expenses incurred for medical care, services or supplies, and remedial care for the institutionalized spouse (including health insurance premiums) not subject to payment by MA or a third party.
- (4) In the event that the community spouse's otherwise available monthly income exceeds the MMMNA plus any family member allowance(s), twenty-five percent (25%) of the amount of the remaining income will be requested as a contribution to the cost of care of the institutionalized spouse.
- (5) An institutionalized spouse will not be denied MA because the community spouse refuses or fails to make his/her income available to meet the cost of necessary care or assistance. However, the social services district may seek to recover the cost of any MA provided for the institutionalized spouse from the community spouse in accordance with the provisions of SSL Sections 101 and 366(3)(a).

C. NOTICES

1. Revision of Mandated Notices

Administrative Directive, 85 ADM-37 (Budgetary Procedures for Persons Requiring Care in a Medical Facility) is cancelled effective with this Administrative Directive.

Therefore, the mandated notices contained in 85 ADM-37 have been revised. The following revised mandated notices are contained in this Administrative Directive:

Information Notice (title revised to "Information Notice to Couples with an Institutionalized Spouse") (Attachment A)

Notice to Spouse (New Case) (Attachment B)

Notice to Spouse (Undercare) (Attachment C)

Notice to Medicaid Provider (Attachment D)

2. Revised Instructions for Mandated Forms/Notices

a. Revised instructions for mandated notices

The mandated notices contained in 89 ADM-21 will be revised in the future. Until the notices are revised, for cases involving an institutionalized spouse, local social services districts are required to follow revised instructions for completing the following mandated notices:

DSS-4021 Notice of Intent to Change the Contribution
Toward Chronic Care Costs

DSS-4022 Notice of Intent to Establish a Liability
Toward Chronic Care

- (1) Revised Instructions for Completing the DSS-4022:
Notice of Intent to Establish a Liability Toward
Chronic Care

The amount entered in "Deductions" must include all appropriate exemptions/disregards from gross monthly income and the Personal Incidental Allowance (or the appropriate income standard for the first month of institutionalization).

The heading "Contribution to the Community" must be substituted for "Income Standard/Personal Incidental Allowance." The amount entered in "Contribution to the Community" must equal the community spouse monthly income allowance and any family allowance(s).

The phrase "and 360-4.10" must be added after "The law(s) and/or regulation(s) which allows us to do this is Section 366 of the Social Services Law and 18 NYCRR 360-4.9 and 360-4.3(f)."

A sample DSS-4022 is included in this Directive (Attachment I).

- (2) Revised Instructions for Completing the DSS-4021:
Notice of Intent to Change the Contribution Toward
Chronic Care Costs

The phrase "and dependent/spousal" must be added after "personal needs" in the line "The Total monthly deductions (including the appropriate income standard/personal needs allowance) equal \$_____." in both the INCREASE and REDUCE sections.

The amount entered in that line must equal the income exemptions/disregards and the personal needs allowance, and the community spouse monthly income allowance, and any family allowance.

The phrase "and 360-4.10" must be added after "The law(s) and/or regulation(s) which allows us to do this is Section 366 of the Social Services Law and 18 NYCRR 360-4.9 and 360-4.3(f)."

A sample DSS-4021 is included in this Directive (Attachment H).

b. Revised instructions concerning the DSS-939: Medical Assistance Questionnaire - Responsible Relative

Until the next revision of the DSS-939, local social services districts are required to modify the DSS-939 as follows:

- (1) On page 2, Section II, replace "Union Dues" with "NYS Disability," and delete "Tools or Materials" and "Uniforms."
- (2) On page 2, Section II, 1., add "incapacitated adult/" before "child caring."
- (3) On page 2, Section II, cross out 2, 3, and 4.
- (4) On page 3, Section IV, add "Pension funds (e.g., IRA, Keough)" in the blank line following "Other, specify."

A sample DSS-939 is included in this Directive (Attachment G).

3. New Mandated Notices/Forms

a. "Institutionalized Spouse Budget Worksheet" (Attachment J)

The "Institutionalized Spouse Budget Worksheet" must be completed and a copy sent to each spouse when an assessment is requested or a determination of MA eligibility is made.

b. "Notice of Assessment" (Attachment E)

Upon receipt of a request for assessment and all relevant documentation, the social services district must notify each spouse of the community spouse monthly income allowance, the amount of the family allowance (if any), the total value of the couple's countable

resources, the community spouse resource allowance, and the methods of computing such allowances.

Such notice shall advise each spouse of the right to a fair hearing after a determination of eligibility for MA for the institutionalized spouse.

c. "Legally Responsible Relative Income Contribution Worksheet" (Attachment K)

This worksheet must be used to calculate the requested income contribution from a spouse living apart from an SSI-related A/R. (This worksheet should not be used if either spouse is an institutionalized spouse, as defined in this Directive.)

D. FAIR HEARING RIGHTS

After a determination of eligibility for Medical Assistance for the institutionalized spouse has been made, if either spouse is dissatisfied with the determination of the community spouse monthly income allowance, the family allowance, the amount of monthly income otherwise available to the community spouse, the attribution of resources or the determination of the community spouse resource allowance, s/he may request a fair hearing. The fair hearing shall be held within thirty days of the request, unless delayed by, or adjourned at the request of the appellant.

1. Either Spouse May Request a Fair Hearing for the Revision of the Community Spouse Resource Allowance.

When either spouse establishes that the income generated from the community spouse resource allowance established by the local social services district is inadequate to raise the community spouse's income to the MMMNA, the Department must establish, pursuant to a fair hearing, a resource allowance adequate to provide such MMMNA from those resources considered to be available to the institutionalized spouse. Consequently, a community spouse resource allowance in excess of the maximum resource allowance level of \$60,000 can be established pursuant to a fair hearing. In the event that the institutionalized spouse does not make available the community spouse monthly income allowance, an additional resource allowance can not be established to generate such income to the MMMNA.

2. Either Spouse May Request a Revision of the Community Spouse Monthly Income Allowance.

If either spouse establishes that the community spouse needs income above the MMMNA, based upon exceptional circumstances which result in significant financial distress, the Department, pursuant to a fair hearing, must substitute an amount adequate to provide additional necessary income from

the income available to the institutionalized spouse. Significant financial distress means exceptional expenses which the community spouse cannot be expected to meet from the monthly maintenance needs allowance or from amounts held in resources. Such expenses may be of a recurring nature or may represent major one-time costs, and may include, but are not limited to: recurring or extraordinary non-covered medical expenses (of the community spouse or family members, as defined in this Directive); amounts to preserve, maintain or make major repairs on the homestead; and amounts necessary to preserve an income-producing asset. Consequently, an amount greater than the maximum MMMNA can be established pursuant to a fair hearing. If an additional allowance based on the existence of exceptional circumstances is granted, the case shall be monitored to assure that the exceptional circumstances continue to exist. If the exceptional circumstances cease to exist, necessary adjustments in the MMMNA shall be made.

E. WHEN SPOUSAL RULES CEASE TO APPLY

These rules cease to apply the first full calendar month following changes in the couple's circumstances which include, but are not limited to:

1. the institutionalized spouse is discharged from a medical institution/nursing facility, or is not receiving home and community-based waived services. A break in the continuous period is presumed unless medical documentation indicates that the discharge from such care will not exceed thirty (30) days;
2. the community spouse enters and is expected to remain in a medical institution/nursing facility for at least 30 consecutive days;
3. the community spouse is in receipt of home and community-based waived services, or a combination of institutional and waived services, for at least 30 consecutive days; or
4. the couple is no longer legally married as a result of death or divorce.

F. ELIGIBILITY DETERMINATION FOR AN INSTITUTIONALIZED PERSON WITHOUT A COMMUNITY SPOUSE

1. The new Section 366-c of Social Services Law, as enacted by Chapter 558 of the Laws of 1989, and Section 303(a) of the MCCA relate only to institutionalized persons who have a community spouse. Income and resource eligibility determinations for single institutionalized persons are therefore not affected by this legislation.

However, in accordance with the regulatory changes to Section 360-4.9(c) of 18 NYCRR, in determining the

maintenance needs of the dependent members of a single institutionalized person's former family household (i.e., the amount deducted from the institutionalized person's available income to bring the family up to the MA level or PA Standard of Need, whichever is higher), the resources of the family members will no longer be considered. The income generated by such resources, however, will continue to be utilized to determine the maintenance needs of such dependent members.

NOTE: Dependent members of an institutionalized person's former family household are persons for whom the single institutionalized person is legally responsible.

2. In addition, the definition of chronic care status has been changed in Section 360-1.4(c) of 18 NYCRR to indicate that chronic care budgeting begins on the first day of the calendar month following the month in which the A/R is determined to be in permanent absence status.

Therefore, chronic care budgeting of single institutionalized persons will begin the first day of the calendar month following the month in which the single institutionalized person is presumed to be in permanent absence status. Permanent absence status is presumed to exist if a single institutionalized person:

- enters a skilled nursing or intermediate care facility;
- is initially admitted to acute care and is then transferred to an alternate level of care, pending placement in a residential health care facility; or
- remains in an acute care hospital for more than six months.

The presumption of permanent absence status may be overcome by adequate medical evidence.

G. Requested Contribution From Legally Responsible Relatives Living Apart From Dependent Relatives

1. The amount of income that a legally responsible relative (LRR) living apart from a dependent relative will be requested to contribute to such dependent relative will be determined on the basis of the sufficient financial ability of the legally responsible relative to contribute such support. The Table of Support will no longer be utilized to determine the amount of income which should be contributed from a legally responsible relative.

The requested contribution for MA-Only cases which involve a legally responsible relative living apart from a dependent relative*, shall be determined as follows:

NOTE*: For purposes of determining a requested contribution, couples living together when one of the spouses is receiving home and community-based waived services will be considered to be living apart.

- a. MA-Only cases which include a child under the age of 21 whose parent is absent from the home must continue to be referred to the Child Support Enforcement Unit (IV-D) for the establishment of paternity and/or the contribution toward the cost of medical care.
- b. The contribution of the parent(s) of a foster child who is not certified blind or disabled is determined by using the formula set forth in 18 NYCRR 425.5(c)(2) regarding foster care maintenance.
- c. The contribution from the LRR for the cost of medical care of an MA-Only HR-related A/R shall continue to be determined in accordance with local social services district Income Maintenance procedures.
- d. In MA-Only cases involving a spouse living apart from an SSI-related A/R, the LRR will be requested to contribute twenty-five percent (25%) of their otherwise available income which exceeds the MMMNA plus the family member allowance(s). See Attachment O for an example of a completed "Legally Responsible Relative Income Contribution Worksheet."

NOTE: The income and resources of parents of a child under the age of 21, who is certified as blind or disabled and expected to be living separately from the parental household for 30 days or more, will not be evaluated for any requested contribution for the medical support of the child.

2. LRRs who are not community spouses will continue to be allowed the resource disregards and exemptions cited in 18 NYCRR 360-4.3(f)(2) in determining the amount of resources in excess of the appropriate MA resource level to be requested as a contribution to the cost of medical care.
3. As stated in Section IV.B.1.c., the resources of a community spouse which exceed the maximum community spouse resource allowance are considered to be available to the institutionalized spouse, unless additional resources are obtained by the community spouse following the month after eligibility is established. No resources of the community

spouse are considered to be available after the month eligibility is established.

4. An A/R will not be denied MA because the LRR refuses to make his/her income available to the A/R. In addition, an A/R who is not an institutionalized spouse (e.g., a child receiving acute care in a hospital, who is not certified as blind or disabled) will not be denied MA because the LRR refuses or fails to make his/her resources available for the cost of care of the A/R. The criteria utilized for determining when MA will not be denied for the institutionalized spouse because the community spouse refuses to make available his/her resources in excess of that spouse's determined share of the resources is discussed under B.1.c and B.1.d of this Section.
5. SSL Section 366(3)(a) provides that if assistance is furnished to an individual whose LRR refuses to make his/her income and/or resources available, an implied contract is created with the LRR. Recovery from such LRR for the cost of care may be pursued through the district's legal unit to the court of appropriate jurisdiction.

EXCEPTION: In accordance with SSL Section 366(2)(c), the income and resources of responsible relatives (living with or living apart from an A/R) will be deemed the income and resources of the recipient under the Catastrophic Illness Program.

H. IRRs Living Together With an A/R Who Refuse to Provide Necessary Care and Services

For purposes of clarification, in MA-Only cases where an LRR asserts that income and/or resources are unavailable to an A/R, the eligibility determination depends upon whether the LRR provides financial information, but refuses to make finances available, or whether the LRR refuses to provide the requested financial information.

1. Provides Information

If an LRR provides financial information, but refuses to make his/her income and/or resources available for the medical care of the A/R, eligibility of the A/R is determinable. In such cases, eligibility shall be determined by considering a dollar amount for any non-medical needs, such as food, clothing or shelter, that may actually be provided by the LRR.

2. Refuses to Provide Financial Information

In circumstances where an LRR living with an A/R refuses to provide information regarding their income and/or resources, eligibility is generally indeterminable. However, if the

A/R provides complete information concerning all his/her income and resources, eligibility shall be determined based upon the information available, including his/her share of jointly owned resources.

If assistance is provided to an individual in instances where an IRR refuses to provide for the necessary medical care, in accordance with SSL Section 366(3)(a), an implied contract is created with the IRR and recovery for the cost of care may be pursued through the appropriate legal channels. Eligibility workers should refer all such cases to local district legal staff.

Local districts should make every effort to pursue and utilize all third party resources available to an A/R, including those from legally responsible relatives.

Appropriate documentation should be included in the case record to verify all factors of the refusal to support. A written statement must be obtained from the A/R indicating refusal to support or refusal to provide financial information on the part of the IRR. An attempt should be made to obtain written verification of the refusal from the IRR. If the IRR fails or refuses to submit a written statement, a verbal statement should be obtained from the refusing relative.

When determining the household size and appropriate exemption level for an A/R in cases where an IRR living with the A/R refuses to support or provide information, the non-contributing IRR is not included as a member of the A/R's household. If an IRR contributes income only for non-medical needs such as food, clothing or shelter which is included in the A/R's budget, the IRR will not be counted in the household size.

V. REQUIRED ACTION

Whenever a conflict arises, this Administrative Directive supercedes the Medical Assistance Reference Guide, previously issued Administrative Directives, training materials, or draft material previously distributed.

Based on the above program implications, local social services districts will be required to apply the procedures outlined in this Section effective October 1, 1989.

A. NEW CASES

1. Assessments

a. "Information Notice to Couples With an Institutionalized Spouse"

In order to avoid unnecessary depletion of the community spouse resource allowance and/or the allowable MA resources of the institutionalized spouse,

it is important to disseminate the new policies/procedures concerning treatment of income and resources in determining the institutionalized spouse's MA eligibility.

- (1) In order to accomplish this objective, the Department will distribute the "Information Notice to Couples with an Institutionalized Spouse" (Attachment A) and the "Effect of Transfers of Resources on Medical Assistance Eligibility"* to all medical institutions, nursing facilities and Long Term Home Health Care Program providers. The letter to such providers (Attachment D) requests assistance in distributing these notices to the institutionalized spouse, community spouse and/or a representative acting on their behalf. Distribution of these notices by providers will satisfy federal requirements that such providers notify their appropriate clients. The "Information Notice to Couples with an Institutionalized Spouse" encourages either spouse or his/her representative to contact the local department of social services to request an assessment of the couple's total countable resources, a determination of the community spouse resource allowance, community spouse monthly income allowance, and/or family allowance(s) and the methods of computing such allowances.

NOTE*: This notice is contained in the recently issued Administrative Directive, "Transfer of Resource Provisions under the Medical Assistance Program."

- (2) Local social services districts are required to make the notices referenced in item 1 available to all persons requesting such information, and are required to include these notices with all MA applications involving an institutionalized spouse.

The "Information Notice to Couples with an Institutionalized Spouse" is mandated and must be reproduced by the local social services district without modification until such time as it becomes available from this Department.

b. Request for Assessment

- (1) Upon receipt of a request for assessment, together with all relevant documentation/verification, the local social services district shall assess and document within 30 days, those assessment items requested.

(2) When necessary documentation (or verification if deemed appropriate in lieu of documentation) is not provided in a timely manner, the local social services district shall advise the requesting parties that the assessment cannot be completed. Although the requesting parties are responsible for providing all necessary documentation, there may be instances when such documentation may be more expeditiously obtained by the local district. Since the documentation may ultimately need to be obtained by the local district, it may be in the best interests of all parties for the local social services district to assist in the pursuit of the documentation necessary to complete an assessment request.

