

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 that you can pay your rent or other living expenses and return home. Also, if you are married, it explains some protections for your spouse and other dependents who live at home.

For people who receive Supplemental Security Income (SSI), see other Fact Sheet available at <http://www.wnyc.com/health/download/594/> to learn how to keep your SSI for three months if you go to a nursing home or hospital.

1. YOUR RIGHT TO KEEP ENOUGH INCOME TO PAY YOUR RENT AND OTHER EXPENSES

YOU HAVE THE RIGHT TO REQUEST “COMMUNITY BUDGETING” – which allows you to KEEP \$895 per month of your income (2020) 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, usually the 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.
2. The physician’s certification must be submitted to your local Medicaid program along with the Medicaid application to pay for your nursing home care. You may need to 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.
 - In New York City, the physician’s certification form is called a [Discharge Alert: Non-Chronic Care Budget \(Form MAP259d\)](#). The physician certifies that you are planning to return home and gives an anticipated discharge date. If the discharge date changes MAP259e is used. If your county does not have its own forms, you can adapt the attached NYC forms, which can also be downloaded at <http://www.wnyc.com/health/download/132>.

3. 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.

2. Special Help for Nursing Home Residents who are Discharged Home with Home Care after 30 or More Days in a Nursing Home or Adult Home

Normally, if you return home and obtain Medicaid home care, and your income exceeds the Medicaid 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 \$895/month (2020) for a single person, after you pay any Medicare, Medigap or other health insurance premiums.

EXAMPLE: Sam’s income is \$2,239.60. His Medicare Part B premium is deducted from his Social Security check (\$144.60 - 2020). He pays \$200/month for a Medigap supplemental policy, so he has \$1845 left. His “spend-down” would be \$1000/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 Housing Allowance when he is discharged with MLTC. This is to help him pay his housing expenses. In New York City, this Allowance would reduce his spend-down by \$1,451/month (in 2020). Sam’s spend-down would be reduced to ZERO. Here is how these budgets work.

	Regular Budget	Budget with Housing Allowance
Sam’s Income	\$2,239.60	\$2,239.60
MINUS DEDUCTIONS:		
- Part B premium	- 144.60	- 144.60
- Medigap premium	- 200.00	- 200.00
- \$20 income disregard (standard)	- 20.00	- 20.00
- Medicaid income level ONE (2020)	- <u>875.00</u>	- 875.00
		<u>- HOUSING ALLOWANCE \$1,451.00</u>
TOTAL DEDUCTIONS	-\$1,239.60	-\$2,690.60
EXCESS INCOME- Spend-down	\$1,000.00	\$ 0

The special Housing Allowance will be approved if you are:

- Age 18 or over,
- Have been in a nursing home or an adult home for 30 days or more,
- Medicaid paid for any or all of your nursing home care, and
- You are enrolling in or staying in a Managed Long Term Care (MLTC) plan to return home, and
- You have a housing expense, like rent or a mortgage.

BE SURE TO ASK ABOUT THE HOUSING ALLOWANCE if you are being discharged home from a nursing home or adult home. When you enroll in a Managed Long

Term Care plan, the enrollment worker should fax the Housing Allowance form to the Medicaid program with the rest of your enrollment paperwork. The NYC form can be downloaded at <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 ALLOWANCE VARIES BY REGION AND CHANGES YEARLY.

The 2020 amounts are in [Attachment I](#) to [GIS 19 MA/12 – 2020 Medicaid Levels](#) (https://www.health.ny.gov/health_care/medicaid/publications/pub2019gis.htm)

Region	2020 Amount	Counties
Central	\$ 436.00	Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins
Long Island	\$1,361.00	Nassau, Suffolk
NYC	\$1,451.00	Five boroughs
Northeastern	\$ 483.00	Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington
North Metropolitan	\$ 930.00	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Rochester	\$ 444.00	Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
Western	\$ 386.00	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming

3. Maintaining Income for Your Spouse or Dependents Living at Home using “Spousal Impoverishment” Medicaid Budgeting

Once you are a permanent nursing home resident, all of your income except \$50/month Personal Needs Allowance and enough to pay any Medicare or other health insurance premium is paid to the nursing home as your “NAMI.”

PROTECTION FOR YOUR SPOUSE. If you are married, all or part of your income may be used to support your spouse at home, depending on your spouse's own income. If your spouse's income is less than \$3,216 per month¹ (in 2020) then your spouse may keep his or her own income plus an income allowance, which is enough of your income² to bring the combined total up to \$3,216. Both of you can deduct from your income the cost of health insurance premiums, court ordered child support, and the actual cost of child/incapacitated adult child care.

¹ This amount is called the “MMNA” – Minimum Monthly Maintenance Needs Allowance

² This amount 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).

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

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

If you have income that is above the amount needed to bring your spouse’s income up to \$3,216, you must pay the balance to your nursing home as your NAMI.

If your spouse's own income exceeds \$3,216, after paying health insurance premiums, court ordered child support, and the actual cost of child/incapacitated adult child care, 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, his or her income and resources are not counted toward your eligibility. However, the local county has the right to sue your spouse for support. Each county determines whether to sue.

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 – \$705 per month in 2020 (up to a maximum \$2,114 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 for nursing home residents.

THESE PROTECTIONS DO NOT APPLY TO MAGI-MEDICAID RECIPIENTS. The income allowance for your spouse and dependent family member cannot be applied if you have Medicaid based on your “Modified Adjusted Gross Income” (MAGI) (you do not have Medicare or you have Medicare but are the parent, grandparent or otherwise take care of a child or relative under age 21).

This fact sheet prepared by the New York Legal Assistance Group Evelyn Frank Legal Resources Program. eflrp@nylag.org
This Fact Sheet posted here. Check for updates at
<http://www.wnylc.com/health/entry/165/> (spousal impoverishment) and
<http://www.wnylc.com/health/entry/212/> (special housing standard)
<http://www.wnylc.com/health/entry/117/> (Community Budgeting in nursing home)

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

**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 _____

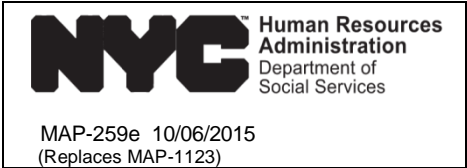
PLANNED LIVING ARRANGEMENTS:

- | | |
|---|--|
| <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.

CHANGE OR CANCELLATION IN DISCHARGE PLAN
FEE-FOR-SERVICE 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

LAST NAME	FIRST NAME	CIN
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Original anticipated discharge date _____

Please note the following changes in the discharge plan of the above-named resident.

CHANGE IN MEDICAL CONDITION

- Discharge delayed, new anticipated date of discharge is _____
- Discharge plan canceled effective _____

Reason(s) for change _____

PHYSICIAN'S CERTIFICATION		
I, the undersigned physician, 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.