

System of Care for Healthy Aging

Eligibility Changes Information Sessions Q&A

Additional information and the information session presentation can be found at: <https://www.dhhs.nh.gov/programs-services/adult-aging-care/system-care-healthy-aging>

1.	<p><i>Q: Who is effected by the resource assessment/spousal impoverishment policy change?</i></p> <p>A: Individuals receiving Home & Community Based Service (HCBS) waiver programs; Choices for Independence (CFI), Developmentally Disabled (DD), In Home Supports (IHS), or Acquired Brain Disorder (ABD) are no longer subject to the resource assessment. Individuals applying for or transitioning to Nursing Facility (NF) care will still be subject to the resource assessment.</p>
2.	<p><i>Q: Can you provide a scenario where the no resource assessment policy change applies?</i></p> <p>A: If an individual applies for a HCBS program such as CFI, only the individual’s resources will be reviewed and counted towards the resource limit. If the individual is married, they will not have to provide resources that are held solely by their spouse as those resources no longer counted towards the resource limit. If an individual is applying for or transitioning to NF care however, their spouse’s resources will need to be provided and will be reviewed via a resource assessment.</p>
3.	<p><i>Q: If an individual is receiving a waiver program (CFI, IHS, DD or ABD) and they are transitioning to a Nursing Facility, will they be required to complete a resource assessment?</i></p> <p>A: Yes, a resource assessment is still a requirement of Nursing Facility Medicaid and will need to be completed prior to approval.</p>
4.	<p><i>Q: If an individual needs inpatient rehab (skilled nursing or a swing bed hospital stay) with a plan to discharge back into the community, will a resource assessment be required?</i></p> <p>A: Yes, this type of hospital stay follows Nursing Facility Medicaid rules, so a resource assessment will be required for approval.</p>
5.	<p><i>Q: Can an applicant transfer their resources to their spouse prior to applying for CFI, ABD, IHS or DD because of the new resource assessment policy? Does this impact the lookback rules?</i></p> <p>A: Yes, the applicant spouse can transfer their resources to their non-applicant spouse for the benefit of their spouse prior to eligibility being determined for HCBS waiver programs so that they are within the resource limits.</p>
6.	<p><i>Q: Can an applicant transfer a house to their spouse prior to applying for a waiver program without violating the lookback rules?</i></p> <p>A: Yes, the applicant spouse can transfer their home solely to their non-applicant spouse prior to eligibility being determined for HCBS waiver programs without violating the lookback rules.</p>
7.	<p><i>Q: How are jointly owned resources treated? Should the applicant provide resources that are in their spouses name only?</i></p> <p>A: Jointly owned resources will be reviewed by the department and 50% of the total will be counted towards the applicant spouse. Resources that are in the non-applicant spouses’ name only are not required, however may be requested/provided so that if the applicant spouse needs to move to a nursing facility in the future the verifications are on file. If the applicant does not provide the resources solely owned by their non-applicant spouse however, the application will not be paused or denied.</p>
8.	<p><i>Q: Does the 6 month lookback period include resources that are usually excluded, such as special needs trusts?</i></p> <p>A: Any funded trust that the applicant holds will need to be provided and reviewed by DHHS.</p>