(3) The local social services district may charge up to \$25 for the cost of preparing and copying the assessment and documentation in connection with the completion of an assessment when it is not requested with an MA application.

This fee is a refund of Administrative expenditures and shall be reported on the detail DSS-923 (Cost Allocation - Schedule of Payments - Administrative Expenses Other Than Salaries) under the F-4 function, Medical Assistance - Eligibility/Payments/Authorizations, in Column 4 as an object of Expense Code 29 - All Other Indirect Expenditures.

(4) The local district must provide each spouse with a copy of the "Institutionalized Spouse Budget Worksheet" (Attachment J) and retain a file copy. The "Institutionalized Spouse Budget Worksheet" details the documentation used, and the calculations for each assessed item.

(5) The local social services district must also provide each spouse with a "Notice of Assessment" (Attachment E), which contains notice of a right to a fair hearing upon a determination of an MA application, and notification that the assessment may be subject to revision in the event that the countable resources of the couple are different at the time of the MA application. In addition, the local social services district must provide each spouse with the "Effect of Transfers of Resources on Medical Assistance Eligibility."

The "Notice of Assessment" is a mandated notice and must be reproduced by local social services districts without modification until such time as it becomes available from this Department.

See Attachment L for an example of a completed Institutionalized Spouse Budget Worksheet.

c. MA Application

- (1) Upon receipt of an application for Medical Assistance, the local social services district shall make an assessment of the total value of the combined countable resources owned by the couple as of the initial month covered by the MA application. The community spouse is allowed to retain up to the \$60,000 of the combined countable resources owned by the couple at that time, unless a higher amount was established by court order.
- (2) Compare any remaining countable resources to the MA resource level for one person.
 - (a) If the remaining resources are equal to or below the the MA resource level for one person, the institutionalized spouse is resource eligible.
 - (b) When the remaining countable resources exceed the MA resource level for one person, the resources are considered available to the institutionalized spouse.
- (3) Section IV.B.2 and A.3 of this Section shall be used to determine the income eligibility of the institutionalized spouse.
- (4) The local district must provide each spouse with a copy of the "Institutionalized Spouse Budget Worksheet", the DSS-4022: Notice of Intent to Establish a Liability Toward Chronic Care, "Notice to Spouse (New Case)" if a contribution from income is requested, "Information Notice to Couples with an Institutionalized Spouse" if not previously provided, and a copy of the MBL budget.

2. Treatment of Resources for Purposes of Determining the Institutionalized Spouse's Eligibility for MA

- a. In determining the resources of an institutionalized spouse at the time of an MA application, all the countable resources of the couple at that time which exceed the maximum community spouse resource allowance

shall be considered available to the institutionalized spouse.

Local social services districts must apply the policies/procedures outlined in the recently issued Administrative Directive entitled "Transfer of Resource Provisions Under the Medical Assistance Program" to determine whether resources have been transferred.

The resources considered to be available to the institutionalized spouse shall be compared to the MA resource level for one person. If the resources are greater than the MA resource level for one, the excess resources shall be considered available to the institutionalized spouse, unless the resources are solely in the name of the community spouse and the community spouse refuses to make such excess resources available and:

- (1) the institutionalized spouse executes an assignment of support from the community spouse in favor of the social services district and the Department; or
- (2) the local district documents that the institutionalized spouse is unable to execute such assignments due to physical or mental impairment.

The institutionalized spouse shall not be determined ineligible for MA by reason of excess resources in the above listed situations.

- b. If the community spouse refuses to provide income and/or resource information, or refuses to make their resources which exceed the maximum community spouse resource allowance available to the institutionalized spouse, the community spouse shall not be entitled to a community spouse monthly income allowance.

However, if sufficient documentation of a family member's income, and status as a dependent family member is provided, such family member shall be entitled to the appropriate family allowance. Documentation of dependent status shall be obtained from either spouse. If a written statement is not made available by either spouse, a written statement from the family member may be utilized.

- c. In accordance with Section IV.B.1.e, local districts shall document the institutionalized spouse's intent to transfer resources attributed to the community spouse which are solely in the name of the institutionalized spouse or both spouses' names within 90 days of the eligibility determination or a longer period as

documented by the local district to transfer resources in individual cases. If the institutionalized spouse refuses to indicate intent to transfer, or does not transfer such resources within the required period, such resources shall not be excluded in determining the continued eligibility of the institutionalized spouse. However, additional time must be allowed when required because courts are involved in assigning a couple's property through support actions. Therefore, the local district must document the reason for the delay of such transfers and/or that the resources in fact have been transferred.

3. Treatment of Income for Purposes of Determining the Institutionalized Spouse's Eligibility for MA

The local social services district shall determine the income eligibility of the institutionalized spouse in accordance with the provisions set forth in Section IV.B.2 of this Directive.

At the time of MA application, the local district shall document/verify all current income information regardless of whether an assessment was completed in the past.

See Attachments L, M, and N for examples of the treatment of income in determining the institutionalized spouse's eligibility for MA.

B. UNDERCARE CASES INVOLVING AN INSTITUTIONALIZED SPOUSE AND COMMUNITY SPOUSE

New York State Department of Social Services will issue to local districts reports of chronic care cases active as of October 1, 1989 which may involve a community spouse (MBL budget types 08, 09, and 10). Local districts will be required to review such cases to determine if rebudgeting of the case is required to determine the amount of income available to the institutionalized spouses's cost of care as of October 1, 1989.

Upon identification of such cases, the local district shall send the "Notice of New Rules for Treatment of Income and Resources for a Couple With an Institutionalized Spouse Receiving Medicaid" (Attachment F) to the community spouse and institutionalized spouse or their representative. This notice advises currently eligible MA recipients and their spouses of the new rules of treatment of income and resources of couples for purposes of determining the institutionalized spouse's eligibility. The notice also advises such couples to contact the local social services district to request a redetermination of eligibility. With the exception of affixing the county letterhead, the local districts shall not modify this notice. Local districts shall complete the redetermination as soon as possible. A completed

"Institutionalized Spouse Budget Worksheet" detailing current resources and income information, a copy of the MBL budget, "Notice to Spouse (Undercare)" and the DSS-4021 " Notice of Intent to Change the Contribution Toward Chronic Care Costs" shall be sent to the appropriate parties. The local district must also send the provider a copy of any client notice reflecting an adjustment in the NAMI, in order to allow providers to bill MMIS appropriately.

If the community spouse refuses to provide current resource and/or income information, such spouse shall not be entitled to a community spouse monthly income allowance. In such a situation, if a family member provides sufficient documentation of income, and his/her status as a dependent family member, such family member shall be entitled to the appropriate family allowance.

The district may request that the community spouse make his/her countable resources in excess of the maximum community resource allowance available to the institutionalized spouse. However, if the community spouse refuses to make these resources available, the eligibility of the A/R will not be affected, nor will refusal jeopardize entitlement to a community spouse monthly income allowance or any family allowance. The local social service district shall evaluate the cost effectiveness of pursuit of support actions against the community spouse.

If redeterminations are not requested, such cases shall be recomputed at the next contact, but no later than recertification.

In addition, any MA-Only cases known or made known to local districts with an institutionalized spouse, including those in receipt of home and community-based waived services under the Long Term Home Health Care Program or in a medical institution for a continuous period, shall be processed in the same manner as outlined above for current chronic care cases.

All budget changes shall be effective October 1, 1989.

C. ELIGIBILITY DETERMINATIONS FOR THE INSTITUTIONALIZED PERSON WITHOUT A COMMUNITY SPOUSE

Effective October 1, 1989, the local district shall no longer consider the resources of dependent members of a single institutionalized person's former family household in determining the maintenance needs of such dependent members, except for the amount of income generated by such resources. Effective October 1, 1989, currently active MA cases involving a single institutionalized person with dependent member(s) of the A/R's former family household shall be reviewed at the next contact to determine if a recomputation of the budget is now needed to bring the family member(s) up to the MA level or PA Standard of Need,

whichever is higher, because the resources of such dependent family members are no longer considered. Such budget changes shall be effective October 1, 1989.

Effective October 1, 1989, the local social services district shall begin chronic care budgeting of single institutionalized persons the first day of the calendar month following the month in which the A/R is determined to be in permanent absence status.

D. REQUESTED CONTRIBUTION FROM A LEGALLY RESPONSIBLE RELATIVE LIVING APART FROM AN A/R

Local social services districts shall determine the amount of the requested contributions from legally responsible relatives living apart from an A/R in accordance with the policies set forth in Section IV.G. of this Directive, effective October 1, 1989.

NOTE: For purposes of determining the requested contribution from a community spouse to the institutionalized spouse's cost of care when that institutionalized spouse is receiving home and community-based waived services, the couple is considered to be living apart.

Effective October 1, 1989, local districts shall review all MA-Only cases which involve a spouse living apart from an SSI-related A/R (when neither is an institutionalized spouse) to redetermine the requested income contribution.

The district shall request that the spouse living apart from the A/R complete the DSS-939 "Medical Assistance Questionnaire - Responsible Relative" (Attachment G). Upon receipt of the completed form and other necessary documentation/verification, the district shall recalculate the requested contribution as outlined in Section IV.G. of this Directive, utilizing the "Legally Responsible Relative Income Contribution Worksheet" (Attachment K). If the contribution is actually being made, the MA cases shall be rebudgeted and the appropriate notices sent. Such budget changes shall be effective October 1, 1989. See Attachment O for an example of an affected MA-Only case involving a recalculation of the requested contribution from a legally responsible relative.

An A/R will not be denied MA because the IRR refuses or fails to make his/her income available to the A/R. When an IRR refuses to contribute such income and Medical Assistance is provided to an individual, in accordance with Section 366(3)(a) of SSL, an implied contract is created with the IRR and recovery for the cost of care may be pursued through the appropriate legal channels. Eligibility workers shall refer all such cases to local district legal staff.

With the exception of determining the resources of a community spouse which are considered available to the institutionalized spouse as outlined in Section IV.B.1.c and d of this Directive,

there is no change in the policy and procedures relative to the requested contribution from an IRR's resources.

E. MANDATED REPORTING REQUIREMENTS FOR CASES INVOLVING AN INSTITUTIONALIZED SPOUSE

State legislation enacting the provisions of the MCCA require a report to the Governor by March 31, 1990, assessing the impact of the institutionalized spouse provisions on the New York State Medical Assistance Program. Certain necessary information will not be available through the Welfare Management System. Therefore, local social services districts will be required to collect and maintain certain information as outlined below until such time as the Department is able to inform the local social services districts that collecting and maintaining such information will no longer be necessary.

Local social services districts are required to maintain a list of institutionalized spouse cases in which an amount greater than the MMNA and/or a resource allowance amount greater than \$60,000 (as adjusted annually for changes in the Consumer Price Index) has been established pursuant to court order or fair hearing. Attachment P shall be utilized to maintain and submit the requested information.

The list shall also contain cases involving an institutionalized spouse whose eligibility has been redetermined in accordance with the provisions of this Directive. In addition to the information requested above relative to court orders, such list shall contain the institutionalized spouse's Net Available Monthly Income (NAMI) prior to and after the October 1, 1989 redetermination and the case number of the community spouse and/or any family member of the institutionalized spouse who was subsequently determined ineligible because of the new treatment of income and resource provisions.

The completed forms (Attachment P) must be submitted and postmarked no later than January 2, 1990, to:

Ralph Pogoda, Assistant Commissioner
New York State Department of Social Services
Division of Medical Assistance
40 North Pearl Street
Albany, New York 12243

VI. SYSTEMS IMPLICATIONS

A. MBL UPSTATE

As of October 10, 1989 MBL has supported many of the procedures described in this Administrative Directive, effective October 1, 1989.

As of October 10, 1989, an edit has prevented the Effective "To" Date of a Budget Type (BT) 08-10 to go beyond September 30, 1989, unless the Effective "From" Date is equal to or greater than October 1, 1989.

It is important to note that although MBL support is available for much of the new rules for treatment of income and resources effective October 1, 1989, it will be necessary for workers to complete the Institutionalized Spouse Budget Worksheet for BT 08-10.

1. As of October 10, 1989, MBL Has:

- a. Use \$1,500 as the MMNA. Contributions to and from the community will be determined based on that figure unless an amount has been entered with Additional Allowance Code 19. If Code 19 has been used, MBL will increase the MMNA by that amount.
- b. Otherwise Available Income will be calculated by MBL, but the actual result will not be displayed on the MBL output screens. This internal figure will be used to determine the contributions to or from the community.
- c. Calculate the contribution from the community based on twenty-five percent (25%) of the difference between the community spouse's otherwise available income and the MMNA. The result will be displayed in the field labeled "Table of Support."

2. New Chronic Care Dates

- a. Due to the change in the definition of chronic care budgeting, the month of institutionalization is shown on the Chronic Care screen as the first full month (community budgeting), and chronic care budgeting will begin on the first day of the month following institutionalization. This change has been made for BT 07-10.
- b. To ensure that the appropriate dates will be moved into the correct fields, an edit has been placed on the system that will require the Budget Screen Indicator field (BS field on the Budget Record input screen) to equal "1" in all instances. This will prevent the MA and SSI budget screens from being displayed for the month of institutionalization.

3. Off-line Procedures

a. Family allowance

This allowance will have to be calculated for each family member using the Institutionalized Spouse Budget Worksheet. The Total Family Allowance(s) (as determined on the worksheet) must be entered as Additional Allowance Code 19. The MMMNA will then be increased by this higher amount, and this amount will be used to determine the contribution to or from the community.

b. Court order/fair hearing

If the MMMNA has been increased as a result of a court order or fair hearing, the difference between \$1,500 (MMMNA) and the higher amount should be entered as Additional Allowance Code 19. MBL will then automatically raise the MMMNA to the appropriate amount to compare against otherwise available income of the community spouse to determine the contribution.

c. Cash assistance

Cash assistance is considered available income in determining the otherwise available income of the community spouse. In order to compute the community spouse's eligibility for MA, the budget must be done off-line.

d. Dependent members of a single institutionalized person's former family household

Dependent members must be brought up to the MA or PA level, whichever is higher. As of October 10, 1989, MBL has brought community members up to the MMMNA instead of the MA/PA level. Therefore, calculation of the maintenance amount for the dependent members of a single institutionalized person's former family household must be done off-line.

e. Resources

Categorical Indicator 9, which has been used to indicate the resources of an SSI-related spouse who was not eligible or applying, will not be a valid entry on a budget with an effective date greater than October 1, 1989.

No other modifications have been made to MBL in the area of resources. The assessment of the combined countable resources of the couple must be done utilizing the Institutionalized Spouse Budget Worksheet. After the maximum community spouse resource

allowance has been determined, any resources attributed to the institutionalized spouse should be entered on MBL with the appropriate categorical code and Chronic Care Indicator. As usual, MBL will compare the total amount against the MA Resource Level. Resources attributed to the community spouse may also be entered on MBL and will be subject to the usual resource limit test.

B. MBL NEW YORK CITY

Systems implications for New York City MA-Only cases will be forthcoming in a MBL Transmittal.

VII. EFFECTIVE DATE

The provisions of this Administrative Directive are effective October 1, 1989.



Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance

INFORMATION NOTICE TO COUPLES WITH AN INSTITUTIONALIZED SPOUSE

Medicaid is an assistance program that may help pay for the costs of your or your spouse's institutional care or home and community-based waived services. The institutionalized spouse is considered medically needy if his/her resources are at or below a certain level and the monthly income after deductions is less than the cost of care in the facility.

The federal Medicare Catastrophic Coverage Act of 1988 and implementing State legislation require that income and resource eligibility rules for institutionalized spouses which are effective October 1, 1989, be utilized to determine that spouse's eligibility for Medicaid. These rules protect some of the income and resources of the couple for the community spouse.

If you or your spouse is :

- (1) in a medical institution or nursing facility and expected to remain in such institution/facility for at least 30 consecutive days; or
- (2) in receipt of home and community-based waived services and expected to receive such services for at least 30 consecutive days; or
- (3) in a medical institution/nursing facility or in receipt of home and community-based waived services, and expected to receive a combination of institutional services and home and community-based waived services for at least 30 consecutive days;

AND

- (4) married to a person who is not described in items 1-3, these income and resource eligibility rules for institutionalized spouses may apply to you or your spouse.

If you wish to discuss these eligibility provisions which are effective October 1, 1989, please contact your local department of social services.

