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Overview

The purpose of this desk reference is to consolidate instructions for authorizing and maintaining LTC facility services in eCIS into one manual. The Long-Term Care Handbook should be utilized when policy questions arise.

Common Acronyms used throughout this Desk Reference:

AP-Application Processing

CP- Case Processing

CS- Community Spouse

IS- Institutionalized Spouse

LTC- Long Term Care

LTL- Long Term Living

Non-Money Payment (NMP) LTC Categories

PAN, PJN, or PMN—SSI-related in an LTC facility	
PAN 80	An individual age 65 or older in an LTC facility who is enrolled in the Medicare Savings Program (buy-in). This category provides payment for the Medicare premium, co-insurance, and Medicare deductibles.
PAN 66	An individual age 65 or older in an LTC facility who is enrolled in buy-in. This category provides payment for the Medicare premium.
PAN 00	An individual age 65 or older in an LTC facility who is not enrolled in buy-in.
PJN 80	A disabled individual under age 65 in an LTC facility who is enrolled in buy-in. This category provides payment for the Medicare premium, co-insurance, and Medicare deductibles.
PJN 66	A disabled individual under age 65 in an LTC facility who is enrolled in buy-in. This category provides payment for the Medicare premium.
PJN 00	A disabled individual under age 65 in an LTC facility who is not enrolled in buy-in.
PMN 80	A blind individual age 21 through 64 in an LTC facility who is enrolled in buy-in. This category provides payment for the Medicare premium, co-insurance, and Medicare deductibles.
PMN 66	A blind individual age 21 through 64 in an LTC facility who is enrolled in buy-in. This category provides payment of the Medicare premium.
PMN 00	A blind individual age 21 through 64 in an LTC facility who is not enrolled in buy-in.

PVN—SSI related in a Veterans' home	
PVN 80	An individual of any age in a Veterans' home who is enrolled in buy-in. This category provides payment for the Medicare premium, co-insurance, and Medicare deductibles.
PVN 66	An individual of any age in a Veterans' home who is enrolled in buy-in. This category provides payment for the Medicare premium.
PVN 00	An individual of any age in a Veterans' home who is not enrolled in buy-in.
PCN—In a federal or state foster care program, receiving federal or state adoption assistance, or refugee	
PCN 02	A refugee in an LTC facility.
PCN 31	A federal foster care recipient in an LTC facility.
PCN 32	A federal adoption assistance recipient in an LTC facility.
PCN 33	A state foster care recipient in an LTC facility.
PCN 34	A state adoption assistance recipient in an LTC facility.
PCN 35	An out-of-state foster care recipient in an LTC facility.
PCN 36	An out of-state adoption assistance recipient in an LTC facility.
PCN 37	A subsidized permanent legal custodian recipient in an LTC facility.

Medically Needy Only (MNO) LTC Categories

TAN or TJN—SSI-related in an LTC facility	
TAN 00	An individual age 65 or older in an LTC facility who is not enrolled in Buy-In .
TJN 00	An individual under age 65 in an LTC facility who is not enrolled in Buy-In.
TVN—SSI related in a Veterans' home	
TVN 00	An individual of any age in a Veterans' home who is not enrolled in Buy-In

*Reminder: SSI is a **cash** program. When a SSI recipient enters a LTC facility the Federal Living Arrangement Code (FLAC) will be updated to a 'D' for Title XIX institutionalization on the SDX Data Exchange. If the individual enters a LTC facility and the FLAC code is not updated, then the CAO or the individual must contact the Social Security Administration using the PA 1781 to alert them of the institutionalization. When the FLAC code is updated, and the Payment Status code is a current pay status, C01, then these budgets should remain open in the SSI category with a program status code 45.*

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Entering Provider Information

It is imperative that the individual as well as all involved parties be kept informed of any changes to a LTC facility applicant's or recipient's eligibility. In addition to sending a notice to the individual the CAO must also send copies of all notices to:

