



Miners Colfax Long Term Care Eligibility Institutional Care

Medical Care Credit: The medical care credit is the amount of the applicant/recipient's income used to reduce the Miners Trust payment to Miners Colfax Long Term Care where he/she resides. A resident must make this payment directly to Miners Colfax Long Term Care.

- A. Medical care credit determination:** The amount of the medical care credit is always determined prospectively. Miners Colfax Long Term Care computes a medical care credit starting with the first full month of institutional care. No medical care credit is required for the month the recipient enters the institutions if he/she is admitted after the first day of the month.
- (1) No medical care credit for the month of discharge or death: A recipient is not required to pay a medical care credit for the month of discharge from the institution. The medical care credit must be paid if the resident is transferred to another institution or makes a short visit outside the institution. No medical care credit is charged for the month in which a resident of institutional care dies. This will prevent a deficit for the institutions when a benefit, such as Social Security, must be returned due to the death of a beneficiary.
- B. Computing the medical care credit:** Beginning August 1, 2008 fifty percent (50%) of the residents monthly income is protected for his/her personal needs in Miners Colfax Long Term Care. Each year thereafter, the amount of a resident's monthly income shall be adjusted according to the consumer price index and indicated in 8.200.510.12 NMAC. The excess over the amount protected, subject to other deductions, is applied to toward payment for care in Miners Colfax Long Term Care as a medical care credit payment.
- (1) A resident's total income, is used to compute the medical care credit with the following exceptions:
- (a) Indian tribe per capita payments (see 8.281.500.20.B. (6) NMAC);
 - (b) German reparation payments; and
 - (c) Social security administration overpayments
 - (i) When the social security administration withholds an amount due to an overpayment, the social security gross payment amount is used to determine eligibility per 8.281.500.20.A.(1) NMAC. To determine the amount used in calculating the medical care credit, Miners Colfax Long Term ascertains whether a social security (Title II) overpayment is being recouped or whether an SSI overpayment is being recouped from a social security benefits check (a cross-program recoupment). Cross-program recoupment's are at the recipient's option so the gross benefit amount is used to calculate the medical care credit.

- (ii) Recoupment of a social security overpayment from a social security benefits check is mandatory. In such cases, the net social security benefit amount is used to calculate the medical care credit.
- (d) Payments from the Radiation Exposure Compensation Act.
- (e) 'Remembrance, responsibility and the future' payments.

(2) Dependent children at home: If an institutionalized resident with no spouse has dependent children at home who are ineligible for AFDC or assistance from any other program, or are eligible for an amount less the AFDC need standard, an allowance for each child of up to the current AFDC standard of need may be deducted from the institutionalized recipient's income which is in excess of the recipient's personal allowance.

C. Computing medical care credits for married institutionalized recipients: To calculate the medical care credit for a married institutionalized recipient, the "name-on-the-check" rule applies. Miners Long Term Care uses only the income belonging to the institutionalized recipient to compute his/her medical care credit. Total gross income before any deductions is used in this process.

- (1) Treatment of VA aid attendance (A&A) and unusual medical expenses: Allowances for A&A and UME are considered when computing the medical credit in accordance with 8.281.500.23.B. (6)
- (2) Court-ordered support: An institutionalized recipient's gross income is not reduced by amounts of court-ordered child or spousal support.

D. Computing medical care credits for an institutionalized couple: To compute medical care credits for the members of an eligible institutionalized couple, Miners Colfax Long Term totals the couple's gross income and divides by two. The personal needs allowance as set forth in 8.281.500.23.B NMAC is subtracted from each amount for each member's personal needs and added to any allowable amount(s) paid by that recipient for non-covered medical expenses.

E. Medical Care Credit Deductions: Deductions for maintenance allowances from the income of an institutionalized spouse are permitted only to the extent that the income is available and is actually contributed to and accepted by the community spouse and/or other dependent family member(s). Miners Long Term Care applies the deductions listed below in the following order when determining the medical care credit:

- (1) Institutionalized spouse's personal needs allowance as set forth in 8.200.510.12 NMAC;
- (2) Basic community spouse monthly income allowance (CSMIA) standard reduced by the total gross income of the community spouse;
- (3) Excess shelter allowance for allowable expenses of the community spouse which exceed thirty percent (30%) of the CSMIA standard up to a specified maximum. The following expenses are allowed for the primary residence of the community spouse:
 - (a) Rent or mortgage payment, including interest or principal