Even if you have no intention of pursuing a Medicaid application at this time, you are urged to contact your local department of social services to request an assessment of the total value of your combined countable resources. You may call your local department of social services or send in the completed section of this notice to request such an assessment. New York City residents should call (718) 291-1900 (HRA Info Line). Under the October 1, 1989 Medicaid resource eligibility requirements, the community spouse is allowed to keep up to \$60,000 of your and your spouse's countable resources, unless a higher amount is established by a court order or fair hearing. This maximum community spouse resource allowance of \$60,000 will also be increased annually for changes in the Consumer Price Index.

In order to determine the community spouse resource allowance, the combined countable resources of you and your spouse at the time of MA application will be utilized for Medicaid eligibility purposes. In determining the total value of the countable resources, we will not count the value of your home, household goods, personal property, the car and certain funds established for burial expenses. It is, therefore, to the advantage of community spouses to request such an assessment to make sure that allowable resources are not depleted by your or your spouse's cost of care.

Either spouse or a representative acting on their behalf may request at the beginning or any time after the beginning of the continuous period of institutionalization, an assessment of the couple's countable resources. Upon receipt of such request and all relevant documentation, the local district will assess and document the total value of the couple's countable resources and provide each spouse with a copy of the assessment and the documentation upon which it is based. If the request is not filed with a Medical Assistance application, the local social services department may charge up to \$25.00 for the cost of preparing and copying the assessment and documentation.

You may also request an assessment/determination of:

*(1) the community spouse monthly income allowance (an amount of up to \$1,500 a month for 1989, if the community spouse has no income of his/her own, or a greater amount as established by court order or fair hearing); and

(2) a family allowance for each minor child, dependent child, dependent parent or dependent sibling of either spouse living with the community spouse (an amount of up to \$271 a month for 1989, if the family member has no income of his/her own).

If you wish to request an assessment of the total value of your and your spouse's countable resources, a determination of the community spouse resource allowance, community spouse monthly income allowance, or family allowance(s) and the method of computing such allowances, contact your local social services department. Residents of New York City should call (718) 291-1900 (HRA Info Line).

For purposes of determining the Medicaid eligibility of the institutionalized spouse, effective October 1, 1989, a community spouse must cooperate in providing necessary information about his/her resources. Refusal to provide such information shall be reason for denying Medical Assistance for the institutionalized spouse because Medical Assistance eligibility cannot be determined. If denial of Medical Assistance would result in undue hardship for the institutionalized spouse and an assignment of support is executed or the institutionalized spouse is unable to execute such assignment due to physical or mental impairment, Medical Assistance shall be authorized. However, if the community spouse refuses to make such resource information available then the Department may, at its option, refer the matter to court.

*The community spouse may be able to obtain additional amounts of the institutionalized spouse's income than would otherwise be allowed under the Medical Assistance Program by commencing a family court proceeding against the institutionalized spouse. Such court orders are only effective back to the filing date of the petition. Social Services Law 366.2(a)(7) requires that the amount of such support orders be deducted from the institutionalized spouse's income for eligibility purposes. Your own attorney or local Office for the Aging can give you more information in this regard.

Undue hardship is a situation where:

(1) a community spouse fails or refuses to cooperate in providing necessary information about his/her resources;

(2) the institutionalized spouse is otherwise eligible for Medical Assistance;

(3) the institutionalized spouse is unable to obtain appropriate medical care without the provision of Medical Assistance; and

(a) the community spouse's whereabouts are unknown; or

(b) the community spouse is incapable of providing the required information due to illness or mental incapacity; or

(c) the community spouse has lived apart from the institutionalized spouse immediately prior to institutionalization.

An institutionalized spouse will not be determined ineligible for Medical Assistance because the community spouse refuses to make his or her resources in excess of the maximum community spouse resource allowance available to the institutionalized spouse if:

(1) the institutionalized spouse executes an assignment of support from the community spouse in favor of the social services district; or

(2) the institutionalized spouse is unable to execute such assignment due to physical or mental impairment.

The amount of money that we will request as a contribution from the community spouse will be based on his or her income and the number of persons in the community depending on that income. We will request a contribution from a community spouse of 25% of the amount his/her otherwise available income exceeds the minimum monthly maintenance needs allowance plus any family allowance(s). If the community spouse feels that he/she cannot contribute the amount requested, he/she has the right to schedule a conference with the local department of social services to try to reach an agreement about the amount he/she is able to pay.

Pursuant to 366(3)(a) of the Social Services Law, Medicaid MUST be provided to the institutionalized spouse, if the community spouse fails or refuses to contribute his/her income towards the institutionalized spouse's cost of care.

However, if the community spouse fails or refuses to make his/her income available as requested then the Department may, at its option, refer the matter to court for a review of the spouse's actual ability to pay.

Date _____

Request for Assessment

Institutionalized Spouse's Name _____

Current Address _____

Telephone # _____

Community Spouse's Name _____

Current Address _____

Telephone # _____

I/we request an assessment of the items checked below:

- Couple's countable resources and the community spouse resource allowance.
- Community spouse monthly income allowance.
- Family allowance

Signature of requesting individual

Address and telephone # if different
from above

Check if you are a representative acting on behalf of either spouse.
Please call your local department of social services if we do not contact
you within 10 days of this request.

NOTE: If an assessment is requested without a Medical Assistance
application, the local department of social services may charge up to \$25
for the cost of preparing and copying the assessment and documentation.

NOTICE TO SPOUSE
(NEW CASE)

Name of MA recipient
Address

Case No.:
Date:

Dear _____:

This letter is to advise you that the Medicaid application of your spouse, _____, has been accepted.

Pursuant to 101 of the Social Services Law, you are still, if of sufficient ability, legally responsible to contribute toward the cost of your spouse's medical care. We believe that at your current income level you should contribute \$_____ per month toward the cost of your spouse's medical care effective _____.

Pursuant to 366.3(a) of the Social Services Law, in the event that you are unable to make such contribution from your income, this agency must still provide the full amount of medical assistance required by your spouse. However, this agency may refer this matter to court for a review of your actual ability to contribute. This review may result in a court order directing the amount of your contribution depending upon your financial circumstances and living expenses.

Please detach and return the bottom portion of this letter within ten (10) days, indicating your intentions. If we do not hear from you, we will assume that your payment will be sent to _____ (Medical Facility).

If you have any questions concerning the contents of this notice, you should show it to your attorney. If you do not have an attorney or cannot afford to retain an attorney, you may contact the local county bar association or any of the legal services organizations listed below.

NOTE: LOCAL DISTRICTS MUST INSERT THE NAME(S) OF THE APPROPRIATE LEGAL SERVICES ORGANIZATIONS.

If you do not feel that you are of sufficient ability to pay this amount the local department will schedule a conference with you to try to reach an agreement about what you are able to pay.

Client's name _____ Case number _____

Please check the appropriate boxes below and return to: _____

- () I intend to contribute the amount of income requested each month.
- () I do not intend to contribute any income.
- () I intend to contribute only _____ from my income each month.

Signature

LOCAL DISTRICT LETTERHEAD

NOTICE TO SPOUSE
(UNDERCARE)

Name of MA recipient _____
Address _____

Case No.: _____
Date: _____

Dear (Community Spouse) _____:

This letter concerns the monthly contribution you may have been making towards the cost of your spouse's medical care.

Pursuant to 101 of the Social Services Law, you are still, if of sufficient ability, legally responsible to contribute toward the cost of your spouse's medical care. We believe that at your current income level you should contribute \$_____ per month toward the cost of your spouse's medical care effective _____.

Pursuant to 366.3(a) of the Social Services Law, in the event that you are unable to make such contribution from your income, this agency must still provide the full amount of medical assistance required by your spouse. However, this agency may refer this matter to court for a review of your actual ability to contribute. This review may result in a court order directing the amount of your contribution depending upon your financial circumstances and living expenses.

Please detach and return the bottom portion of this letter within ten (10) days, indicating your intentions. If we do not hear from you, we will assume that your payment will be sent to _____ (Medical Facility).

If you have any questions concerning the contents of this notice, you should show it to your attorney. If you do not have an attorney or cannot afford to retain an attorney, you may contact the local county bar association or any of the legal services organizations listed below.

NOTE: LOCAL DISTRICTS MUST INSERT THE NAME(S) OF THE APPROPRIATE LEGAL SERVICES ORGANIZATIONS.

If you do not feel that you are of sufficient ability to pay this amount the local department will schedule a conference with you to try to reach an agreement about what you are able to pay.

Client's name _____ Case number _____

Please check the appropriate boxes below and return to: _____

- () I intend to contribute the amount of income requested each month.
- () I do not intend to contribute any income.
- () I intend to contribute only _____ from my income each month.

Signature

Dear Medicaid Provider:

The federal Medicare Catastrophic Coverage Act of 1988 and implementing State legislation require that new income and resource eligibility rules for institutionalized spouses be utilized to determine that spouse's eligibility for Medicaid effective October 1, 1989. These rules protect the income and resources of the couple for the community spouse in an attempt to avoid the impoverishment of the community spouse by the institutionalized spouse's cost of care.

For purposes of implementing these new provisions, an institutionalized spouse is a person who is:

1. in a medical institution or nursing facility and is expected to remain in such a facility for at least 30 consecutive days; or
2. in receipt of home and community-based waived services, and expected to receive such services for at least 30 consecutive days; or
3. in a medical institution/nursing facility or in receipt of home and community-based waived services, and expected to receive a combination of institutional services and home and community-based waived services for at least 30 consecutive days;

AND

4. is married to a person who is not described in items 1-3.

A medical institution and nursing facility include a hospital, skilled nursing facility (SNF), health-related facility (HRF), intermediate care facility (ICF), residential treatment facility (RTF), small residential facility (SRU), and room and boarder situations eligible for reimbursement under Title XIX of the Social Security Act.

Enclosed is an "Information Notice to Couples with an Institutionalized Spouse" for institutionalized spouses and their community spouses, or the representative acting on their behalf. Also enclosed is the information notice, "Effect of Transfers of Resources on Medical Assistance Eligibility". We urge you to distribute both these notices at the time you begin to provide services along with any other general information you may provide as of October 1, 1989.

These notices should also be given to such persons when you are aware that an application for Medical Assistance is being made by or on behalf of the institutionalized spouse. Therefore, these notices should be provided along with any Medicaid application forms you may distribute to such people.

Distribution of the "Information Notice to Couples with an Institutionalized Spouse" is requested even if there is no intention to pursue Medical Assistance, because it urges such couples to request an assessment of combined countable resources to avoid impoverishment of the community spouse by ensuring that the couple's resources are not depleted by the institutionalized spouse's cost of care. Copies should also be made available to any institutionalized spouse, community spouse or representative acting on their behalf who request them or inquire about Medicaid coverage or eligibility, along with the informational pamphlet "How New York State Helps With Medical Expenses".

NOTE: Please do not distribute page 4 of this notice to New York City residents. You will be contacted by New York City Human Resources Administration to advise you of the procedures to be followed.

Copies of these notices will be supplied with all future supplies of Medical Assistance applications and the Medicaid pamphlet. Additional copies will be supplied on request by contacting your local department of social services.

Also enclosed is a "Notice of New Rules for Treatment of Income and Resources for a Couple with an Institutionalized Spouse Receiving Medicaid". Please post this notice in your agency. Your assistance in identifying institutionalized spouses currently in receipt of Medicaid whose eligibility has not been redetermined within sixty days of the date of this letter would be appreciated. Please urge such appropriate parties to contact the local department of social services.

NOTICE OF ASSESSMENT

DATE: _____

Dear _____:

At your request, an assessment was made by this Department of the total value of your and your spouse's countable resources based on the documentation you provided. The enclosed assessment is a determination of the resource allowance as of the date of the request for assessment. Any allowances and/or amounts determined to be available for the cost of the institutionalized spouse's care are estimates only based on current income and/or resource information. The considerations given to income and resources are dependent on the actual circumstances at the time an application is filed for Medical Assistance. Therefore, any allowances and/or amounts determined to be available for the cost of the institutionalized spouse's care will be re-evaluated in determining eligibility for Medical Assistance for the institutionalized spouse.

EFFECTIVE: _____

Please see the enclosed budget worksheet reflecting your and your spouse's total countable resources. The budget worksheet also explains the methods for computing the allowances checked below and the documentation upon which the allowances were based.

- Community Spouse Monthly Income Allowance \$ _____
- Family Member Allowance \$ _____
- Community Spouse Resource Allowance \$ _____

(Please print)	Worker	Title	Phone
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Please note: if we do not hear from you within 30 days from the date of this notice we will assume that the information on the enclosed assessment is correct.

This assessment was completed without considering any possible prohibited transfer of resources. Enclosed is information which explains the effect of transfers of resources on Medical Assistance eligibility.

BE SURE TO READ THE BACK OF THIS NOTICE FOR INFORMATION CONCERNING YOUR FAIR HEARING RIGHTS.

**YOU HAVE A RIGHT TO APPEAL THIS DECISION
IF YOU FILE A MEDICAL ASSISTANCE APPLICATION**

We will review this decision with either spouse or a representative acting on their behalf if an application for Medical Assistance has been filed on behalf of the institutionalized spouse. You also have the right to ask for a State fair hearing regarding this assessment should you apply for Medical Assistance. A notice will be sent to you informing you of the ways to ask for an appeal upon a determination of eligibility for Medical Assistance for the institutionalized spouse.

ATTENTION: The community spouse may be able to obtain additional amounts of the institutionalized spouse's income than would otherwise be allowed under the Medical Assistance Program by commencing a family court proceeding against the institutionalized spouse. Such court orders are only effective back to the filing date of the petition. Social Services Law 366.2(a)(7) requires that the amount of such support orders be deducted from the institutionalized spouse's income for eligibility purposes. Your own attorney or local Office for the Aging can give you more information in this regard.

**NOTICE OF NEW RULES FOR TREATMENT OF INCOME AND RESOURCES
FOR A COUPLE WITH AN INSTITUTIONALIZED SPOUSE RECEIVING MEDICAID**

As of October 1, 1989, changes in federal and State laws governing the operation of the Medicaid Program:

- allow the community spouse a monthly income allowance (an amount of up to \$1,500 a month for 1989, if the community spouse has no income of his/her own, or a greater amount as established by court order or fair hearing);
- allow for a family allowance for each minor child, dependent child, dependent parent or dependent sibling of either spouse living with the community spouse (an amount of up to \$271 a month for 1989, if the family member has no income of his/her own);
- change the amount of countable resources* the community spouse is allowed to keep (up to \$60,000 for 1989 unless a higher amount is established pursuant to court order or fair hearing).

In order to be entitled to receive the monthly income allowance, the community spouse must provide current resource and income information. If the information is provided, in addition to determining whether the community spouse is entitled to a community spouse monthly income allowance, the department will determine if the community spouse is of sufficient ability to contribute toward the cost of the institutionalized spouse's medical care. The amount requested as a contribution from income will be 25% of the amount by which his/her otherwise available income exceeds \$1,500 (or a higher amount if established by court order or fair hearing) plus any family allowance(s).

Pursuant to 366(3)(a) of Social Services Law, Medicaid MUST be provided to the institutionalized spouse, if the community spouse fails or refuses to contribute his/her income towards the institutionalized spouse's cost of care.

However, if the community spouse fails or refuses to make his/her income available as requested, then the Department may, at its option, refer the matter to court for review of the spouse's actual ability to pay.

NOTE:* Countable resources do not include the value of your home, household goods, personal property, the car, and certain funds established for burial expenses.

In order to ensure that you are receiving the maximum allowances to which you may be entitled, or are not contributing more than you should, please contact the person listed below as soon as possible:

(Name)	(Title)	(Telephone)
--------	---------	-------------

We will schedule an appointment to review your income and resource information in light of the changes outlined above which are effective October 1, 1989.

If you do not contact us to request a review, we will redetermine the amount of income to be contributed to or from the institutionalized spouse at the next scheduled recertification.