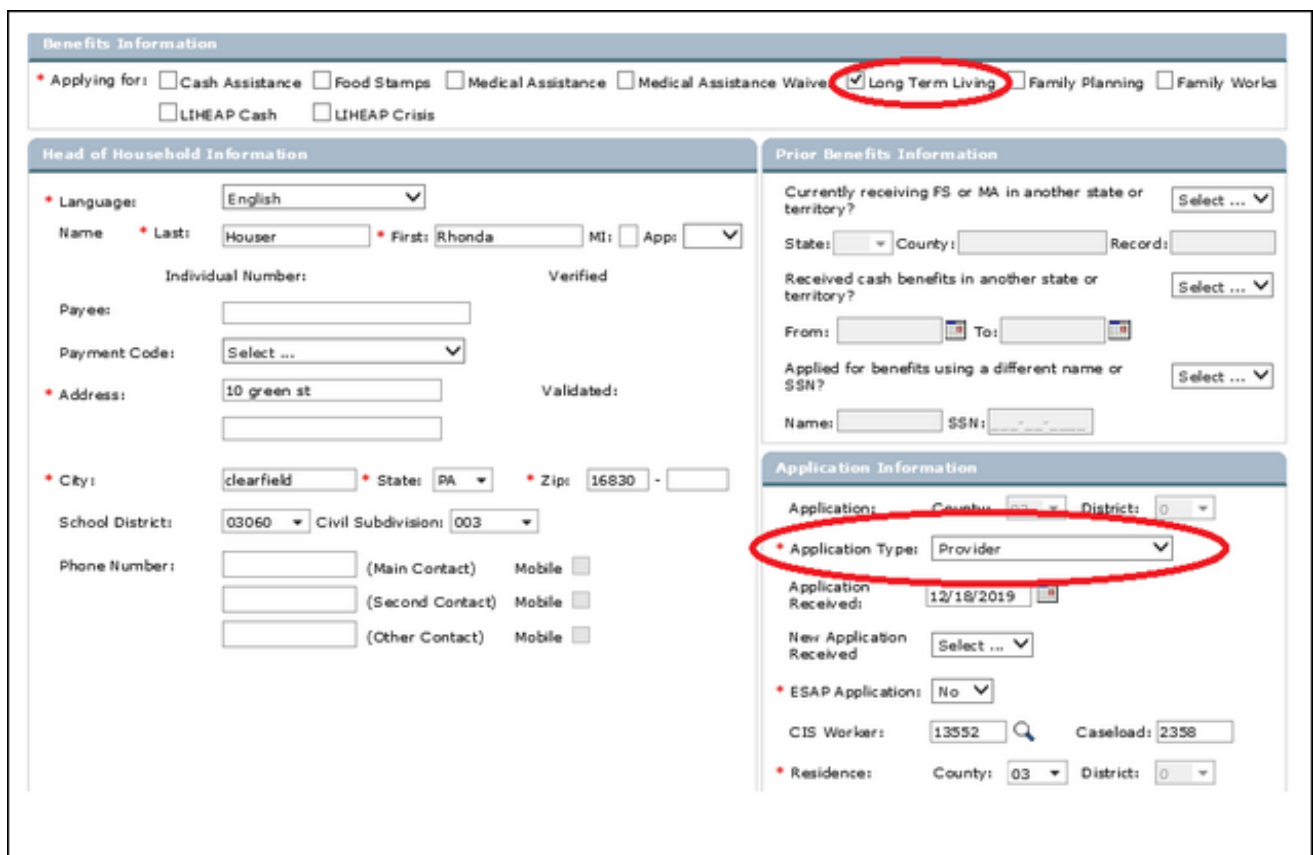
- the individual's representative(s);
- the LTC facility

Provider information can be entered either by the clerical worker in Application Processing (AP) or by the caseworker in Case Processing (CP).

Application Processing (AP)

During AP, clerical staff must choose 'Long Term Living' when entering the application information on CAPINF, the Application Information screen. In order to build a LTC category the application must be registered for the 'Long Term Living' benefit.

Clerical can add provider identification numbers while in the AP mode. Entry of a provider number in AP schedules an automated notice to be sent to the provider. The caseworker can add additional providers to the record using the Provider screen in CP.



The screenshot displays the CAPINF Application Information screen. Key sections include:

- Benefits Information:** A row of checkboxes for various benefits. 'Long Term Living' is selected and circled in red.
- Head of Household Information:** Fields for Language (English), Name (Last: Houser, First: Rhonda), Individual Number, Verified status, Payee, Payment Code, Address (10 green st), Validated status, City (clearfield), State (PA), Zip (16830), School District (03060), Civil Subdivision (003), and Phone Number.
- Prior Benefits Information:** Fields for Currently receiving FS or MA in another state or territory, State, County, Record, Received cash benefits in another state or territory, From, To, Applied for benefits using a different name or SSN?, Name, and SSN.
- Application Information:** Fields for Application, County, District, Application Type (set to 'Provider' and circled in red), Application Received (12/18/2019), New Application Received, ESAP Application (No), CIS Workers (13552), Caseload (2358), and Residence (County: 03, District: 0).

