INSTITUTIONALIZATION LTC BUDGETING PROCESS

B. SSI ELIGIBLES ENTERING LTC (SSI-ONLY)

An SSI recipient with no income or gross income less than \$50 per month will continue to be eligible for SSI/Medicaid while in a nursing facility. No separate application for Medicaid is required of SSI eligibles who enter LTC whose SSI will continue; <a href="https://however.no.physics.no.physic

1. SSI-Only

Each Regional Office is responsible for maintaining an SSI-

Case Record

only case record for each SSI eligible who enters a LTC nursing facility in the region. A Master Card on each SSI-only client must also be prepared.

The case record will consist of:

- Form DOM-260 from the nursing facility to document need for LTC,
- SVES Response and/or TPQ response verifying SSI-status and income from SSA,
- Form DOM-317 from the nursing facility,
- MEDS budget information or DOM-336, Institution Budget,
- Any relevant resource information,
- Notices to the client (DOM-305 or 306).

2. Financial Review of SSI-Only Cases

An independent review of the SSI eligible's income and resources is required to determine if income or resources are available to the client that may or may not affect his/her SSI status but would affect eligibility for a vendor payment or affect payment of Medicaid Income.

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SSI payments are not counted as income so it is unlikely that an SSI eligible will have any Medicaid Income payable; however, it is possible that the SSI eligible receives countable income unknown to SSA that must be counted in Institutional budgeting (such as sheltered workshop earnings). If income is received, Medicaid Income for an SSI-only would be payable. Notify SSA of the income via DOM-319.

A vendor payment for an SSI eligible will not be authorized until the ownership of countable resources is developed. Resources must be developed to determine if:

- excess countable resources exist, or
- any transfers of resources exist within 36 months of entering LTC,
- a trust or conservatorship exists with excess countable resources.

If the SSI eligible is determined to be ineligible for a vendor payment based on resources, issue a Notice of Adverse Action, DOM-306, explaining the denial of vendor payments. Notify SSA via DOM-319 of the denial.

Note: Any appeals involving SSI eligibility must be filed with SSA. Any appeals regarding Medicaid Income or a denial of vendor payment must be handled by Medicaid.

3. Approvals

A Notice of Approval, DOM-305, must be issued for SSI-only cases determined eligible for a vendor payment. The Notice will report any Medicaid Income payable. DOM-317 must also be issued to the facility verifying the beginning date of eligibility for the vendor payment.

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4. Redeterminations

An annual review of SSI-only case records must be performed to update all case record information and verify patient status.

5. Changes

Any changes that are discovered after the approval of an SSIonly case are handled as follows:

- An increase in Medicaid Income or the subsequent denial of nursing home vendor payments due to excess resources must be handled with a DOM-306, Notice of Adverse Action. Issue DOM-317 to the nursing facility.
- Closures due to death or termination of an SSI payment are handled by SSA but the Regional Office must take appropriate action to close out LTC and Liability in MEDS and issue a DOM-317. The same action is required if the SSI-only recipient is discharged from the facility.
- Any changes that become known to the Regional Office concerning an SSI-only recipient that would affect SSI eligibility must be reported to SSA via DOM-319 and monitored by the Regional Office.