NOTICE OF INTENT TO CHANGE THE CONTRIBUTION TOWARD CHRONIC CARE COSTS

NOTICE DATE:		EFFECTIVE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE							
CASE NUMBER		CIN / RIO NUMBER									
CASE NAME (And C/O Name if Present) AND ADDRESS											
						GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP					
						OR Agency Conference					
						Fair Hearing information and assistance					
Record Access											
Legal Assistance information											
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.							
<p>This notice is to inform you that this Department has recalculated the contribution required toward the cost of care for the individual named above. Effective _____, this Department will:</p> <p><input type="checkbox"/> INCREASE the monthly contribution required toward the cost of this individual's care from \$ _____ to \$ _____.</p> <p>The total available income each month (including any support from the recipient's spouse) is \$ _____ and dependent/spousal</p> <p>The total monthly deductions (including the appropriate income standard/personal needs allowance) equal \$ _____. The contribution toward the cost of care is the difference, or \$ _____.</p> <p><input type="checkbox"/> REDUCE the monthly contribution required toward the cost of this individual's care from \$ _____ to \$ _____.</p> <p>The total available income each month (including any support from the recipient's spouse) is \$ _____ and dependent/spousal</p> <p>The total monthly deductions (including the appropriate income standard/personal needs allowance) equal \$ _____. The contribution toward the cost of care is the difference, or \$ _____.</p> <p>This change is being made as a result of: _____</p> <p>_____</p> <p>_____</p> <p>The LAW(S) AND/OR REGULATION(S) which allows us to do this is Section 366 of the Social Services Law and 18 NYCRR 360-4.9 and 360-4.3(f) and 360-4.10.</p> <p>The enclosed budget worksheet(s) explains these calculations.</p>											

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

YOU HAVE THE RIGHT TO APPEAL THIS DECISION BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION

Enclosure

cc: _____ NAME OF MEDICAL FACILITY

CLIENT/FAIR HEARINGS COPY

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to the address listed at the top of the first page of this notice. This number is used only for asking for a conference. *It is not the way you request a fair hearing.* If you ask for a conference you are still entitled to a fair hearing. If you want to have your benefits continue unchanged (aid continuing) until you get a fair hearing decision, you must request a fair hearing in the way described below. A request for a conference alone will not result in continuation of benefits. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

(1) Telephoning: (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

- If you live in: **New York City** (Manhattan, Bronx, Brooklyn, Queens, Staten Island): (212) 488-6550
- If you live in: **Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans or Wyoming County:** (716) 847-3877
- If you live in: **Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne or Yates County:** (716) 238-8282
- If you live in: **Broome, Cayuga, Chenango, Cortland, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tompkins or Tioga County:** (315) 428-4117
- If you live in: **Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Montgomery, Nassau, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington or Westchester County:** (518) 474-8781

OR

(2) Writing: By sending a copy of this notice completed, to the Fair Hearing Section, New York State Department of Social Services, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. The Agency's action is wrong because:

Signature of Client _____ Date _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, paystubs, receipts, medical bills, heating bills, medical verification, letters, etc. that may be helpful in presenting your case.

CONTINUING YOUR BENEFITS: If you request a fair hearing before the effective date stated in this notice, you will continue to receive your benefits unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, we may recover the cost of any Medical Assistance benefits that you should not have received. If you want to avoid this possibility, check the box below to indicate that you do not want your aid continued, and send this page along with your hearing request. If you do check the box, the action described above will be taken on the effective date listed above.

I agree to have the action taken on my Medical Assistance benefits, as described in this notice, prior to the issuance of the fair hearing decision.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

ACCESS TO RECORDS / INFORMATION: You have the right to review your case record. Upon your request, you have the right to free copies of documents which we will present into evidence at the fair hearing. Also, upon request, you have the right to free copies of other documents from your case record which you need for your fair hearing. To request such documents or to find out how you may review your case record, call the number indicated on the first page of this notice, or send a written request to us at the address listed at the top of the first page of this notice.

If you want additional information about your case, how to request a fair hearing, how to gain access to your case file and/or additional copies of documents, you may call the number indicated on the first page of this notice or write us at the address listed at the top of the first page of this notice.

NOTICE OF INTENT TO ESTABLISH A LIABILITY TOWARD CHRONIC CARE

NOTICE DATE:		EFFECTIVE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE							
CASE NUMBER		CIN / RID NUMBER									
CASE NAME (And CID Name if Present) AND ADDRESS											
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>											
						GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP					
						OR Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance information _____					
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.							

This Department has made a decision concerning eligibility under the Medical Assistance Program of the individual named above, who has been determined to be residing in a medical institution on a permanent basis. (If the individual was previously in receipt of full Medical Assistance coverage or Medical Assistance coverage subject to a spenddown amount of \$ _____, the required contribution towards institutional costs is explained below.)

Date of Application: _____
 Date of Institutionalization: _____
 Date of Chronic Care Status: _____

We have calculated the total **monthly** contribution toward the cost of this individual's care for the periods indicated, as follows:

INCOME

From: _____ To: _____	From: _____ To: _____	From: _____ To: _____
Gross monthly income \$ _____	Gross monthly income \$ _____	Gross monthly income \$ _____
Deductions _____	Deductions _____	Deductions _____
Contribution to the Income Standard Personal Incident Allowance Community _____	Contribution to the Income Standard Personal Incident Allowance Community _____	Contribution to the Income Standard Personal Incident Allowance Community _____
Contribution per mo. \$ _____	Contribution per mo. \$ _____	Contribution per mo. \$ _____
Payable to: _____	Payable to: _____	Payable to: _____

RESOURCES

Resources, if any, must also be considered in calculating your eligibility.

From _____ To _____	From _____ To _____
Your total resources equal \$ _____	Your total resources equal \$ _____
Medical Assistance exemption \$ _____	Medical Assistance exemption \$ _____
Excess Resources \$ _____	Excess Resources \$ _____

Any excess resources must be contributed toward the cost of care during the period _____

The Medical Assistance Program will pay any additional covered institutional costs during the authorized period.

The LAW(S) AND/OR REGULATION(S) which allows us to do this is Section 366 of the Social Services Law and 18 NYCRR 360-4.9 and 360-4.3(f) and 360-4.10.

The enclosed budget worksheet(s) explains these calculations.

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION
 BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

Enclosure

cc: _____
 NAME OF MEDICAL FACILITY

CLIENT/FAIR HEARINGS COPY

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to the address listed at the top of the first page of this notice. This number is used only for asking for a conference. *It is not the way you request a fair hearing.* If you ask for a conference you are still entitled to a fair hearing. If you want to have your benefits continue unchanged (aid continuing) until you get a fair hearing decision, you must request a fair hearing in the way described below. A request for a conference alone will not result in continuation of benefits. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

(1) Telephoning: (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

- If you live in: **New York City** (Manhattan, Bronx, Brooklyn, Queens, Staten Island): (212) 488-6550
- If you live in: **Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans or Wyoming County:** (716) 847-3877
- If you live in: **Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne or Yates County:** (716) 238-8282
- If you live in: **Broome, Cayuga, Chenango, Cortland, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tompkins or Tioga County:** (315) 428-4117
- If you live in: **Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Montgomery, Nassau, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington or Westchester County:** (518) 474-8781

OR

(2) Writing: By sending a copy of this notice *completed*, to the Fair Hearing Section, New York State Department of Social Services, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. The Agency's action is wrong because:

Signature of Client _____ Date _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, paystubs, receipts, medical bills, heating bills, medical verification, letters, etc. that may be helpful in presenting your case.

CONTINUING YOUR BENEFITS: If you request a fair hearing before the effective date stated in this notice, you will continue to receive your benefits unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, we may recover the cost of any Medical Assistance benefits that you should not have received. If you want to avoid this possibility, check the box below to indicate that you do **not** want your aid continued, and send this page along with your hearing request. If you do check the box, the action described above will be taken on the effective date listed above.

I agree to have the action taken on my Medical Assistance benefits, as described in this notice, prior to the issuance of the fair hearing decision.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

ACCESS TO RECORDS / INFORMATION: You have the right to review your case record. Upon your request, you have the right to free copies of documents which we will present into evidence at the fair hearing. Also, upon request, you have the right to free copies of other documents from your case record which you need for your fair hearing. To request such documents or to find out how you may review your case record, call the number indicated on the first page of this notice, or send a written request to us at the address listed at the top of the first page of this notice.

If you want additional information about your case, how to request a fair hearing, how to gain access to your case file and/or additional copies of documents, you may call the number indicated on the first page of this notice or write us at the address listed at the top of the first page of this notice.

INSTITUTIONALIZED SPOUSE BUDGET WORKSHEET

ATTACHMENT J

ASSESSMENT OF:		NAME & ADDRESS OF INSTITUTIONALIZED SPOUSE:		
DATE:	DATE OF APPLICATION:			
NAME (AND C/O NAME IF PRESENT) AND ADDRESS				
		NAME & ADDRESS OF AGENCY:		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.
DOB (C.S.)	SSN (C.S.)	TEL. (C.S.)	DATE OF INST.	
ASSESSMENT OF RESOURCES				
LIST RESOURCES: (INCLUDE NAME & NUMBERS OF ACCOUNTS)		OWNER:	VALUE:	VER.
BURIAL FUND: (AMT. TO BE EXCLUDED \$)				
BURIAL FUND: (AMT. TO BE EXCLUDED \$)				
1. TOTAL COMBINED COUNTABLE RESOURCES				
2. MAXIMUM COMMUNITY SPOUSE RESOURCE ALLOWANCE				
3. RESOURCES OWNED BY THE COMMUNITY SPOUSE				
4. THE COMMUNITY SPOUSE RESOURCE ALLOWANCE (THE MAXIMUM COMMUNITY SPOUSE RESOURCE ALLOWANCE MINUS THE RESOURCES OWNED BY THE COMMUNITY SPOUSE). THIS IS THE TRANSFERABLE AMOUNT TO THE COMMUNITY SPOUSE.				
5. RESOURCES ATTRIBUTED TO THE INSTITUTIONALIZED SPOUSE (THE TOTAL COMBINED RESOURCES MINUS THE MAXIMUM COMMUNITY SPOUSE RESOURCE ALLOWANCE).				
IF THE INSTITUTIONALIZED SPOUSE APPLIES FOR MEDICAL ASSISTANCE:				
6. SUBTRACT THE MEDICAL ASSISTANCE RESOURCE LEVEL FOR ONE.				
7. SUBTRACT A DESIGNATED BURIAL FUND (IF NOT LISTED ABOVE).				
8. ENTER ANY EXCESS RESOURCES.				
COMMENTS:				

COMMUNITY SPOUSE INCOME

SOURCE OF INCOME: (INCLUDE CASH ASSISTANCE RECEIVED)	AMOUNT	NOTES/VER.
1. COMMUNITY SPOUSE'S TOTAL GROSS MONTHLY INCOME		
2. DEDUCTIONS:		
A. TAXES (FEDERAL, STATE & CITY) A.		
B. NYS DISABILITY B.		
C. FICA C.		
D. HEALTH INSURANCE PREMIUM D.		
E. INCAPACITATED ADULT/CHILD CARE COSTS (ACTUAL) E.		
F. COURT-ORDERED SUPPORT (PAID OUT) F.		
3. TOTAL ALLOWABLE MONTHLY DEDUCTIONS		
4. SUBTRACT #3 FROM #1. THIS IS THE OTHERWISE AVAILABLE INCOME OF THE COMMUNITY SPOUSE.		
5. ENTER THE MAXIMUM MINIMUM MONTHLY MAINTENANCE NEEDS ALLOWANCE (MMNA).		
6. IF #4 IS LESS THAN #5, ENTER THE DIFFERENCE. THIS IS THE COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE (IF AVAILABLE FROM THE INSTITUTIONALIZED SPOUSE'S INCOME).		
7. IF #4 IS GREATER THAN #5, ENTER THE DIFFERENCE.		
A. ENTER THE FAMILY MEMBER ALLOWANCE(S) IF APPLICABLE (#16) A.		
B. SUBTRACT #7A FROM 7, ENTER THE DIFFERENCE. (IF THIS IS LESS THAN OR EQUAL TO ZERO, ENTER THE RESULT IN #9C AS A POSITIVE AMOUNT.) B.		
C. IF #7B IS GREATER THAN ZERO, MULTIPLY BY .25 AND ROUND DOWN TO THE NEAREST DOLLAR. THIS AMOUNT IS REQUESTED TO BE CONTRIBUTED TO THE INSTITUTIONALIZED SPOUSE'S COST OF CARE. C.		

INSTITUTIONALIZED SPOUSE INCOME

SOURCE OF INCOME:	AMOUNT	NOTES/VER.
8. ENTER INSTITUTIONALIZED SPOUSE'S TOTAL NET INCOME.		
(SEE ATTACHED MEL BUDGET)		
9. DEDUCTIONS:		
A. MA INCOME STANDARD (FOR FIRST MONTH OF INST.)		
AA. PERSONAL INCIDENTAL ALLOWANCE (AFTER FIRST MONTH) A. AA.		
B. COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE (#6) B. B.		
C. FAMILY MEMBER ALLOWANCE(S) (FROM #7B OR #18) C. C.		
D. COST OF MEDICAL/REMEDIAL CARE D. D.		
10. TOTAL ALLOWABLE MONTHLY DEDUCTIONS		
11. IF #10 IS GREATER THAN #8, ADD HEALTH INSURANCE PREMIUM TO #8 AND ENTER THE SUM.		
MAKE THE DEDUCTIONS IN THE FOLLOWING ORDER UNTIL THERE IS NO REMAINING AVAILABLE INCOME OF THE INSTITUTIONALIZED SPOUSE.		
A. MA INCOME STANDARD (FOR FIRST MONTH OF INST.)		
AA. PERSONAL INCIDENTAL ALLOWANCE (AFTER FIRST MONTH) A. AA.		
B. COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE (#6) B. B.		
C. FAMILY MEMBER ALLOWANCE(S) (FROM #7B OR #18) C. C.		
D. COST OF MEDICAL/REMEDIAL CARE (INCLUDING HEALTH INSURANCE PREMIUM) D. D.		
12. IF #11 IS COMPLETED, ENTER ZERO. IF #11 IS NOT COMPLETED, SUBTRACT #10 FROM #8 AND ENTER THE DIFFERENCE.		
A. ADD TO #12 THE AMOUNT FROM #7C OR THE AMOUNT ACTUALLY CONTRIBUTED FROM THE COMMUNITY SPOUSE. THIS IS THE AMOUNT AVAILABLE TO MEET THE INST. SPOUSE'S COST OF CARE.		

WORKERS SIGNATURE: _____

DATE: _____

FAMILY MEMBER ALLOWANCE(S)

A. NAME:		D.O.B.	S.S.#
SOURCE OF INCOME: (INCLUDE CASH ASSISTANCE)		AMOUNT	NOTES/VER.
13. FAMILY MEMBER'S TOTAL GROSS MONTHLY INCOME			
14. DEDUCTIONS:			
A. TAXES (FEDERAL, STATE & CITY)		A. _____	
B. NYS DISABILITY		B. _____	
C. FICA		C. _____	
D. HEALTH INSURANCE PREMIUM		D. _____	
E. INCAPACITATED ADULT/CHILD CARE COST (ACTUAL)		E. _____	
F. COURT-ORDERED SUPPORT (PAID OUT)		F. _____	
15. TOTAL ALLOWABLE MONTHLY DEDUCTIONS			
16. SUBTRACT #15 FROM #13 AND ENTER THE DIFFERENCE. THIS IS THE OTHERWISE AVAILABLE INCOME OF THE FAMILY MEMBER.			
A. FROM 1/12 OF THE APPLICABLE % OF THE FEDERAL POVERTY LEVEL FOR TWO, SUBTRACT #16 AND ENTER THE DIFFERENCE.			
17. DIVIDE #16A BY 3 AND ENTER THE RESULT. THIS IS THE FAMILY MEMBER ALLOWANCE.			
B. NAME:		D.O.B.	S.S.#
SOURCE OF INCOME: (INCLUDE CASH ASSISTANCE)		AMOUNT	NOTES/VER.
13. FAMILY MEMBER'S TOTAL GROSS MONTHLY INCOME			
14. DEDUCTIONS:			
A. TAXES (FEDERAL, STATE & CITY)		A. _____	
B. NYS DISABILITY		B. _____	
C. FICA		C. _____	
D. HEALTH INSURANCE PREMIUM		D. _____	
E. INCAPACITATED ADULT/CHILD CARE COST (ACTUAL)		E. _____	
F. COURT-ORDERED SUPPORT (PAID OUT)		F. _____	
15. TOTAL ALLOWABLE MONTHLY DEDUCTIONS			
16. SUBTRACT #15 FROM #13 AND ENTER THE DIFFERENCE. THIS IS THE OTHERWISE AVAILABLE INCOME OF THE FAMILY MEMBER.			
A. FROM 1/12 OF THE APPLICABLE % OF THE FEDERAL POVERTY LEVEL FOR TWO, SUBTRACT #16 AND ENTER THE DIFFERENCE.			
17. DIVIDE #16A BY 3 AND ENTER THE RESULT. THIS IS THE FAMILY MEMBER ALLOWANCE.			
C. NAME:		D.O.B.	S.S.#
SOURCE OF INCOME: (INCLUDE CASH ASSISTANCE)		AMOUNT	NOTES/VER.
13. FAMILY MEMBER'S TOTAL GROSS MONTHLY INCOME			
14. DEDUCTIONS:			
A. TAXES (FEDERAL, STATE & CITY)		A. _____	
B. NYS DISABILITY		B. _____	
C. FICA		C. _____	
D. HEALTH INSURANCE PREMIUM		D. _____	
E. INCAPACITATED ADULT/CHILD CARE COST (ACTUAL)		E. _____	
F. COURT-ORDERED SUPPORT (PAID OUT)		F. _____	
15. TOTAL ALLOWABLE MONTHLY DEDUCTIONS			
16. SUBTRACT #15 FROM #13 AND ENTER THE DIFFERENCE. THIS IS THE OTHERWISE AVAILABLE INCOME OF THE FAMILY MEMBER.			
A. FROM 1/12 OF THE APPLICABLE % OF THE FEDERAL POVERTY LEVEL FOR TWO, SUBTRACT #16 AND ENTER THE DIFFERENCE.			
17. DIVIDE #16A BY 3 AND ENTER THE RESULT. THIS IS THE FAMILY MEMBER ALLOWANCE.			
18. ADD ALL OF THE FAMILY MEMBER ALLOWANCE(S) (#17) TOGETHER AND ROUND DOWN TO THE NEAREST DOLLAR. THIS IS THE TOTAL FAMILY MEMBER ALLOWANCE(S).			