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Provider Information | SAPPVR ? eCStance

County	Appl Number	Dist	Application Name	Received	Status	Record	Web Appl Number	Worker	eDocs
03	A0026769	0	RHONDA HOUSER	12/18/2019	Incomplete			13532	None

Provider Selection

Non-Medicaid Provider
Id:

OR

Medicaid/LINEAP Provider
Legal Entity: Service Location:

OR

Family Works Provider
Project Code: Source Id:

[SHOW DETAILS](#) ⓘ

Provider Details

* Application Date:

* Service Type:

Automated Notice: Yes

Name: KEYSTONE RESIDENCE, INC.

Address: 103 S CARVER ST
WARREN, PA 16365

Phone:

Case Processing (CP)

In all cases AP'd in a 'LTC' category the 'Y' in the 'Add/ Modify Provider' field is pre-populated on the Household screen. This will schedule the Provider screen.

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Mailing Address

Copy Residence Address:

☒


***Address:** 364 COLLEGE ST

Address Validated: N - Not Valid

***City:** YORK

***Verification:** D - Document in record

***State:** PA - Pennsylvania

***Zip:** 17404 - **VALIDATE ADDRESS** 

Contact Information

Home Phone #:

Work Phone #: **Extn:**

Cell Phone #:

Best Time to Call:

Email:

Case Action

Is affected by Domestic Violence? N - No

Add/Modify Provider? ☒ Y - Yes

Transferred to PELICAN:

Case Close: ☐

Close Reason:


Purge Prevent Code:

Transfer County:

Transfer District:

A provider entered during AP will be displayed on the Provider screen. The 'Add More' button is used to enter more than one provider. Enter the individual's representative(s), LTC facility and any other entities that must receive a notice on the Provider screen.

Case Non-Financial | Vendor/Provider

 Help

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Search Provider

Medicaid/Fuel/Utility Provider(MPI)

Provider Name	Legal Entity - Srv Loc	FEIN	Program	County
<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OR

Non-Medicaid Provider(CIS)

Id:

Provider Information

Last Update: By: Update Authorized By: Authorized By: T-DHEADER1

*Provider Name: Shady Acres Legal Entity - Service Location: - FEIN: Provider ID:

End Date: Provider Sub Type: N - Nursing Home

Address Information

Address: 1010 Evergreen Terrace ☐ Send Renewal Packets to this address

City: Clearfield

State: PA - Pennsylvania Zip Code: 16830 - Email:

County: Program:

Home Phone #: Work Phone #: Other Phone #:

Delete: ☐

Provider: Select...

Each new provider the caseworker enters on the case must have a "Provider Sub Type" selected. The caseworker may have to use the "Provider" dropdown at the bottom of the screen to visit each provider and ensure a "Provider Sub Type" code is entered for each new provider. Failure to select a "Provider Sub Type" means that provider will not receive system-generated notices and the caseworker will have to issue a manual notice to that provider.

The providers entered in the case via AP and/or CP will be listed on the Client Notice screen. Each provider listed on this screen will receive a copy of the notice. The CAO can choose not to send a specific notice to one or more of the providers listed by deselecting any or all of them.

Post Authorization | Client Notice

Consolidated Client Notices

Budget	Budget Action Code	Reason	Notice	Option	Type	CWOPA - ID	Status
PJN 80	A - Opening a case/budget	985 - Long Term Care MA	Long Term Care MA	A	E - Eligible	T-jyoungma	

Cancel Notice: No

☒ (100020140 - 0001) KEYSTONE RESIDENCE, INC ☒ (678264195 - F001) Janice Young

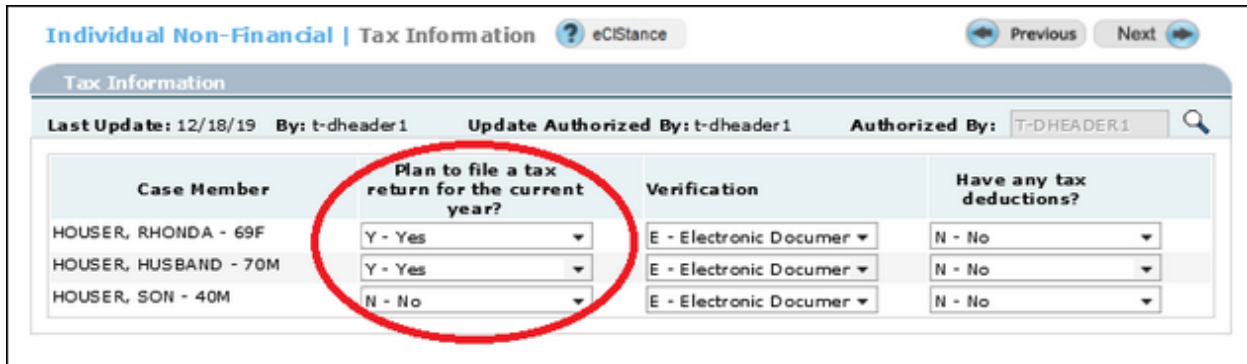
Building LTC Categories

When registering the application, clerical staff must choose the 'Long Term Living' benefit on CAPINF, the Application Information screen, to build a LTC facility category. The system will only review for eligibility in a LTC category for those applications registered as 'Long Term Living'. If the case fails due to financial or non-financial reasons, then the LTC category will fail and a notice of ineligibility for LTC facility services will be issued. To review for non-LTC related MA the case will need to be AP'd in a MA category and processed.

