

TRANSMITTAL LETTER FOR MANUAL RELEASES

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BENEFICIARY SERVICES ADMINISTRATION
DIVISION OF ELIGIBILITY SERVICES
201 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201

410-767-1463

1-800-492-5231 extension 1463

MANUAL: Medical Assistance

EFFECTIVE DATE: Upon Receipt Unless

RELEASE NO: MR-113

Otherwise Specified

ISSUED: November 2003

APPLICABILITY: X-track documentation, joint custody, lump-sum income, **policy changes for income and resources**, resources of deceased or divorced spouse, trusts, long-term care forms and notices, personal needs allowance, spousal impoverishment standards

<u>Item</u>	<u>Remove Pages</u>	<u>Insert Pages</u>
<u>Chapter 5 – Non-Financial Eligibility</u> (documentation of labor and delivery: X02)	500-8e -- 500-8f	500-8e -- 500-8f
<u>Chapter 6 – Assistance Unit</u> (joint custody)	600-21 – 600-22 600-39 – 600-40 600-49 – 600-52	600-21 – 600-22 600-39 – 600-40 600-49 – 600-52
<u>Chapter 7 – Income</u> (lump-sum income)	700-57, 700-58	700-57, 700-57-1 700-58
Policy Alert 07-1 “Consideration of Income --Policy and Procedure Changes”	Appendix I after 700-98	Policy Alert 07-1 (after 700-98)
<u>Chapter 8 – Resources</u> (trusts)	800-65 – 800-66 800-86a – 800-86b	800-65 – 800-66 800-86a – 800-86b
(resources of deceased/divorced spouse)	800-87 – 800-88	800-87 – 800-88
Policy Alert 08-1 “Consideration of Resources—Policy and Procedure Changes”		Policy Alert 08-1 (after page 800-128)
<u>Chapter 10 – Eligibility for Institutionalized Persons</u> Appendix B – Forms and Notices		Appendix B (after page 1000-94)

<u>Item</u>	<u>Remove Pages</u>	<u>Insert Pages</u>
<u>COMAR 10.09.24.10 and .10-1</u> (personal needs allowance)	91-96, 101-102	91-96, 101-102
<u>Schedule MA-8</u> (spousal impoverishment standards)	old Schedule MA-8 (after MA-7)	new Schedule MA-8 (after Schedule MA-7)

COMMENTS

- Chapter 5 is revised regarding coverage group X02 (emergency medical services for ineligible or illegal aliens) as follows:
 - For labor and delivery services, documentation from the hospital other than the discharge summary is acceptable if certain specified information is included. The physician or other hospital representative is not required to sign the documentation.
 - If DHMH approves the emergency medical condition for ongoing medical eligibility, a new application and a redetermination are required at least every 12 months.
- Chapter 6 is revised regarding joint custody, to specify that the income and resources are counted of the parent who files an application for the child, not the income and resources of both parents.
- Chapter 7 is revised as follows:
 - Policy Alert 07-1 specifies extensive policy and procedure changes for consideration of income, **effective January 1, 2004**. It includes an income countability table, with an alphabetized list of income types and the methodology for FAC and ABD.
 - A manual CARES workaround is presented for how to prorate lump-sum income over 6 months, rather than over the remainder of the 6-month period under consideration.
- Chapter 8 is revised as follows:
 - Policy Alert 08-1 specifies extensive policy and procedure changes for consideration of resources, **effective January 1, 2004**. It includes a resource countability table, with an alphabetized list of resource types and the methodology for FAC and ABD.
 - Policy is revised related to trusts. A trust may only be countable for MA as a resource of the beneficiary if some or all of it was established with the beneficiary's or spouse's money.
 - Long-term care policy is clarified that if the applicant's spouse died or the applicant was divorced prior to the month of application, the spouse's resources do not need to be verified or be reviewed for a disposal in the look-back period.
- Appendix B is added to Chapter 10, with DES and DHMH manual forms and notices for long-term care eligibility determinations. These are revised versions of manual forms and notices currently in use and not available in CARES. Local departments may xerox copies of these forms and notices from this Manual Release or download an electronic version from the DHMH Internet site under "Medical Assistance Eligibility Updates" at:

www.dhmh.state.md.us/mma/mmahome
- COMAR 10.09.24.10 and .10-1 is amended, **effective July 1, 2003**, with the increased personal needs allowance for institutionalized persons. Also, it specifies that guardianship fees may not be allowed as an income deduction when calculating the available income for cost of care.
- The MA-8 Schedule is updated with new Spousal Impoverishment Standards, **effective January 1, 2004**, for the maximum and minimum spousal share of resources and the maximum maintenance and shelter allowance for the community spouse.

The following materials are unacceptable for medical documentation:

1. Bills
2. Nurses' notes
3. State Review Team (SRT) materials, including DHR 402B
4. Case record materials, including immigration documents.

2. Documentation

Documentation of Labor and Delivery Services

The medical eligibility review process by DHMH does not apply to labor and delivery services. The applicant/representative must provide the LDSS or LHD with a copy of the Discharge Summary or other written documentation from the hospital (but not nurses' notes or a bill) that includes the mother's name, the child's name, the admission and discharge dates, the date of delivery, and confirmation of live birth. This documentation is not required to be signed by the physician or another hospital representative.

Documentation of Disability

Coverage as X02 is only available to persons who would be eligible in a federal coverage category (MA FAC or ABD, MCHP) but for the alien status. The applicant is only eligible if the emergency medical condition criterion is met as well as all other requirements in a federal MA or MCHP category, except citizenship and SSN.

Therefore, if the alien is applying as ABD and is not aged (65 or older), a disability determination by SRT is necessary in addition to the emergency medical review. The local department should promptly make the SRT referral. The SRT decision should be made before the local department submits the paperwork to DHMH for review of the emergency medical condition. A copy of the SRT decision should be included by the local department with the request sent to DHMH for a medical review.

- If the disability being reviewed by SRT is not related to the emergency medical treatment, a DHR/FIA 402B must still be completed and submitted to SRT.
- If the condition that required the emergency treatment is the same as the disabling condition being reviewed by SRT, the record of the emergency treatment should satisfy the SRT's medical documentation requirements. The DHR/FIA 402B is not necessary. However, SRT must still receive the DHR/FIA 707 transmittal form with the emergency treatment documentation.

Medical Eligibility Review Process

All services, except labor and delivery, must be reviewed and approved by a medical professional within the DHMH Medical Care Programs before payment is made. Medical Assistance does not compensate for services that are not directly related to the injury or

illness that caused the emergency. The approval authorizes payment for only those services necessary for treatment and stabilization of the emergency medical condition, not the full range of services covered under the Medical Assistance State Plan.

The medical report for determining medical emergency must be sent to:

DHMH, Beneficiary Services Administration
201 West Preston Street, Room L-9
Baltimore, Maryland 21201

Please mark envelopes: "Alien Emergency Services".

The DES 401 should accompany each report. If the applicant requires an SRT disability determination, the SRT decision must also be included. The medical report will be evaluated by DHMH personnel to determine if the services received were for the treatment of an emergency medical condition. The local department will be notified of whether the services received meet that requirement.

NOTE: The medical eligibility review process does not apply to labor and delivery services. The LDSS or LHD will determine whether the woman meets the medical eligibility requirements based on the documentation of the labor and delivery services discussed above.

Certification of Eligibility for X02

If all eligibility requirements are met, certify on an OTO (one-time-only) basis the alien who has the incurred expense for the approved emergency service (including labor and delivery). Certify only for the month(s) in which the approved emergency service was received. The CARES process is specified on page 500-8g. If eligibility is being determined by a hospital outstation worker, the worker's LDSS supervisor must review the case and approve eligibility before the worker finalizes the X02 eligibility in CARES.

Since CARES certifies an X02 for at most 2 months at a time, the local department must re-certify the recipient for another period(s) if medical eligibility is approved by DHMH for longer than 2 months. If medical eligibility is approved as "ongoing" without an end date, eligibility for X02 does not need to be redetermined and a new application is not required until 12 months after the month of application. The CARES narration should quote DHMH's medical decision, and should specify the actual date of application, the dates for the 6-month period under consideration, and the end date for the 12-month certification period. The eligibility worker may set a "745" alert reminder to manually initiate a redetermination at least 60 days before the 12-month period ends.

Denial of Eligibility for X02

Process in CARES the denial of an application for emergency medical services as specified on page 500-8g. Denial reasons relevant to X02 for the ET to include on the manual denial notice are:

- "The service provided was not emergency in nature" or
- "Technically ineligible (non-federal)".

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qualify unless the parent has been otherwise disassociated from the family. Usually, absences related to employment, military service, medical needs, and educational goals will not qualify as deprivation factors.

Following are the most common types of continued absences that qualify as deprivation factors:

- . Desertion or abandonment;
- . Divorce or legal separation;
- . Imprisonment or work-release; or
- . Voluntary separation.

In addition, continued absences that qualify as deprivation factors include absences resulting from deportation, institutionalization, or child/spouse abuse.

For all absences, the ET must interview the applicant or recipient in an effort to determine the date the parent left, the reason the parent left, the events leading up to the absence, the date the parent was last seen, and the parent's current address, if known. If it appears that the couple has separated solely for the purpose of establishing eligibility for Medicaid, the absence

does not qualify as a deprivation factor.

When there is joint custody, the income and resources of the parent who files a Medical Assistance application for the child are considered in determining the assistance unit's financial eligibility. The other parent's income and resources are not considered. However, any child support or other voluntary support received for the child from the other parent is considered. The parent who files the Medical Assistance application may be included in an assistance unit with the child, if the child lives with that parent at least part of the time. (Refer to the sections in this chapter on "Joint Custody" and "Consideration of Income and Resources" for details.)

Children Excluded from Unit

Children excluded from the assistance unit may not have a separate eligibility determination made. An excluded child may subsequently apply for MA as a member of the existing FAC unit only. (See "Subsequent Application of an Excluded Person".)

Joint Custody of Children

In joint custody cases, only the income and resources of the parent who files the Medical Assistance application for the child, if the child lives with that parent at least part of the time, are considered in determining the financial eligibility of the child's assistance unit. If the child is non-BD, the FAC rules apply, and the parent who filed the application may receive MA benefits as part of the assistance unit. If the child is BD, the ABD rules apply. In either case, the income and resources of the parent who filed the application are considered, except that the parent's income and resources are not considered for a BD child who is 18 or more years old. Any child support or voluntary support received for the child from the other parent is also considered for the child's assistance unit, but not the other parent's income or resources.

(See "Consideration of Income and Resources" for treatment of parental income and resources in joint custody cases.)

Married Persons Under Age 21 Living With Parents or CTROP

Married persons younger than 21 years old living with parents or a Caretaker Relative Other Than Parent (CTROP) are considered a separate "family" from that of their parents or CTROP; thus, they are a separate assistance unit apart from their parents or CTROP. In determining financial eligibility of the assistance unit for the married person under age 21, only that person's and spouse's income and resources may be considered, not the parents' income and resources. (Income and resources of their parents may not be

considered.)

All other procedures in this chapter, if applicable, apply to these persons (category selection option, exclusion options, etc.).

Parents

Parents discussed in this section are both ABD and non-ABD. (An SSI recipient parent may not be included in the FAC unit, and the SSI recipient parent's income and resources may not be considered in determining the eligibility of any other person.)

Non-ABD Parent

A non-ABD parent is required to be in the FAC assistance unit.

If the non-ABD parent qualifies as a Caretaker Relative (CTR) by living with and caring for an unmarried child younger than 21 years old, that fact is indicated by certifying the parent under a Federal category.

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alized Spous*

Spouses who are living in the same LTC facility but not sharing the same room are not considered living together for purposes of these procedures. Therefore, they are considered as separate units.

Spouses who are sharing the same room in an LTC facility are considered living together for the first 6 months of their shared living arrangement and their resources are considered available to each other for that time. Thereafter, the resources of each spouse will be considered separately. However, during the period of time that resources are considered available to each other, their income is not considered available to each other. (Refer to Chapter 10 for full details - COMAR text will be amended to reflect this change.)

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(b)(ii)

When a blind or disabled child under age 18 ceases to live with his parent, the income and resources of his parent will be considered available to the child throughout the month in which they cease living together. With the first full month of separate residence, only actually contributed income and resources from the parent will be considered.

Provisions Specific to an FAC Unit

A. Joint Custody of Children

In cases of separated or divorced parents, custody may be awarded to either one or both parents. When both parents are awarded custody, the courts refer to this arrangement as “joint custody”. This generally means that each parent has equal responsibility for the care and support of the child[ren] and that the child[ren] will live with either parent at intervals.

For situations of joint custody, the parent who files the MA application for the child, if the child lives with that parent at least part of the time, will be referred to as Parent No. 1 and the other parent will be referred to as Parent No. 2. If both parents file a MA application including the child, neither parent voluntarily withdraws the application, and both assistance units would be eligible, the application with the earliest date of application is approved and the other application is denied as duplicative.

For MA purposes, the FAC assistance unit (AU) must include Parent No. 1, unless this parent:

- is remarried, is living with his or her current spouse, and opts to be excluded from the FAC unit; or
- is ABD and opts to be excluded from the FAC unit.

Income and resources of Parent No. 1 as an excluded parent are considered in accordance with procedures in this chapter.

The income and resources of Parent No. 1 who filed the MA application, along with any income and resources the child and other assistance unit (AU) members, are considered in determining eligibility for the child's assistance unit (AU). Total countable income and resources of the AU's members are measured against the total number of persons in the household of Parent No. 1, who are dependent on the Parent No. 1's income (e.g., Parent No. 1's spouse and other children). However, Parent No. 2 and his or her current family in Parent No. 2's household are not included in the child's AU. The income and resources of Parent No. 2 are not counted as available to the child's AU. However, any child support or voluntary support paid by Parent No. 2 for the child is considered as part of total income available to the child's AU.

B. When a Parent or CTROP Leaves the Home

When a parent or CTROP leaves the home with no intent to return, the parent/CTROP is considered absent beginning the day following the day of separation. The income and resources available to the absent parent up to and including the day of separation are considered available to the assistance unit and are considered when evaluating financial eligibility. After the month of separation, only actual contributions (voluntary or court ordered) are considered. The absent parent is also to be counted as a dependent for the month(s) his or her income and resources are considered.

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When a CTROP (including a step-parent) leaves the home with no intent to return, the income and resources of the CTROP are considered in the same manner as that of a parent but only if the CTROP was a member of the assistance unit on the day of separation or his or her spouse or child was a member of the unit on the day of separation or becomes a unit member. Otherwise, the income and resources of a CTROP are not considered.

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C. When a Child Leaves the Home

The income and resources of the parent will be considered throughout the month in which the child leaves the home for the purpose of establishing a new address when separation is for reasons other than placement in a foster home, group home, or drug or alcohol abuse treatment center. With the first full month of separate residence, only actually contributed income and resources from the parent will be considered.

When a child's separation is due to placement in a foster home, group home, or drug or alcohol abuse treatment center, the income and resources of the parent will not be counted in the month of placement.

Unlike TCA and Food Stamps, Medical Assistance (MA) does not count all of lump-sum income in the month of receipt, but prorates it over a 6-month period under consideration.

If lump-sum verification is received within 10 working days of the end of the month, the ET must make the income change effective as of the first day of the next month. This is because CARES does not set the correct Redet Begin and End Date for a spenddown certification period if a case is moved from active to preserved status during the adverse action period. Instead, CARES incorrectly terminates MA eligibility as of the end of the current month, without giving the required 10 days notice of adverse action. Therefore, the case manager must wait until the next month to enter the income change on CARES and initiate the workaround process which is specified below. Then, if the prorated lump-sum makes the customer income-overscale, CARES will establish the correct eligibility end date and correct spenddown certification period. The CARES notice sent the customer must give at least 10 days notice of this adverse action.