LEGALLY RESPONSIBLE RELATIVE (LRR) INCOME CONTRIBUTION

DATE:	DATE OF MA APPLICATION:	NAME & ADDRESS OF APPLICANT/RECIPIENT (A/R)		
NAME & ADDRESS OF LRR		NAME & ADDRESS OF AGENCY:		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME:	TELEPHONE NO.
DOB (LRR)		SSN (LRR)	TELEPHONE NO. (LRR)	
LEGALLY RESPONSIBLE RELATIVE INCOME				
SOURCE OF INCOME: (INCLUDE CASH ASSISTANCE RECEIVED)		AMOUNT	NOTES/VER.	
1. LRR'S TOTAL GROSS MONTHLY INCOME				
2. DEDUCTIONS:				
A. TAXES (FEDERAL, STATE & CITY)		A.		
B. NYS DISABILITY		B.		
C. FICA		C.		
D. HEALTH INSURANCE PREMIUM		D.		
E. INCAPACITATED ADULT/CHILD CARE COSTS (ACTUAL)		E.		
F. COURT-ORDERED SUPPORT (PAID OUT)		F.		
3. TOTAL ALLOWABLE MONTHLY DEDUCTIONS				
4. SUBTRACT #3 FROM #1. THIS IS THE OTHERWISE AVAILABLE INCOME OF THE LRR.				
5. ENTER THE MAXIMUM MINIMUM MONTHLY MAINTENANCE NEEDS ALLOWANCE (MMNA).				
6. IF #4 IS LESS THAN #5, ENTER THE DIFFERENCE. (A CONTRIBUTION FROM THE LRR SHALL NOT BE REQUESTED.)				
7. IF #4 IS GREATER THAN #5 ENTER THE DIFFERENCE.				
A. ENTER THE FAMILY MEMBER ALLOWANCE(S) IF APPLICABLE (#13).		A.		
B. SUBTRACT #7A FROM 7, ENTER THE DIFFERENCE. (IF THIS IS LESS THAN OR EQUAL TO ZERO, A CONTRIBUTION FROM THE LRR SHALL NOT BE REQUESTED.)		B.		
C. IF #7B IS GREATER THAN ZERO, MULTIPLY BY .25 AND ROUND DOWN TO THE NEAREST DOLLAR. THIS AMOUNT IS REQUESTED TO BE CONTRIBUTED TO THE A/R'S COST OF MEDICAL CARE.		C.		
COMMENTS:				
WORKERS SIGNATURE: _____ DATE: _____				

A. NAME: _____ D.O.B. _____ S.S.# _____

SOURCE OF INCOME: (INCLUDE CASH ASSISTANCE)	AMOUNT	NOTES/VER.
8. FAMILY MEMBER'S TOTAL GROSS MONTHLY INCOME		
9. DEDUCTIONS:		
A. TAXES (FEDERAL, STATE & CITY) _____	A. _____	
B. NYS DISABILITY _____	B. _____	
C. FICA _____	C. _____	
D. HEALTH INSURANCE PREMIUM _____	D. _____	
E. INCAPACITATED ADULT/CHILD CARE COST (ACTUAL) _____	E. _____	
F. COURT-ORDERED SUPPORT (PAID OUT) _____	F. _____	
10. TOTAL ALLOWABLE MONTHLY DEDUCTIONS		
11. SUBTRACT #10 FROM # 8 AND ENTER THE DIFFERENCE. THIS IS THE OTHERWISE AVAILABLE INCOME OF THE FAMILY MEMBER.		
A. FROM 1/12 OF THE APPLICABLE % OF THE FEDERAL POVERTY LEVEL FOR TWO, SUBTRACT #11 AND ENTER THE DIFFERENCE.		
12. DIVIDE #11A BY 3 AND ENTER THE RESULT. THIS IS THE FAMILY MEMBER ALLOWANCE.		

B. NAME: _____ D.O.B. _____ S.S.# _____

SOURCE OF INCOME: (INCLUDE CASH ASSISTANCE)	AMOUNT	NOTES/VER.
8. FAMILY MEMBER'S TOTAL GROSS MONTHLY INCOME		
9. DEDUCTIONS:		
A. TAXES (FEDERAL, STATE & CITY) _____	A. _____	
B. NYS DISABILITY _____	B. _____	
C. FICA _____	C. _____	
D. HEALTH INSURANCE PREMIUM _____	D. _____	
E. INCAPACITATED ADULT/CHILD CARE COST (ACTUAL) _____	E. _____	
F. COURT-ORDERED SUPPORT (PAID OUT) _____	F. _____	
10. TOTAL ALLOWABLE MONTHLY DEDUCTIONS		
11. SUBTRACT #10 FROM # 8 AND ENTER THE DIFFERENCE. THIS IS THE OTHERWISE AVAILABLE INCOME OF THE FAMILY MEMBER.		
A. FROM 1/12 OF THE APPLICABLE % OF THE FEDERAL POVERTY LEVEL FOR TWO, SUBTRACT #11 AND ENTER THE DIFFERENCE.		
12. DIVIDE #11A BY 3 AND ENTER THE RESULT. THIS IS THE FAMILY MEMBER ALLOWANCE.		

C. NAME: _____ D.O.B. _____ S.S.# _____

SOURCE OF INCOME: (INCLUDE CASH ASSISTANCE)	AMOUNT	NOTES/VER.
8. FAMILY MEMBER'S TOTAL GROSS MONTHLY INCOME		
9. DEDUCTIONS:		
A. TAXES (FEDERAL, STATE & CITY) _____	A. _____	
B. NYS DISABILITY _____	B. _____	
C. FICA _____	C. _____	
D. HEALTH INSURANCE PREMIUM _____	D. _____	
E. INCAPACITATED ADULT/CHILD CARE COST (ACTUAL) _____	E. _____	
F. COURT-ORDERED SUPPORT (PAID OUT) _____	F. _____	
10. TOTAL ALLOWABLE MONTHLY DEDUCTIONS		
11. SUBTRACT #10 FROM # 8 AND ENTER THE DIFFERENCE. THIS IS THE OTHERWISE AVAILABLE INCOME OF THE FAMILY MEMBER.		
A. FROM 1/12 OF THE APPLICABLE % OF THE FEDERAL POVERTY LEVEL FOR TWO, SUBTRACT #11 AND ENTER THE DIFFERENCE.		
12. DIVIDE #11A BY 3 AND ENTER THE RESULT. THIS IS THE FAMILY MEMBER ALLOWANCE.		
13. ADD ALL OF THE FAMILY MEMBER ALLOWANCE(S) (#12) TOGETHER AND ROUND DOWN TO THE NEAREST DOLLAR. THIS IS THE TOTAL FAMILY ALLOWANCE(S).		

EXAMPLE I
REQUEST FOR ASSESSMENT/INCOME CONTRIBUTION FROM A COMMUNITY SPOUSE

Part A

Sally Spade, age 67, was admitted to a nursing home on 10/5/89. Sally and her husband Sam, age 69, request an assessment of their income and resources on October 8.

RESOURCES

Dime Savings account:	joint	\$2,500
Norstar Savings account:	joint	\$60,000
Pre-paid funeral arrangements:	Sam	\$1,500
	Sally	\$1,500

INCOME

Sally:	Social Security	\$591.90	Medicare Part B	\$31.90
Sam:	Social Security	\$991.90	Medicare Part B	\$31.90
	Pension	\$750.00		

Monthly interest income: Dime Savings Account: \$15.63
 Norstar Savings Account: \$405.00

Part B

Having received the "Notice of Assessment" and the "Institutionalized Spouse Budget Worksheet," the couple decides to apply for MA on November 15 with a request for eligibility to be determined as of October.

RESOURCES AS OF 11/89:

Dime Savings Account	Sally	\$2,000
Norstar Savings Account	Sam	\$65,000
Pre-paid funeral arrangements:	Sam	\$1,500
	Sally	\$1,500
Personal Account	Sally	\$550

INCOME AS OF 11/89:

Social Security and pension income remain the same. Monthly interest income is as follows:

Dime Savings Account:	\$12.19
Personal Account:	\$3.44
Norstar Account:	\$405.00

NOTE: Sam agrees to pay the requested contribution of \$153.00 per month. The resources were actually transferred on 10/20/89.