Non-Financial

In eCIS answers to questions on many non-financial screens drive creation of the appropriate LTC facility category. If these questions are not answered correctly eligibility will be determined in the wrong category or the wrong cost of care may be calculated.

On the Tax Information screen 'unknown' may be used to answer the tax filing status question. However, to determine a dependent allowance and ensure that budgets are updated appropriately during the automated COLA and Mass Change processes, a 'Y' should be entered to indicate that the IS and CS are planning to file taxes. Entry of a 'Y' will allow the tax dependent and joint filing information to be entered on the Relationships screen and ensure that the tax dependents are listed on the Long-Term Living screen. If the CAO is unsure of tax filing status 'not required' should be entered on the verification screen.



Case Member	Plan to file a tax return for the current year?	Verification	Have any tax deductions?
HOUSER, RHONDA - 69F	Y - Yes	E - Electronic Documer	N - No
HOUSER, HUSBAND - 70M	Y - Yes	E - Electronic Documer	N - No
HOUSER, SON - 40M	N - No	E - Electronic Documer	N - No

In order to determine a dependent allowance, the tax dependent question indicator must be selected for the IS on the Relationships screen. This indicator can only be selected if a 'Y' is answered to the tax filing status question on the Tax Information screen. Until a system enhancement is implemented only one spouse may claim a mutual child as a tax dependent on the Relationships screen.

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Individual Non-Financial | Relationship [Help](#) [Previous](#) [Next](#)

Relationship Information

Reference Name:
HENDERSON, HOWARD - 39M

HENDERSON, JEN - 39F

Last Update: **By:** **Update Authorized By:** **Authorized By:** T-JYOUNGMA

* JEN is the **W - Wife** of HOWARD

- ☐ JEN is taking care and control of HOWARD
- ☐ JEN is primary caretaker of HOWARD
- ☐ JEN is taking kinship care of HOWARD
- ☐ JEN is tax dependent of HOWARD
- ☒ JEN is filing taxes jointly with HOWARD

HENDERSON, BILLY - 13M

Last Update: **By:** **Update Authorized By:** **Authorized By:** T-JYOUNGMA

* BILLY is the **S - Son** of HOWARD

- ☐ BILLY is taking care and control of HOWARD
- ☐ BILLY is primary caretaker of HOWARD
- ☐ BILLY is taking kinship care of HOWARD
- ☒ BILLY is tax dependent of HOWARD
- ☐ BILLY is filing taxes jointly with HOWARD

On the Individual Attributes screen the 'Entitled to Medicare' and 'Receiving Medicare' fields must be selected if the individual is receiving and/or eligible for Medicare A and/or B. Eligibility for a buy-in category will only be reviewed if these fields are selected.

Individual Non-Financial | Individual Attributes [Help](#) [Previous](#) [Next](#)

Individual Attributes

Last Update: **By:** **Update Authorized By:** **Authorized By:** T-JYOUNGMA

STEVENS, JEFF - 78M

- ☐ Works 40 Hours per month?
- ☐ Special Medical Needs?
- ☒ Entitled to Medicare Part A?
- ☐ Meets Drug or Alcohol Program?
- ☐ Receiving Assistance in Another State?
- ☐ Meets Minor Parents Exemption?
- ☐ Works 100 Hours per month?
- ☐ With Parent Since Birth?
- ☒ Medicare Part A Recipient?
- ☐ Resident of PA?
- ☐ Special Emergency Circumstances?
- ☐ Individual and Payment Name Agrees to include as Essential Person?
- ☐ Currently Receiving SSI?
- ☐ Received MA or CHIP at Birth?
- ☒ Medicare Part B Recipient?
- ☐ Intent To Remain In PA?
- ☐ Migrant Worker?

On the Non-Financial Questions screen a 'Y' must be entered in the 'Facility' field to schedule the Facility Placement screen.

Individual Non-Financial | Non-Financial Questions ? Help Previous Next

Non-Financial Questions

Do you want to add/modify:

Sanction or disqualification individual?

Pregnancy?

Disability or incapacity?

School Attendance?

Waiver Service(s)?

Facility?

Past SSI RSDI?

