



*Medical Insurance and Community Services
Administration (MICSA)*

MEDICAID ALERT

May 29, 2015

Policy Change for the Start Date of the Transfer of
Assets Look Back Period.

The purpose of this Alert is to inform Homecare providers, Managed Long Term Care (MLTC) providers, and Nursing homes of a change in policy concerning the start date of the transfer of assets look-back period for individuals seeking Medicaid coverage of nursing facility services in the three-month retroactive eligibility period.

Individuals seeking Medicaid coverage for long-term nursing home care, or rehabilitation services in a nursing home in excess of 29 days, are subject to a review of assets for the 60-month transfer-of-assets look-back period. The look-back period is the 60 months immediately prior to the date an individual is both institutionalized and has applied for Medicaid (the application date).

In cases where an applicant is requesting coverage of nursing home care in the three-month retroactive eligibility period, the look-back period is **now** 60 months immediately **preceding the month of application**. It had been the State Department of Health's policy to apply the look-back period 60 months prior to the first month Medicaid coverage was sought, including months in the retroactive eligibility period. Effectively immediately, the review of assets is limited to the 60-month period immediately preceding the month of institutionalization and application for Medicaid.

For Medicaid recipients who are institutionalized for long-term nursing home care or receiving more than 29 days of rehabilitation services, the look-back period consists of the 60 months preceding the month of institutionalization. Although

requests for an increase in coverage for Medicaid payment of nursing home care can be applied up to three months prior to the date the request is received by the local district, the transfer of assets look-back period is 60 months from the date of institutionalization, not the date of the coverage increase.

For Medicaid recipients who exceed 29 days of short-term rehabilitation services, the look-back period is 60 months prior to the month in which the individual started to receive the short-term rehabilitation services.

Attached is a chart indicating when the documentation of the look-back period is required and when chronic care budgeting applies for various scenarios.

For more detailed information, please refer to GIS 15 MA/07.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF

Look-Back Period Chart

		Chronic/Non-chronic Budgeting	No Look Back	Remain on HBE	60 Month Look Back	Remain on HBE
Fee-For-Service	MAGI	Non-chronic	1 st 29 days if not permanently placed	No	30 + days or permanent placement	No
	Non MAGI	Non-chronic if returning home; Chronic when permanently placed	1 st 29 days if not permanently placed	N/A	30 + days or permanent placement	N/A
Medicaid Managed Care	MAGI	Non Chronic	If returning home	Yes	Permanent placement (determined by plan)	No
	Non MAGI	Non-chronic if returning home; Chronic when permanently placed (determined by MCO)	If returning home	N/A	Permanent placement (determined by plan)	N/A
MLTC	MAGI	Non-chronic	1 st 29 days if not permanently placed	N/A	30 + days or permanent placement	N/A
	Non MAGI	Non-chronic if returning home or spousal, if applicable (determined by MLTC); Chronic when permanently placed (determined by MLTC)	1 st 29 days if not permanently placed	N/A	30 + days or permanent placement	N/A

New applications – the begin date of the look-back period is 60 months prior to institutionalization and application (application date).
Increase in coverage – the begin date of the look-back period is 60 months prior to month of institutionalization.