

POST ELIGIBILITY TREATMENT OF INCOME

Under federal law the department must reduce its payment to an institution by the amount that remains after deducting amounts “specified” from the individual’s total income. These deductions are:

- Maintenance needs of spouse, family
- Personal needs allowance
- Medical expenses not covered by a third party (an entirely different presentation)
- Allowance for home maintenance



**HOME
MAINTENANCE
DISREGARD**



CRITERIA FOR THE DISREGARD

The individual must be a resident of a long-term care facility and expected to reside there for less than six L/H months.

If the resident has been in long term care for longer than six months they do not qualify for the disregard.

The disregard will allow the resident to divert income for the maintenance of their home for a maximum of six months.

(L/H month is a month containing at least one day in a hospital or facility in a 30-day period and NO day the person was a waiver participant).

ADDITIONAL REQUIREMENTS

A physician must certify that resident is medically likely to return home in less than six months from date of admission.

The request is for an individual who is a current MA beneficiary with a PPA.

The individual is in a LTC facility.

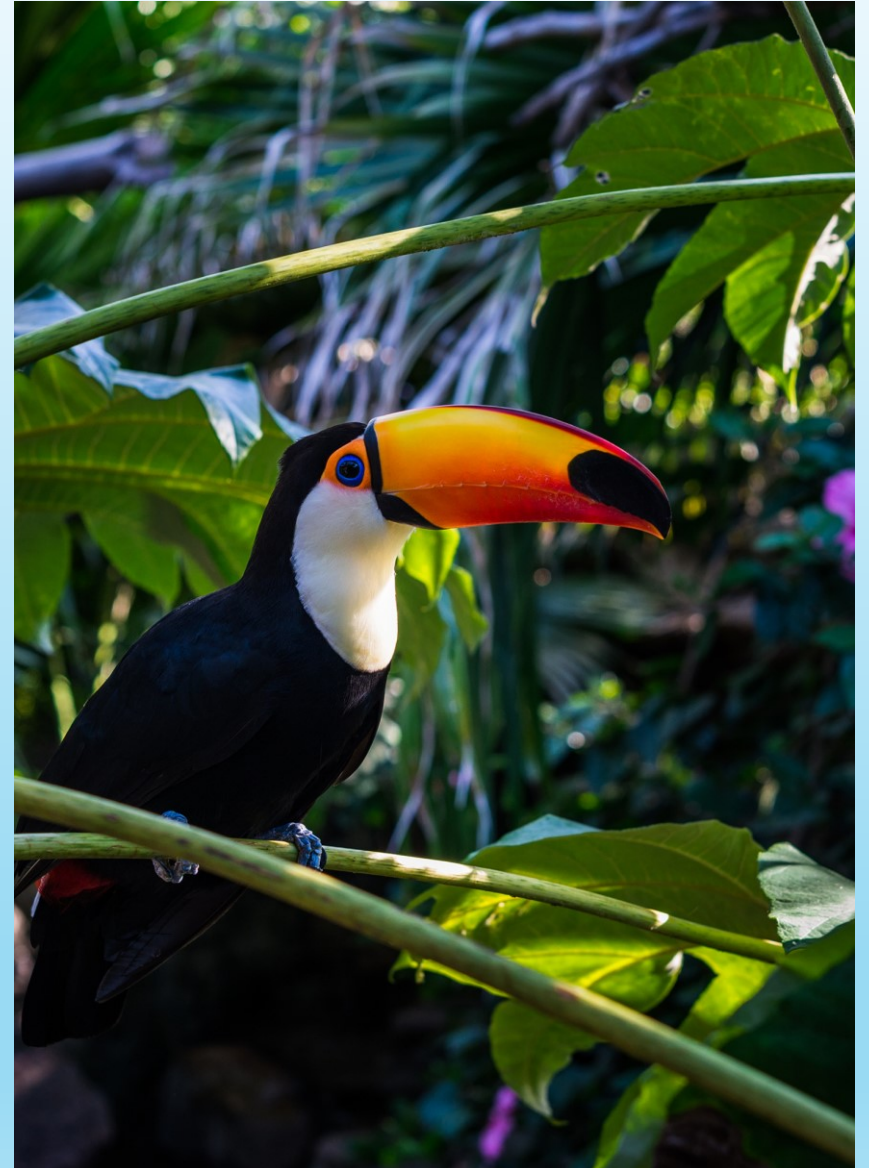
The individual has a legal obligation to pay and has provided the verification of the housing expenses.

The house is not occupied by a community spouse or child(ren).

THE REQUEST IS MADE BY THE BENEFICARY OR SOMEONE AUTHORIZED TO ACT FOR THE BENEFICIARY. (written or verbal)

THANK YOU

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Isolation Bed Request Overview

When to submit an Isolation Bed Request?

- The facility does not have another certified Medicaid bed to isolate the beneficiary in.
- The facility does not have a Non-Available Bed Plan (NABP).



Additional Details

A complete and appropriate bed isolation request results in a temporary approval for a beneficiary to reside in a **Medicare** only bed if the facility does not have another dually certified bed or does not have a NABP**

**** Please follow the temporary NABP policy guidance within MSA 21-43/HASA 22-04. A new bulletin will be released with updated information soon.**

The beneficiary must return to their Medicaid certified bed after the isolation period is no longer needed.

Submission of Bed Isolation

Submit a bed isolation request utilizing form:
MSA-0823- Nursing Facility Isolation Bed
Request Form

- Submit the form within 5 business days after the resident returns to their Medicaid certified bed.
- Remember to attach relevant medical documentation for each beneficiary you are requesting isolation for.
- Submit the form and documentation to MDHHS-NFISOLATION@michigan.gov or fax to 517-241-0066

Tidbits of Information

- Please allow MDHHS up to 10 business days to process your request.
- You will receive an automatic reply that MDHHS is in receipt of your request if sent via email.
- If the request is approved the facility will receive an approval letter.

Questions?



- MDHHS-NFISOLATION@michigan.gov