Reminder: Effective dates of two facility codes should not overlap. Currently eCIS is incorrectly allowing facility codes to overlap. The CAO must be careful to enter the correct effective dates on the facility placement screen. Entry of two facility codes concurrently will cause billing problems for the providers.

On the Facility Placement screen a 'Y' must be entered in the 'Explore LTL' field to schedule the Long-Term Living screen. The source field is only mandatory for incarceration code 72.

Individual Non-Financial | Facility Placement ? eCISance Previous Next

Individual Facility Placement Information

Last Update: By: Update Authorized By: Authorized By: T-DHEADER1

*Individual Name: Source:

*Facility Type: *County of Placement:

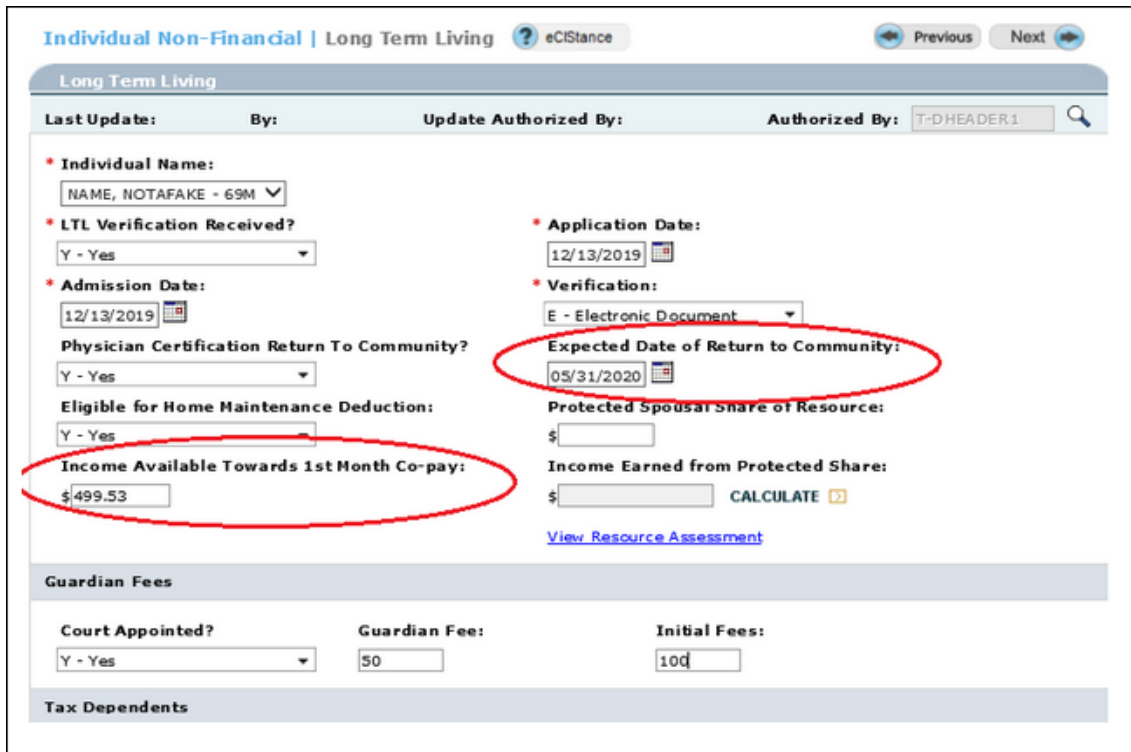
*Admission Date: Discharge Date: Discharge Code:

Explore LTL:

The Long-Term Living screen collects information regarding eligibility for the HMD, income available first month, guardian fees and a dependent allowance. The application date entered on the Long-Term Living screen is used to determine the look-back period when there is a transfer of assets for less than fair market value.

Reminder: When an individual enters a LTC facility in the same month assistance is requested, the CAO must determine the amount of income available to the individual after payment of expenses incurred in the community for that month. The amount of income actually available should be entered in the 'Income Available Towards 1st Month Co-pay' field. The system will use the income entered in this field to determine the cost of care for the month the individual

was admitted. The CAO should NOT assume all income was spent the first month. This amount must be determined using the individual's bank statements.