Since CARES is not programmed with the MA policy for prorating lump-sum income, use the following **manual off-line** workaround:

1. Manually **divide** the lump-sum income by **6** (the length of a consideration period).
2. Estimate, off-line, the new total net countable monthly income. **Add** the prorated lump-sum income from step 1 to the total countable monthly income (before disregards are subtracted) currently on the CARES "MAFI" screen for the assistance unit (AU). Then, **subtract** all appropriate income disregards. This gives the estimated new total net countable monthly income.
3. If the estimated new total net countable monthly income from step 3 **does not exceed** the applicable monthly net income standard for the AU's size, narrate in CARES about receipt of the lump-sum income. Allow the current eligibility period to continue. **Do not** initiate an unscheduled redetermination or otherwise enter the income change in CARES.

4. If the estimated new total net countable monthly income from step 3 **exceeds** the applicable monthly net income standard for the AU's size and the AU is currently MA eligible or in preserved status, take the following steps:
- a) Initiate in CARES an unscheduled redetermination for the AU due to this reported income change.
 - b) Enter the change in income **for the current month** through option "R" on the "AMEN" screen. (Remember, it is within 10 days of the end of the month, this process should not be initiated until the next month, in order to provide proper notice of adverse action.) In the "Source" field on the "UINC" screen, enter the prorated amount of lump-sum income from step 1 as "LS" (lump sum) with the frequency of "AC" (actual).
 - c) Fast path to "DONE". CARES recalculates all eligibility to include any changes that were made.
 - d) The case manager then confirms the new eligibility status, which will most likely make the AU income-overscale and result in a preserved spenddown case. For the spenddown AU, CARES will then set a new period under consideration for 6 months from the month in which the change was made on CARES. CARES will send a notice advising the recipient of the spenddown amount and the preserved period. The case manager must assure that the customer is given at least 10 working days of adverse action before the case goes to spenddown.

Profit from Rental Income

Income derived from rental of real property (e.g., buildings, land) is considered earned income from self-employment when included on the person's tax return as a business venture. Otherwise, such income is counted as unearned income.

When real property is used to conduct a trade or business, the rental income derived from the property is considered earned income. The person's tax return will indicate whether or not the person is conducting a trade or business on the property. If, however, the rental property is not used to conduct a trade or business, profit from rental income is considered unearned income.

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Example

Mr. Keys owns a large building which he had converted into an apartment building. He rents the apartments and records the rentals as a business enterprise on his income tax return.

1. When the source of income is rental of real property not associated with the person's home or other real property such as ground rents, land, garages, and other buildings, profit is the amount remaining after deducting the documented expenses.

Examples of allowable expenses include, but are not limited to: utility expenses; incidental repairs necessitated by the rental operation; property taxes; advertising for tenants; landscaping or lawn maintenance; snow removal; cleaning costs, including funds placed in escrow to cover these expenses. The amount placed in escrow should be based on prior, documented expenses. Receipts or statements are required to verify income received and expenses paid.

2. When the source of payment is from rental of real property in which the person lives or the home from which a

Non-Home
Property

Home Property

Policy Alert 07-1
Consideration of Income - Policy and Procedure Changes
Effective: For Applications Received and Redeterminations Initiated
On or After January 1, 2004

The Department of Health and Mental Hygiene (DHMH) and the Department of Human Resources (DHR) have been meeting to discuss how to simplify and expedite financial eligibility determinations by making the treatment of income and resources the same wherever possible for all public benefits programs. Certain types of income and resources are required by federal law to be excluded when determining eligibility for needs-based public benefits programs. The Departments have identified additional types of income and resources to exclude from consideration for all programs, or at least excluded for the Medical Assistance (MA) Families and Children (FAC) coverage groups, Temporary Cash Assistance (TCA), and Food Stamps. Also, DHMH has identified FAC eligibility policies to change to match TCA policies.

For Aged, Blind, or Disabled (ABD) coverage groups, MA is required either to follow the federal eligibility policies for Supplemental Security Income (SSI) or to use the authority under Section 1902(r)(2) of the Social Security Act to implement less restrictive policies. DHMH has identified ABD eligibility policies to change either to match SSI policies or be less restrictive.

ABD coverage groups include the H, L, and S tracks, as well as X02 if ABD rules are used. FAC coverage groups include the E, F, and G tracks; T01, T02, and T99; and X02 if FAC rules are used. Eligibility rules of the Maryland Children's Health Program (MCHP) in COMAR 10.09.11 are used for consideration of income and resources for the D and P tracks, T03-T05, and X01.

Due to the anticipated benefits for customers and local departments, the MA policy changes will take effect for applications received and redeterminations initiated on or after January 1, 2004. Simplifying and standardizing financial eligibility policies and procedures for public benefits programs will result in quicker and less burdensome processing of applications and redeterminations.

You will be notified of the revised CARES procedures when CARES programming is changed for certain income and resource types. In the meantime until CARES is changed with these new exclusions from countable income, do not enter on CARES any income that is now excluded or disregarded and so should not be counted. However, describe in the CARES narration any excluded or disregarded income that is not entered. For redeterminations, remove from CARES for the current period any income that was previously counted but is excluded as of January 1, 2004.

See the attached Medical Assistance Income Countability Table. It contains an alphabetized list of all the income types and identifies whether each type is earned or unearned income, countable or excluded for FAC and ABD, and is having the policy changed or clarified. Following are the most important policy changes or clarifications:

I. Policy Changes or Clarifications for All Medical Assistance Coverage Groups

A. Exclude from Consideration as Income for FAC and ABD

- Adoption subsidy payments received from a public or private nonprofit placement
- Money received from the sale of an assistance unit (AU) member's blood or plasma
- Cash or in-kind assistance based on need which is wholly funded by a state or local government (e.g., Public Assistance to Adults, Project HOME)
- Charitable contributions (CARES valid value "CC") received—exclude all cash and in-kind charitable assistance received by the AU
- Crime victims compensation payments from a publicly funded program or otherwise excluded under the Crime Act of 1984, or from other public or private compensation of crime victims
- Disaster relief, assistance, or maintenance from a federal, state, or local agency or from a disaster relief organization: exclude for both FAC and ABD. For ABD, lift the 9-month limit on exclusion of such assistance.
- Hostile fire pay received by a member of the uniformed services
- HUD assistance: utility reimbursements or allowances paid by HUD to the household, or funds placed by the household in a HUD Family Self-Sufficiency Program account
- In-kind income or support ("IK")—exclude both earned and unearned non-cash payment for services provided or non-cash assistance received (e.g., value of food and/or shelter received if living in someone else's home)
- Interest income ("IN"): exclude the interest accrued during the 6-month period under consideration to bank accounts (savings, checking, or money market accounts). Continue to count in the month of receipt the interest and dividends earned by other countable resources (e.g., stocks, bonds, insurance, and other non-bank investment accounts). Continue to count as a resource the accumulated interest and dividends for a countable resource which are retained after the month of receipt into the next 6-month period under consideration.
- Money received and used by the AU for a non-member
- Older Americans Act—exclude earnings received from programs under Title V of the Older Americans Act ("GT"), as well as any assistance received (e.g., Senior Care, home-delivered meals, senior center services, personal care) under the Act
- Plan for Achieving Self-Support—for a non-elderly applicant or recipient (A/R) who is blind or disabled, exclude income received and used to fulfill such a Plan approved by the Social Security Administration
- Reimbursement for past or future expenses for an identified expense other than normal living expenses which are used for that purpose, do not exceed the expense, and do not represent a gain or benefit to the AU (e.g., reimbursement for medical expenses, dependent care, job-related expenses)
- Supplemental Security Income (SSI) and all other earned income of an AU member who receives SSI
- Volunteer work--reimbursement for out-of-pocket expenses (e.g., transportation, mileage, parking)
- Welfare-to-work rental voucher program—exclude HUD Section 8 rental subsidy payments, but count on-the-job training payments for adults aged 19 or older
- Federal statute excludes certain income benefits from consideration for needs-based public benefits programs (e.g., Agent Orange Compensation Exclusion Act of 1989,

congregate public housing services or wages under the Cranston-Gonzales National Affordable Housing Act of 1990, National and Community Service Trust Act of 1990 and 1993, Radiation Exposure Compensation Act of 1990, Rick Ray Hemophilia Relief Fund Act of 1998, veterans benefits for children with certain birth defects who were born to women Vietnam War veterans, Vietnam veterans allowances for children with spina bifida, vocational education assistance under the Carl D. Perkins Vocational Education Act of 1990, subsidies for expenses but not on-the-job training payments under the Workforce Investment Act, Youth Build Program under the Housing and Community Development Act of 1992)

B. Changes in Methodology for Income Consideration for FAC and ABD

- Education-related assistance (“EA”, “GP”, “GR”) and work study earnings (“NS”, “WS”): exclude all such assistance and earnings--see FIA Action Transmittal 03-55 which describes the exclusion for TCA and FS. Exclude all educational grants, loans, scholarships, fellowships, and training allowances for educational purposes by a student; all educational expenses while in attendance (tuition, books, mandatory fees, transportation, and child care); and veteran’s educational benefits. Also excluded are all state and federal work study earnings, stipends, and reimbursements for out-of-pocket expenses, regardless of the person’s age.
- Infrequent or irregular unearned income (“UE”): exclude and do not enter to CARES up to \$200 per 6 months if it is received less than twice per quarter or cannot be reasonably anticipated, rather than counting for FAC and excluding up to \$60 per quarter for ABD
- Loans
 - Loan received (“EL”, “LA”, “LD”, “RM”): for ABD and FAC exclude money received by the A/R as the borrower for any type of loan from a private individual or commercial institution (e.g., personal or business loan, promissory note, reverse mortgage, home equity loan)
 - Loan repayment of interest (“LR”): ABD counts but FAC excludes the interest received by the A/R as the lender in payment for a loan (e.g., personal or business loan, mortgage)
 - Loan repayment of principal (“LP”): ABD considers as a countable resource the principal received in payment by the A/R as the lender, but exclude repayment of an informal, non-contractual loan (e.g., loan to a friend or family member to pay the rent). FAC excludes.
- Rental property income (“RE”): count as earned income according to TCA rules--enter on CARES and count as profit the net amount remaining after manually deducting 50% from total gross rental property income as the cost to produce (i.e., count half of the total amount earned from the rental of real property, such as rental of home or business property, rather than counting the net amount after deducting actual expenses)
- Self-employment income (“SE”): count as earned income according to TCA rules--enter on CARES and count the net amount remaining after manually deducting 50% from total gross self-employment income as the cost to produce (i.e., count half of the total amount earned, rather than counting the net amount after deducting actual expenses)

II. Policy Changes or Clarifications for FAC Coverage Groups Only

A. Exclude from Consideration as Income for FAC

- Earned income of a child under 18 years old, regardless of whether the child is a student. (ABD will still count.) FAC also excludes earnings of a child under 21 who is either a full-time student or a part-time student and not employed full-time. (ABD only excludes the earnings up to \$1,620 in a calendar year of a child under 22 who is blind or disabled and is regularly attending school.)
- Emergency Assistance to Families with Children grants
- Individual Development Accounts (IDAs)—exclude money deposited in such accounts and the interest earned. See FIA Action Transmittal 03-49.

B. Changes in Methodology for Income Consideration for FAC

- Child care expenses: use TCA rules for this income disregard (which are already programmed in CARES for MA FAC)--disregard \$200/month per child in child care expenses for an AU member who works 100 or more hours per month and \$100/month if works less than 100 hours per month
- Earned Income Tax Credit ("EC"): exclude refund or partial payment of the EITC, rather than subtracting as an income disregard
- Infrequent or irregular earned income ("IR"): exclude and do not enter to CARES up to \$30 per quarter if it is received less than twice per quarter or cannot be reasonably anticipated (already exclude up to this limit for ABD)
- Room and/or board income ("RO", "BO", "RB") received from boarders in the AU's household: count as earned income using TCA rules for consideration of self-employment income--enter on CARES and count the net amount remaining after manually deducting 50% from total gross room and board income as the cost to produce (i.e., count half of the total amount earned, rather than counting 75% as profit)

III. Policy Changes or Clarifications for ABD Coverage Groups Only

Exclude from Consideration as Income for ABD

- Earned Income Tax Credit ("EC")--refund or partial payment (which may be received with a person's salary)
- Earned income used for impairment-related work expenses for an AU member who is non-elderly and disabled or who received SSI before age 65 due to disability
- Room and/or board income ("RO", "BO", "RB") received from boarders in the AU's household--exclude in full, rather than counting 75% as profit
- Social services received in-kind or by cash from public or private social service programs

Note: Please contact the Division of Eligibility Services at 410-767-1463 or 1-800-492-5231 extension 1463 if you have any questions about this Policy Alert.

Medical Assistance Income Countability Table

This Income Countability Table is provided as a quick, simple reference guide, and may not include all of the policy applicable to a particular income type. Additional rules for an income type may be found in COMAR 10.09.24 or the Medical Assistance (MA) Eligibility Manual. **Please refer to the appropriate income procedures in this Policy Alert or the MA Eligibility Manual for complete instructions when determining eligibility.**

The chart is alphabetized for your convenience. If a type of income is not specified on this table as excluded or as disregarded, it is countable. An "EX" under the "Countable For" column means the type of income is **excludable** for the respective assistance unit. A "CT" means the type of income is **countable**.

- Medical Assistance (MA) coverage groups using Families and Children (FAC) rules include those in the **E, F, and G** tracks, as well as **T01, T02, and T99**.
- MA coverage groups using Aged, Blind and Disabled (ABD) rules include those in the **H, L, and S** tracks.
- Coverage groups in the **D and P** tracks as well as **T03-T05 and X01** use rules for the Maryland Children's Health Program (MCHP) in COMAR 10.09.11 for consideration of income and resources.
- Coverage group **X02** uses **FAC, ABD, or MCHP** rules for consideration of income and resources, depending on the nature of the assistance unit.