ASSESSMENT BUDGET

```

WBG TMA          MA CC BUDGET    VERSION    DISTRICT ALBA          08/30/89
CASE NAME        CASE NO.    OFC UNIT   WKRR  TRAN BT CA DT INS DT PERM
SALLY SPADE     SCRATCHPAD  MA        MA1   02  08  02 100589 100589
-----UN-EARNED INCOME-----
LN  C N I SR P AMOUNT CD EXMPT CD EXMPT    LN  CT C N I 30 S TX M EX SR P
01  1   X 44 6  59190 21  3190          0
      0          0          0
01  1   X 03 6   1563  0          0          0 GROSS          0
      0          0          0          0 65 1/2
      0          0          0          1ST FULL MO TOT DED          0
      0          0          0          1ST FULL MO TOT NET          0
      0          0          0          CHRONIC CARE TOT DED          0
      0          0          0          CHRONIC CARE TOT NET          0

*****MA SUMMARY*****
FIRST          CHRONIC          TABLE OF SUPPORT
FULL-MO       CARE          15300
TOT NET          U  55563          57563
MA LEVEL/PIA          45900          5000
CD/CONT FR COMM  1  15300  1  15300
CONTRIE TO COST          9663          52563
TOTAL TO COST          24963          67863
EFF PER: 1ST FULL MO 100189 TO 103189
          CHRONIC CARE 110189 TO 093090

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WBG TMA          MA CC COMM BUDGET VERSION    DISTRICT ALBA          08/30/89
CASE NAME        CASE NO.    OFC UNIT   WKRR  TRAN BT CA DT INS DT PERM
SALLY SPADE     SCRATCHPAD  MA        MA1   02  08  02 100589 100589
-----UN-EARNED INCOME-----
LN  C N I SR P AMOUNT CD EXMPT CD EXMPT    LN  CT C N I 30 S TX M EX SR P T
02  1   44 6  99190 21  3190          0
      0          0          0
02  1   39 6  75000  0          0          0 GROSS INC          0
      0          0          0          0 TAXES/65          0
      0          0          0          0 INSURANCE          0
02  1   03 6  90500  0          0          0 CHILD CARE          0
      0          0          0          0 CT/IR          0
      0          0          0          0 1/2 REM          0
      0          0          0          0 WK REL/HR 30          0
      0          0          0          0 DISREGARD          0
      0          0          0          0 30 1/3          0
      0          0          0          0 TOT DED          0
      0          0          0          0 TOT NET          0

*****MA SUMMARY*****
SEPARATE AND APART
TOT NET INC          U  209500
CD/CONT FR COMM          1  15300
TOTAL AVAIL INC          209500
*MA LEVEL/ PA STD          45900
CD/MONTHLY AMT          X  163600
          CD/EX RES          0          TO
          CD/EX RES X 6175000 100189 TO 093090
          TABLE OF SUPPORT 15300
          DATE STORED / /

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WEMAWB          MA BUDGET RECORD    VERSION    BUDGET TYPE 08
CASE NAME        CASE NO.    OFC UNIT   WKRR  TRAN EFFECTIVE PER. MO
SALLY SPADE     SCRATCHPAD  MA        MA1   02  100189 TO 093090
CA EDC1    EDC2 FUEL: TY PER SHELTER: TY AMOUNT  WATER AMOUNT  ADD: TY AMOUNT
02
-SSI- DM LA SH NO-DM NO-ALL BUY -CHRONIC- DT INS DT PERM BS PIA CON AMOUNT LOC
      4 2          CARE          100589 100589 1 2 1
EARN A    LN CTG N I 30 FICA TX MS EXM SRC PER T GROSS NY-DIS INSUR CT-SUP
INC 1
WK-REL  IRWE  HR-30  CHILD          MOYR CH-CR          MOYR CH-CR          MOYR CH-CR
          CARE
EARN A    CT LN CTG N I 30 FICA TX MS EXM SRC PER T GROSS NY-DIS INSUR CT-SUP
INC 2
WK-REL  IRWE  HR-30  CHILD          MOYR CH-CR          MOYR CH-CR          MOYR CH-CR
          CARE
U LN C N I SR P AMOUNT CD EXMPT CD EXMPT  LN C N I SR P AMOUNT CD EXMPT CD EXMPT
I 01 1   X 44 6 059190 21 03190          02 1   44 6 099190 21 03190
N 01 1   X 03 6 001563          02 1   39 6 075000
C          02 1   03 6 040500
RESCS LN CTG N I CD RES-VAL  LN CTG N I CD RES-VAL  LN CTG N I CD RES-VAL
      01 1   X 02 0250000  01 1   X 45 0150000  02 1   75 0150000
          02 1   02 6000000

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INSTITUTIONALIZED SPOUSE BUDGET WORKSHEET

ASSESSMENT OF: SALLY SPADE		NAME & ADDRESS OF INSTITUTIONALIZED SPOUSE: SALLY SPADE Nursing Home	
DATE: 10/17/89	DATE OF APPLICATION:		
NAME (AND C/O NAME IF PRESENT) AND ADDRESS SAM SPADE Community		NAME & ADDRESS OF AGENCY:	
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME
TELEPHONE NO.			
DOB (C.S.)	SSN (C.S.)	TEL. (C.S.)	DATE OF INST. 10/5/89
ASSESSMENT OF RESOURCES			
LIST RESOURCES: (INCLUDE NAME & NUMBERS OF ACCOUNTS)	OWNER:	VALUE:	VER.
Dime Savings Acct	Joint	2,500	Passbook
Norstar Savings Acct	Joint	60,000	Passbook
BURIAL FUND: (AMT. TO BE EXCLUDED \$ 1,500 Sam)			
BURIAL FUND: (AMT. TO BE EXCLUDED \$ 1,500 Sally)			
1. TOTAL COMBINED COUNTABLE RESOURCES		62,500	
2. MAXIMUM COMMUNITY SPOUSE RESOURCE ALLOWANCE		60,000	
3. RESOURCES OWNED BY THE COMMUNITY SPOUSE		31,250	
4. THE COMMUNITY SPOUSE RESOURCE ALLOWANCE (THE MAXIMUM COMMUNITY SPOUSE RESOURCE ALLOWANCE MINUS THE RESOURCES OWNED BY THE COMMUNITY SPOUSE). THIS IS THE TRANSFERABLE AMOUNT TO THE COMMUNITY SPOUSE.		28,750	
5. RESOURCES ATTRIBUTED TO THE INSTITUTIONALIZED SPOUSE (THE TOTAL COMBINED RESOURCES MINUS THE MAXIMUM COMMUNITY SPOUSE RESOURCE ALLOWANCE).		2,500	
IF THE INSTITUTIONALIZED SPOUSE APPLIES FOR MEDICAL ASSISTANCE:			
6. SUBTRACT THE MEDICAL ASSISTANCE RESOURCE LEVEL FOR ONE.		3,250	
7. SUBTRACT A DESIGNATED BURIAL FUND (IF NOT LISTED ABOVE).		1	
8. ENTER ANY EXCESS RESOURCES.		0	
COMMENTS: The Norstar acct to be transferred to Sam. The Dime Savings acct. to be transferred to Sally. Interest income to be determined accordingly.			

COMMUNITY SPOUSE INCOME

SOURCE OF INCOME: (INCLUDE CASH ASSISTANCE RECEIVED)	AMOUNT	NOTES/VER.
SOCIAL SECURITY	991 ⁹⁰	10/89 check seen
PENSION	750 ⁰⁰	same
INTEREST INCOME	405 ⁰⁰	passbook
1. COMMUNITY SPOUSE'S TOTAL GROSS MONTHLY INCOME	2146 ⁹⁰	
2. DEDUCTIONS:		
A. TAXES (FEDERAL, STATE & CITY)	A.	
B. NYS DISABILITY	B.	
C. FICA	C.	
D. HEALTH INSURANCE PREMIUM	D. 31 ⁹⁰	
E. INCAPACITATED ADULT/CHILD CARE COSTS (ACTUAL)	E.	
F. COURT-ORDERED SUPPORT (PAID OUT)	F.	
3. TOTAL ALLOWABLE MONTHLY DEDUCTIONS	31 ⁹⁰	
4. SUBTRACT #3 FROM #1. THIS IS THE OTHERWISE AVAILABLE INCOME OF THE COMMUNITY SPOUSE.	2115 ⁰⁰	
5. ENTER THE MAXIMUM MINIMUM MONTHLY MAINTENANCE NEEDS ALLOWANCE (MMAA).	1500 ⁰⁰	
6. IF #4 IS LESS THAN #5, ENTER THE DIFFERENCE. THIS IS THE COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE (IF AVAILABLE FROM THE INSTITUTIONALIZED SPOUSE'S INCOME).		
7. IF #4 IS GREATER THAN #5, ENTER THE DIFFERENCE.	615 ⁰⁰	
A. ENTER THE FAMILY MEMBER ALLOWANCE(S) IF APPLICABLE (#18).	A. -	
B. SUBTRACT #7A FROM 7, ENTER THE DIFFERENCE. (IF THIS IS LESS THAN OR EQUAL TO ZERO, ENTER THE RESULT IN #9C AS A POSITIVE AMOUNT.)	B. 615 ⁰⁰	
C. IF #7B IS GREATER THAN ZERO, MULTIPLY BY .25 AND ROUND DOWN TO THE NEAREST DOLLAR. THIS AMOUNT IS REQUESTED TO BE CONTRIBUTED TO THE INSTITUTIONALIZED SPOUSE'S COST OF CARE.	153 ⁷⁵ C. 153 ⁰⁰	

INSTITUTIONALIZED SPOUSE INCOME

SOURCE OF INCOME:	AMOUNT	NOTES/VER.
SOCIAL SECURITY	591 ⁹⁰	10/89 check seen
INTEREST INCOME	15 ⁶³	passbook
8. ENTER INSTITUTIONALIZED SPOUSE'S TOTAL NET INCOME.	555 ⁶³ 575 ⁶³	
9. DEDUCTIONS: (SEE ATTACHED HBL BUDGET)		
A. MA INCOME STANDARD (FOR FIRST MONTH OF INST.)	OCT	NOV
AA. PERSONAL INCIDENTAL ALLOWANCE (AFTER FIRST MONTH)	A. 459	AA. 50
B. COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE (#6)	B.	B.
C. FAMILY MEMBER ALLOWANCE(S) (FROM #7B OR #18)	C.	C.
D. COST OF MEDICAL/REMEDIAL CARE	D.	D.
10. TOTAL ALLOWABLE MONTHLY DEDUCTIONS	459 50	
11. IF #10 IS GREATER THAN #8, ADD HEALTH INSURANCE PREMIUM TO #8 AND ENTER THE SUM.		
MAKE THE DEDUCTIONS IN THE FOLLOWING ORDER UNTIL THERE IS NO REMAINING AVAILABLE INCOME OF THE INSTITUTIONALIZED SPOUSE.		
A. MA INCOME STANDARD (FOR FIRST MONTH OF INST.)	A.	AA.
AA. PERSONAL INCIDENTAL ALLOWANCE (AFTER FIRST MONTH)		
B. COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE (#6)	B.	B.
C. FAMILY MEMBER ALLOWANCE(S) (FROM #7B OR #18)	C.	C.
D. COST OF MEDICAL/REMEDIAL CARE (INCLUDING HEALTH INSURANCE PREMIUM)	D.	D.
12. IF #11 IS COMPLETED, ENTER ZERO. IF #11 IS NOT COMPLETED, SUBTRACT #10 FROM #8 AND ENTER THE DIFFERENCE.	96 ⁶³ 525 ⁶³	
A. ADD TO #12 THE AMOUNT FROM #7C OR THE AMOUNT ACTUALLY CONTRIBUTED FROM THE COMMUNITY SPOUSE. THIS IS THE AMOUNT AVAILABLE TO MEET THE INST. SPOUSE'S COST OF CARE.	153 ⁰⁰ 153 ⁰⁰ 249 ⁶³ 678 ⁶³	

WORKERS SIGNATURE: E. Wolk

DATE: 10/17/89

INSTITUTIONALIZED SPOUSE BUDGET WORKSHEET

ASSESSMENT OF:		NAME & ADDRESS OF INSTITUTIONALIZED SPOUSE:		
DATE: 12/2/89	DATE OF APPLICATION: 11/15/89	SALLY SPADE Nursing Home		
NAME (AND C/O NAME IF PRESENT) AND ADDRESS				
Sam Spade Community		NAME & ADDRESS OF AGENCY:		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.
DOB (C.S.)	SSN (C.S.)	TEL. (C.S.)	DATE OF INST. 10/5/89	
ASSESSMENT OF RESOURCES				
LIST RESOURCES: (INCLUDE NAME & NUMBERS OF ACCOUNTS)		OWNER:	VALUE:	VER.
BURIAL FUND: (AMT. TO BE EXCLUDED \$)				
BURIAL FUND: (AMT. TO BE EXCLUDED \$)				
1. TOTAL COMBINED COUNTABLE RESOURCES				
2. MAXIMUM COMMUNITY SPOUSE RESOURCE ALLOWANCE				
3. RESOURCES OWNED BY THE COMMUNITY SPOUSE				
4. THE COMMUNITY SPOUSE RESOURCE ALLOWANCE (THE MAXIMUM COMMUNITY SPOUSE RESOURCE ALLOWANCE MINUS THE RESOURCES OWNED BY THE COMMUNITY SPOUSE). THIS IS THE TRANSFERABLE AMOUNT TO THE COMMUNITY SPOUSE.				
5. RESOURCES ATTRIBUTED TO THE INSTITUTIONALIZED SPOUSE (THE TOTAL COMBINED RESOURCES MINUS THE MAXIMUM COMMUNITY SPOUSE RESOURCE ALLOWANCE).				
IF THE INSTITUTIONALIZED SPOUSE APPLIES FOR MEDICAL ASSISTANCE:				
6. SUBTRACT THE MEDICAL ASSISTANCE RESOURCE LEVEL FOR ONE.				
7. SUBTRACT A DESIGNATED BURIAL FUND (IF NOT LISTED ABOVE).				
8. ENTER ANY EXCESS RESOURCES.				
COMMENTS: See Assessment of 10/17/89 - Transfer done on 10/20/89.				

COMMUNITY SPOUSE INCOME

SOURCE OF INCOME: (INCLUDE CASH ASSISTANCE RECEIVED)	AMOUNT	NOTES/VER.
SOCIAL SECURITY	491.90	12/89 check
PENSION	750.00	same
INTEREST INCOME	405.00	pass book
1. COMMUNITY SPOUSE'S TOTAL GROSS MONTHLY INCOME	2146.90	
2. DEDUCTIONS:		
A. TAXES (FEDERAL, STATE & CITY)	A.	
B. NYS DISABILITY	B.	
C. FICA	C.	
D. HEALTH INSURANCE PREMIUM	D. 31.90	
E. INCAPACITATED ADULT/CHILD CARE COSTS (ACTUAL)	E.	
F. COURT-ORDERED SUPPORT (PAID OUT)	F.	
3. TOTAL ALLOWABLE MONTHLY DEDUCTIONS	31.90	
4. SUBTRACT #3 FROM #1. THIS IS THE OTHERWISE AVAILABLE INCOME OF THE COMMUNITY SPOUSE.	2115	
5. ENTER THE MAXIMUM MINIMUM MONTHLY MAINTENANCE NEEDS ALLOWANCE (MMA).	1500	
6. IF #4 IS LESS THAN #5, ENTER THE DIFFERENCE. THIS IS THE COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE (IF AVAILABLE FROM THE INSTITUTIONALIZED SPOUSE'S INCOME).		
7. IF #4 IS GREATER THAN #5, ENTER THE DIFFERENCE.	615	
A. ENTER THE FAMILY MEMBER ALLOWANCE(S) IF APPLICABLE (#18).	A. -	
B. SUBTRACT #7A FROM 7, ENTER THE DIFFERENCE. (IF THIS IS LESS THAN OR EQUAL TO ZERO, ENTER THE RESULT IN #9C AS A POSITIVE AMOUNT.)	B. 615	
C. IF #7B IS GREATER THAN ZERO, MULTIPLY BY .25 AND ROUND DOWN TO THE NEAREST DOLLAR. THIS AMOUNT IS REQUESTED TO BE CONTRIBUTED TO THE INSTITUTIONALIZED SPOUSE'S COST OF CARE.	153.75 C. 153	

INSTITUTIONALIZED SPOUSE INCOME

SOURCE OF INCOME:	AMOUNT	NOTES/VER.
SOCIAL SECURITY	591.90	12/89 check
INTEREST INCOME - DIVIDENDS (\$2000)	12.19	passbook
PERSONAL INCOME TAX RCT (\$200)	2.44	statement
8. ENTER INSTITUTIONALIZED SPOUSE'S TOTAL NET INCOME.	595.53 575.83	
9. DEDUCTIONS: (SEE ATTACHED MBL BUDGET)		
A. MA INCOME STANDARD (FOR FIRST MONTH OF INST.)	09	NOV
AA. PERSONAL INCIDENTAL ALLOWANCE (AFTER FIRST MONTH)	A. 459	AA. 50
B. COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE (#6)	B.	B.
C. FAMILY MEMBER ALLOWANCE(S) (FROM #7B OR #18)	C.	C.
D. COST OF MEDICAL/REMEDIAL CARE	D.	D.
10. TOTAL ALLOWABLE MONTHLY DEDUCTIONS	459	50
11. IF #10 IS GREATER THAN #9, ADD HEALTH INSURANCE PREMIUM TO #9 AND ENTER THE SUM.		
MAKE THE DEDUCTIONS IN THE FOLLOWING ORDER UNTIL THERE IS NO REMAINING AVAILABLE INCOME OF THE INSTITUTIONALIZED SPOUSE.		
A. MA INCOME STANDARD (FOR FIRST MONTH OF INST.)	A.	AA.
AA. PERSONAL INCIDENTAL ALLOWANCE (AFTER FIRST MONTH)		
B. COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE (#6)	B.	B.
C. FAMILY MEMBER ALLOWANCE(S) (FROM #7B OR #18)	C.	C.
D. COST OF MEDICAL/REMEDIAL CARE (INCLUDING HEALTH INSURANCE PREMIUM)	D.	D.
12. IF #11 IS COMPLETED, ENTER ZERO. IF #11 IS NOT COMPLETED, SUBTRACT #10 FROM #8 AND ENTER THE DIFFERENCE.	96.63	525.63
A. ADD TO #12 THE AMOUNT FROM #7C OR THE AMOUNT ACTUALLY CONTRIBUTED FROM THE COMMUNITY SPOUSE. THIS IS THE AMOUNT AVAILABLE TO MEET THE INST. SPOUSE'S COST OF CARE.	153 249.63	153 678.63

WORKERS SIGNATURE: E. Worka

DATE: 12/12/89

ELIGIBILITY BUDGET

WBGTHA MA CC BUDGET VERSION DISTRICT ALBA 09/27/89
CASE NAME CASE NO. OFC UNIT WRKR TRAN BT CA DT INS DT PERM
SALLY SPADE SCRATCHPAD MA MA1 02 08 02 100589 100589

-----UNEARNED INCOME-----
LN C N I SR P AMOUNT CD EXMPT CD EXMPT LN CT C N I 30 S TX M EX SR P
01 1 X 44 6 59190 21 3190 0
0 0 0
01 1 X 03 6 1219 0 0 0 0 GROSS 0
0 0 0 0 65 1/2
01 1 X 03 6 344 0 0 0 1ST FULL MO TOT DED 0
0 0 0 1ST FULL MO TOT NET 0
0 0 0 CHRONIC CARE TOT DED 0
0 0 0 CHRONIC CARE TOT NET 0

*****MA SUMMARY*****

TOT NET	U	55563	57563		
MA LEVEL/PIA		45900	5000		
CD/CONT FR COMM	1	15300	1 15300		
CONTRIB TO COST		9663	52563		
TOTAL TO COST		24963	67863		
EFF PER: 1ST FULL MO		100189	TO 103189		
		CHRONIC CARE	110189 TO 093090		

TABLE OF SUPPORT
15300

-----RESOURCES-----
CD/EX RES 0 TO
CD/EX RES 0 TO

DATE STORED / /

WBGTHA MA CC COMM BUDGET VERSION DISTRICT ALBA 09/27/89
CASE NAME CASE NO. OFC UNIT WRKR TRAN BT CA DT INS DT PERM
SALLY SPADE SCRATCHPAD MA MA1 02 08 02 100589 100589

-----UNEARNED INCOME-----
LN C N I SR P AMOUNT CD EXMPT CD EXMPT LN CT C N I 30 S TX M EX SR P T
02 1 44 6 99190 21 3190 0
0 0 0
02 1 39 6 75000 0 0 0 0 GROSS INC 0
0 0 0 0 TAXES/65 0
0 0 0 0 INSURANCE 0
02 1 03 6 40500 0 0 0 0 CHILD CARE 0
0 0 0 0 CT/IR 0
0 0 0 0 1/2 REM 0
0 0 0 0 WK REL/HR 30 0
0 0 0 0 DISREGARD 0
0 0 0 0 30 1/3 0
0 0 0 0 TOT DED 0
0 0 0 0 TOT NET 0

*****MA SUMMARY*****
SEPARATE AND APART

TOT NET INC	U	209500			
CD/CONT FR COMM	1	15300			
TOTAL AVAIL INC		209500			
*MA LEVEL/ PA STD		45900			
CD/MONTHLY AMT	X	163600			

CD/EX RES 0 TO
CD/EX RES X 6175000 100189 TO 093090

TABLE OF SUPPORT 15300
DATE STORED / /

WBMABE MA BUDGET RECORD VERSION BUDGET TYPE 08
CASE NAME CASE NO. OFC UNIT WRKR TRAN EFFECTIVE PER. MO
SALLY SPADE SCRATCHPAD MA MA1 02 100189 TO 093090

CA EDC1 EDC2 FUEL: TY PER SHELTER: TY AMOUNT WATER AMOUNT ADD: TY AMOUNT
02

-SSI- DM LA SH NO-DM NO-ALL BUY -CHRONIC- DT INS DT PERM ES PIA CON AMOUNT LOC
4 2 CARE 100589 100589 1 2 1

EARN A LN CTG N I 30 FICA TX MS EXM SRC PER T GROSS NY-DIS INSUR CT-SUP
INC 1
WK-REL IRWE HR-30 CHILD MOYR CH-CR MOYR CH-CR MOYR CH-CR
CARE
EARN A CT LN CTG N I 30 FICA TX MS EXM SRC PER T GROSS NY-DIS INSUR CT-SUP
INC 2
WK-REL IRWE HR-30 CHILD MOYR CH-CR MOYR CH-CR MOYR CH-CR
CARE

U LN C N I SR P AMOUNT CD EXMPT CD EXMPT LN C N I SR P AMOUNT CD EXMPT CD EXMPT
N 01 1 X 44 6 059190 21 03190 02 1 44 6 099190 21 03190
N 01 1 X 03 6 001219 02 1 39 6 075000
C 01 1 X 03 6 000344 02 1 03 6 040500

RESCS LN CTG N I CD RES-VAL LN CTG N I CD RES-VAL LN CTG N I CD RES-VAL
01 1 X 02 0200000 01 1 X 45 0150000 02 1 45 0150000
01 1 X 07 0055000 02 1 02 6500000

EXAMPLE 2

SPOUSE INSTITUTIONALIZED PRIOR TO 10/1/89, PENDING APPLICATION

Annette Ocean, age 66, was admitted from her home to a nursing home on 8/17/89. Her husband Frank, age 64, applied for MA for Annette on 9/20/89. The case was determined ineligible until October.

RESOURCES AS OF 10/89

IRA (Key Bank)	Frank	\$76,600
Citibank Savings account	Annette	\$10,000

Frank had a pre-paid burial fund of \$1,500. Annette had no burial fund established until October.

INCOME AS OF 10/89

Frank	Social Security	\$882.00	
Annette	Social Security	\$781.90	Medicare Part B \$31.90

Monthly interest income:

Citibank (Annette)	\$ 62.50
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WBG7MA      MA CC BUDGET      VERSION      DISTRICT ALBA      08/31/89
CASE NAME   CASE NO.   OFC UNIT  WRKR  TRAN  BT  CA  DT  INS  DT  PERM
ANNETTE OCEAN  SCRATCHPAD  MA      MA1    02   10  02  081789 081789

-----UNEARNED INCOME-----
LN  C  N  I  SR  P  AMOUNT  CD  EXMPT  CD  EXMPT
01  1  X  44  6  78190  21  3190      0
      0      0      0
01  1  X  03  6  6250      0      0      0
      0      0      0
      0      0      0
      0      0      0

-----EARNED INCOME-----
LN  CT  C  N  I  30  S  TX  M  EX  SR  P
0 GROSS                          0
0 65 1/2
1ST FULL MO TOT DED                0
1ST FULL MO TOT NET                0
CHRONIC CARE TOT DED                0
CHRONIC CARE TOT NET                0

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*****MA SUMMARY*****

	FIRST FULL MO	CHRONIC CARE	TABLE OF SUPPORT	
TOT NET	0	81250		
MA LEVEL/PIA	0	5000		
CD/CONT TO COMM	0	61800	-----RESOURCES-----	
CONTRIB TO COST	0	14450	CD/EX RES	0 TO
TOTAL TO COST	0	14450	CD/EX RES X	675000 100189 TO 093090
EFF PER: 1ST FULL MO TO CHRONIC CARE 100189 TO 093090			DATE STORED / /	

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WBG7MA      MA CC COMM BUDGET VERSION      DISTRICT ALBA      08/31/89
CASE NAME   CASE NO.   OFC UNIT  WRKR  TRAN  BT  CA  DT  INS  DT  PERM
ANNETTE OCEAN  SCRATCHPAD  MA      MA1    02   10  02  081789 081789

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-----UNEARNED INCOME-----
LN  C  N  I  SR  P  AMOUNT  CD  EXMPT  CD  EXMPT
02  5      44  6  88200      0      0      0
      0      0      0
      0      0      0
      0      0      0

-----EARNED INCOME-----
LN  CT  C  N  I  30  S  TX  M  EX  SR  P  T
0 GROSS INC                          0
0 TAXES/65                          0
0 INSURANCE                          0
0 CHILD CARE                          0
0 CT/IR                              0
0 1/2 REM                            0
0 WK REL/HR 30                       0
0 DISREGARD                          0
0 30 1/3                              0
TOT DED                              0
TOT NET                              0

