

Updated March 2024

**Going into a Nursing Home? Planning to Return Home?
TIPS for keeping your Income to Pay Your Rent & Keep your Home**

If you go into a nursing home, you may need Medicaid to help pay for your stay. Even if you are in the nursing home for just a short stay for rehabilitation, Medicaid rules assume that you are staying there permanently. Permanent nursing home residents are typically allowed to keep only \$50 per month as a personal needs allowance (PNA), plus enough to pay any Medicare, Medigap or other health insurance premiums. The rest of their income must pay for their nursing home care. The amount you must pay for nursing home care is called a “NAMI” which stands for Net Available Monthly Income.

This fact sheet tells you steps you must take to keep your income during a temporary nursing home stay, so you can pay your rent or other living expenses and return home. If you are married, you will learn some protections for your spouse and other dependents who live at home.

In NYC, to request Budget types 2 or 3, submit the forms described in this fact sheet *along with* a signed **MAP751W form** - Download at <http://www.wnyc.com/health/download/770/>. Fill in the Budgeting Changes section. Fax to HRA Medicaid Undercare Processing Division (UPD) Fax 1-917-639-0837. For Budget type 2 include MAP-3057 form (attached here) with proof of rent and other proof described below.

For people who receive Supplemental Security Income (SSI), see *SSI Fact Sheet* at <http://www.wnyc.com/health/download/594/> for how to keep your SSI for three months if you go to a nursing home or hospital. If you receive SSI *and* other income, you must follow the steps in BOTH this fact sheet AND the SSI Fact Sheet.

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1. YOUR RIGHT TO KEEP ENOUGH INCOME TO PAY YOUR RENT AND OTHER EXPENSES IF YOU EXPECT TO RETURN HOME FROM A NURSING HOME

YOU HAVE THE RIGHT TO REQUEST “COMMUNITY BUDGETING” – which allows you to KEEP \$1,732 per month of your income (2024) instead of only \$50, plus enough to pay any health insurance premiums. This allows you to keep more of your income to pay your rent.

HOW TO REQUEST COMMUNITY BUDGETING:

1. A doctor at the nursing home, must sign a form certifying that there is a “reasonable expectation” that you can return home. The physician does not have to guarantee that you will return home. The physician certifies on the form that you are planning to return home and gives an anticipated discharge date.

In NYC - the form is called the DISCHARGE ALERT - MAP 259d -

[Discharge Alert: Non-Chronic Care Budget \(Form MAP 259d\)](http://www.wnyc.com/health/download/132/)

(<http://www.wnyc.com/health/download/132/>) (p. 7)(Copy attached).

Outside NYC, use form LDSS-3559

(<http://www.wnyc.com/health/download/714/>)

2. The physician’s certification must be submitted to your local Medicaid agency along with the Medicaid application to pay for your nursing home care. Ask the nursing home to have this form signed by the physician and to submit it to Medicaid. The form can be submitted even after the Medicaid application was already submitted.
3. If the discharge date changes, the nursing home submits **MAP 259e** (in NYC). All of the related NYC nursing home forms can be downloaded at <http://www.wnyc.com/health/download/132/> (MAP 259e is p. 8 of the PDF)
4. COMMUNITY BUDGETING MUST BE RENEWED with a physician’s certification form every 6 months. However, there is no limit to just one 6 month period.

DISCHARGE ALERT
 Non-Chronic Budget
 Fee-for-Service and Managed Long Term Care Only



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
EMAIL ADDRESS	

Submit this form with the application or conversion packet.

LAST NAME	FIRST NAME	CIN
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Upon completion of a rehabilitation program the above-named resident is planning to return to community living.
 Diagnosis _____

Anticipated discharge date: _____

PLANNED LIVING ARRANGEMENTS:

- | | |
|---|--|
| <input type="checkbox"/> Own Home/Apartment | <input type="checkbox"/> Relative's Home |
| <input type="checkbox"/> ALPS | <input type="checkbox"/> Congregate Care |
| <input type="checkbox"/> Adult Home | |

ATTESTATION		
I, do certify that all the medical information contained within this form is both true and complete to the best of my knowledge and is supported by medical records on file at the facility. I may be contacted for further clarification.		
PHYSICIAN'S NAME (Print)	SPECIALITY	PHYSICIAN'S SIGNATURE
DATE FORM SIGNED	LICENSE NO.	TELEPHONE NO.

DO NOT FAX THIS FORM. The original must be mailed. EDITS Nursing Home submitters must retain the original in the consumer's record.