Type of Income	Earned	Unearned	Count for FAC	Count for ABD	NOTES
Adoption subsidy payments received from a public or private nonprofit placement		X	EX	EX	policy clarification to comply with federal law
Agent Orange Compensation Exclusion Act of '89—payments from the Agent Orange Settlement Fund or similar fund		X	EX	EX	policy clarification to comply with federal law
Alimony--court-ordered or voluntary support payment received or paid		X	CT/EX	CT/EX	Count payments received, except that FAC disregards alimony paid by a stepparent under certain conditions. Exclude non-cash assistance/support.
Annuities income		X	CT	CT	
Assistance based on need which is wholly funded by a state or locality		X	EX	EX	policy clarification to comply with federal law
Black Lung Program benefits and income		X	CT	CT	
Blood—sale of person's own blood or plasma	X		EX	EX	policy change for all programs
Burial funds, arrangement, or space—interest earned or appreciation in the value for an excluded fund, arrangement, or space		X	EX	EX	policy clarification to comply with federal law
Carl D. Perkins Vocational Education Act of 1990 (see vocational education assistance)		X	EX	EX	policy clarification to comply with federal law
Cash assistance received from nonpublic social agencies		X	CT/EX	CT/EX	Count unless otherwise excluded (e.g., excluded as charitable contribution or infrequent/irregular income)
Cash assistance from a state or local government (e.g., PAA grant)		X	EX	EX	policy clarification to comply with federal law
Charitable contributions received by assistance unit		X	EX	EX	policy change for all programs

Type of Income	Earned	Unearned	Count for FAC	Count for ABD	NOTES
Child Care and Development Block Grant Act —value of child care provided or arranged or any payment or reimbursement for child care under this Act		X	EX	EX	policy clarification to comply with federal law
Child support payments received by child from an absent natural or adoptive parent		X	CT/EX income disregard	CT/EX	Count as the child's income, with certain exceptions, the child support payments received from an absent parent. ABD excludes 1/3 of support payments made for a blind or disabled child by an absent parent. FAC has certain disregards for child support payments received by a family or paid by a stepparent. Exclude non-cash assistance (e.g., payment of rent, food, child care, school clothing).
Child's earnings: (a) earnings of child under 18 (b) earnings of child under 21 if full-time student or if part-time student and not full-time employed (c) earnings of child under 22 up to \$1,620 in a calendar year if blind or disabled and regularly attending school	X		(a) EX (b) EX	(c) EX	Count if not otherwise excluded— policy change for FAC to match TCA to exclude earnings of child under 18 regardless of circumstances
Civil Liberties Act of 1988 (War-time Relocation of Civilians) and Aleutian and Pribilof Islands Restitution Act		X	EX	EX	policy clarification to comply with federal law
Civil Service annuities —federal retirement income		X	CT	CT	
Commercial transportation ticket —value of a ticket which is received as a gift by person or spouse and is not converted to cash		X	EX	EX	policy clarification to comply with federal law
Commissions and fees	X		CT	CT	
Congregate public housing services or wages —Cranston-Gonzales National Affordable Housing Act of 1990	X	X	CT/EX	CT/EX	policy clarification to comply with federal law. Exclude congregate housing (e.g., meals, personal care) or other services received in public housing. Count wages or stipends paid to residents who provide congregate care or other services in the public housing complex.
Credit life or credit disability insurance payments directly to the lender on the borrower's behalf to cover payments of a loan (e.g., mortgage), installment purchase (e.g., car), or other obligation if the borrower/policy holder becomes disabled or dies		X	EX	EX	policy clarification to comply with federal law.

Type of Income	Earned	Unearned	Count for FAC	Count for ABD	NOTES
Crime victims compensation payments from a publicly funded program or otherwise excluded under the Crime Act of 1984 or from other public or private compensation of crime victims		X	EX	EX	policy clarification to comply with federal law
Death benefits or inheritance (cash or in-kind) received due to death of another person		X	CT/EX	CT/EX	Count, except exclude what is spent on the deceased's last illness and burial expenses
Disability payments —periodic payments received by a person from a retirement or disability insurance plan or hospital indemnity insurance in place of the participant's usual income if the insured person becomes totally and permanently disabled before retirement age or becomes unable to work as a result of illness, hospitalization, injury, or disease		X	CT	CT	
Disaster relief, assistance, or maintenance received under the Disaster Relief and Emergency Assistance Act of 1974, or other disaster assistance provided under a federal statute because of a catastrophe declared by the President, or comparable assistance received from a state or local government or from a disaster relief organization.		X	EX	EX	policy change to exclude for FAC, and for ABD to remove the 9-month limit on exclusion
Dividend income earned from stocks, bonds, and other non-bank investment accounts		X	CT	CT	
Domestic Volunteer Services Act of 1973 —stipends, compensation, or expenses received by volunteers from a program: <ul style="list-style-type: none"> • RSVP (Retired Senior Volunteer Program) • Foster Grandparents Program • VISTA • Service Corps of Retired Executives (SCORE) • UYA (University Year for Action) 		X	EX	EX	Replaced by the National Community Service Trust Act.
Earned Income Tax Credit —refund or partial payment that a person receives through the Tax Reduction Act of 1973		X	EX	EX	policy change to comply with federal law. (Previously, FAC had as income disregard and ABD counted.)

Type of Income	Earned	Unearned	Count for FAC	Count for ABD	NOTES
Education-related grants, loans, scholarships, training allowances, and fellowships for educational pursuits by a student, and all education expenses such as tuition, books, mandatory fees, transportation to and from educational institutions, and the cost of child care while in attendance		X	EX	EX	policy change for all programs to broaden the exclusion and to no longer examine the use of and need for these funds
Emergency Assistance to Families with Children grants		X	EX	n/a	policy change for FAC to match TCA and Food Stamps
Energy assistance under the Low-Income Home Energy Assistance Act of 1986 or other public or private home energy assistance programs, if cash isn't provided directly to the household		X	EX	EX	
Federal statute —all types of income excluded by federal statute for needs-based public benefits programs	X	X	EX	EX	policy clarification to comply with federal law
Financial contributions received from persons or public or private agencies		X	CT/EX	CT/EX	Count unless otherwise excluded (e.g., excluded public assistance payments, excluded charitable contributions).
Food —raised and consumed by the household		X	EX	EX	
Food —value of free or reduced-price food for women and children under: <ul style="list-style-type: none"> • Child Nutrition Act of 1966 (school breakfasts, Milk Programs, WIC-Women, Infants, and Children Program) • National School Lunch Act 		X	EX	EX	
Food —value of federally donated foods distributed under §32 of P.L. 74-320 or §416 of the Agriculture Act of 1949		X	EX	EX	
Food —value of benefits received under Nutrition Programs for Older Americans, Older Americans Act		X	EX	EX	
Food Stamps —value of the allotment under the Food Stamp Program		X	EX	EX	
Foster care payments received from providing care for a public or private nonprofit placement		X	EX	EX	
Government assistance —cash or in-kind assistance provided by a program funded wholly by a state or local government (e.g., TEMHA)		X	EX	EX	policy clarification to comply with federal law
Government payments on land		X	CT	CT	
Ground rent payments received		X	CT	CT	
Home consumption —value of livestock and home produce (e.g., garden produce) used for household's consumption		X	EX	EX	

Type of Income	Earned	Unearned	Count for FAC	Count for ABD	NOTES
Hostile fire pay received by a member of the uniformed services	X		EX	EX	policy clarification to comply with federal law
Housing and Community Development Acts of 1987 and 1992 (see Youth Build)		X	EX	EX	policy clarification to comply with federal law
Housing assistance or subsidy (see also rent subsidies)		X	EX	EX	Exclude payments for food and/or shelter made on a person's behalf by a public or private agency for a person living in an institution, foster care home, group home, or commercial establishment.
HUD Family Self-Sufficiency Program—funds placed by assistance unit in this program		X	EX	EX	policy clarification to comply with federal law
HUD utility reimbursements or allowances paid directly by HUD to household		X	EX	EX	policy clarification to comply with federal law
Impairment-related work expenses if the person is non-elderly and disabled but not blind, or received SSI as disabled before turned 65	X		CT	EX	policy clarification for ABD to comply with federal SSI law to exclude earned income used for this purpose
Income tax refunds—any amount refunded on income taxes that the person already paid		X	EX	EX	
Indemnity insurance payments, repair, or replacement (see insurance benefits, replacement or repair income) to cover a policyholder for a loss, in whole or in part, to restore the insured to the same financial position as existed before the loss		X	CT/EX	CT/EX	Count and consider as lump sum income if paid directly to an AU member (e.g., hospital indemnity insurance). However, exclude if received to replace or repair an excluded resource. Exclude if paid directly to a lender (e.g., mortgage indemnity insurance payments to the lender).
Indian tribes—income distributed to certain Indian tribes and required by federal law to be excluded as income by public needs-based programs		X	EX	EX	policy clarification to comply with federal law
Individual Development Accounts (IDAs)—income deposited in account and interest earned		X	EX	CT	policy change for FAC to match TCA
Individual Retirement Accounts (IRAs)—income		X	CT/EX	CT/EX	Exclude the interest income if the account is counted as a resource. Otherwise, count.
Infrequent or irregular <u>earned</u> income from an individual or organization	X		CT/EX	CT/EX	policy change for FAC (Previously, FAC counted it) Exclude if: <ul style="list-style-type: none"> • The total gross amount does not exceed \$30 per quarter (3 months); and • It is received less than twice per quarter or cannot be reasonably anticipated Otherwise, count.

Type of Income	Earned	Unearned	Count for FAC	Count for ABD	NOTES
Infrequent or irregular <u>unearned</u> income from an individual or organization		X	CT/EX	CT/EX	policy change for all programs (Previously, ABD excluded \$60 per quarter, and FAC counted) Exclude if: <ul style="list-style-type: none"> The total gross amount does not exceed \$200 per six months; and It is received less than twice per quarter or cannot be reasonably anticipated Otherwise, count.
In-kind income or support —any gain or benefit that is not in the form of money payable directly to the household (e.g., meals, clothing, public housing, garden produce) for services provided or received	X	X	EX	EX	policy change to match TCA and Food Stamps (Previously, ABD counted both, and FAC excluded unearned)
Inheritance (see death benefits)		X	CT	CT	
Insurance benefits (see credit life/disability insurance, disability payments, indemnity insurance, life insurance, lump sum)		X	CT/EX	CT/EX	Count as lump sum income if paid directly to an AU member (e.g., casualty, life, disability, or hospital indemnity insurance). Exclude if paid directly to a lender, funeral home, or another third party/vendor (e.g., burial, mortgage, or credit life/disability insurance).
Interest, dividends, or other income accrued to stocks, bonds, insurance, saving certificates, and other non-bank investment accounts		X	CT	CT	Count if it is earned during the period under consideration, unless it is excluded as infrequent or irregular income. If earned prior to the period under consideration, it is considered as the type of resource for which it was accumulated.
Interest income accrued to bank accounts (savings, checking, money market)		X	EX	EX	policy change for all programs
Interest or earnings on a dedicated account when the account is excluded from resources because it is inaccessible (e.g., escrow account for rent or utility security deposit)		X	EX	EX	policy clarification to comply with federal law

Type of Income	Earned	Unearned	Count for FAC	Count for ABD	NOTES
Japanese and Aleuts restitution paid to individuals of Japanese ancestry or Aleuts for evacuation, relocation, or internment during World War II (Civil Liberties Act of 1988 – Wartime Relocation of Civilians, Aleutian and Pribilof Islands Restitution Act)		X	EX	EX	
Job Training and Partnership Act —allowances, earnings, and payments to participants		X	EX	EX	Replaced by Workforce Investment Act
Keogh Plans —income		X	CT/EX	CT/EX	Exclude the interest income if the account is counted as a resource. Otherwise, count.
Land – government payments for rights to use land		X	CT	CT	
Life insurance proceeds/benefits		X	CT/EX	CT/EX	Count the proceeds if the customer is the policy's beneficiary but not the owner and receives the benefits upon another person's death. Exclude the amount spent by the beneficiary on the deceased's last illness and burial/funeral. If the beneficiary is also the policy's owner, the proceeds are considered as a resource. If the customer cashes in a policy, the proceeds are considered as lump sum income.
Loan or promissory note proceeds received by borrower from private individual or commercial institution		X	EX	EX	policy change for ABD to exclude to comply with federal law. FAC policy already excludes.
Loan or promissory note repayment of principal received by lender			EX	EX	Is not considered to be income. Is counted as a resource.
Loan or promissory note repayment of interest received by lender		X	EX	CT	policy change for FAC to exclude to match TCA and Food Stamps
Lump sum benefits or other amounts received on a one-time only basis (i.e. gifts, inheritance, lottery winnings, damage claims, military reenlistment bonuses, retroactive benefit payments)		X	CT	CT	Count unless specifically excluded (e.g., excluded infrequent or irregular income). Don't count all in month of receipt, but divide by 6 and add to total countable income to determine if makes overscale.
Maintenance of third party —money received and used for the care and maintenance of another person who is not an assistance unit member (e.g., funds passing through a guardian or protective payee) (see non-household member)		X	EX	EX	
Medical care and services		X	EX	EX	Is not considered to be income.

Type of Income	Earned	Unearned	Count for FAC	Count for ABD	NOTES
Military allotments received by the household		X	CT	CT	Only count the portion of the military payment that is received by the household.
Mineral and oil rights (leases) —payment for rights to use minerals extracted from land		X	CT	CT	
Miner's benefits		X	CT	CT	
Mortgage payments —interest received by lender (see loans)		X	EX	CT	policy change for FAC to exclude. For ABD, count the interest received as income, and count the principal received as a resource.
National and Community Service Trust Act 1990 and 1993 (e.g., AmeriCorps)—stipends and educational assistance (see Domestic Volunteer Service Act)		X	EX	EX	Formerly, ACTION – Domestic Volunteer Service Act.
Nazi persecution compensation —Victims of Nazi Persecution Act of 1994, Public Law 103-286		X	EX	EX	policy clarification to comply with federal law
Non-household member —funds received and used for such a person		X	EX	EX	policy clarification to comply with federal law
Oil or mineral rights (leases) —payment for rights to use minerals extracted from land		X	CT	CT	
Older Americans Act —any other assistance received (e.g., home-delivered meals, personal care, senior center services, Senior Care), and earnings from programs under Title V	X	X	EX	EX	policy clarification to comply with federal law
Pensions and annuities income received (private, government, company)		X	CT	CT	
Plan for Achieving Self Support —income received and used to fulfill an SSA-approved plan, if under 65 and blind or disabled	X	X	EX	EX	policy clarification to comply with federal law
Prizes and awards		X	CT	CT	
Radiation Exposure Compensation Act of '90 payments		X	EX	EX	policy clarification to comply with federal law
Railroad Retirement Board benefits and income		X	CT	CT	
Receipts from the sale, exchange, or replacement of a resource		X	EX	EX	Considered as a resource.
Refund from any public agency of taxes paid on purchase of food or for satisfaction of real property levies		X	EX	EX	
Rehabilitation Act —wages, allowances, or reimbursement for transportation and attendant care costs of a blind or disabled person employed under Title VI of the Rehabilitation Act of 1973	X	X	EX	EX income disregard	policy clarification for FAC to comply with federal law. ABD has as an income disregard.

Type of Income	Earned	Unearned	Count for FAC	Count for ABD	NOTES
Reimbursement for out-of-pocket expenses incurred while performing volunteer work (e.g., transportation, mileage, parking costs)		X	EX	EX	policy clarification to comply with federal law
Reimbursement for past or future expenses for an identified expense other than normal living expenses which are used for that purpose, do not exceed that expense, and do not represent a gain or benefit to the household, such as reimbursement for medical expenses, dependent care, job-related expenses, out-of-pocket expenses for volunteers		X	EX	EX	policy clarification to comply with federal law
Religious orders —income earned or received as a member of a religious order	X	X	CT/EX	CT/EX	see the Medical Assistance Eligibility Manual pages 700-9 – 16
Relocation assistance—Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 —payments received for relocation and displacement due to federal programs acquiring real property, except if compensated for the fair market value		X	CT/EX	CT/EX	Relocation assistance is excluded. Compensation for the fair market value of the real property is counted, unless excluded due to purchase of another home property.
Relocation assistance provided by a state or local government		X	EX	EX	
Rent subsidies or other government housing subsidies and assistance received by the household for its dwelling unit if residing in public housing, Section 8, or housing receiving rental assistance from the Rural Housing Service (formerly Farmers Home Administration) under: <ul style="list-style-type: none"> • U.S. Housing Act of 1937 • National Housing Act • Title V of the Housing Act of 1949 • Section 202(h) of the Housing Act of 1959 • Section 101 of the Housing and Urban Development Act of 1965 • §515 of the Rental Assistance Act 		X	EX	EX	

Type of Income	Earned	Unearned	Count for FAC	Count for ABD	NOTES
Rental property income--profit	X		CT	CT	policy change to match TCA: Count the amount remaining after deducting 50% from total gross rental property income as the cost to produce. (Previously, counted as unearned income the net amount remaining after deducting actual expenses.)
Reparation payments made by Japan or the Federal Republic of Germany		X	EX	EX	
Repayment (if not food) returned to the source to repay a prior overpayment		X	EX	CT	policy change for FAC to match TCA and Food Stamps
Replacement or repair income (cash, interest earned on the cash, or in-kind) if it is received from any source for the purpose of repairing or replacing an excluded resource that is lost, damaged or stolen		X	EX	EX	
Replacement of income already received by the assistance unit, such as replacement of stolen cash		X	EX	EX	policy clarification to comply with federal law. Is not considered to be income.
Retirement benefits/plan income received—private or government		X	CT	CT	
Reverse mortgages that require repayment from an estate		X	EX	CT	policy change for FAC to match TCA and Food Stamps
Reverse mortgages or home equity loans received by the assistance unit as the borrower		X	EX	EX	Exclude if spent in month of receipt. Count as a resource if retained.
Rick Ray Hemophilia Relief Fund Act of 1998		X	EX	EX	policy clarification to comply with federal law
Room and/or board income received by assistance unit for providing room and/or board in AU's home to another person	X		CT	EX	policy change for ABD and FAC: Exclude for ABD. For FAC change to match TCA to count the amount remaining after deducting 50% from total gross room and board income as the cost to produce. (Previously for FAC and ABD counted 75% as profit from unearned income.)
Royalties and honoraria	X	X	CT/EX	CT/EX	Count unless it is excluded as infrequent/irregular income.
Salaries	X		CT	CT	
Self-employment earnings	X		CT	CT	policy change to match TCA: Count the amount remaining after deducting from total gross self-employment income 50% as the cost to produce. (Previously, counted as profit the net amount remaining after deducting actual expenses.)