9.	<p><i>Q: How will an applicant be notified if they need to provide documentation for a 60 month lookback instead of a 36 month lookback?</i></p> <p>A: The applicant will be told at their interview and be sent a verification checklist requesting the appropriate months. However, if after reviewing the first 36 months, the eligibility worker (FSS) determines that additional months are needed, they will receive an additional checklist requesting up to 60 months.</p>
10.	<p><i>Q: Are resources such as trusts, life insurance, or investments included in the new resource disregard policy?</i></p> <p>A: Yes, all resources that the applicant holds will be reviewed to verify if they are countable or not prior to the disregard being applied.</p>
11.	<p><i>Q: What is the difference between Categorically Needy and Medically Needy?</i></p> <p>A: The main difference between Categorically Needy and Medically Needy categories are the income limits. Categorically Needy means the household meets the categorical and income guidelines for each Medicaid category. Medically Needy means the individual meets the categorical requirements, but their income and/or resources are too high. The resource limit for Categorically Needy is \$1,500. The resource limit for Medically Needy is \$2,500.</p>
12.	<p><i>Q: What does a "resource disregard" mean? Can you provide an example?</i></p> <p>A: A deduction of resources will be given to individuals prior to comparing their total resources to the resource limits. The deduction amounts are up to \$6,000 for Categorically needy individuals and up to \$5,000 for Medically needy individuals. This amount will be deducted from the individual's total resources and the amount that remains will be compared against the resource limit. If after applying the resource deduction, the individual is under the resource limit, they are considered resource eligible. If after applying the resource deduction, the individual remains over the resource limit, they are considered ineligible and will need to spend down to the resource limit prior to reapplying. Example: An individual applies for CFI with total resources of \$7,000. The resource disregard is applied; \$6,000 will be deducted from the \$7,000 total resources. The individual's countable resources are now \$1,000. This person is eligible because their countable resources are below the limit of \$1,500. (see page 3 for a visual example)</p>
13.	<p><i>Q: Is the resource limit for Medicaid and/or HCBS waivers changing?</i></p> <p>A: No, the resource limit of \$1,500 for categorically needy applicants and \$2,500 for medically needy applicants remains in place. The new resource disregard is applied prior to comparing an individual's resources to the resource limit.</p>
14.	<p><i>Q: When will all of these changes take effect?</i></p> <p>A: January 1, 2024</p>
15.	<p><i>Q: Will recipients that have redetermination dates after 1/1/2024 be eligible for the resource disregard?</i></p> <p>A: Yes, the resource disregard will be applied to recipients' cases as long as their redetermination date is after 1/1/2024.</p>
16.	<p><i>Q: Will pending applications be eligible for these changes?</i></p> <p>A: Yes, as of 1/1/2024. If they are over the resource limit prior to 1/1/2024 when the disregard is applied, they will be denied for that period of time.</p>
17.	<p><i>Q: If someone is applying for CFI and has a joint account with their spouse totaling \$10,000, how is the total amount of assets that need to be spent down determined?</i></p> <p>A: Jointly owned resources are required to be provided and the department will count 50% of the total towards the applicant spouse. If the amount of the resources is over the resource limit after the disregard is applied, that is the amount that the individual will have to spend down prior to reapplying.</p>
18.	<p><i>Q: Does the resource disregard policy allow an individual to always keep up to \$7,500 in their accounts, or will the individual need to spend down to the resource limit at any time?</i></p> <p>A: Yes, unless the individual stops receiving a waiver service (CFI,IHS, DD, or ABD)</p>

19.	<p><i>Q: If a recipient was closed in 2023 for CFI for being over resources and decides to reapply in 2024, will the new disregard apply to them?</i></p> <p>A: Yes</p>
20.	<p><i>Q: How does the resource disregard apply to a married couple?</i></p> <p>A: If only one spouse is applying (the applicant spouse) then the disregard will only apply to them. They will be a household size of 1 and will be able to have up to \$7,500 in resources. If both spouses are applying, then each individual will receive the disregard.</p>
21.	<p><i>Q: When should a recipient receiving Children’s Medicaid or HC-CSD apply for adult Medicaid?</i></p> <p>A: When the individual turns 18 years old.</p>
22.	<p><i>Q: If an applicant has been receiving Social Security Disability (SSDI) or Supplemental Security Income (SSI) for many years, do they still have to provide the form 177 with an APTD Medicaid application?</i></p> <p>A: Yes, the 177 is always required for an APTD application.</p>

Resource Disregard Visual Example:

Lucy provides a copy of her bank statement that verifies she has \$7,000 in resources.

DHHS will first apply the new *Resource Disregard* of \$6,000 because Lucy is in the *Categorically Needy* eligibility group (see Q&A #11 for an explanation of categorically needy).

After the disregard, Lucy will have \$1,000 in resources that will be counted towards the resource limit. DHHS will review these resources against the \$1,500 resource limit and determine that Lucy is resource eligible for the program.

Additional Resources:

Medicaid Eligibility Fact Sheet:

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/bfa-progam-fact-sheet.pdf>

Medicaid Long Term Care Contact List:

[LTC Contact List 2.2024 \(state.nh.us\)](https://www.state.nh.us/ltc/LTC%20Contact%20List%202.2024.pdf)

Form 800- Application for Assistance:

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/bfa-800.pdf>