
**MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS**

DOM-322A - NOTICE OF TRANSFER OF ASSETS (OBRA-93)

PURPOSE & USE

The purpose of this form is to give notice to a nursing home client that a period of ineligibility exists as a result of a transfer of assets on or after August 11, 1993. DOM-322 informs the client/representative that a 10-day period is allowed in which rebuttal evidence may be presented. This form does not replace the advance notice which must be issued if the rebuttal is not successful. Refer to Section F, Resources, for transfer of assets policy from OBRA-93.

THIS FORM IS AVAILABLE IN MEDS.

INSTRUCTIONS

Prepare an original and 2 copies. The original is given or mailed to the client or representative and 1 copy is retained in the case record. The third copy is used as a tickler copy to hold for 10 days.

Enter the appropriate information pertaining to the transfer(s) being charged.

The worker must sign and date the form.

NOTICE OF TRANSFER OF ASSETS

Case Name: _____

Medicaid ID: _____

A nursing home patient who applies for or receives Medicaid is prohibited from transferring assets at any time during the 36-month period before applying for or receiving medical assistance in a nursing facility. The look-back period for assets placed in a trust is 60 months prior to application for Medicaid. If assets are transferred, a period of ineligibility shall be charged which is equal to the number of months required to deplete the total uncompensated value based on the total value of all transferred asset(s) divided by the average cost of monthly nursing home care to a private pay patient. This period of ineligibility applies to assets transferred on or after August 11, 1993 as specified in the Omnibus Budget Reconciliation Act of 1993 (Public Law 103-66).

Listed below is specific information about assets transferred by the Medicaid applicant/recipient named above:

Resource (s) transferred: _____

Uncompensated Value: _____

Period of Ineligibility for Nursing Home Services:

Beginning: _____

Ending: _____

If you wish to give us evidence that the individual intended to dispose of the resources(s) either at current market value or for other valuable consideration or that resources(s) were transferred exclusively for a purpose other than to qualify for Medicaid, you have ten days from the date given below to submit such evidence before final action is taken on the case.

Medicaid Specialist: _____

Date: _____