Type of Income	Earned	Unearned	Count for FAC	Count for ABD	NOTES
Sheltered workshop remuneration for work or activities performed as a participant in a program conducted by a sheltered workshop or activities center licensed by DHMH for DDA	X		CT	CT	
Sick pay (received for first 6 months after stopping work) – FICA is deducted	X		CT	CT	
Sick pay (received more than 6 months after employee last worked) – FICA is not deducted		X	CT	CT	
Social Security benefits o Retirement and Survivors (RSDI) o Social Security Disability (SSDI)		X	CT	CT	Including retroactive monthly Social Security benefits that are treated as lump sum income
Social services received in-kind or cash from public or private social services program		X	CT	EX	policy clarification for ABD to exclude to comply with federal SSI law. Are not usually considered to be income. FAC counts like TCA if not otherwise excluded.
Strike benefits		X	CT	CT	
Supplemental Security Income benefits and any other earned income of a SSI recipient		X	EX	EX	policy clarification to comply with federal law
Third party payments for food, clothing, shelter, medical care, goods, and services if the payment does not reimburse for services rendered by the household		X	EX	EX	Are not considered to be income.
Tips	X		CT	CT	
Trust funds income		X	CT/EX	CT/EX	Count the income received if the trust is exclude as a resource. Otherwise, exclude.
Unemployment insurance and supplemental benefits received		X	CT	CT	
Utility reimbursements or allowances that are paid directly by HUD to the household		X	EX	EX	
Vendor payment in the form of money or in-kind payment with money not owed to the household and which is paid by some entity (e.g., relative, friend, private agency) directly to someone outside the household for a household expense (e.g., direct payment of household's bills for rent, health insurance, medical care)		X	EX	EX	policy clarification to comply with federal law
Veterans Administration benefits and income		X	CT	CT	Count unless otherwise excluded.
Veterans Administration pensions —for recipient with neither spouse nor child exclude up to \$90/mth beginning the month after admission to a long-term care facility		X	n/a	EX	Excluded only for long-term care recipients.

Type of Income	Earned	Unearned	Count for FAC	Count for ABD	NOTES
Veterans benefit—portion of a benefit paid to customer because of a dependent		X	CT	EX	policy clarification for ABD to comply with federal SSI law
Veterans benefit for children with certain birth defects who were born to women Vietnam War veterans		X	EX	EX	policy clarification to comply with federal law
Veterans' Benefits Improvement and Health Care Authorization Act of 1986		X	EX	EX	policy clarification to comply with federal law
Vietnam Veterans allowances for children with spina bifida—Public Law 104-204		X	EX	EX	policy clarification to comply with federal law
Vocational education assistance under Carl D. Perkins Vocational Education Act of 1990		X	EX	EX	policy clarification to comply with federal law
Wages	X		CT	CT	
Weatherization assistance—state or federal assistance for weatherization, emergency repair, or replacement of heating or cooling device		X	EX	EX	policy clarification to comply with federal law. Is not considered to be income.
Welfare-to-Work Rental Voucher Program—HUD Section 8 rental subsidy payments		X	CT/EX	CT/EX	policy clarification to comply with federal law. Count on-the-job training payments for adults aged 19 or older. Otherwise, exclude.
Workforce Investment Act (previously Job Training and Partnership Act)—subsidy to cover transportation, clothes, uniforms, child care, and other training-related expenses		X	EX	EX	policy clarification to comply with federal law. Count on-the-job training payments for adults aged 19 or older. Otherwise, exclude.
Workmen's Compensation Board payments to an injured employee or the survivors		X	CT	CT	Count the benefit paid, minus any expenses to obtain the benefit (e.g., legal costs)
Work study earnings, stipends, and reimbursement for out-of-pocket expenses of a student of any age in a work study program	X	X	EX	EX	policy change for all programs (Previously, ABD counted and FAC excluded if a child)
Youth Build Program under the Housing and Community Development Act of 1992 (see the Act)		X	EX	EX	policy clarification to comply with federal law

DISREGARDS

A. **Aged, Blind, or Disabled** (for the complete list of ABD income disregards, see COMAR 10.09.24.07L or pp. 700-88 – 700-90 of the MA Eligibility Manual)

Special reminder of existing ABD disregards:

- Earned income used to meet any expenses attributable to the earning of income by a blind person younger than 65
- Any wages, allowances, or reimbursement for transportation and attendant care costs of a blind or disabled person employed under Title VI of the Rehabilitation Act of 1973

B. **Families and Children** (for the complete list of FAC income disregards, see COMAR 10.09.24.07M or pp. 700-91 – 700-98 of the MA Eligibility Manual)

Policy changes for FAC to match TCA:

- For child care expenses, disregard \$200/month per child if work at least 100 hours per month and \$100 if work less than 100 hours per month
- Consider income from the Earned Income Tax Credit as excluded income rather than as an income disregard

is filed with a court periodically to give an accounting of the trustee's handling of the trust. It will include the beginning value of assets, any income accrued, any disbursements made, and the current value. This report should be obtained in order to verify income countable to the A/R and current assets in the trust.

If the trustee is not required to file such a report, other documentation must be obtained to verify income, disbursements, and the current status of the trust. Records compiled by the trustee must be accompanied by supporting documents, such as bankbooks, cancelled checks, receipts, etc.

Evaluation of Trusts

A trust may represent a countable asset, a source of income, or a disposal subject to penalty. In order to properly evaluate a trust, many factors must be taken into consideration. The first factor to consider is whose money went into the trust. A trust may only be considered as a resource for an applicant/recipient (A/R) if some or all of the funds going into the trust were from the resources or income of the A/R or the A/R's spouse.

The second factor to consider is whether the trust is a countable resource. (See pages 800-1 - 800-3 of this chapter and the definition of "Resources" in COMAR 10.09.24.02.) Ownership of the trust must be determined and whether the trust's funds are accessible to the owner. A trust may only be counted as a resource for an applicant/recipient (A/R) if it meets the definition of a "resource", because it is accessible to the A/R or the A/R's spouse as the owner. Creation of a trust or other activity related to a trust during the past 60 months (e.g., change of ownership, change from being inaccessible to accessible, addition or reduction of assets in the trust) must be investigated.

If the trust is not accessible to the A/R or the A/R's spouse, it must be determined whether the trust should be considered as a disposal subject to penalty based on whose money went into the trust. If the A/R's or spouse's money went into an inaccessible trust, a penalty period may need to be imposed. Take special note of how to review a trust for determining whether a penalty period is applicable.

The third factor to consider is the date the trust was established. The rules for treatment of trusts established on or before August 10, 1993 differ from rules for trusts established after that date. The following policies and procedures are based on the date the trust was established.

RULES FOR TREATMENT OF TRUSTS

Pre-OBRA '93

This section is applicable to trusts established on or before August 10, 1993. It does not apply to trusts established after that date. A trust established on or before August 10, 1993, but which is funded, added to, or otherwise augmented after that date is treated under the pre-OBRA rules. However, the funds placed in the trust after that date may be considered disposals. In all cases, the A/R must document when assets were placed in the trust. A trust is only treated in accordance with this policy if the resources or income of the applicant/recipient (A/R) and/or the A/R's spouse formed all or a portion of the trust corpus. Also, it must meet the definition of a "resource", as being accessible to the A/R or to the A/R's spouse.

Medicaid Qualifying Trusts

The policies discussed below are based upon the Consolidated Omnibus Budget Reconciliation Act of 1985, HCFA Medicaid Letter 92-54, and Section 3215 of the State Medicaid Manual.

The Consolidated Omnibus Budget Reconciliation Act of 1985 (Public Law 99-272) amended section 1902 of the Social Security Act to provide that assets in certain trusts would be countable for the purpose of determining eligibility for Medical Assistance. These trusts are called "Medicaid Qualifying Trusts."

A payment from an exempted trust may be considered a disposal for less than fair market value if the goods or services received are not commensurate with the expenditure.

C. Special Needs Trusts (Based on COMAR amendments effective 4/29/02)
As with any other trust, a special needs trust may only be considered as a resource for the applicant/recipient (A/R) if some or all of the funds going into the trust were from the resources or income of the A/R or the A/R's spouse. Also, it must meet the definition of a "resource", as being accessible to the A/R or the A/R's spouse. To be not countable as a resource, a Special Needs Trust established after August 10, 1993 must meet all of the following criteria below in 1. - 11. (as specified in COMAR 10.09.24.08-2C):

1. The trust is irrevocable. Any trust that may be revoked or altered does not meet this criterion and so is counted as a resource.
2. The trust states that the beneficiary is disabled under COMAR 10.09.24.05E. The beneficiary's disability must be confirmed by the Social Security Administration or by the State Review Team. If the beneficiary has not been determined disabled by SSA or SRT, the trust is counted as a resource.
3. The beneficiary of the trust is younger than 65 years old at the time the trust is established. If the beneficiary was 65 or older when the trust was established, it is counted as a resource.
4. The trust was established by the beneficiary's parent, grandparent, legal guardian or a court. If the trust was established by any other person, it is counted as a resource.
5. The trust does not contain provisions that conflict with the policies set forth in COMAR 10.09.24.08-2. This means the trust must limit distributions to those that are for the sole benefit of the beneficiary. Also, no provision of the trust may thwart the Department's recovery, upon the death of the beneficiary, of Medical Assistance benefits paid on behalf of the beneficiary. If the trust conflicts with these policies, it is counted as a resource.
6. The trust provides that the Department shall receive all amounts remaining in the trust upon the death of beneficiary, or upon termination of the trust for any other reason, up to an amount equal to the total Medical Assistance benefits paid on behalf of the beneficiary. If the trust does not provide for State recoveries, it is counted as a resource.
7. The trust does not permit distribution of trust assets upon termination of the trust that would hinder or delay reimbursement to the Department. Aside from distribution of administrative costs for termination of the trust, the Department must have first claim to the trust assets, up to the amount of Medical Assistance payments. If the trust permits distribution of its assets when it is terminated, it is counted as a resource.
8. The trust does not place time limits, or any other limits, on the Department's claim for reimbursement under COMAR 10.09.24.08-2C(8). If the trust places a limit on State recoveries, it is counted as a resource.

- (9) The trust must contain all of the following provisions:
- (a) Additions, including resources and income, may not be made to the trust after the beneficiary is 65 years old.
 - (b) Expenditures from the trust must be used for the sole benefit of the beneficiary and must be directly related to the beneficiary's health care, education, comfort, or support.
 - (c) The beneficiary may not serve as trustee or in any other capacity that would allow the beneficiary to influence or exercise authority or control over trust distributions.
 - (d) The trustee must administer the trust in accordance with all of the following provisions of Estates and Trust Article § 15-502, Annotated Code of Maryland:
 - (i) The trustee may not have an interest in the trust's assets.
 - (ii) The trustee may not have discretion to use trust assets for the trustee's own benefit.
 - (iii) The trustee may not self-deal by selling trust assets to the trustees or buying trust assets from the trustee.
 - (iv) The trustee may not loan trust assets to the trustee.
 - (e) The trustee must not take more compensation than is allowed in the provisions of Estates and Trusts Article, §14-103, Annotated Code of Maryland.
 - (f) Any leases or mortgages that the trust holds must contain a provision that they either terminate or become due and payable when the beneficiary dies or the trust is terminated.
 - (g) If the trust owns titled property that is valued at more than \$500.00, the property must be titled to the trust, except for securities which may be held in the name of a nominee.
 - (h) If the trust owns an asset jointly with another, the ownership must be as tenants in common (see page 800-4), and the ownership agreement must provide that, when the trust is terminated, the property must be sold for fair market value or the other owners must purchase the trust's interest in the property for fair market value.
 - (i) Trust assets may not be held as an on-going business or enterprise, or as investments in new or untried enterprises.
 - (j) Trust distributions may not be used to supplement Medical Assistance payments to any health care provider serving the beneficiary. The provider is required to accept Medical Assistance reimbursement as payment in full for the services billed.
 - (k) Trust assets may not be used to compensate family members of the beneficiary for serving the beneficiary in any way, including:
 - (i) Caring for the beneficiary;
 - (ii) Accompanying the beneficiary on travel;
 - (iii) Providing companionship to the beneficiary ; or
 - (iv) Serving as trustees or on a trust advisory committee.

DISPOSAL OF ASSETS FOR LESS THAN FAIR MARKET VALUE

Unless otherwise specified, the following policies and procedures apply to any disposal, regardless of the date of the transaction or period for which eligibility is being determined.

If an institutionalized person and/or the person's spouse disposed of an asset for less than fair market value (FMV) during the applicable look-back period, or during or after the month of application, the uncompensated value of the asset must be considered in determining that person's eligibility for Medical Assistance coverage of long-term care services or eligibility for enrollment in a home and community-based services waiver. Any transfer or other disposal of an asset for less than FMV must be evaluated under the disposal provisions of this section. This does not apply to assets attributed to the community spouse based on spousal impoverishment rules:

If the applicant's spouse died or the applicant was divorced prior to the month of application, this is not considered a "spousal impoverishment" case. Therefore, assets that belonged to the deceased spouse or ex-spouse in which the applicant had no ownership interest do not affect the applicant's current eligibility. Such assets do not need to be verified in order to determine the applicant's current eligibility. Also, these assets are not reviewed for disposal of assets for less than FMV, even if the spouse died or the divorce occurred within the look-back period.

Disposal of assets for less than FMV includes transactions made on behalf of an applicant/recipient/spouse (A/R/S) by a person legally authorized to act instead of or on behalf of an A/R/S. These persons include legal representatives such as guardians,

attorneys, persons who hold power of attorney, a spouse, and the parents of a minor child.

Disposal includes all actions that result in an asset being made inaccessible or that reduce or eliminate the A/R/S ownership interest without adequate compensation.

These actions include, but are not limited to:

- . making a gift of assets
- . selling assets for less than fair market value
- . altering ownership interest in an asset by adding new owners
- . creating a life interest
- . rendering an asset inaccessible by creating a trust
- . rendering an asset inaccessible by use of any legal or financial instrument.