```

*****MA SUMMARY*****

	SEPARATE AND APART	TABLE OF SUPPORT	
TOT NET INC	88200		
CD/CONT TO COMM	61800		
TOTAL AVAIL INC	150000		
MA LEVEL/* ST STD	30310		
CD/MONTHLY AMT	0	CD/EX RES	0 TO
185% ST-STD	56074	CD/EX RES X	7710000 100189 TO 093090
EFF PER: SEPARATE AND APART TO			DATE STORED / /

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WBMAYE      MA BUDGET RECORD      VERSION      BUDGET TYPE 10
CASE NAME   CASE NO.   OFC UNIT  WRKR  TRAN  EFFECTIVE PER.  MC
ANNETTE OCEAN  SCRATCHPAD  MA      MA1    02   100189 TO 093090

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CA  EDC1  EDC2  FUEL:  TY PER SHELTER:  TY AMOUNT  WATER AMOUNT  ADD:  TY AMOUNT
02          0          01  040000

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-SSI- DM LA SH NO-DM NO-ALL BUY -CHRONIC- DT INS DT PERM ES PIA CON AMOUNT LOC
      1  2          CARE  081789  081789  1  2  1
EARN A LN CTG N I 30 FICA TX MS EXM SRC PER T GROSS NY-DIS INSUR CT-SUP
INC 1
WK-REL IRWE HR-30 CHILD MOYR CH-CR MOYR CH-CR MOYR CH-CR
CARE
EARN A CT LN CTG N I 30 FICA TX MS EXM SRC PER T GROSS NY-DIS INSUR CT-SUP
INC 2
WK-REL IRWE HR-30 CHILD MOYR CH-CR MOYR CH-CR MOYR CH-CR
CARE

```

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U LN C N I SR P AMOUNT  CD  EXMPT  CD  EXMPT  LN  C  N  I  SR  P  AMOUNT  CD  EXMPT  CD  EXMPT
I 01 1 X 44 6 078190 21 03190      02  5      44  6  088200
N 01 1 X 03 6 006250
C
RESCS LN CTG N I CD RES-VAL LN CTG N I CD RES-VAL LN CTG N I CD RES-VAL
      01  1  X  02  1000000  02  5      01  7660000
      01  1  X  45  0150000  02  5      45  0150000

```

INSTITUTIONALIZED SPOUSE BUDGET WORKSHEET

ASSESSMENT OF: Annette Ocean		NAME & ADDRESS OF INSTITUTIONALIZED SPOUSE: Annette Ocean Nursing Home	
DATE: 10/19/89	DATE OF APPLICATION: 9/20/89		
NAME (AND C/O NAME IF PRESENT) AND ADDRESS Frank Ocean Community		NAME & ADDRESS OF AGENCY:	
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME
TELEPHONE NO.			
DOB (C.S.)	SSN (C.S.)	TEL. (C.S.)	DATE OF INST. 8/17/89
ASSESSMENT OF RESOURCES			
LIST RESOURCES: (INCLUDE NAME & NUMBERS OF ACCOUNTS)	OWNER:	VALUE:	VER.
IRA (key bank)	Frank	76,600	Passbook
Citi bank Savings Account	Annette	10,000	Passbook
BURLIAL FUND: (AMT. TO BE EXCLUDED \$ 1,500 Frank)			
BURLIAL FUND: (AMT. TO BE EXCLUDED \$)			
1. TOTAL COMBINED COUNTABLE RESOURCES		86,600	
2. MAXIMUM COMMUNITY SPOUSE RESOURCE ALLOWANCE		60,000	
3. RESOURCES OWNED BY THE COMMUNITY SPOUSE (16,600 IRA not avail)		60,000	
4. THE COMMUNITY SPOUSE RESOURCE ALLOWANCE (THE MAXIMUM COMMUNITY SPOUSE RESOURCE ALLOWANCE MINUS THE RESOURCES OWNED BY THE COMMUNITY SPOUSE). THIS IS THE TRANSFERABLE AMOUNT TO THE COMMUNITY SPOUSE.		0	
5. RESOURCES ATTRIBUTED TO THE INSTITUTIONALIZED SPOUSE (THE TOTAL COMBINED RESOURCES MINUS THE MAXIMUM COMMUNITY SPOUSE RESOURCE ALLOWANCE).		10,000	
IF THE INSTITUTIONALIZED SPOUSE APPLIES FOR MEDICAL ASSISTANCE:			
6. SUBTRACT THE MEDICAL ASSISTANCE RESOURCE LEVEL FOR ONE.		3,250	
7. SUBTRACT A DESIGNATED BURLIAL FUND (IF NOT LISTED ABOVE).		1,500	
8. ENTER ANY EXCESS RESOURCES.		5,250	
COMMENTS: Unpaid medical bills from June - Sept. '89 total \$4,250. Excess resources of \$1,000 applied to October. Interest income will change when resources spent.			

COMMUNITY SPOUSE INCOME

SOURCE OF INCOME: (INCLUDE CASH ASSISTANCE RECEIVED)	AMOUNT	NOTES/VER.
<u>SOCIAL SECURITY</u>	<u>882</u>	<u>10/89 check seen</u>
1. COMMUNITY SPOUSE'S TOTAL GROSS MONTHLY INCOME		
	<u>882</u>	
2. DEDUCTIONS:		
A. TAXES (FEDERAL, STATE & CITY)	A.	
B. NYS DISABILITY	B.	
C. FICA	C.	
D. HEALTH INSURANCE PREMIUM	D.	
E. INCAPACITATED ADULT/CHILD CARE COSTS (ACTUAL)	E.	
F. COURT-ORDERED SUPPORT (PAID OUT)	F.	
3. TOTAL ALLOWABLE MONTHLY DEDUCTIONS		
	<u>1</u>	
4. SUBTRACT #3 FROM #1. THIS IS THE OTHERWISE AVAILABLE INCOME OF THE COMMUNITY SPOUSE.		
	<u>882</u>	
5. ENTER THE MAXIMUM MINIMUM MONTHLY MAINTENANCE NEEDS ALLOWANCE (MMA).		
	<u>1500</u>	
6. IF #4 IS LESS THAN #5, ENTER THE DIFFERENCE. THIS IS THE COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE (IF AVAILABLE FROM THE INSTITUTIONALIZED SPOUSE'S INCOME).		
	<u>618</u>	
7. IF #4 IS GREATER THAN #5, ENTER THE DIFFERENCE.		
A. ENTER THE FAMILY MEMBER ALLOWANCE(S) IF APPLICABLE (#18).	A.	
B. SUBTRACT #7A FROM 7, ENTER THE DIFFERENCE. (IF THIS IS LESS THAN OR EQUAL TO ZERO, ENTER THE RESULT IN #9C AS A POSITIVE AMOUNT.)	B.	
C. IF #7B IS GREATER THAN ZERO, MULTIPLY BY .25 AND ROUND DOWN TO THE NEAREST DOLLAR. THIS AMOUNT IS REQUESTED TO BE CONTRIBUTED TO THE INSTITUTIONALIZED SPOUSE'S COST OF CARE.	C.	

INSTITUTIONALIZED SPOUSE INCOME

SOURCE OF INCOME:	AMOUNT	NOTES/VER.
<u>SOCIAL SECURITY (Medicare 31.90)</u>	<u>781.90</u>	<u>10/89 check seen</u>
<u>INTEREST INCOME</u>	<u>62.50</u>	<u>passbook</u>
8. ENTER INSTITUTIONALIZED SPOUSE'S TOTAL NET INCOME.		
	<u>812.50</u>	
(SEE ATTACHED MBL BUDGET)		
9. DEDUCTIONS:		
A. MA INCOME STANDARD (FOR FIRST MONTH OF INST.)	A.	
AA. PERSONAL INCIDENTAL ALLOWANCE (AFTER FIRST MONTH)	AA.	<u>50</u>
B. COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE (#6)	B.	<u>618</u>
C. FAMILY MEMBER ALLOWANCE(S) (FROM #7B OR #18)	C.	
D. COST OF MEDICAL/REMEDIAL CARE	D.	
10. TOTAL ALLOWABLE MONTHLY DEDUCTIONS		
	<u>668</u>	
11. IF #10 IS GREATER THAN #8, ADD HEALTH INSURANCE PREMIUM TO #8 AND ENTER THE SUM.		
MAKE THE DEDUCTIONS IN THE FOLLOWING ORDER UNTIL THERE IS NO REMAINING AVAILABLE INCOME OF THE INSTITUTIONALIZED SPOUSE.		
A. MA INCOME STANDARD (FOR FIRST MONTH OF INST.)	A.	
AA. PERSONAL INCIDENTAL ALLOWANCE (AFTER FIRST MONTH)	AA.	
B. COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE (#6)	B.	
C. FAMILY MEMBER ALLOWANCE(S) (FROM #7B OR #18)	C.	
D. COST OF MEDICAL/REMEDIAL CARE (INCLUDING HEALTH INSURANCE PREMIUM)	D.	
12. IF #11 IS COMPLETED, ENTER ZERO. IF #11 IS NOT COMPLETED, SUBTRACT #10 FROM #8 AND ENTER THE DIFFERENCE.		
	<u>144.50</u>	
A. ADD TO #12 THE AMOUNT FROM #7C OR THE AMOUNT ACTUALLY CONTRIBUTED FROM THE COMMUNITY SPOUSE. THIS IS THE AMOUNT AVAILABLE TO MEET THE INST. SPOUSE'S COST OF CARE.		
	<u>144.50</u>	

WORKERS SIGNATURE: EWalker

DATE: 10/19/89

EXAMPLE 3

HOSPITAL CASE WITH A COMMUNITY SPOUSE AND A DEPENDENT FAMILY MEMBER

Randy and Susie Lincoln, and their disabled, dependent adult son Abe, are 67, 65, and 40 years old respectively. Randy was admitted to the hospital on 1/1/90 and is expected to remain at least 30 consecutive days. Susie applies for MA for Randy on 1/10/90.

RESOURCES AS OF 1/90

Amalgamated Savings account	joint	\$33,000
Seaman's Savings account	Susie	\$ 2,500
Pre-paid funeral agreement	Susie	\$ 1,500
	Randy	\$ 1,500

MONTHLY INCOME AS OF 1/90

Randy	Social Security	\$991.90	Medicare Part B \$31.90
Susie	Social Security	\$231.90	Medicare Part B \$31.90
Susie	earned income	\$850.00	
	Deductions: taxes/FICA	\$ 81.04	

Interest income:

Amalgamated Savings (joint)	\$206.25
Seaman's Savings (Susie)	\$15.63
Abe: monthly trust fund interest	\$372.00

WBGTHA MA CC BUDGET UFFSTON DISTRICT ALBA 08/31/89
CASE NAME CASE NO. OFC UNIT WRKR TRAN BT CA DT INS DT PERM
RANDY LINCOLN SCRATCHPAD MA MA1 02 08 02 010190 010190

-----UNEARNED INCOME-----
LN C N I SR P AMOUNT CD EXMPT CD EXMPT
01 1 X 44 6 99190 21 3190 0
0 0 0
0 0 0
0 0 0
0 0 0

-----EARNED INCOME-----
LN CT C N I 30 S TX M EX SR P
0 GROSS 0
0 65 1/2
1ST FULL MO TOT DED 0
1ST FULL MO TOT NET 0
CHRONIC CARE TOT DED 0
CHRONIC CARE TOT NET 0

*****MA SUMMARY*****

	FIRST FULL MO	CHRONIC CARE
TOT NET	U 94000	96000
MA LEVEL/PIA	45900	5000
CD/CONT TO COMM	45616	45616
CONTRIB TO COST	2484	45384
TOTAL TO COST	2484	45384
EFF PER: 1ST FULL MO	010190 TO 013190	
CHRONIC CARE	020190 TO 123190	

TABLE OF SUPPORT
0

-----RESOURCES-----
CD/EX RES 0 TO
CD/EX RES 0 TO
DATE STORED / /

WBGTHA MA CC COMM BUDGET VERSION DISTRICT ALBA 08/31/89
CASE NAME CASE NO. OFC UNIT WRKR TRAN BT CA DT INS DT PERM
RANDY LINCOLN SCRATCHPAD MA MA1 02 08 02 010190 010190

-----UNEARNED INCOME-----
LN C N I SR P AMOUNT CD EXMPT CD EXMPT
02 1 44 6 23190 21 3190 0
02 1 03 6 20625 0 0
02 1 03 6 1563 0 0
0 0 0
0 0 0

-----EARNED INCOME-----
LN CT C N I 30 S TX M EX SR P T
02 1 3 M 03 01 6
85000 GROSS INC 0
8104 TAXES/65 0
0 INSURANCE 0
0 CHILD CARE 0
0 ET/IF 0
38448 1/2 REM 0
0 WK REL/HR 30 0
0 DISREGARD 0
0 30 1/3 0
TOT DED 46552
TOT NET 38448

*****MA SUMMARY*****
SEPARATE AND APART

	U	78636
TOT NET INC	U	78636
CD/CONT TO COMM		45616
TOTAL AVAIL INC		124252
*MA LEVEL/ PA STD		45900
CD/MONTHLY AMT	X	78352
0		0

CD/EX RES 0 TO
CD/EX RES X 3225000 010190 TO 123190
TABLE OF SUPPORT 0
DATE STORED / /

EFF PER: SEPARATE AND APART 010190 TO 123190

WBMABE MA BUDGET RECORD VERSION BUDGET TYPE 08
CASE NAME CASE NO. OFC UNIT WRKR TRAN EFFECTIVE PER. MO
RANDY LINCOLN SCRATCHPAD MA MA1 02 010190 TO 123190