- (b) Home taxes and insurance;
 - (c) Maintenance charges for a condominium or cooperative; and
 - (d) Amount equal to the standard utility allowance used by the food stamp program if the community spouse incurs a heating or cooling expense. Utility expenses included in the rent or the basic maintenance fee for a condominium or cooperative, are not allowed.
- (4) Extra maintenance allowance for the community spouse if ordered by a court of jurisdiction or a state administrative hearings officer. The community spouse must demonstrate, with a preponderance of evidence, that he/she incurred non-reimbursable expenses for medical, remedial and other support services and that these expenses jeopardize his/her ability to remain self-sufficient in the community. The community spouse must allow successfully demonstrate that these expenses exceed income, including the CSMIA and excess shelter allowance.
- (a) When an extra maintenance allowance is ordered for the community spouse, Miners Colfax Long Term Care monitors the case to ensure that the exceptional circumstances still exist and adjusts the medical care credit when it is verified that the special conditions no longer exist.
 - (b) The community spouse must report with ten (10) days when the exceptional circumstances have changed or no longer exist.
 - (c) Miners Long Term Care may request that a hearing officer reopen and review a case if he/she believes that the exceptional circumstances no longer exist, even if the community spouse has not reported the change and/or fails or refuses to provide verification of the suspected change.
 - (d) The total CSMIA and excess shelter allowance combined may not exceed the standard amount per month, unless a state administrative hearings officer or a court of jurisdiction orders the institutionalized spouse to pay an increased amount.
- (5) An allowance for each eligible family member equal to one-third of the balance obtained after deducting the family member's gross income from the CSMIA standard amount. Family members included the couple's minor child(ren) under the age of eighteen (18), disabled adult child(ren) of the couple who meet the social security administration's definitions of disability and dependent sibling(s) or parent(s) of either member of the couple. These family members must reside with the community spouse. The dependency requirements are met if either member of the couple could claim the family member as a dependent for tax purposes.
- (6) Health insurance premiums and non-covered medical expense deductions.

F. Changes in income and recipient medical care credit: Payments received by a recipient, such as social security, VA, retirement or other benefits, are applied to billing for services for the same month in which the payment is received. If the income increases, the institutions must continue to collect the amount indicated on the medical care credit report in the recipient's file and immediately advise Miners Colfax Long Term of the change. Miners Colfax Long Term processes the change, notifies the institutions and the recipient of the new medical care credit amount and

indicates the month in which the higher amount is to be collected. The difference between the medical care credit amounts is deposited in the recipient's personal fund account until the change is effective.

G. Costs of Routine Services: Allowable costs shall include all items of expenses that providers incur to provide routine services, known as operating costs. Operating costs include such things as:

- (a) Regular room;
- (b) Dietary and nursing services;
- (c) Medical and surgical supplies (including syringes, catheters, ileostomy and colostomy supplies);
- (d) Use of equipment and facilities;
- (e) General services, including administration of oxygen and related medications, hand feeding, incontinency care, tray service and enemas.
- (f) Items furnished routinely and relatively uniform to all patients, such as patient gowns, water pitchers, basins and bed pans.
- (g) Items stocked at nursing stations or on the floor in gross supply and distributed or used individually in small quantities, such as alcohol and body rubs, applicators, cotton balls, Band-Aids, laxatives and fecal softeners, aspirin, antacids, OTC ointments and tongue depressors;
- (h) Items which are used by individual patients but which are reusable and expected to be available, such as ice bags, bed rails, canes, crutches, walkers, wheelchairs, traction equipment, and other durable equipment.
- (i) Special dietary supplements used for tube feeding or oral feeding even if prescribed by a physician.
- (j) Laundry services including basic personal laundry;

H. Costs not covered by Miners Colfax Long Term Care: The items listed below are the responsibility of the resident and are not covered under the Miners Trust here at Miners Colfax Long Term Care.

- (a) Physical Therapy
- (b) Speech Therapy
- (c) Occupational Therapy
- (d) Dentist/Dentures
- (e) Ophthalmologist/Optomtrist/ Eye glasses
- (f) Audiologist/ Hearing Aides
- (g) Podiatrist/ Footwear
- (h) TV/Cable
- (i) Phone
- (j) Internet services
- (k) Specialist care, e.g.; cardiologist, urologist, etc.
- (l) Specialized equipment, e.g.; motor scooters, modified walkers or wheelchairs, etc.
- (m) Ambulance services, including portion not paid for by other insurances
 - (i) Out of facility oxygen, medications and equipment

- (ii) Dialysis or other specialized treatment services
- (iii) Physician visits made at the physicians office
- (iv) Personal clothing
- (v) Personal toiletries and grooming items e.g.: electric razors, toothbrushes, etc.
- (vi) Haircuts, beautician fees
- (vii) Transport services out of town for medical purposes
- (viii) Transport anywhere for non-medical related purposes that are not a planned activity
- (ix) Prescription medication
- (x) Other outpatient services