

MEDICAID ALERT

**Special Income Standard Updated in
2018 to \$1305.00**

July 26, 2018

Special Income Standard for Housing Expenses for Individuals
Discharged from a Nursing Facility and who Enroll into the
Managed Long Term Care Program

Residential Health Care Facilities (RHCs) are advised that the Special Income Standard for Housing Expense Alert, originally issued on October 15, 2012, has been updated to include additional information regarding form MAP-259F, Discharge Notice. The Special Income Standard process applies to individuals who can be safely discharged back to the community from a nursing facility and who enroll into the Managed Long Term Care (MLTC) program. These individuals are eligible to have their Medicaid eligibility determined with a Special Income Standard budgeted in place of the actual housing expense that they have. This Special Income Standard becomes available on the first day of the month that enrollment into the MLTC program becomes effective.

To be eligible for the Special Income Standard for housing expenses, an individual must:

- Be approved for participation in and enrolled in a MLTC plan,
- Have been in the nursing home for at least 30 days (not including the date of discharge),
- Have had a payment made by Medicaid toward the cost of the individual's care in the nursing home, and
- Have a housing expense

Individuals who are subject to spousal impoverishment budgeting in the community are excluded from receiving the Special Income Standard. This means that married individuals who participate in the Program of All Inclusive Care for the Elderly (PACE) are not eligible for the Special Income Standard, as they are considered to have an institutionalized spouse for spousal impoverishment budgeting purposes.

The Special Income Standard amount varies by New York State region. **The 2018 amount for New York City is \$1,305**, regardless of the recipient's actual housing expense. While the Special Income Standard is used for determining the former nursing home resident's eligibility for Medicaid, is **not** used for determining eligibility for the Medicare Savings Program.

Since a consumer must be approved for participation in and enrolled in a MLTC plan to qualify for the Special Income Standard, MLTC plans will be responsible for notifying HRA of a recipient's potential eligibility for the Special Income Standard. A new form, MAP-3057, **Special Income Standard for Housing Expenses for Individuals Discharged from a Nursing/Adult Home Care Facility Who Enroll in the Managed Long Term Care (MLTC) Program** has been developed for completion by consumers to attest to information necessary to determine their eligibility for the new standard. This form also includes a phone number for use by consumers (or their representatives) should they wish to directly notify HRA that they want to apply for this standard.

MLTC plans have been asked to manually submit enrollments for nursing home residents to Home Care's Medicaid Unit at 785 Atlantic Avenue, 7th floor, Brooklyn NY 11238 so that the nursing home case conversions and enrollments into MLTC plans can be coordinated. For consumers potentially eligible for the Special Income Standard, MLTC plans must work with consumers to complete form MAP-3057 and must submit the form along with the enrollment. This will allow the special income standard to be used when appropriate. Nursing homes should continue to submit Discharge Notices (MAP-259D) to the Nursing Home Division to ensure prompt conversion of cases to community coverage as well as **MAP-259F Discharge Notice**.

MAP-259F (sample copy attached) is being updated with language regarding the Special Income Standard for housing expense. When submitting, **the appropriate box needs to be checked acknowledging that the information was discussed with individual**. The form reads: "Resident was notified of the availability of the special Income Standard for housing expense for individuals discharged from a nursing facility and who have enrolled in a managed long term care (MLTC) plan." An additional box added for the staff to check to confirm that the consumer was given or sent MAP-3057 to complete (see sample copy of the form).

If an individual is receiving the special income standard and disenrolls from MLTC, the special income standard ceases to apply the first day of the month following the month of disenrollment.

Further information is available in 12 OHIP/ADM-5, **Special Income Standard for Housing Expenses for Individuals Discharged from a Nursing Facility who Enroll into the Managed Long Term Care (MLTC) Program**.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF

DISCHARGE NOTICE



Date: _____

TO:

Medical Assistance Program
 NHED - Expedited Discharge Unit
 P.O. Box 24210
 Brooklyn, NY 11202-9810

FROM:

NAME OF FACILITY	
ADDRESS	
PROVIDER NUMBER	
CONTACT PERSON	TELEPHONE

LAST NAME	FIRST NAME	CIN
-----------	------------	-----

This form MUST be submitted at the actual time of discharge. Providers submitting manually must fax this form to (917) 639-0687. Providers using EDITS must submit through EDITS.

The above-named resident was discharged on _____ to the following: (checked box below)
 (Date)

- | | | | | |
|--|---|--|---|----------------------------------|
| <input type="checkbox"/> Out of State | <input type="checkbox"/> Own Home | <input type="checkbox"/> Relative's Home | <input type="checkbox"/> Intermediate Residential Alternative (IRA) | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Out of County | <input type="checkbox"/> ALP Adult Home | <input type="checkbox"/> Congregate Care | <input type="checkbox"/> Hospital | <input type="checkbox"/> AWOL |
| <input type="checkbox"/> Other (specify) _____ | | | | |

Address of above _____ Zip Code _____

Contact Person for new residence _____ Telephone Number _____

Dialysis services needed Yes No If "yes", name of center _____

If Applicable:

Home Care Agency (name) _____

CASA Office (name) _____ Telephone Number _____

Additional Information: _____

Other (specify) _____

If resident was discharged to another Nursing Home use form MAP-2159 and submit to the Transaction Unit.

**SPECIAL INCOME STANDARD FOR HOUSING EXPENSES FOR INDIVIDUALS
DISCHARGED FROM A NURSING/ ADULT HOME FACILITY WHO ENROLL
INTO THE MANAGED LONG TERM CARE (MLTC) PROGRAM**



Consumer's Name: _____
Address: _____

Case No. or CIN: _____

Nursing Home Conversion/Enrollments: Consumer Returning to the Community from a Nursing Home or Adult Home

When determining whether or not I continue to meet the income eligibility requirement for Medicaid, I am requesting that the special income standard for housing expenses for consumers returning to the community be budgeted against my income.

- I attest that my actual monthly housing expense is _____

I also attest to the following:

- Immediately prior to establishing residency at the address that I have provided above, I resided in a Nursing Facility or an Adult Home. Nursing Home Adult Home.
 - I resided at this Facility for a minimum of the last 30 consecutive days immediately prior to my discharge, not including the day of discharge;
- I agree to receive my community-based long term care Medicaid coverage care and support from a Managed Long Term Care (MLTC) plan. I understand that if I disenroll from MLTC coverage in the future, I will no longer be entitled to the special income standard that I am claiming now and that my income eligibility for continuing Medicaid will be determined without that special standard being applied to my case budget.
- I have enrolled/am in the process of enrolling in the following MLTC plan:

MLTC Plan Name
- I also understand that if, for any reason, I do not enroll in a MLTC plan, I will not be eligible for the special income standard that I am claiming and that my income eligibility for continuing Medicaid will be determined without that special standard being applied to my case budget.

Signature of Consumer/Authorized Representative: _____ Date: _____

If you have questions about this form, or if you would prefer to submit this form directly to the Home Care Services Program (instead of to the Managed Long Term Managed Care Plan that you have chosen to join), please call (929) 221-0849