Individual Non-Financial | Long Term Living ? eCISance Previous Next

Long Term Living

Last Update: By: Update Authorized By: Authorized By: T-DHEADER1

* Individual Name:
NAME, NOTAFKE - 69M

* LTL Verification Received?
Y - Yes

* Admission Date:
12/13/2019

Physician Certification Return To Community?
Y - Yes

Eligible for Home Maintenance Deduction:
Y - Yes

Income Available Towards 1st Month Co-pay:
\$499.53

* Application Date:
12/13/2019

* Verification:
E - Electronic Document

Expected Date of Return to Community:
05/31/2020

Protected Spousal Share of Resource:
\$

Income Earned from Protected Share:
\$ CALCULATE

[View Resource Assessment](#)

Guardian Fees

Court Appointed?
Y - Yes

Guardian Fee:
50

Initial Fees:
100

Tax Dependents

Processing Retroactive and Ongoing Assistance

Currently the CAO cannot process an application with a begin date more than 90 days prior to the process date unless an NCE is completed. An NCE cannot run for more than five months. The CAO must process NCEs and ongoing benefits in chronological order. If not processed in chronological order the wrong amount of income will be updated during the automated COLA and Mass Changes causing the wrong cost of care to be determined and an incorrect notice to be issued.

If, after authorizing payment of LTC facility services, it is determined that the individual needs retroactive coverage then the CAO must close benefits and cancel the stop/discontinue notice. The CAO must then process benefits chronologically, beginning with the requested effective date and send a new notice of eligibility including a cost of care effective the new date coverage was requested.

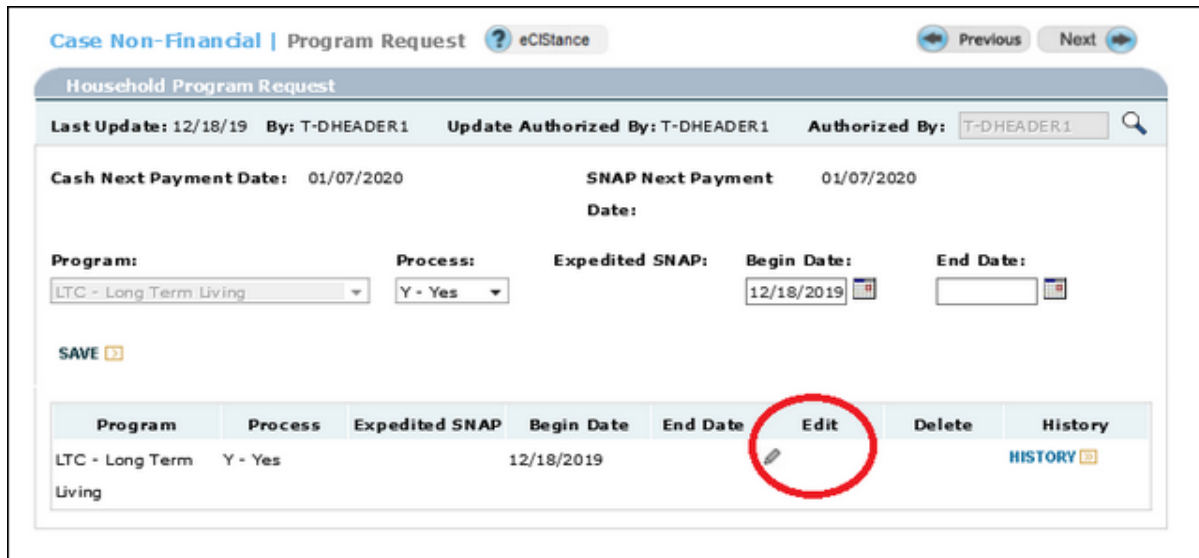
Example: Kevin is applying for payment of LTC facility services effective 7/15/19. Due to multiple appeal hearings the application is not being processed until 3/9/20. Since eCIS will not allow ongoing benefits to be opened more than 90 days prior to the process date NCEs need to be completed before authorizing ongoing benefits. In this example the application will be processed in the following order:

- NCE One: 7/15/19 through 11/30/19
- NCE Two: 12/1/19 through 2/29/20
- 3/1/20 Ongoing