CA EDC1 EDC2 FUEL: TY PER SHELTER: 1Y AMOUNT WATER AMOUNT ADD: TY AMOUNT
02 0 01 040000 19 014700

-SSI- DM LA SH ND-DM ND-ALL BUY -CHRONIC- DT INS DT PERM BS PIA CDM AMOUNT LOC
4 2 CARE 010190 010190 1 2 1

EARN A LN CTG N I 30 FICA TX MS EXM SRC PER T GROSS NY-DIS INSUR CT-SUP
INC 1 02 1 3 M 03 01 6 0085000
WK-REL IRWE HR-30 CHILD MOYR CH-CR MOYR CH-CR MOYR CH-CR
CARE

EARN A CT LN CTG N I 30 FICA TX MS EXM SRC PER T GROSS NY-DIS INSUR CT-SUP
INC 2
WK-REL IRWE HR-30 CHILD MOYR CH-CR MOYR CH-CR MOYR CH-CR
CARE

U LN C N I SR P AMOUNT CD EXMPT CD EXMPT LN C N I SR P AMOUNT CD EXMPT CD EXMPT
I 01 1 X 44 6 099190 21 03190 02 1 44 6 023190 21 03190
N 02 1 03 6 020625 02 1 03 6 001563
C

RESCS LN CTG N I CD RES-VAL LN CTG N I CD RES-VAL LN CTG N I CD RES-VAL
02 1 02 3300000 02 1 02 0250000
01 1 X 45 0150000 02 1 45 0150000

XMT

INSTITUTIONALIZED SPOUSE BUDGET WORKSHEET

ASSESSMENT OF: Randy Lincoln		NAME & ADDRESS OF INSTITUTIONALIZED SPOUSE: Randy Lincoln Hospital	
DATE: 2/10/90	DATE OF APPLICATION: 1/10/90		
NAME (AND C/O NAME IF PRESENT) AND ADDRESS: Susie Lincoln Community		NAME & ADDRESS OF AGENCY:	
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME
TELEPHONE NO.			
DOB (C.S.)	SSN (C.S.)	TEL. (C.S.)	DATE OF INST. 1/1/90
ASSESSMENT OF RESOURCES			
LIST RESOURCES: (INCLUDE NAME & NUMBERS OF ACCOUNTS)		OWNER:	VALUE:
		VER.	
Amalgamated Savings		JOINT	33,000
Seaman's Savings		Susie	2,500
			pass book
			"
BURIAL FUND: (AMT. TO BE EXCLUDED \$ 1,500)		Randy	
BURIAL FUND: (AMT. TO BE EXCLUDED \$ 1,500)		Susie	
1. TOTAL COMBINED COUNTABLE RESOURCES			35,500
2. MAXIMUM COMMUNITY SPOUSE RESOURCE ALLOWANCE			35,500
3. RESOURCES OWNED BY THE COMMUNITY SPOUSE			19,000
4. THE COMMUNITY SPOUSE RESOURCE ALLOWANCE (THE MAXIMUM COMMUNITY SPOUSE RESOURCE ALLOWANCE MINUS THE RESOURCES OWNED BY THE COMMUNITY SPOUSE). THIS IS THE TRANSFERABLE AMOUNT TO THE COMMUNITY SPOUSE.			16,500
5. RESOURCES ATTRIBUTED TO THE INSTITUTIONALIZED SPOUSE (THE TOTAL COMBINED RESOURCES MINUS THE MAXIMUM COMMUNITY SPOUSE RESOURCE ALLOWANCE).			0
IF THE INSTITUTIONALIZED SPOUSE APPLIES FOR MEDICAL ASSISTANCE:			
6. SUBTRACT THE MEDICAL ASSISTANCE RESOURCE LEVEL FOR ONE.			3,250
7. SUBTRACT A DESIGNATED BURIAL FUND (IF NOT LISTED ABOVE).			-
8. ENTER ANY EXCESS RESOURCES.			
COMMENTS: The Amalgamated Savings acct. to be transferred to Susie.			

COMMUNITY SPOUSE INCOME

SOURCE OF INCOME: (INCLUDE CASH ASSISTANCE RECEIVED)	AMOUNT	NOTES/VER.
SOCIAL SECURITY	2190	Jan '90 check
EARNED INCOME	85000	1/18/83 thru
INTEREST INCOME 20625 + 1503	2177	cashbook
1. COMMUNITY SPOUSE'S TOTAL GROSS MONTHLY INCOME	130378	
2. DEDUCTIONS:		
A. TAXES (FEDERAL, STATE & CITY)	A. 8104	
B. MYS DISABILITY	B.	
C. FICA	C.	
D. HEALTH INSURANCE PREMIUM	D. 3190	
E. INCAPACITATED ADULT/CHILD CARE COSTS (ACTUAL)	E.	
F. COURT-ORDERED SUPPORT (PAID OUT)	F.	
3. TOTAL ALLOWABLE MONTHLY DEDUCTIONS	11294	
4. SUBTRACT #3 FROM #1. THIS IS THE OTHERWISE AVAILABLE INCOME OF THE COMMUNITY SPOUSE.	119084	
5. ENTER THE MAXIMUM MINIMUM MONTHLY MAINTENANCE NEEDS ALLOWANCE (#9NA).	150000	
6. IF #4 IS LESS THAN #5, ENTER THE DIFFERENCE. THIS IS THE COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE (IF AVAILABLE FROM THE INSTITUTIONALIZED SPOUSE'S INCOME).	30916	
7. IF #4 IS GREATER THAN #5, ENTER THE DIFFERENCE.		
A. ENTER THE FAMILY MEMBER ALLOWANCE(S) IF APPLICABLE (#18).	A. 14700	
B. SUBTRACT #7A FROM 7, ENTER THE DIFFERENCE. (IF THIS IS LESS THAN OR EQUAL TO ZERO, ENTER THE RESULT IN #9C AS A POSITIVE AMOUNT.)	B.	
C. IF #7B IS GREATER THAN ZERO, MULTIPLY BY .25 AND ROUND DOWN TO THE NEAREST DOLLAR. THIS AMOUNT IS REQUESTED TO BE CONTRIBUTED TO THE INSTITUTIONALIZED SPOUSE'S COST OF CARE.	C.	

INSTITUTIONALIZED SPOUSE INCOME

SOURCE OF INCOME:	AMOUNT	NOTES/VER.
SOCIAL SECURITY (MEDICARE 2190)	99190	Jan '90 check
8. ENTER INSTITUTIONALIZED SPOUSE'S TOTAL NET INCOME. (SEE ATTACHED HBL BUDGET)	94000 96000	
9. DEDUCTIONS:		
A. MA INCOME STANDARD (FOR FIRST MONTH OF INST.)		
AA. PERSONAL INCIDENTAL ALLOWANCE (AFTER FIRST MONTH)	A. 45900 AA. 50	
B. COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE (#6)	B. 30916 B. 30916	
C. FAMILY MEMBER ALLOWANCE(S) (FROM #7B OR #18)	C. 14700 C. 14700	
D. COST OF MEDICAL/REMEDIAL CARE	D.	
10. TOTAL ALLOWABLE MONTHLY DEDUCTIONS	91516 50616	
11. IF #10 IS GREATER THAN #8, ADD HEALTH INSURANCE PREMIUM TO #8 AND ENTER THE SUM.		
MAKE THE DEDUCTIONS IN THE FOLLOWING ORDER UNTIL THERE IS NO REMAINING AVAILABLE INCOME OF THE INSTITUTIONALIZED SPOUSE.		
A. MA INCOME STANDARD (FOR FIRST MONTH OF INST.)		
AA. PERSONAL INCIDENTAL ALLOWANCE (AFTER FIRST MONTH)	A. AA.	
B. COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE (#6)	B. B.	
C. FAMILY MEMBER ALLOWANCE(S) (FROM #7B OR #18)	C. C.	
D. COST OF MEDICAL/REMEDIAL CARE (INCLUDING HEALTH INSURANCE PREMIUM)	D. D.	
12. IF #11 IS COMPLETED, ENTER ZERO. IF #11 IS NOT COMPLETED, SUBTRACT #10 FROM #8 AND ENTER THE DIFFERENCE.	2484 45384	
A. ADD TO #12 THE AMOUNT FROM #7C OR THE AMOUNT ACTUALLY CONTRIBUTED FROM THE COMMUNITY SPOUSE. THIS IS THE AMOUNT AVAILABLE TO MEET THE INST. SPOUSE'S COST OF CARE.	2484 45384	

WORKERS SIGNATURE: E. Woyker

DATE: 2/10/90

FAMILY MEMBER ALLOWANCE(S)

A. NAME: Abe Lincoln D.O.B. _____ S.S.# _____

SOURCE OF INCOME: (INCLUDE CASH ASSISTANCE)	AMOUNT	NOTES/VER.
<u>INTEREST FROM TRUST FUND</u>	<u>372</u>	
13. FAMILY MEMBER'S TOTAL GROSS MONTHLY INCOME	<u>372</u>	
14. DEDUCTIONS: A. TAXES (FEDERAL, STATE & CITY) _____ B. NYS DISABILITY _____ C. FICA _____ D. HEALTH INSURANCE PREMIUM _____ E. INCAPACITATED ADULT/CHILD CARE COST (ACTUAL) _____ F. COURT-ORDERED SUPPORT (PAID OUT) _____		
15. TOTAL ALLOWABLE MONTHLY DEDUCTIONS	<u>0</u>	
16. SUBTRACT #15 FROM #13 AND ENTER THE DIFFERENCE. THIS IS THE OTHERWISE AVAILABLE INCOME OF THE FAMILY MEMBER.	<u>372</u>	
A. FROM 1/12 OF THE APPLICABLE % OF THE FEDERAL POVERTY LEVEL FOR TWO, SUBTRACT #16 AND ENTER THE DIFFERENCE.	<u>443</u>	
17. DIVIDE #16A BY 3 AND ENTER THE RESULT. THIS IS THE FAMILY MEMBER ALLOWANCE.	<u>147.66</u>	

815
 - 372
 443
 147.66
 31443

B. NAME: _____ D.O.B. _____ S.S.# _____

SOURCE OF INCOME: (INCLUDE CASH ASSISTANCE)	AMOUNT	NOTES/VER.
13. FAMILY MEMBER'S TOTAL GROSS MONTHLY INCOME		
14. DEDUCTIONS: A. TAXES (FEDERAL, STATE & CITY) _____ B. NYS DISABILITY _____ C. FICA _____ D. HEALTH INSURANCE PREMIUM _____ E. INCAPACITATED ADULT/CHILD CARE COST (ACTUAL) _____ F. COURT-ORDERED SUPPORT (PAID OUT) _____		
15. TOTAL ALLOWABLE MONTHLY DEDUCTIONS		
16. SUBTRACT #15 FROM #13 AND ENTER THE DIFFERENCE. THIS IS THE OTHERWISE AVAILABLE INCOME OF THE FAMILY MEMBER.		
A. FROM 1/12 OF THE APPLICABLE % OF THE FEDERAL POVERTY LEVEL FOR TWO, SUBTRACT #16 AND ENTER THE DIFFERENCE.		
17. DIVIDE #16A BY 3 AND ENTER THE RESULT. THIS IS THE FAMILY MEMBER ALLOWANCE.		

C. NAME: _____ D.O.B. _____ S.S.# _____

SOURCE OF INCOME: (INCLUDE CASH ASSISTANCE)	AMOUNT	NOTES/VER.
13. FAMILY MEMBER'S TOTAL GROSS MONTHLY INCOME		
14. DEDUCTIONS: A. TAXES (FEDERAL, STATE & CITY) _____ B. NYS DISABILITY _____ C. FICA _____ D. HEALTH INSURANCE PREMIUM _____ E. INCAPACITATED ADULT/CHILD CARE COST (ACTUAL) _____ F. COURT-ORDERED SUPPORT (PAID OUT) _____		
15. TOTAL ALLOWABLE MONTHLY DEDUCTIONS		
16. SUBTRACT #15 FROM #13 AND ENTER THE DIFFERENCE. THIS IS THE OTHERWISE AVAILABLE INCOME OF THE FAMILY MEMBER.		
A. FROM 1/12 OF THE APPLICABLE % OF THE FEDERAL POVERTY LEVEL FOR TWO, SUBTRACT #16 AND ENTER THE DIFFERENCE.		
17. DIVIDE #16A BY 3 AND ENTER THE RESULT. THIS IS THE FAMILY MEMBER ALLOWANCE.		
18. ADD ALL OF THE FAMILY MEMBER ALLOWANCE(S) (#17) TOGETHER AND ROUND DOWN TO THE NEAREST DOLLAR. THIS IS THE TOTAL FAMILY MEMBER ALLOWANCE(S).	<u>147⁰⁰</u>	

EXAMPLE 4

INCOME CONTRIBUTION FROM AN LRR LIVING APART FROM AN SSI-RELATED A/R

Rocky Rogers, a disabled 40 year old veteran, applies for MA on 10/16/89. Rocky has been separated from his 37 year old wife, Darlene, for over a year. Darlene has no dependent family members in her household.

After obtaining the necessary information from the completed DSS-939 "Responsible Relative - Medical Assistance Questionnaire," the attached "LRR Income Contribution Worksheet" is filled out.

Darlene's resources are below the MA resource level for one. Her monthly income and deductions are as follows:

Salary:	\$3,022.00
Taxes	\$ 765.49
FICA	\$ 216.07

LEGALLY RESPONSIBLE RELATIVE (LRR) INCOME CONTRIBUTION

DATE: <u>11/15/89</u>		DATE OF MA APPLICATION: <u>10/16/89</u>		NAME & ADDRESS OF APPLICANT/RECIPIENT (A/R)	
NAME & ADDRESS OF LRR <u>Darlene Rogers Community</u>				Rocky Rogers Community	
				NAME & ADDRESS OF AGENCY:	
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME:	TELEPHONE NO.	
DOB (LRR)		SSN (LRR)		TELEPHONE NO. (LRR)	
LEGALLY RESPONSIBLE RELATIVE INCOME					
SOURCE OF INCOME: (INCLUDE CASH ASSISTANCE RECEIVED)			AMOUNT	NOTES/VER.	
<u>Salary</u>			<u>3,022</u>	<u>wage stubs seen</u>	
1. LRR'S TOTAL GROSS MONTHLY INCOME			<u>3,022</u>		
2. DEDUCTIONS:					
A. TAXES (FEDERAL, STATE & CITY)		A. <u>765.49</u>			
B. NYS DISABILITY		B. _____			
C. FICA		C. <u>216.07</u>			
D. HEALTH INSURANCE PREMIUM		D. _____			
E. INCAPACITATED ADULT/CHILD CARE COSTS (ACTUAL)		E. _____			
F. COURT-ORDERED SUPPORT (PAID OUT)		F. _____			
3. TOTAL ALLOWABLE MONTHLY DEDUCTIONS			<u>981.56</u>		
4. SUBTRACT #3 FROM #1. THIS IS THE OTHERWISE AVAILABLE INCOME OF THE LRR.			<u>2040.44</u>		
5. ENTER THE MAXIMUM MINIMUM MONTHLY MAINTENANCE NEEDS ALLOWANCE (MMMNA).			<u>1500.00</u>		
6. IF #4 IS LESS THAN #5, ENTER THE DIFFERENCE. (A CONTRIBUTION FROM THE LRR SHALL NOT BE REQUESTED.)					
7. IF #4 IS GREATER THAN #5 ENTER THE DIFFERENCE.			<u>540.44</u>		
A. ENTER THE FAMILY MEMBER ALLOWANCE(S) IF APPLICABLE (#13).		A. <u>0</u>			
B. SUBTRACT #7A FROM 7, ENTER THE DIFFERENCE. (IF THIS IS LESS THAN OR EQUAL TO ZERO, A CONTRIBUTION FROM THE LRR SHALL NOT BE REQUESTED.)		B. <u>540.44</u>			
C. IF #7B IS GREATER THAN ZERO, MULTIPLY BY .25 AND ROUND DOWN TO THE NEAREST DOLLAR. THIS AMOUNT IS REQUESTED TO BE CONTRIBUTED TO THE A/R'S COST OF MEDICAL CARE.		C. <u>135.11</u>			
COMMENTS:					
WORKERS SIGNATURE: <u>E. Water</u>				DATE: <u>11/15/89</u>	

CHRONIC CARE
REPORTING FORM

District: _____

Contact Person: _____

CASE NAME	CASE NUMBER	(UNDERCARE ONLY) OLD NAMI NEW NAMI	MMWA >\$1,500	AUTHORITY (FH/CO)	CSRA >\$60,000	NAME/CASE # OF ANY FAMILY MEMBERS MADE MA INELIGIBLE DUE TO NEW SPOUSAL RULES