2. Special Help if You Are Discharged Home Enrolled in an MLTC after 30 or More Days in a Nursing Home or Adult Home

Once you return home, normally, if your income exceeds the Medicaid income limit, you would have to pay a “spend-down,” which is a contribution toward the cost of your Medicaid services. This amount is generally the amount over \$1732/month (2024) for a single person, after you pay any Medicare, Medigap or other health insurance premiums (this is after a \$20 standard disregard). Note that the income limit in NYS increased to 138% of the Federal Poverty Level in 2023.

EXAMPLE: Sam’s income is \$4,077.70. His Medicare Part B premium is deducted from his Social Security check (\$174.70 - 2024). He pays \$220/month for a Medigap supplemental policy. His “spend-down” would be \$1,931/mo. – the amount that exceeds the 2024 income limit of \$1,732/mo.

However, if Sam was in a nursing home for 30 days or more and Medicaid paid for any part of his stay, his spend-down will be reduced by a Special Housing Allowance **if** he is discharged with MLTC. This can be if he was already enrolled in an MLTC plan before he entered the nursing home, or if he enrolls in an MLTC plan so that he can return home. This allowance is to help him pay his housing expenses. In New York City, this Allowance would reduce his spend-down by \$1,931/month (in 2024)(See allowance amount in other areas of NYS on *next page*). Sam’s spend-down would be reduced to ZERO without using a pooled trust.

Here is how Sam’s budget works – reducing his spend-down to ZERO (2024 NYC figures)

	Regular Budget	Budget with Housing Allowance
Sam’s Income	\$4,077.70	\$4,077.70
MINUS DEDUCTIONS:		
- Part B premium	- 174.70	- 174.70
- Medigap premium	- 220.00	- 220.00
- \$20 income disregard	- 20.00	- 20.00
- Medicaid income level ONE	- <u>1,732.00</u>	- 1,732.00
- Housing Allowance	0	- <u>\$1,931.00</u>
TOTAL DEDUCTIONS	-\$2,146.70	-\$4,077.70
EXCESS INCOME- Spend-down	\$1,931.00	\$ 0.00

The Special Standard for Housing Expenses will be approved if you are:

1. Age 18 or over,
2. Have been in a nursing home or an adult home for 30 days or more,
3. Medicaid paid for any or all of your nursing home care (this includes payment by the MLTC plan for Medicare coinsurance or regular nursing home care),
4. You are enrolling in or staying in a Managed Long Term Care (MLTC) plan to return home, and
5. You have a housing expense, like rent or a mortgage.

If you are being discharged home from a nursing home or adult home – Ask the \Managed Long Term Care plan enrollment worker to fax the NYC MAP-3057 Special Income Standard for Housing Expenses form to the Medicaid program with your other enrollment paperwork. Download the NYC form - (and copy attached next page) <http://www.wnyc.com/health/download/398/>. In other counties you can copy this form or ask your county for their form.

THE SPECIAL HOUSING STANDARD VARIES BY REGION AND CHANGES

YEARLY. 2024 amounts --

https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/24ma01_att1.pdf

Find recent NYS GIS directive at

https://www.health.ny.gov/health_care/medicaid/publications/

Region	2024 Amount	Counties
Central	\$ 365	Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins
Long Island	\$1,624	Nassau, Suffolk
NYC	\$1,931	Five boroughs
Northeastern	\$ 433	Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington
North Metropolitan	\$ 1,180	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Rochester	\$ 392	Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
Western	\$ 320	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming

For more information see <http://www.wnyc.com/health/entry/212/>.

**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

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? We can help you. Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

3. Maintaining Income for Your Spouse or Dependents Living at Home using “Spousal Impoverishment” Medicaid Budgeting – If you are in a Nursing Home or MLTC Plan

Married people who are in a Nursing Home for chronic long-term care, OR who are enrolled in a Managed Long Term Care (MLTC) plan, may use all or part of their income to support their spouse at home. This means that less of their income must be “spent down” toward the cost of their care. The amount of your income that you may use to support your spouse depends on your spouse's own income.

If your spouse’s income is less than \$3,853.50 per month¹ (in 2024) then your spouse may keep his or her own income² **plus** enough of your income which, when added to your spouse’s income, brings your spouse’s total income up to \$3,853.50.³

If your spouse's own income exceeds \$3,853.50, Medicaid will ask him or her to contribute 25% over that amount toward your nursing home care. Your spouse can then consider doing a “**spousal refusal**.” With spousal refusal, your spouse’s income and resources are not counted toward your eligibility. However, the local county (HRA in NYC) has the right to sue your spouse for support. Each county determines whether to sue. You should consult a private elder law attorney if you use spousal refusal.