Disposals may also include any actions or inactions that result in the A/R/S failing to receive assets to which they may be entitled. These actions and inactions include but are not limited to:

- . waiving the right to a source of income
- . postponing receipt of an asset
- . failure to take legal action to obtain a court ordered payment
- . not pursuing injury settlements

Policy Alert 08-1
Consideration of Resources - Policy and Procedure Changes
Effective: For Applications Received and Redeterminations Initiated
On or After January 1, 2004

The Department of Health and Mental Hygiene (DHMH) and the Department of Human Resources (DHR) have been meeting to discuss how to simplify and expedite financial eligibility determinations by making the treatment of income and resources the same wherever possible for all public benefits programs. Certain types of income and resources are required by federal law to be excluded when determining eligibility for needs-based public benefits programs. The Departments have identified additional types of income and resources to exclude from consideration for all programs, or at least excluded for the Medical Assistance (MA) Families and Children (FAC) coverage groups, Temporary Cash Assistance (TCA), and Food Stamps. Also, DHMH has identified FAC eligibility policies to change to match TCA policies.

For Aged, Blind, or Disabled (ABD) coverage groups, MA is required either to follow the federal eligibility policies for Supplemental Security Income (SSI) or to use the authority under Section 1902(r)(2) of the Social Security Act to implement less restrictive policies. DHMH has identified ABD eligibility policies to change either to match SSI policies or be less restrictive.

ABD coverage groups include the H, L, and S tracks, as well as X02 if ABD rules are used. FAC coverage groups include the E, F, and G tracks; T01, T02, and T99; and X02 if FAC rules are used. Eligibility rules of the Maryland Children's Health Program (MCHP) in COMAR 10.09.11 are used for consideration of income and resources for the D and P tracks, T03-T05, and X01.

Due to the anticipated benefits for customers and local departments, the MA policy changes will take effect for applications received and redeterminations initiated on or after January 1, 2004. Simplifying and standardizing financial eligibility policies and procedures for public benefits programs will result in quicker and less burdensome processing of applications and redeterminations.

You will be notified of the revised CARES procedures when CARES programming is changed for certain income and resource types. In the meantime until CARES is changed with these new exclusions from countable resources, do not enter on CARES any resources that are now excluded and so should not be counted. However, describe in the CARES narration any excluded or disregarded resources that are not entered. For redeterminations, remove from CARES for the current period any resources that were previously counted but are excluded as of January 1, 2004.

See the attached Medical Assistance Resource Countability Table. It contains an alphabetized list of all the resource types and identifies whether each type is countable or excluded for FAC and ABD, and is having the policy changed or clarified. Following are the most important policy changes or clarifications:

I. Policy Changes or Clarifications for All Medical Assistance Coverage Groups

A. Exclude from Consideration as a Resource for FAC and ABD

- Crime victims compensation for expenses incurred or losses suffered.
- Disaster relief, assistance, or maintenance from a federal, state, or local agency or from a disaster relief organization: exclude for both FAC and ABD. For ABD, lift the 9-month limit on such assistance.
- Earned Income Tax Credit (CARES valid value “EC”): exclude refund received or partial payment advanced. See FIA Action Transmittal 03-49.
- Escrow or other dedicated financial institution accounts: exclude as inaccessible those funds placed in an escrow account (e.g., rent or utility security deposit)
- UGMA, MUTMA, UTMA, and other custodian accounts for a minor child: count as the child’s resource if the funds are accessible to be used for the child’s benefit through the child’s parent or other account custodian.
- Vehicles:
 - FAC excludes all vehicles.
 - ABD excludes automobiles, SUVs, trucks, and motorcycles, but counts boats, trailer recreational vehicles, and airplanes.
- Federal statute excludes certain income benefits from consideration for needs-based public benefits programs. Income received from such programs is also excluded as a resource (e.g., Agent Orange Compensation Exclusion Act of 1989, congregate public housing services or wages under the Cranston-Gonzales National Affordable Housing Act of 1990, National and Community Service Trust Act of 1990 and 1993, Radiation Exposure Compensation Act of 1990, Rick Ray Hemophilia Relief Fund Act of 1998, veterans benefits for children with certain birth defects who were born to women Vietnam War veterans, Vietnam veterans allowances for children with spina bifida, vocational education assistance under the Carl D. Perkins Vocational Education Act of 1990, subsidies for expenses but not on-the-job training payments under the Workforce Investment Act, Youth Build Program under the Housing and Community Development Act of 1992).

B. Changes in Methodology for Resource Consideration for FAC and ABD

- Burial/funeral arrangements:
 - For FAC and ABD exclude all irrevocable or revocable burial/funeral funds, plans, agreements, trusts, insurance, or contracts (“IB”, “IF”, “RC”, “RF”) and interest earned on such funds. The fund must specify that a funeral home will receive all the proceeds and be for the actual anticipated costs of the burial/funeral of an assistance unit (AU) member or a member’s spouse
 - For ABD exclude up to a total of \$1,500 in burial savings accounts and other liquid resources for each AU member, that are designated for burial/funeral but do not specify that a funeral home will receive all the proceeds. Count the amount exceeding the cap. Delink this ABD exclusion from the rules for excluded life insurance (previously ABD reduced the burial fund exclusion by the amount of excluded life insurance).
For FAC, these liquid resources are countable.

- For FAC and ABD exclude burial spaces for each AU member and a member's immediate family.
- Income-producing property ("PL", "PM") (e.g., home, business, or other non-home property—buildings, land, farm machinery, livestock, tools, equipment):
 - For FAC and ABD:
 - use TCA and Food Stamps rules in FIA Action Transmittal 02-69 to exclude the property as a resource when that property annually produces income consistent with its fair market value (i.e., what is charged for the use of comparable property in the same geographic area). The income received is counted as rental property income or self-employment. Otherwise, the property is counted as a resource, according to the fair market value for the sale of comparable property in the same geographic area.
 - exclude if associated with excluded home property
 - exclude non-business property that is essential to self-support
 - exclude tools and equipment necessary for employment
 - exclude real or personal property that is directly used to maintain or use an income-producing vehicle
 - For FAC only: exclude real property that is not the primary residence and is listed for sale with a realtor (ABD counts if it is not excluded as income-producing property.)
- Life insurance policies ("LI"):
 - FAC: exclude all life insurance policies
 - ABD:
 - Continues to exclude the current cash value if the original face value was no more than \$1,500. The current cash value is counted if the original face value exceeded \$1,500.
 - Policies without a current cash value are excluded.
 - Exclude a life insurance policy if it is irrevocably assigned to be used solely for the funeral/burial expenses of the insured.
- Loans:
 - FAC excludes all loans received by the applicant/recipient (A/R) as the borrower (e.g., personal, business, reverse mortgage, home equity). FAC also excludes the payment of principal received by the A/R as the lender (e.g., mortgage).
 - ABD counts as a resource the payment of principal received by the A/R as the lender for a formal, contractual loan (e.g., mortgage). ABD excludes payment received for an informal loan (e.g., loan to a family member or friend to pay the rent).
 - ABD counts as a resource a loan (e.g., personal, business, reverse mortgage, home equity) received by the A/R as the borrower if the money is retained after the month of receipt and was not excluded as income in the same 6-month period under consideration.

II. Policy Changes or Clarifications for FAC Coverage Groups Only

A. Exclude from Consideration as a Resource for FAC

- Bank account for a child ("SV"): exclude up to \$2,000 in a separate bank account for the earnings of a child under age 21 (ABD continues to count.)

- Individual Development Accounts (IDAs): exclude money deposited in such accounts and the interest earned. See FIA Action Transmittal 03-49.
- Retirement and Pension Funds: exclude money in retirement and pension funds--401(k), public or private pension funds and plans, 457 plans, etc. Only count Individual Retirement Accounts (IRAs) and Keogh plans (if the Keogh is for a self-employed person and involves no contractual obligation with anyone who is not a household member). See FIA Information Memo 02-75. When payments are received after retirement or these funds are liquidated, the money is counted as income upon receipt. (For ABD, continue to count retirement and pension funds as a resource if accessible, even if there is a penalty for liquidating. Exclude if the funds are inaccessible.)

Note: Please contact the Division of Eligibility Services at 410-767-1463 or 1-800-492-5231 extension 1463 if you have any questions about this Policy Alert.

Medical Assistance Resource Countability Table

This Resource Countability Table is provided as a quick, simple reference guide, and may not include all of the policy applicable to a particular resource type. Additional rules for a resource type may be found in COMAR 10.09.24 or the Medical Assistance (MA) Eligibility Manual. **Please refer to the appropriate resource procedures in this Policy Alert or the MA Eligibility Manual for complete instructions when determining eligibility.**

The chart is alphabetized for your convenience. If a type of resource is not specified on this table as excluded, it is countable. An “EX” under the “Countable For” column means the type of resource is **excludable** for the respective assistance unit. A “CT” means the type of resource is **countable**.

- Medical Assistance (MA) coverage groups using Families and Children (FAC) rules include those in the **E, F, and G** tracks, as well as **T01, T02, and T99**.
- MA coverage groups using Aged, Blind and Disabled (ABD) rules include those in the **H, L, and S** tracks.
- Coverage groups in the **D and P** tracks as well as **T03-T05 and X01** (for MA, Maryland Children’s Health Program (MCHP), and MCHP Premium) are governed by COMAR 10.09.11 rather than by COMAR 10.09.24, and **do not consider resources when determining eligibility**.
- Coverage group **X02** uses **FAC, ABD, or MCHP** rules for consideration of income and resources, depending on the nature of the assistance unit.

Type of Resource	Count for FAC	Count for ABD	NOTES
401-K funds	EX	CT	policy change for FAC to match TCA and Food Stamps to exclude. ABD counts even if there is a penalty for liquidating, unless it is otherwise excluded.
Accessible or liquid resource	CT	CT	Count if the resource may be cashed in, redeemed, or otherwise accessed, even if there is a penalty for liquidating, unless it is specifically excluded.
Annuities	CT/EX	CT/EX	Count if it may be cashed in, withdrawn, or liquidated. Exclude as unavailable if it cannot be cashed in under any circumstances.
Automobiles and other vehicles	EX	CT/EX	FAC matches TCA and Food Stamps to exclude all vehicles. ABD excludes automobiles, SUVs, trucks, and motorcycles <u>but counts</u> recreational vehicles, boats, and airplanes.
Bank and other financial institution accounts	CT	CT	Count the following unless specifically excluded: checking, saving, draft, share, investment, certificate of deposit, and money market accounts. Exclude outstanding checks. For exclusions, see escrow and other dedicated bank accounts, and bank account for a child.
Bank account for a child —up to \$2000 in a separate bank account for earnings of a child under age 21	EX	CT	policy change for FAC to exclude to match TCA.
Basic items essential to day-to-day living such as clothing, furniture, household furnishings, appliances, health aids, educational material, children’s toys, and other similarly essential items of limited value	EX	EX	
Bonds	CT	CT	Count unless is excluded due to being inaccessible, etc.

Type of Resource	Count for FAC	Count for ABD	NOTES
Burial/funeral fund, plan, agreement, trust, insurance, or contract, which specify that a funeral home will receive all proceeds, for the actual anticipated costs of the burial/funeral of an AU member or a member's spouse	EX	EX	policy change for all programs to exclude both irrevocable and revocable burial funds, as well as interest earned on those funds. (Previously, ABD excluded irrevocable burial funds and had a cap of \$1500 for revocable burial funds and liquid assets designated for burial. FAC had a cap of \$1500 for burial funds and liquid assets designated for burial.)
Burial savings accounts and other liquid assets designated for burial/funeral	CT	CT/EX	policy change for FAC and ABD: FAC to match TCA and Food Stamps to count these resources as accessible. ABD to exclude up to \$1,500 for each member of the AU, and will count what exceeds the cap. ABD will delink from rules for life insurance. (Previously, FAC and ABD excluded these liquid assets in combination with revocable burial funds up to \$1500. ABD reduced the burial fund exclusion by the amount of excluded life insurance.)
Burial spaces for each member of the AU and a member's immediate family	EX	EX	
Cash on hand	CT	CT	Count unless is specifically excluded.
Certificates of deposit	CT	CT	
Checking bank accounts	CT	CT	Count unless is specifically excluded.
Crime victims compensation for expenses incurred or losses suffered (see income exclusion)	EX	EX	policy clarification to comply with federal law
Disaster relief assistance (see income exclusion)	EX	EX	policy change for ABD to lift a 9-month limit to the exclusion. policy clarification for FAC to exclude to comply with federal law.
Dividends accumulated	CT/EX	CT/EX	Count the accumulated dividends for a countable resource (e.g., stocks, life insurance for ABD). Exclude the accumulated dividends for an excluded resource (e.g., burial funds, life insurance for FAC).
Earned Income Tax Credit refunds and advances (see income exclusion)	EX	EX	policy change to comply with federal law
Education assistance (see income exclusion)	EX	EX	
Energy assistance (see income exclusion)	EX	EX	
Escrow or other dedicated financial institution accounts —funds placed in escrow account, e.g., rent or utility security deposit	EX	EX	policy clarification to comply with federal law. Exclude as inaccessible.
Farm property and livestock	CT/EX	CT/EX	Exclude if used only for the household's consumption. Otherwise, count according to the rules for income-producing property.
Federal statute —all types of resources excluded by federal statute for needs-based public benefits programs (see Income Countability Table)	EX	EX	policy clarification to comply with federal law
Ground rent (see income-producing property)	CT	CT	Count as income-producing property according to the yearly fair market value of the ground rent or what the lease would bring on the open market.

Type of Resource	Count for FAC	Count for ABD	NOTES
Home consumption —value of livestock and home produce used for household's consumption	EX	EX	
Home property including the associated land	CT/EX	CT/EX	Exclude if the customer, spouse or other specified family member lives in the home, if the customer is institutionalized and intends to return to the home, or if the home is in a life estate without powers. Otherwise, count. Count the home if the customer is institutionalized and the home is part of a life estate with powers. Count the home if the customer lives in an assisted living facility and a spouse or other specified family member isn't living in the home, or if the customer is admitted to a long-term care facility from an assisted living facility. Exclusion of the home property doesn't prevent a lien from being attached or executed.
Home property – proceeds from sale of a home	EX	EX	Exclude for up to 3 months if the home was excluded as home property, and if the proceeds are used to purchase another excluded home.
Household goods, personal effects, and basic items essential to day-to-day living.	CT/EX	CT/EX	Exclude, except count the equity value of non-essential collections of valuable personal effects such as stamps, jewelry, furs, antiques
Housing assistance (see income exclusion)	EX	EX	
HUD Section 8 and Public Housing Family Self-Sufficiency Program —funds placed in escrow account for the program (see income exclusion)	EX	EX	
Inaccessible resource	EX	EX	
Income	EX	EX	If money is considered as income, it can't also be considered as a resource for the same period under consideration. After the month of receipt, money is considered as a resource if it is still retained when eligibility is next determined (current eligibility determination after a retroactive eligibility determination, eligibility determination after a period of ineligibility, next unscheduled or scheduled redetermination).
Income-producing property – home, business, or other non-home property (building, land, farm machinery, livestock, tools, equipment)	CT/EX	CT/EX	policy change to use TCA and Food Stamps rules: Exclude if it annually produces income consistent with the fair market value. Exclude if associated with excluded home property. Exclude non-business property essential to self-support. Exclude tools and equipment necessary for employment. Exclude real or personal property that is directly used to maintain or use an income-producing vehicle. (Previously, ABD excluded it if the customer has an equity interest of \$6000 or less and the property produces a net annual return of at least 6% of the equity value. Counted the full equity value if it didn't produce a net annual return of at least 6%. Counted the combined equity value in excess of \$6,000 if it produced a net annual return of at least 6%. FAC counted income-producing real property but used ABD rules for excluding other types.)

