

2559 - PATIENT LIABILITY/COST SHARE BUDGETING

POLICY STATEMENT	A patient liability/cost share budget is completed on all Medicaid recipients in a nursing home (NH), Institutionalized Hospice, CCSP, ICWP or MRWP/CHSS.
BASIC CONSIDERATIONS	<p>A patient liability/cost share budget is completed at the following times:</p> <ul style="list-style-type: none"> • at approval of the application <ul style="list-style-type: none"> - to calculate the patient liability for the first month of eligibility - to remove the protection of income deduction • when a change in income occurs • when a change in incurred medical expenses (IME) occurs • at the beginning of each new averaging period.
PROCEDURES	<p>Follow the steps below to complete the patient liability.</p> <p>Step 1 Determine the amount of the A/R's income to divert to his/her spouse/dependents at home.</p> <ul style="list-style-type: none"> • Refer to Section 2554, Diversion of Income, for the correct maintenance need standard to use. • Use the ADJUSTED GROSS income of the spouse/dependents, including In-Kind Support and Maintenance (ISM) received by the spouse/dependents. Refer to Section 2415, In-Kind Support and Maintenance. <p>Step 2 If the recipient is Medicaid eligible under the Nursing Home, CCSP, Institutionalized Hospice, ICWP or MRWP/CHSS classes of assistance, use average income and IMEs in the patient liability budget. Refer to Section 2557, Averaging Income and Incurred Medical expenses. Proceed to Step 3.</p> <p>Step 3 Calculate patient liability/cost share. The PL/CS should never exceed the monthly Medicaid billing rate for the facility in which the A/R resides. Complete Section C of Form 968 if a manual budget is used to calculate patient liability/cost share.</p> <ul style="list-style-type: none"> • Refer to Section 2552, Patient Liability Cost Share Deductions, for information on the deductions subtracted. • Refer to Section 2418, VA Aid and Attendance, for information on VA Aid and Attendance payments in the budget.

**SPECIAL
CONSIDERATIONS**

CCSP to Nursing Home	Calculate a CCSP cost share for the month a recipient enters a nursing home from CCSP. There is no patient liability for the month of nursing home admission.
Nursing Home to CCSP	Re-calculate the nursing home patient liability for the month an A/R goes into CCSP from a nursing home using the FBR as the PNA. There is no cost share for the month of admission to CCSP.
A/R's Income Exceeds the Medicaid Cap	<p>If the A/R's income is equal to or greater than the Medicaid Cap and the A/R has not established a Qualified Income Trust (QIT), the A/R is not eligible for the nursing home COA. If A/R is eligible under another COA, such as AMN (S99), there will be no vendor payment made to the NH on his/her behalf.</p> <p>A/Rs who establish a QIT may meet the income eligibility requirement based on the income not placed in the QIT. However, the PL/CS calculation uses income the A/R receives and the income placed in the QIT. Refer to Section 2407, QIT, for further instructions.</p>
Transfer from out of state Nursing Home to Georgia Nursing Home	When an A/R transfers directly from an out of state nursing home to a nursing home in Georgia, calculate the patient liability for the month of admission using the actual payment made to the out of state nursing home as an IME.