
MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS

DOM-336 - INSTITUTIONAL BUDGET

PURPOSE & USE

This form is used to determine eligibility and continuing eligibility for all institutional clients. If the individual applying for long term care Medicaid is eligible based on income, this form is used to determine the SSI coverage group and the fulfillment of the 30-consecutive day requirement for those ineligible for Medicaid at home; and to determine the monthly maintenance needs allowance for a community spouse and other dependent family members; and to document the allowance of any non-covered medical expenses; and finally to determine the Medicaid Income due from the client to pay towards the cost of his/her care.

Refer to Section I, Institutionalization, for policy regarding institutional budgeting.

THIS FORM IS GENERATED BY MEDS BUT IS AVAILABLE IN HARDCOPY IF NEEDED.

INSTRUCTIONS

Prepare an original only for the case record.

STEP 1. ELIGIBILITY BASED ON INCOME

Specify the month or months of the eligibility computation.

- 1.a. Enter the appropriate Federal maximum of an individual applying for Medicaid.
- 1.b. Enter the total income of the individual as defined in policy on institutional budgeting.
- 1.c. If the amount entered in 1.b. in any column is equal to or more than the Federal maximum, the individual or couple is ineligible for Medicaid for that month. Do not complete the remainder of the form if ineligible in all columns. If a deficit results, complete the remaining applicable steps.

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STEP 2. COVERAGE GROUP DETERMINATION & 30-
CONSECUTIVE DAY REQUIREMENT

Use this section to determine the individual coverage group in the institution based on countable income of the individual against the appropriate SSI FBR. Countable income is determined from preparation of an at-home budget or by showing income less all appropriate SSI exclusions.

If an applicant is ineligible for Medicaid (not just SSI) at home, complete the 30-consecutive day requirement portion (Step 2.b.) which documents date of admission and the 31st day.

Note: The exception to fulfillment of the 30-consecutive day requirement is death in the institution or placing the individual in an at-home MAO coverage group if the institutional stay is less than 31 days.

STEP 3. MONTHLY MAINTENANCE NEEDS
ALLOWANCE FOR SPOUSE AND DEPENDENTS

This step is completed if there is a community spouse only or a spouse and other dependent family members who live with the spouse.

- 3.a. Determine the CS allowance by comparing CS income to the Maximum allowance (specified in Institutional Budgeting policy) for a CS. The CS allowance as determined by this computation may be reduced in Step 4, Medicaid Income Computation, if the IS has income less than the CS allowance.

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- 3.b. Compute up to 3 other dependent family member's allowance amounts in Step 3. Enter the name of the dependent for each computation. Determine each dependent's allowance by using the Family maximum (specified in Institutional Budgeting policy) less each dependent's own income. The difference is then divided by 1/3 to arrive at each dependent's allocation amount. Add together each dependent's allowance as shown in the "1/3 Remainder" space and show the total in Step 4.e.

STEP 4. MEDICAID INCOME COMPUTATION

This portion is used to determine the amount the client must pay toward the cost of his/her care. The form is designed to show the computation of four (4) separate months, if needed, to reflect fluctuations in Medicaid Income.

- 4.a. Specify the month(s) of the Medicaid Income Computation.
- 4.b. Show the eligible individual's total income.
- 4.c. Subtract the appropriate PNA of the individual.
- 4.d. Subtract the CS monthly allowance which may be equal to the 4.c. Subtotal if the CS allowance computed in Step 3.a. is greater than the remaining income shown in 4.c.
- 4.e. Subtract the total other Family Members' Allowance if income remains after deducting the CS allowance.
- 4.f. Subtract the recipient's health insurance premium amount if applicable.
- 4.g. Subtract any other non-covered medical expenses allowed as per Institutional Budgeting policy.

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Enter the total amount of Medicaid Income to be paid by the recipient for each month computed.

COMPUTATIONS: Use this space to document the computation of gross income from Step 1 and the income computations for Step 4, such as the computations for averaged income and the amount of health insurance premium(s) claimed by the client as a deduction. Specify the type of computations shown on the form. For health insurance premiums, specify the method of payment (monthly, quarterly, etc.).

The worker will sign and date the form.

Case Name: _____

Medicaid ID Number: _____

INSTITUTIONAL BUDGET

STEP 1. ELIGIBILITY BASED ON INCOME

	_____	_____	_____
	(Month)	(Month)	(Month)
a. Institutional Income Limit	_____	_____	_____
b. Income of Individual	_____	_____	_____
c. If Difference Results, Continue	_____	_____	_____

STEP 2. COVERAGE GROUP DETERMINATION & 30-CONSECUTIVE DAY REQUIREMENT

a. Determine applicant's SSI Coverage Group	b. Complete only for applicants who are ineligible for Medicaid at-home.
SSI FBR _____	Date of Admission _____
Countable Income _____	Enter 31st Day _____
Difference _____	Did Applicant Meet 30-Consecutive Day Requirement? Yes _____ No _____
If eligible, Coverage Group is 30	
If ineligible, Coverage Group is 20	

STEP 3. MONTHLY MAINTENANCE NEEDS ALLOWANCE FOR SPOUSE AND DEPENDENTS

a. Community Spouse (CS)	2. Name _____
Maximum Allowance _____	Family Maximum _____
Less CS Income - _____	Less Income - _____
CS Allowance _____	Difference _____
	1/3 Remainder _____
b. Other Dependent Family Members	
(1) Name _____	3. Name _____
Family Maximum _____	Family Maximum _____
Less Income - _____	Less Income - _____
Difference _____	Difference _____
1/3 Remainder _____	1/3 Remainder _____

If more than 3 Other Dependent Family Members - show computation on Page 2