Type of Resource	Count for FAC	Count for ABD	NOTES
Indian lands, certain government payments to Native Americans, Indian judgment funds	EX	EX	policy clarification to exclude to comply with federal law
Individual Development Accounts (IDAs) (see income exclusion)	EX	CT	policy change for FAC to exclude to match TCA and Food Stamps
Individual Retirement Accounts (IRAs)	CT	CT	
Inheritance – property of a deceased person	CT/EX	CT/EX	policy clarification for FAC to match TCA and Food Stamps to exclude property in probate. FAC and ABD exclude property that does not go through probate or that is jointly owned. Otherwise, the property is counted or excluded based on the type of property.
Joint accounts	CT/EX	CT/EX	All funds in joint accounts are considered available to the customer and are counted, unless ownership is successfully rebutted. (see pp. 800-3 – 800-5 and 800-47 – 800-57 of the MA Eligibility Manual)
Keogh accounts	CT	CT	
Liens – non-liquid assets when a lien is placed against them as a result of taking out a business loan and the household is prohibited from selling the asset	EX	EX	
Life estate	CT/EX	CT/EX	Exclude if the life estate is specified as without powers or as inaccessible to the customer. Otherwise, count.
Life insurance policies	EX	CT/EX	policy change for FAC to match TCA and Food Stamps to exclude all life insurance policies. ABD excludes the current cash value if the original face value was no more than \$1,500. <u>ABD also excludes life insurance if it is irrevocably assigned to be used solely for the funeral/burial of the insured.</u> Otherwise, ABD counts the full current cash value verified in writing by the life insurance company. ABD doesn't consider the policy's value or require verification if the policy clearly states that there is no cash value.
Loans and promissory notes – payment of the principal received by the customer as the lender for a formal, contractual loan	EX	CT	policy change for FAC to exclude all loans. For ABD, payment received for the principal is counted as a resource. Payment of the interest is counted as income. However, payment received for an informal loan is not counted (e.g., loan to friend or family to pay a bill or make a purchase.)
Lump sum payments that are non-recurring (considered as a resource the month after receipt)—e.g., retroactive benefits payment, insurance settlement, inheritance, cash lottery prize, gift	CT/EX	CT/EX	Count unless otherwise excluded, such as if the lump sum is prorated and counted as income for the same period under consideration
Money market accounts	CT	CT	Count unless specifically excluded.
Mortgage payments- payment of the principal received by the customer as the lender (see loans)	EX	CT	
Mutual fund shares	CT	CT	
Personal property	CT/EX	CT/EX	Exclude unless countable, such as a valuable collection that is not needed to meet basic living needs (e.g., stamps, furs, jewelry, antiques).

Type of Resource	Count for FAC	Count for ABD	NOTES
Plan for Achieving Self Support (see income exclusion)	EX	EX	Exclude resources of a blind or disabled person that are necessary to fulfill a Plan for Achieving Self-Support, approved by the Social Security Administration
Profit-sharing plans that permit early withdrawal	CT	CT	Count unless specifically excluded.
Real property —buildings and land (see home property and income producing property)	CT/EX	CT/EX	Count recreational and other real property unless it is specifically excluded (e.g., excluded as home property or as income-producing property).
Real property that is not the primary residence and is listed for sale with a realtor	EX	CT	policy change for FAC to match TCA and Food Stamps
Receipts from the sale, exchange, or replacement of a resource (see home property – proceeds from sale)	CT/EX	CT/EX	Count if the original resource was counted. Exclude if the original resource was excluded and the receipts are put back into another excluded resource (e.g., home property). Count any amount that is not put into an excluded resource.
Refunds of federal income taxes	EX	EX	
Relocation assistance – Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 or relocation assistance provided by a state or local government (see income exclusion)	EX	EX	
Replacement received in cash or in-kind for casualty losses of a lost, damaged, or stolen excluded resource (see income exclusion)	EX	EX	Exclude for 9 months after receipt.
Resource associated with excluded income (see Income Countability Table)	EX	EX	Exclude as resource if excluded as income, unless it is specifically counted as a resource (e.g., bank accounts)
Resource likely to sell for an amount less than half of the household's resource limit	EX	CT	
Resource that has been prorated as income	EX	EX	
Retirement and pension plans	EX	CT/EX	policy change for FAC to match TCA and Food Stamps to exclude all but IRAs and Keoghs. ABD excludes if inaccessible, and counts otherwise.
Retroactive payments under Title II (Social Security) or Title XVI (SSI) of the Social Security Act	EX	EX	policy clarification to comply with federal law
Reverse mortgage or home equity loan – money received by the customer as the borrower	EX	CT	policy change for FAC to match TCA and Food Stamps to exclude all loans. ABD counts as a resource if it is not spent by the month after receipt.
Savings bank accounts or savings certificates	CT	CT	Count unless specifically excluded.
Security deposit , e.g., for rent or utilities	EX	EX	policy clarification to exclude as inaccessible to comply with federal law
Special needs trust (see trusts)	EX	EX	Exclude if certain conditions are met. Otherwise, it is counted
Stocks	CT	CT	Count unless specifically excluded.

Type of Resource	Count for FAC	Count for ABD	NOTES
Supplemental Security Income recipient's resources	EX	EX	Contact the Social Security Administration if the recipient's total countable resources exceed \$2,000.
Tools and equipment necessary for employment (see income-producing property)	EX	EX	
Trust (see also special needs trust)	CT/EX	CT/EX	policy change for FAC to match TCA to exclude a trust account established by court order. Exclude for ABD and FAC if it is an irrevocable trust or is inaccessible to the customer, <u>if no funds of the customer or spouse formed the trust's corpus</u> , or if certain conditions are met. Otherwise, it is counted. See COMAR 10.09.24.08-2 for rules about Medicaid qualifying, special needs, and other trusts. Also see pp. 800-58 – 800-86d in the MA Eligibility Manual.
UGMA, MUTMA, UTMA, and other custodian accounts for a minor child	CT	CT	policy clarification to count as the child's resource if the funds are accessible through the child's parent or other account custodian to be used for the child.
Vehicles	EX	CT/EX	FAC excludes all vehicles. ABD excludes automobiles, SUVs, trucks, and motorcycles but <u>counts recreational vehicles, boats, and airplanes.</u>
Welfare-to-Work Rental Voucher Program —subsidy payments	EX	EX	

**Appendix B
Table of Contents
Long-Term Care Forms and Notices**

- DES 601A (LTC) Spousal and Family Allowance Worksheet
- DES 601 B (LTC) Dependent Allowance Worksheet
- DES 602 (LTC) Notice – Consideration of Resources in Continuing Eligibility
- DES 2000 (LTC) Physician’s Statement of Incapacitation
- DES 2001 (LTC) Request for Life Insurance Information
- DES 2002 (LTC) Consent to Release Information to LDSS
- DES 2003 (LTC) Income and Shelter Expense Reporting Form for Community Spouse
- DES 2004 (LTC) Representative’s Statement
- DES 2005 (LTC) Consent for Release of Information (to long-term care facility)
- DHMH 4210 (LTC) Notice of Ineligibility for Non-Financial Reasons
- DHMH 4235 (LTC) Notice of Ineligibility due to Excess Resources or Disposal of Resources
 - DES 100 (LTC) Explanation of Ineligibility due to Excess Resources – Attachment to DHMH 4235
- DHMH 4245 Physician Report
- DHMH 4255 (LTC) Home Exclusion – Statement of Intent
- DHMH 4343 Declaration of Joint Bank Account Ownership Interest

SPOUSAL AND FAMILY ALLOWANCE WORKSHEET

C.I.D.# _____

I. Spousal Allowance

Date: _____

Name: _____

Monthly Shelter Expenses:

Rent/Mortgage \$ _____

Property Taxes _____

Homeowner's Insurance _____

Utility Standard _____

Other _____

a. Total Shelter Costs \$ _____

b. Excess Shelter Standard - _____

c. Excess Shelter Allowance _____

d. Basic Maintenance & Shelter _____

e. Total of lines c. & d. _____

f. Maximum Maintenance & Shelter _____

Lesser of lines e. or f. \$ _____

Monthly Income:

Social Security _____

V.A. Benefit _____

Pension _____

Earned Income _____

Other _____

Total Monthly Income - _____

Spousal Allowance _____

II. Family Allowance for _____

Basic Maintenance and Shelter \$ _____

Monthly Income:

Social Security _____

V.A. Benefit _____

Pension _____

Earned Income _____

Other _____

Total Monthly Income - _____

Difference _____

Family Allowance = Difference = _____ = _____

3

3

DEPENDENT ALLOWANCE WORKSHEET

C.I.D.# _____

Name: _____

Date: _____

III. Dependent Allowance for _____

Medically Needy Income Level \$ _____

Monthly Income:

Social Security _____

V.A. Benefits _____

Earned Income _____

Other _____

Total Monthly Income - _____

Dependent Allowance \$ _____

Maryland Medical Assistance Program
Consideration of Resources in Continuing Eligibility

Date: _____

Re: _____
Case Name

C.I.D. Number

Dear _____ :

Recently the above-named person was found eligible for Medical Assistance. This determination was based on a consideration of resources in which a portion of the couple's total combined resources were not counted because it was to be protected for the benefit of the spouse living in the community. For the purpose of determining Medical Assistance eligibility, the resources were considered as follows:

Couple's Total Combined Resources \$ _____

Amount Protected for the Community Spouse - _____

Amount Attributed to the Institutionalized Spouse _____

Currently the amount owned by the institutionalized spouse exceeds the amount that has been attributed to him/her. This excess amount must be made available to the community spouse. The excess amount is calculated as follows:

Amount Owned by Institutionalized Spouse \$ _____

Amount Attributed to the Institutionalized Spouse - _____

Excess Amount \$ _____

The **Excess Amount** above will be protected for the community spouse. This amount prevents the institutional spouse from exceeding the allowable \$2500 resource amount. You are responsible for removing this excess amount from the name of the institutionalized spouse and making it available to the community spouse. **You have 90 days from the date of this notice to change the ownership of these resources and to provide this agency with proof that the changes have been made.** The next time this case is reviewed, all resources remaining in the name of the institutionalized spouse will be counted. Failure to remove the excess from the name of the institutionalized spouse, and to make it available to the community spouse, will result in cancellation of Medical Assistance for the institutionalized spouse.

When the excess amount has been transferred from the institutionalized spouse to the community spouse, you must send verification to this department. This verification should be received no later than

_____.

Sincerely,

Case Manager

Department of Social Services

Telephone Number

HOW TO HAVE A HEARING IF YOU THINK WE ARE WRONG

What do I do if I think your decision is wrong?

- Call the telephone number on the other side of this notice to ask for a conference.
- Request a hearing by:
 - Calling 1-800-332-6347 or the telephone number on the other side of this notice and requesting a hearing; or
 - Visiting your local department office and requesting a hearing; or
 - Mailing or giving a request for a hearing in writing to:
 - Your local department office; or
 - The following address:

DHMH Docketing – Unit A
Office of Administrative Hearings
11101 Gilroy Road
Hunt Valley, Maryland 21031-1301

- If you don't want to fill out the form to request the hearing:
 - Come to your local department office. We will help you.
 - Call your case manager at the telephone number on this notice or call 1-800-332-6347.

How long do I have to request a hearing?

- You must ask for a hearing no later than **90 days** after the date of this notice.

How long can I still get my benefits while I wait for my hearing?

- If you ask for a hearing no later than **10 days** after the date of this notice and you were getting benefits, you can continue to get your benefits while you wait.

Will I owe any money if I get my benefits while I wait?

- If the judge agrees with us and you lose your appeal, you may have to pay back benefits. This might not be required if it is determined that your request for a hearing resulted from a bonafide belief that the department's decision was in error.

When and where will the hearing be?

- The Office of Administrative Hearings will send you a notice telling you the time and place of your hearing.

Do I have to come to the hearing?

- Yes. You will lose if you do not come. If you can't come, tell the Office of Administrative Hearings and they will reschedule your hearing.

Can I bring someone to help me or speak for me?

- Yes. You can bring a lawyer, friend, or relative. If you want free legal help, call your local department or call Legal Aid at 1-800-999-8904. To see if you qualify for free legal representation, call the Maryland Volunteer Lawyer Services at 1-800-510-0050.

How can I prepare for the hearing?

- You can see your file, including your computer file, at your local department and talk with us about this decision. Please call the telephone number on the other page to make an appointment. We will send you our reasons for the decision that you are appealing, at least 6 days before your hearing.

MARYLAND MEDICAL ASSISTANCE PROGRAM

PHYSICIAN'S STATEMENT OF INCAPACITATION

Date _____

This is to certify that _____ has
been under my professional care from _____ to _____
for the treatment of _____.

I certify that he/she is (check one): _____ capable _____ incapable of
participating in the application process, and signing the application.

Signature of Physician

Print Name of Physician

Address

Phone Number

Maryland Medical Assistance Program Request for Life Insurance Information

SECTION I (To Be Completed By Case Manager)

Date: _____

Case Manager _____

CID# _____

Telephone Number _____

District Office _____

Name of Insurance Company

Address

RE: Customer Name _____

SSN _____

D.O.B. _____

SECTION II (To Be Completed By Applicant)

I AUTHORIZE THE RELEASE OF INFORMATION TO THE DEPARTMENT OF
SOCIAL SERVICES

Signature

Date

NOTICE TO MEDICAID APPLICANT

You are providing personal information (Name, Address, Date of Birth, Income History, Employment History, etc.) in this application for Medicaid benefits. The purpose of requesting this personal information is to determine your eligibility for Medicaid.

If you do not provide this information, the Medicaid Program may deny your application for benefits. You have the right to inspect, amend or correct this personal information. The Medicaid Program will not permit inspection of your personal information, or make it available to others, except as permitted by law.

SECTION III (To Be Completed By Insurance Company) CID# _____

Name: _____

Please Complete Numbers 1-8

TO WHOM IT MAY CONCERN:

Please provide the following information regarding life insurance policies owned by applicant/spouse.

APPLICANT (AP) SSN _____ **SPOUSE (SP) SSN** _____

1. Name of Insured
AP Policy (1) _____ Policy (2) _____ Policy (3) _____
SP Policy (1) _____ Policy (2) _____ Policy (3) _____
2. Name of Policy Owner
AP Policy (1) _____ Policy (2) _____ Policy (3) _____
SP Policy (1) _____ Policy (2) _____ Policy (3) _____
3. Policy Number
AP Policy (1) _____ Policy (2) _____ Policy (3) _____
SP Policy (1) _____ Policy (2) _____ Policy (3) _____
4. Original Face Value
AP Policy (1) _____ Policy (2) _____ Policy (3) _____
SP Policy (1) _____ Policy (2) _____ Policy (3) _____
5. Accumulated Face Value
AP Policy (1) _____ Policy (2) _____ Policy (3) _____
SP Policy (1) _____ Policy (2) _____ Policy (3) _____
6. Loan(s) Against
AP Policy (1) _____ Policy (2) _____ Policy (3) _____
SP Policy (1) _____ Policy (2) _____ Policy (3) _____
7. Has additional insurance been purchased with dividends?
AP Policy (1) _____ Policy (2) _____ Policy (3) _____
SP Policy (1) _____ Policy (2) _____ Policy (3) _____
8. Total Cash Value Does this amount include #5 above? Yes No
AP Policy (1) _____ Policy (2) _____ Policy (3) _____
SP Policy (1) _____ Policy (2) _____ Policy (3) _____

Signature of Representative of Insurance Company

Date

Title

Telephone Number

MARYLAND MEDICAL ASSISTANCE PROGRAM

CONSENT TO RELEASE INFORMATION

(To be used by the Long-Term Care Facility when releasing newly received information to the Local Department of Social Services including income/assets)

As an applicant/recipient of Medical Assistance, I authorize the release to the Department of Health and Mental Hygiene (The Department) and/or its delegate agencies all data, records, and information by insurance companies, non-profit health service plans, providers of medical care, employers, agencies or organizations necessary for The Department's pursuit of third party reimbursement or verification of my statements provided in this application. I understand that this signed statement serves as written authorization for any of the above persons, agencies, or organizations to release the information requested.