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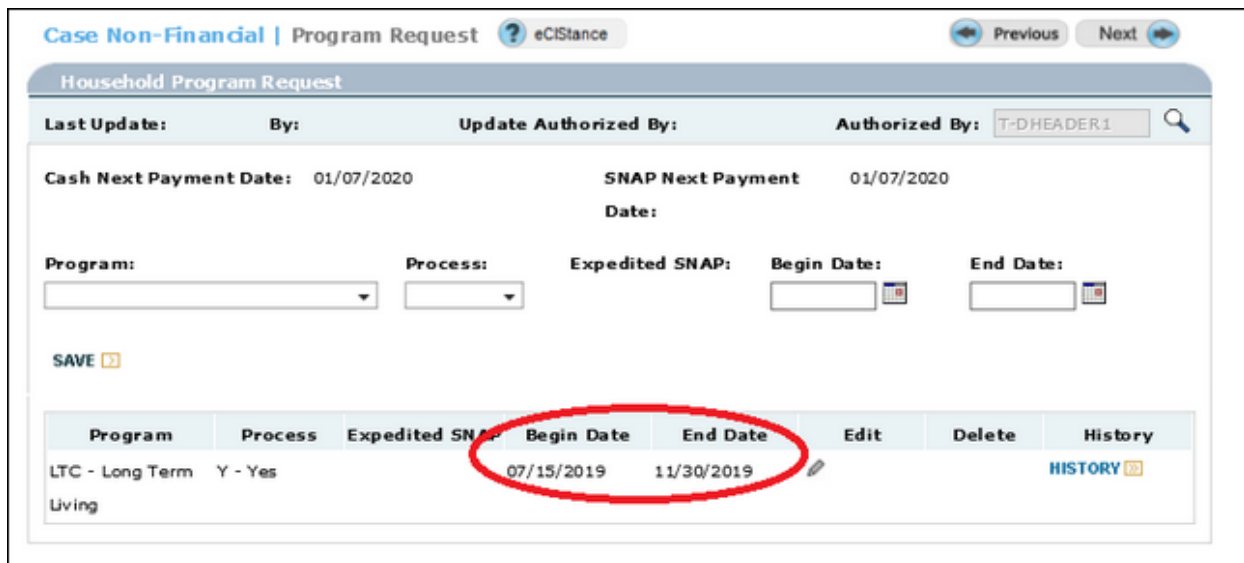
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On the Program Request screen edit the begin date by clicking on the pencil. After the pencil is clicked the process date will be displayed in the begin date field and can be revised.



Program	Process	Expedited SNAP	Begin Date	End Date	Edit	Delete	History
LTC - Long Term Living	Y - Yes		12/18/2019				HISTORY

In chronological order, type the first NCE begin and end dates and enter a 'Yes' to process since it is the first NCE that must be processed. Hit the 'Save' button. After hitting the 'Save' button the first NCE will be listed at the bottom of the screen.



Program	Process	Expedited SNAP	Begin Date	End Date	Edit	Delete	History
LTC - Long Term Living	Y - Yes		07/15/2019	11/30/2019			HISTORY

Currently eCIS will not allow more than one NCE to be pended at a time for the same program so the CAO will need to pend the second NCE by only entering 'LTC' in the 'program' field, 'P-Pend' in the 'process' field and the begin date of the second NCE. An end date should not be entered. After hitting the 'Save' button the information entered for the second NCE will be listed without an end date.

Case Non-Financial | Program Request ? eCISance Previous Next

Household Program Request

Last Update: By: Update Authorized By: Authorized By: T-DHEADER1

Cash Next Payment Date: 01/07/2020 SNAP Next Payment Date: 01/07/2020

Program: Process: Expedited SNAP: Begin Date: End Date:

SAVE

Program	Process	Expedited SNAP	Begin Date	End Date	Edit	Delete	History
LTC - Long Term Living	P - Pend		12/01/2019				HISTORY
LTC - Long Term Living	Y - Yes		07/15/2019	11/30/2019			HISTORY

After entering this information and hitting 'Next' the CAO will be directed to enter case details relating to the first NCE period. After running eligibility and committing the case eCIS will wrap around to the Case Summary screen then back to the Program Request screen. Once on the Program Request screen the same process as above should be used to enter the second NCE period with a 'Yes' to process. The ongoing benefits should also be entered and pended. After committing the information for the second NCE the case will wrap around again so that ongoing benefits can be processed. If all NCE periods and ongoing benefits are processed on the same day then one notice will be issued for all eligibility periods.

Medical Expenses

Medical expenses must be entered correctly on the Medical Expense screen in order to determine the correct spousal allowance, correct cost of care and to generate a correct notice.

*Reminder: The medical expenses of the community spouse should **not** be listed on the Medical Expense screen.*

To schedule the Medical Expense screen, enter a 'Y' in the 'medical obligations/expenses' field on the Expense Questions screen.

Expense | Expense Questions [? Help](#) [Previous](#) [Next](#)

Expense Questions

Do you want to add/modify:

Dependent care obligations/expenses?	<input type="text"/>
Child support obligations/expenses?	<input type="text"/>
Medical obligations/expenses?	<input type="text" value="Y - Yes"/>
Shelter obligations/expenses? (Rent, utilities etc)	<input type="text"/>

On the Medical Expense screen enter the appropriate information about each medical expense. When entering the expense type the correct code must be used in order to determine the correct cost of care and to populate the notice correctly. The most common medical expense type codes for LTC cases are:

- 07-Supplemental Insurance Premium
- 12-Medicare B Premium
- 96-Medicare B Premium for LIFE waiver (used in calculating cost of care when the LIFE waiver individual is admitted to a nursing facility)
- 16-LTC Facility Private Pay (not displayed on the notice)

The notice will display medical expenses coded 07 and 12. If the LTC private pay rate is incorrectly entered as code 07 or 12 it will be displayed on the notice and, in spousal cases, will be used to determine the spousal allowance and cost of care. The medical expense coded as 96 appears on the notice as an income deduction.