When calculating the amount of your and your spouse’s income, each of you can deduct from your income the cost of health insurance premiums, court ordered child support you pay, and the actual cost of child/incapacitated adult child care. See an example of Spousal Impoverishment budgeting at <http://health.wnyc.com/health/entry/165/#C.%20Income>.

Your spouse is entitled to an income allowance even if they refused to contribute their assets to the cost of your care (more about “spousal refusal” below).

¹ This amount is called the “MMNA” – Minimum Monthly Maintenance Needs Allowance. The amount increases every year. Look for the current year’s “GIS” directive with the Federal Poverty Levels or income levels at https://www.health.ny.gov/health_care/medicaid/publications/search_by_year.htm. The 2024 GIS directive is at https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/24ma01_att1.pdf.

² For this purpose, your spouse's income consists of income they receive solely in their name plus half of any income that is in both your names.

³ The amount of your income that your spouse may keep is called the “CSIA” – Community Spouse Income Allowance. If your spouse needs more of your income, they can sue in Family Court for an order of support, or request a fair hearing but will need to prove “exceptional circumstances resulting in significant financial distress.” NY SSL 366-c(2)9g), (8)(b); 18 NYCRR 360-4.10(a)(3), (b)(6).

What You May Keep as Your Own Allowance.

- **If you are a long-term nursing home resident**, you may keep only **\$50/mo.** Personal Needs Allowance and enough of your income to pay your Medicare or other health insurance premiums. Then deduct the amount needed to bring your spouse's income up to \$3,853.50 (2024). You pay the balance to your nursing home as your Net Available Monthly Income (NAMI).
- **If you are in an MLTC plan**, you may keep **\$619/month** Personal Needs Allowance (2024 figure) and enough of your income to pay any Medicare or other health insurance premium. After deducting that amount from your gross income, then deduct the amount needed to bring your spouse's income up to \$3,853.50. Your MLTC plan will bill you for the balance, which is your "Spend-down" or Medicaid "surplus." If you end up with a high spend-down, you have the option of using a Pooled Income Trust instead of using spousal impoverishment budgeting. You may not do both. See [GIS 14 MA/025](#).

PROTECTION FOR OTHER DEPENDENTS. Your dependent children or parents (who have over 50% of their needs met by you or your spouse) also get an allowance from you – \$852 per month in 2024 (up to a maximum \$2,555 per family).

THESE PROTECTIONS REMAIN IN EFFECT WHEN YOU RETURN HOME and enroll in a MANAGED LONG TERM CARE Plan. If you were in a nursing home and then return home and receive Managed Long Term Care, your spouse is still entitled to the same spousal impoverishment allowances that are described here.

THESE SPOUSAL PROTECTIONS DO NOT APPLY if you have MAGI MEDICAID based on "Modified Adjusted Gross Income" (MAGI). MAGI is for those who are under age 65 and do not have Medicare, or who are of any age and have Medicare but are the parent, grandparent or other relative taking care of a child or relative under age 18, or under 19 if in school full time. The MAGI income limit for a single person is \$1,732/mo. (2024). As long as their countable income is under that limit, they may keep their entire income in a nursing home. They have no asset limit.

NYS Form to request Spousal Impoverishment for home care - (attached)

<https://www.health.ny.gov/forms/doh-5298.pdf>. NYC - fax to 917-639-0837 with <https://www1.nyc.gov/assets/hra/downloads/pdf/services/health/MAP-751W.pdf>

This fact sheet prepared by the New York Legal Assistance Group
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Check for updates of this Fact Sheet at <http://www.wnyc.com/health/download/711/>
More info at <http://www.wnyc.com/health/entry/165/> (spousal impoverishment)

<http://www.wnyc.com/health/entry/212/> (special housing standard)

<http://www.wnyc.com/health/entry/117/> (Community Budgeting in nursing home)

Request for Assessment – Spousal Impoverishment

Date: _____

Institutionalized Spouse's Name: _____

Address: _____

Telephone Number: _____

Community Spouse's Name: _____

Current Address: _____

Telephone Number: _____

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

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

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

NOTE:

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

Signature of Requesting Individual _____

Address and telephone number is different from above