The social security number of every Medical Assistance applicant/recipient will be used to obtain and verify information concerning his/her unearned income, cash benefits, wages and resources. I give my consent for The Department and/or its delegate agencies to compare the information I have given with the records of Federal, State, Local, and private agencies or businesses.

Signature of Applicant/Recipient/Representative

Social Security Number of Applicant/Recipient

CID #

Date

This form is valid for 12 months from the date of signature

NOTICE TO MEDICAID APPLICANTS

You are providing personal information (Name, Address, Date of Birth, Income History, Employment History, etc.) in this application for Medicaid benefits.

The purpose of requesting this personal information is to determine your eligibility for Medicaid. If you do not provide this personal information, the Medicaid Program may deny your application of benefits. You have a right to inspect, amend, or correct this personal information. The Medicaid Program will not permit inspection of your personal information, or make it available to others, except as permitted by federal and state law.

**MARYLAND MEDICAL ASSISTANCE PROGRAM
INCOME AND SHELTER EXPENSE REPORTING FORM
FOR COMMUNITY SPOUSE**

CASE NAME: _____

C.I.D. _____

My monthly income is _____.

My monthly expenses for shelter are _____.

(Please indicate monthly amounts and form of verification below.)

<u>Source of income</u>	<u>INCOME</u> <u>Monthly Amount</u>	<u>How Verified</u>
Social Security	\$ _____	_____
Veterans Benefits	_____	_____
Pension	_____	_____
Earned Income	_____	_____
Other	_____	_____
Total	\$ _____	

<u>Source of Expenses</u>	<u>SHELTER EXPENSES</u> <u>Monthly Amount</u>	<u>How Verified</u>
Rent	\$ _____	_____
Mortgage Payment	_____	_____
Condo Fees	_____	_____
Property Taxes	_____	_____
Homeowner's Insurance	_____	_____
Heat (if not included in rent)	_____	_____
Water	_____	_____
Gas and Electric	_____	_____
Total	\$ _____	

I, the undersigned, declare the information provided above to be accurate and true.

Signature of Spouse

Date

MARYLAND MEDICAL ASSISTANCE PROGRAM

REPRESENTATIVE'S STATEMENT

PLEASE COMPLETE THE APPROPRIATE SECTION BELOW.

I, _____ do hereby consent to allow
_____ to act as my Authorized
Representative. In such capacity he/she shares the responsibility, with me, of providing accurate
and timely information to the _____ Department of
Social Services as needed/requested in order to determine Medical Assistance eligibility.

APPLICANT'S SIGNATURE _____ DATE _____

REPRESENTATIVE'S SIGNATURE _____ DATE _____

OR

I, _____ do hereby consent to fully
represent _____. I further realize that, as the full
Representative, I am fully responsible for providing timely and accurate information to the
_____ Department of Social Services as
requested/needed.

REPRESENTATIVE'S SIGNATURE _____ DATE _____

Who Can Be a Representative?

The representative should be the individual who normally handles the affairs of the institutionalized person. In most instances, that individual will be a relative or legal guardian. However, if neither of these individuals exist, then a friend, hospital social worker, nursing home administrator, or other interested party may act on the person's behalf. Whoever decides to act on behalf of the person is considered the representative. This means that the same person who completes and signs the application and who appears for the face-to-face interview is also the person who has the responsibility of doing whatever is necessary to establish the person's eligibility. This includes, but is not limited to, making home visits or other contacts necessary to obtain required facts. "Unknown" as an answer to specific questions relating to income and resources is not acceptable.

A representative is also responsible for the accuracy and completeness of the application, for reporting changes to the LDSS and for establishing continuing eligibility. This responsibility continues until such time as a new representative is designated and the LDSS receives written notification of the change. An employee of a LTC facility, hospital, or other agency or organization may not routinely assume the role of a representative by merely filling out the application and mailing it to the LDSS.

While the representative is the primary source of information about the person, the LDSS must not routinely accept information presented by representatives whose source of information is at best questionable.

CONSENT FOR RELEASE OF INFORMATION

**REGARDING AN APPLICATION OR REDETERMINATION FOR
MEDICAL ASSISTANCE LONG-TERM CARE BENEFITS**

This form authorizes the Local Department of Social Services to release information to the Long-Term Care facility

I, _____, authorize the _____ Department of Social Services to release all necessary information from or about my application or redetermination for Medical Assistance benefits to the following long-term care facility (e.g., nursing home) where I live.

Name of Facility	Address
------------------	---------

This information may be released to the following person(s) from the long-term care facility:

_____ Name (please print)	_____ Position
------------------------------	-------------------

Telephone Number

_____ Name (please print)	_____ Position
------------------------------	-------------------

Telephone Number

_____ Name of applicant/recipient (please print)	_____ CID #
---	----------------

_____ Signature of applicant/recipient or authorized representative	_____ Applicant/recipient Social Security Number
--	---

Date _____

This form is valid for 12 months from date of signature.

**MARYLAND MEDICAL ASSISTANCE PROGRAM
NOTICE OF INELIGIBILITY FOR NON-FINANCIAL REASONS**

Date of Notice _____
C.I.D. Number _____

Dear _____ :

This is to notify you that based on the application you filed on _____ for long-term care Medical Assistance, you have been determined **ineligible** for the reason(s) checked below:

- _____ You failed to appear at the Local Department for the required interview.
- _____ You are not a resident of the State of Maryland.
- _____ You do not meet the citizenship or alien requirements.
- _____ You did not provide the following required information or verifications:

_____ If you send in this information before _____, you will not have to file another application. This agency will re-activate your application and determine your eligibility.

_____ Other – Specify: _____

_____ The income and assets of _____ (Applicant's Name) are within scale for long-term care Medical Assistance. However, Medical Assistance payment for long-term care services (e.g., nursing facility) cannot be authorized until a DHMH 257 form certifying an appropriate level of care has been received from the Utilization Control Agent. Once we receive that form, you will receive a notice with the decision about your Medical Assistance eligibility.

This decision is based on COMAR 10.09. _____. If you have questions, please contact the case manager at the telephone number below. If you do not agree with this decision, you have the right to appeal within 90 days of the date of this notice. The procedures for requesting a hearing are attached. You also have the right to reapply.

Sincerely,

Case Manager

Department of Social Services

Telephone Number

cc: Authorized Representative _____
Long-Term Care Facility _____

HOW TO HAVE A HEARING IF YOU THINK WE ARE WRONG

What do I do if I think your decision is wrong?

- Call the telephone number on the other side of this notice to ask for a conference.
- Request a hearing by:
 - Calling 1-800-332-6347 or the telephone number on the other side of this notice and requesting a hearing; or
 - Visiting your local department office and requesting a hearing; or
 - Mailing or giving a request for a hearing in writing to:
 - Your local department office; or
 - The following address:

DHMH Docketing – Unit A
Office of Administrative Hearings
11101 Gilroy Road
Hunt Valley, Maryland 21031-1301

- If you don't want to fill out the form to request the hearing:
 - Come to your local department office. We will help you.
 - Call your case manager at the telephone number on this notice or call 1-800-332-6347.

How long do I have to request a hearing?

- You must ask for a hearing no later than **90 days** after the date of this notice.

How long can I still get my benefits while I wait for my hearing?

- If you ask for a hearing no later than **10 days** after the date of this notice and you were getting benefits, you can continue to get your benefits while you wait.

Will I owe any money if I get my benefits while I wait?

- If the judge agrees with us and you lose your appeal, you may have to pay back benefits. This might not be required if it is determined that your request for a hearing resulted from a bonafide belief that the department's decision was in error.

When and where will the hearing be?

- The Office of Administrative Hearings will send you a notice telling you the time and place of your hearing.

Do I have to come to the hearing?

- Yes. You will lose if you do not come. If you can't come, tell the Office of Administrative Hearings and they will reschedule your hearing.

Can I bring someone to help me or speak for me?

- Yes. You can bring a lawyer, friend, or relative. If you want free legal help, call your local department or call Legal Aid at 1-800-999-8904. To see if you qualify for free legal representation, call the Maryland Volunteer Lawyer Services at 1-800-510-0050.

How can I prepare for the hearing?

- You can see your file, including your computer file, at your local department and talk with us about this decision. Please call the telephone number on the other page to make an appointment. We will send you our reasons for the decision that you are appealing, at least 6 days before your hearing.

MARYLAND MEDICAL ASSISTANCE PROGRAM

NOTICE OF INELIGIBILITY DUE TO EXCESS RESOURCES OR DISPOSAL OF RESOURCES

Date: _____

Re: _____
Name

CURRENT _____

RETRO _____

CID #

Dear _____,

This is to notify you that based on the application filed on _____, the person named above has been determined **ineligible** for Medical Assistance for the reason(s) checked below:

- Resources exceed the Medical Assistance standard of \$ _____. The amount of excess resources is \$ _____. When the excess resources have been used for necessary personal or health care needs (e.g., an irrevocable burial plan), you may reapply. When you reapply, you will be required to verify how the resources have been used. Keep all receipts for this purpose.
- Resources have been transferred or otherwise disposed of for less than fair market value. This results in a period of ineligibility for Medical Assistance payment of your long-term care services from _____ to _____. However, you are eligible for medical services covered under the red & white Medical Care Program Identification Card.

The following resources have been considered:

Type of Resource	Amount
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

This decision is based on COMAR 10.09. _____. If you do not agree with this decision, you have the right to request a hearing. The procedures for requesting a hearing are attached. You have the right to reapply.

Case Manager

Department of Social Services

Telephone Number

Attachment: DES 100
cc: Representative _____
Long Term Care Facility _____
DHMH 4235 (LTC) Revised 11/03

HOW TO HAVE A HEARING IF YOU THINK WE ARE WRONG

What do I do if I think your decision is wrong?

- Call the telephone number on the other side of this notice to ask for a conference.
- Request a hearing by:
 - Calling 1-800-332-6347 or the telephone number on the other side of this notice and requesting a hearing; or
 - Visiting your local department office and requesting a hearing; or
 - Mailing or giving a request for a hearing in writing to:
 - Your local department office; or
 - The following address:

DHMH Docketing – Unit A
Office of Administrative Hearings
11101 Gilroy Road
Hunt Valley, Maryland 21031-1301

- If you don't want to fill out the form to request the hearing:
 - Come to your local department office. We will help you.
 - Call your case manager at the telephone number on this notice or call 1-800-332-6347.

How long do I have to request a hearing?

- You must ask for a hearing no later than **90 days** after the date of this notice.

How long can I still get my benefits while I wait for my hearing?

- If you ask for a hearing no later than **10 days** after the date of this notice and you were getting benefits, you can continue to get your benefits while you wait.

Will I owe any money if I get my benefits while I wait?

- If the judge agrees with us and you lose your appeal, you may have to pay back benefits. This might not be required if it is determined that your request for a hearing resulted from a bonafide belief that the department's decision was in error.

When and where will the hearing be?

- The Office of Administrative Hearings will send you a notice telling you the time and place of your hearing.

Do I have to come to the hearing?

- Yes. You will lose if you do not come. If you can't come, tell the Office of Administrative Hearings and they will reschedule your hearing.

Can I bring someone to help me or speak for me?

- Yes. You can bring a lawyer, friend, or relative. If you want free legal help, call your local department or call Legal Aid at 1-800-999-8904. To see if you qualify for free legal representation, call the Maryland Volunteer Lawyer Services at 1-800-510-0050.

How can I prepare for the hearing?

- You can see your file, including your computer file, at your local department and talk with us about this decision. Please call the telephone number on the other page to make an appointment. We will send you our reasons for the decision that you are appealing, at least 6 days before your hearing.

MARYLAND MEDICAL ASSISTANCE PROGRAM
IMPORTANT – PLEASE READ CAREFULLY
Explanation of Ineligibility Due to Excess Resources

Case Name: _____

C.I.D. Number: _____

Date: _____

We have determined that you (or the Medical Assistance recipient that you represent) **have more resources than allowed**. The excess amount is \$ _____.

For this reason, you are determined to be **ineligible** for Medical Assistance. Your Medical Assistance will be cancelled effective _____. You will remain ineligible for Medical Assistance for each month that your resources exceed the allowable amount following the month of cancellation. You will receive written notice of the cancellation.

Your Medical Assistance benefits will be restored if you use the excess amount to reimburse the Medical Assistance Program for payments it has made on your behalf. If you reduce your resources in this way before _____, your Medical Assistance benefits will be restored without loss of coverage. If you do otherwise, you may lose Medical Assistance coverage for the months in which your resources exceeded the standard.

If you decide to reimburse the Program, it is not necessary that you contact your Case Manager. Simply mail a check (no cash) along with all copies of the enclosed form to:

Division of Recoveries and Financial Services
P. O. Box 13045
Baltimore, Maryland 21203

You and your Case Manager will receive a receipt of the payment.

If you decide not to pay your excess resources to the Medical Assistance Program, your Medical Assistance benefits will not be restored automatically. You must reapply at the local department of social services. A Case Manager will decide if you are again eligible and, if so, when your eligibility begins. Inform your Case Manager if you reduce your resources, such as by buying an irrevocable burial plan, paying for repairs to your home, or purchasing personal items. However, giving away your resources for less than fair market value (e.g., by gifts to family or friends) may be considered a disposal that results in a penalty period before you may be eligible for Medical Assistance.

If you have questions about these instructions, you may call _____

Case Manager

at _____.

Telephone Number

cc: Authorized Representative _____ Long-Term Care Facility _____

MARYLAND MEDICAL ASSISTANCE PROGRAM

PHYSICIAN REPORT

Date: _____

PART I. INSTITUTIONALIZED PERSON'S IDENTIFICATION

(To be completed by the Local Department of Social Services)

1. _____ CID#
Name

2. _____ Telephone Number
Name of Facility

Address

3. _____ Telephone Number
Representative Name

Address

4. _____ Telephone Number
Case Manager Department of Social Services

Address

PART II. STATEMENT BY ATTENDING PHYSICIAN

1. The anticipated length of stay in a Long Term Care Facility for the above named patient is:

(check the appropriate box)

Remainder of Life

* Six Months or Less

* More Than Six Months

* (give expected month and year of discharge _____)

2. The medical reasons for this expectation are:

(use back for additional space)

3. This person's ability to resume community (non-institutional) living requires the following support systems:

Medical Day Care

Home Health Care

Personal Care

Other _____

Specify

No support system(s) will be needed

I certify that I am the attending physician of the above named person and that the statements I have made concerning this person are based on my professional assessment of his/her medical condition and are supported by the person's medical record.

Signature of Physician

Printed Name of Physician

Date

Address

Notice to Medicaid Applicants

You are providing personal information (Name, Address, Date of Birth, Income History, Employment History, etc.) in this application for Medicaid benefits.

The purpose of requesting this personal information is to determine your eligibility for Medicaid. If you do not provide this personal information, the Medicaid Program may deny your application for benefits. You have a right to inspect, amend, or correct this personal information. The Medicaid Program will not permit inspection of your personal information, or make it available to others, except as permitted by federal and state law.

