

TRANSFER FROM SA TO MA

CASE NAME

CO. CASE NUMBER

Date of Discharge from Adult Care Home

Verification

SA RECIPIENT DISCHARGED TO HOME

(Address) _____

Yes No Was the SA recipient eligible for SSI in the adult care home?
If yes, terminate the SA case. SDX will automatically generate SSI Medicaid eligibility.

Month of last SA payment: _____ Date notice sent: _____

INSTITUTIONALIZATION OF SA RECIPIENT

Admitted to general hospital 30th day _____

Admitted to nursing home Facility Name _____

Date of approved FL-2: _____ Level of Care: _____

RESOURCES

Review the most current SA booklet for the following policy differences. Document for Medicaid.

Date of SA application booklet _____

Transfer of Assets

Evaluate for transfers of resources during the "look back period." The look back period begins with the month of institutionalization in a nursing home or hospital. Refer to MA-2240, *Transfer of Resources*, for an explanation of institutionalization and the applicable look back period.

Amount of Transfer: _____ Date: _____ MA Penalty _____
(dates)

ESTATE RECOVERY

Yes No Were estate recovery requirements discussed with the recipient?

COMMUNITY SPOUSE

Yes No Is there a community spouse?

If there were assets in the community spouse’s name only which were excluded for SA, complete the Spousal Resource Protection Assessment. (For SA, assets in the spouse’s name only are excluded.)

Verify total combined resources of the couple for the first month of the continuous period of institutionalization. Protection begins with the month institutionalization begins. If the combined total exceeds the Spousal Protection Amount plus the \$2,000 limit for the institutionalized spouse (ISP), propose termination based on excess resources (timely). Do not approve cost of care for the period of the timely notice. Coverage for other medical expenses continues until termination.

NOTE: The retirement account of the spouse is excluded from SA reserve. The retirement account of the community spouse is counted in the total combined assets of the couple when determining the Spousal Protection Amount for Medicaid.

Total Combined Assets upon start of CPI: _____

Spousal Protection Amount: _____

Countable Resources for ISP: _____

INCOME AND MEDICAID BUDGET

Verify income. A change has occurred which could impact income.

UNEARNED INCOME	AMOUNT	EARNED INCOME	AMOUNT
TOTAL		TOTAL	

Attach DMA-5008A for the non-SSI SA recipient who is discharged home.

Attach DMA-5008B for SA recipient who is now institutionalized.

Complete DMA-5008C if there is a community spouse to determine what amount of the ISP’s income may be protected for the community spouse’s use.

INSTRUCTIONS

DSS-8125 Change address, enter PML and effective date if applicable, confirm certified or authorized and enter correct certification period, delete SA special review code, confirm income amounts, change aid/program category, delete ambulation code, change living arrangement code. Use DB/PML screen to post PML to an SA eligibility segment.

DSS-8110 Notification of PLA deductible or termination of all assistance (not transferred to MA).