MARYLAND MEDICAL ASSISTANCE PROGRAM
HOME EXCLUSION – STATEMENT OF INTENT

Date: _____

PART I. INSTITUTIONALIZED PERSON'S IDENTIFICATION
(To be completed by the Local Department of Social Services)

1. _____
Name Case Number
2. _____
Name of Facility Telephone Number
- _____
Address
3. _____
Representative's Name Telephone Number
- _____
Address
4. _____
Case Manager Department of Social Services Telephone #
- _____
Address

PART II. STATEMENT OF INTENT TO RESUME LIVING IN HOME PROPERTY

Read this entire section before answering the question below. The person's representative may answer the question.

If "no" is checked, the equity value of the person's home may be a countable resource which could cause the person to be ineligible for Medical Assistance. If "yes" is checked, the person's home property will not be a countable resource; however, the State may place a lien on the home and other real property. An explanation of the meaning of a lien will be provided during the face-to-face interview for Medical Assistance.

Does the institutionalized person ever intend to live in his/her home property located at

_____ again?

Yes

No

Signature of Applicant
or Representative _____

Date _____

MARYLAND MEDICAL ASSISTANCE PROGRAM
DECLARATION OF JOINT BANK ACCOUNT
OWNERSHIP INTEREST

(e.g., Savings and Checking Accounts, Money Market Accounts, Certificates of Deposit)

- I. a. Type of Account _____ Account No. _____
 b. Name of Bank or Financial Institution _____
 Address _____

 c. Name of Owners S.S. # Relationship to A/R Ownership Interest
 1. _____
 2. _____
 3. _____
 d. Total Amount in Account _____

- II. a. Type of Account _____ Account No. _____
 b. Name of Bank or Financial Institution _____
 Address _____

 c. Names of Owners S.S. # Relationship to A/R Ownership Interest
 1. _____
 2. _____
 3. _____
 c. Total Amount in Account _____

We, the undersigned, declare the statements made above to be accurate and true.

We, also understand that this declaration may be subsequently changed or rescinded only if such action results in an increase in funds for _____

Name of Applicant/Recipient

If there are additional accounts, use an additional form.

Signature of Applicant/Recipient (or Representative)	Date
Signature of Co-owner	Date
Signature of Co-owner	Date
Signature of Co-owner	Date

**DETERMINING FINANCIAL ELIGIBILITY FOR
INSTITUTIONALIZED PERSONS**

.10 Determining Financial Eligibility for Institutionalized persons.

A. Scope.

- (1) This section applies to persons who are institutionalized throughout a calendar month.
- (2) Institutional status is presumed to begin on the first day of the first full calendar month in which the person is institutionalized and ends on the last day of the last full calendar month before discharge.
- (3) Institutional status is not interrupted by a transfer from one long-term-care facility to another or by a transfer from a long-term care facility to a hospital.
- (4) Presumed institutional status changes on the first day of the month of discharge to the community.
- (5) Eligibility for non-institutionalized persons shall be determined separately under Regulation .09 of this chapter.

B. Basis.

- (1) Financial eligibility shall be determined on the basis of the countable resources and income of members of the assistance unit.
- (2) A person is categorically needy if his total income before deductions does not exceed 300 percent of the current SSI payment standard and his countable resources are within the applicable amount in Schedule MA-2A.
- (3) A person is medically needy if his total income before deductions exceeds 300 percent of the SSI payment standard or if countable resources exceed the applicable amount in Schedule MA-2A.
- (4) When calculating an institutionalized recipient's available income for the cost-of-care in a long-term care facility, in accordance with Regulations .10 and .10-1 of this chapter, guardianship fees may not be allowed as an income deduction, whether or not the recipient has a community spouse.

C. Retroactive Eligibility.

- (1) A retroactive eligibility determination shall be made for services incurred by an institutionalized person within 3 months prior to the month of application. Eligibility will be considered only for the month, or months, in which the expenses were incurred.
- (2) The period under consideration shall be the month, or months, for which coverage is requested.

**DETERMINING FINANCIAL ELIGIBILITY FOR
INSTITUTIONALIZED PERSONS**

- (3) Excess Resources. When the countable resources are greater than the medically needy resource standard, retroactive eligibility does not exist.
- (4) Determination of Available Income for the Retroactive Period. The following amounts shall be deducted from total income in the following order:
 - (a) For dates of service beginning July 1, 2003, a personal needs allowance of:
 - (i) \$50 a month for an institutionalized person other than a person who meets the requirements of §C(4)(a)(iii) of this regulation.
 - (ii) \$100 a month for an institutionalized couple.
 - (iii) \$100 a month for a person who resided in an ICF-MR or mental hospital, participated in therapeutic work activities, and received remuneration for participation in these activities. An amount greater than \$100 a month but not to exceed the MNIL may be deducted based on additional documented work-related need.
 - (b) For dates of service beginning July 1, 2004, a personal needs allowance:
 - (i) \$60 a month for an institutionalized person other than a person who meets the requirements of §C(4)(b)(iii) of this regulation;
 - (ii) \$120 a month for an institutionalized couple; and
 - (iii) \$100 a month for a person who resides in an ICF-MR or mental hospital, participates in therapeutic work activities, and received remuneration for participation in these activities, and an amount greater than \$100 a month but not to exceed the MNIL which may be deducted from available income based on additional documented work-related need;
 - (c) For dates of service beginning July 1, 2005, a personal needs allowance adjusted annually by an amount not exceeding 5 percent to reflect the percentage by which social security benefits are increased by the federal government to reflect changes in the cost of living.
 - (d) Spousal or Family Allowance or Both. For an institutionalized spouse as defined under Regulation .11B(6) of this chapter, an amount equal to the community spouse monthly income allowance as defined under Regulation .11B(2) of this chapter and, if applicable, an amount equal to the family allowance as determined under Regulation .11C(3)(c) of this chapter. For an institutionalized person without a spouse in the community, the amount needed to maintain an unmarried child or

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children younger than 21 years old living at home at a level which, based on verified need, equals the applicable medically needy income level.

(e) Residential Maintenance Allowance for a Single Person.

(i) For a person with no spouse or unmarried child younger than 21 years old at home, the amount not to exceed the medically needy income level that was needed to maintain the person's residence during the retroactive period shall be deducted beginning with the person's earliest first full month of institutionalization if, based on a medical review process established by the Department, it is determined that the person will be able to resume living in his community residence and that the person intends to do so.

(ii) Institutional status is not interrupted by a transfer from one long-term-care facility to another or by a transfer to a hospital.

(f) Incurred expenses for medical care or remedial service that are not subject to payment by a third party including:

(i) Medicare and other health insurance premiums, deductibles or co-insurance charges; and

(ii) Necessary medical care or remedial service recognized under State law but not covered under the State Plan.

(g) Incurred expenses for necessary medical care or remedial service described under §C(4)(d)(ii) of this regulation shall be limited to the fees reimbursed by Medical Assistance which are in effect on the date of service.

(5) When the available income as determined under §C(4) of this regulation is equal to or less than the person's incurred cost-of-care to the facility and countable resources are equal to or less than the medically needy resource standard, retroactive eligibility exists and begins on the first day of the period under consideration. Certification is established under Regulation .12E(1) of this chapter.

(6) When the available income as determined under §C(4) of this regulation is greater than the person's incurred cost-of-care to the facility and countable resources are equal to or less than the medically needy resource standard, retroactive eligibility may exist under §C(7) of this regulation.

(7) Retroactive Spend-Down Eligibility.

(a) In determining retroactive spend-down eligibility, documented medical expenses incurred during the retroactive period shall be considered if the incurred expenses are not subject to payment or reimbursement by a third party or forgiven by the provider.

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(b) The incurred medical expenses shall be considered on a month-by-month basis beginning with earliest month in the period under consideration and shall be deducted from excess available income in the following order:

(i) Medicare and other health insurance premiums, deductibles, or co-insurance charges;

(ii) Expenses incurred for necessary medical care or remedial services that are recognized under State law but are not covered under the State Plan;

(iii) Expenses incurred for necessary medical care or remedial services that are covered under the State Plan.

(c) The medical expenses used to establish retroactive spend-down eligibility may not be:

(i) Reimbursed by the Medical Assistance Program;

(ii) Used for any subsequent eligibility determination; or

(iii) Incurred before the period for which retroactive eligibility is requested.

(d) Retroactive spend-down eligibility is established on the day the incurred medical expenses considered under §C(7)(b) of this regulation equal or exceed the excess available income. Certification is established under Regulation .12E(2) of this chapter.

(e) Retroactive spend-down eligibility is not established when the incurred medical expenses are less than the excess available income.

D. Current Eligibility.

(1) **Excess Resources.** When the countable resources are greater than the medically needy resource level, eligibility does not exist.

(2) **Determination of Available Income.** The following amounts shall be deducted from total income in the following order:

(a) For dates of service beginning July 1, 2003, a personal needs allowance of:

(i) \$50 a month for an institutionalized person other than a person who meets the requirements of §D(2)(a)(iii) of this regulation.

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(ii) \$100 a month for an institutionalized couple.

(iii) \$100 a month for a person who resides in an ICF-MR or mental hospital, participates in therapeutic work activities, and receives remuneration for participating in these activities. An amount greater than \$100 a month but not to exceed the MNIL may be deducted based on additional documented work-related need.

(b) For dates of service beginning July 1, 2004, a personal needs allowance of:

(i) \$60 a month for an institutionalized person other than a person who meets the requirements of §D(2)(b)(iii) of this regulation;

(ii) \$120 a month for an institutionalized couple; and

(iii) \$100 a month for a person who resides in an ICF-MR or mental hospital, participates in therapeutic work activities, and received remuneration for participation in these activities, and an amount greater than \$100 a month but not to exceed the MNIL which may be deducted from available income based on additional documented work-related need.

(c) For dates of service beginning July 1, 2005, a personal needs allowance adjusted annually by an amount not exceeding 5 percent to reflect the percentage by which social security benefits are increased by the federal government to reflect changes in the cost of living.

(d) Spousal or Family Allowance or Both. For an institutionalized spouse as defined under Regulation .11B(6) of this chapter, an amount equal to the community spouse monthly income allowance as defined under Regulation .11B(2) of this chapter and, if applicable, an amount equal to the family allowance as determined under Regulation .11C(3)(c) of this chapter. For an institutionalized person without a spouse in the community, the amount needed to maintain an unmarried child or children younger than 21 years old living at home at a level which, based on verified need, equals the applicable medically needy income level.

(e) Residential Maintenance Allowance for a Single Person.

(i) For a person with no spouse or unmarried child younger than 21 years old at home, an amount not to exceed the medically needy income level needed to maintain the person's residence during institutionalization shall be deducted for a period of up to 6 months beginning with the person's first full month of current institutionalization if, based on a medical review process established by

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the Department, it is determined that the person will be able to resume living in his community residence during this period and that the person intends to do so.

(ii) The maximum 6-month period is not interrupted by a transfer from one long-term-care facility to another or by admission to a hospital.

(f) The following incurred medical expenses that are not subject to payment by a third party:

(i) Medicare and other health insurance premiums, deductibles or co-insurance charges; and

(ii) Necessary medical care or remedial service recognized under State law but not covered under the State Plan.

(g) Incurred expenses for necessary medical care or remedial service described under §D(2)(d)(ii) of this regulation shall be limited to the fees reimbursed by Medical Assistance which are in effect on the date of service.

(3) If, after application of the disregards in §D(2) of this regulation, the person's income equals or is less than the projected cost-of-care, eligibility exists and may begin on the first day of the period under consideration. The amount remaining after application of the disregards in §D(2) of this regulation is available income to be applied to the person's cost-of-care. Certification is established under Regulation .12E(3) of this chapter.

(4) If, after application of the disregards in §D(2) of this regulation, the person's income exceeds the projected cost-of-care, eligibility may be established under §D(5) of this regulation.

(5) Spend-down Eligibility.

(a) In determining spend-down eligibility, documented medical expenses incurred during the time periods and meeting the conditions specified in this section shall be considered.

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**TREATMENT OF INCOME AND RESOURCES OF CERTAIN
INSTITUTIONALIZED SPOUSES**

- (a) **Non-Trust Property.** Except as provided under §C(2)(c) and (d) of this regulation, unless the instrument providing the income otherwise specifically provides, if payment of income is made:
 - (i) Solely in the name of the institutionalized spouse or the community spouse, the income shall be considered available only to that respective spouse;
 - (ii) In the name of the institutionalized spouse and the community spouse, one-half of the income shall be considered available to each of them; and
 - (iii) In the names of the institutionalized spouse or the community spouse, or both, and to another person or persons, the income shall be considered available to each spouse in proportion to the spouse's interest or, if payment is made with respect to both spouses and no such interest is specified, one-half of the joint interest shall be considered available to each spouse.

- (b) **Trust Property.** In the case of a trust, income shall be considered available to each spouse as provided in the trust or, in the absence of a specific provision in the trust, if payment of income is made:
 - (i) Solely to the institutionalized spouse or the community spouse, the income shall be considered available only to that respective spouse;
 - (ii) To both the institutionalized spouse and the community spouse, one-half of the income shall be considered available to each of them; and
 - (iii) To the institutionalized spouse or the community spouse, or both, and to another person or persons, the income shall be considered available to each spouse in proportion to the spouse's interest; or

**TREATMENT OF INCOME AND RESOURCES OF CERTAIN
INSTITUTIONALIZED SPOUSES**

(iv) To both spouses and no such interest is specified, one-half of the joint interest shall be considered available to each spouse.

(c) In the case of income not from a trust in which there is an instrument establishing ownership, except as provided under §C(2)(d) of this regulation, one-half of the income shall be considered to be available to the institutionalized spouse and one-half to the community spouse.

(d) Section C(2)(a) and (c) of this regulation shall be superseded to the extent that an institutionalized spouse can establish, by a preponderance of the evidence, that the ownership interests in income are other than as provided under these sections.

(3) Protecting Income for the Community Spouse. After an institutionalized spouse is determined to be eligible for Medical Assistance, in determining the amount of the spouse's income that is to be applied monthly to payment for the cost of care in the institution, there shall be deducted from the spouse's monthly income the following amounts in the following order:

(a) A personal needs allowance of:

(i) \$50 a month for dates of service beginning July 1, 2003;

(ii) \$60 a month for dates of service beginning July 1, 2004; and

(iii) For dates of service beginning July 1, 2005, an amount adjusted annually by an amount not exceeding 5 percent to reflect the percentage by which social security benefits are increased by the federal government to reflect changes in the cost of living.

(b) A community spouse monthly income allowance as defined under §B(2) of this regulation, but only to the extent income of the institutionalized spouse is made available to, or for the benefit of, the community spouse;

(c) A family allowance, for each family member defined under §B(5) of this regulation, equal to one-third of the amount by which the amount described under §C(5)(a) of this regulation exceeds the amount of the monthly income of that family member; and

(d) Incurred expenses for medical care or remedial service for the institutionalized spouse that are not subject to payment by a third party, including:

(i) Medicare and other health insurance premiums, deductibles or co-insurance charges; and

Schedule MA-8
Spousal Impoverishment Standards

	Resources	Effective
Maximum Spousal Share	\$92,760	1/1/04
Minimum Spousal Share	\$18,552	1/1/04

	Income	Effective
Basic Maintenance and Shelter Allowance	\$1,515	7/1/03
Excess Shelter Standard	\$ 455	7/1/03
Maximum Maintenance and Shelter Allowance (Sum of Basic Maintenance and Shelter Allowance and Excess Shelter Allowance)	\$2,319	1/1/04
Utility Standards:		
Heat included in rent	\$ 135	1/1/01
Heat paid separately from housing	\$ 224	1/1/01