The most common 'Medical Coverage (MCV)' code used in LTC cases is 'N-Not covered by MA'. If the wrong MCV code is used the wrong information will be displayed on the automated COLA notice.

The payment details fields should be completed for medical expenses paid by the institutionalized spouse. Use the 'Add More' button to add additional medical expenses.

Reminder: *In order for the Medicare B and supplemental insurance premiums to be displayed on the notice for both the NCE and ongoing months the medical expenses must be entered while processing retroactive NCEs and while processing ongoing benefits. If the medical expenses are only entered while processing a retroactive NCE the premiums will NOT be displayed in the cost of care section of the notice for ongoing months.*

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Medical Expenses

Last Update: By: Update Authorized By: Authorized By: T-DHEADER1

*Name:

HOUSER, RHONDA - 69F

Responsible Party 1:

Select...

Responsible Party 2:

Select...

Provider

*Provider Name:

MEDICARE

Expense

*Expense Type:

12 - Medicare Part B Premk

*Medical Coverage(MCV):

N - Not covered by MA

*Date of Service:

01/01/2020

*Frequency:

5 - Monthly

*Original Amount:

\$ 144.60

Insurance Paid:

\$

SNAP Average:

End Date:

*Verification for all fields entered above:

E - Electronic Document

Payment Details

Self Paid Amount:

\$ 144.60

Paid Date:

01/01/2020

SAVE

Total Paid Amount:

Total Paid Amount Used:

Resources

Only the resources of the IS are used to determine resource eligibility for payment of LTC facility services and Buy-in. However, the CAO should enter the resources of the CS as well as the IS. If ownership is coded correctly then the system will determine the correct amount of countable resources of the IS. For current Buy-in Resource limits see the LTC Handbook Chapter 488, Appendix A.

The Resource Questions screen is used to schedule specific resource screens, such as the LTL Asset Transfer screen.

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Resource Questions

Do you want to add/modify:

Miscellaneous Resources?	<input type="text" value="Y - Yes"/>
Vehicle?	<input type="text"/>
Life or Accident Insurance?	<input type="text"/>
Burial Resources?	<input type="text" value="Y - Yes"/>
Real Property or a Mobile Home?	<input type="text"/>
Lump Sum Payment?	<input type="text"/>
SNAP Resource Transfer?	<input type="text"/>
LTL Asset Transfer?	<input type="text" value="Y - Yes"/>

[Unlock](#) [Reset](#) [Cancel](#) [Previous](#) [Next](#)

The Resource Eligibility screen displays the countable resources owned by the institutionalized spouse as well as the appropriate resource limit based on the LTC category authorized or rejected. In the case below the individual transferred assets resulting in an ineligibility period for payment of LTC facility services. This screen should always be reviewed prior to committing the case.

Resource Eligibility Results							
Last Update: 09/17/20		By: t-dheader1		Update Authorized By: t-dheader1		Authorized By: T-DHEADER1	
Budget: PAN 00		Eligibility Month: 10/2020		Run Date: 09/17/2020		Case Number: 03/7942480	
Eligibility Results	Amount	Limit	Variance	Budget Members	Failure Reason	Override	Override Reason
Pass	\$0.00	\$2,000.00	0	1		N - No	

Resources:	Gross Amount	Deduct Amount	Net Amount
Miscellaneous	\$0.00		\$0.00
Vehicle	\$0.00	\$0.00	\$0.00
Insurance:	\$0.00	\$0.00	\$0.00
Burial Agreements	\$0.00	\$0.00	\$0.00
Burial Space	\$0.00		\$0.00
Real Property	\$0.00		\$0.00
Mobile Home	\$0.00		\$0.00
Lump Sum	\$0.00		\$0.00
Resource Transfer	\$0.00		
NMP Disregard		\$6,000.00	-\$6,000.00
Lottery/Gambling Winnings	\$0.00		\$0.00
Total	\$0.00	\$6,000.00	\$0.00

Disqualification Period:
11/1/2020-11/19/2020

Rejecting the Wrong Category when Resources Exceed the NMP Limit

Although the CAO must enter income information in cases that will fail due to resources, eCIS does not use the income entered to determine the correct category to reject or correct notice option to send. When a LTC case fails due to resources more than the NMP limit but income of the individual is more than 300% of the Federal Benefit Rate (FBR) the case should fail an MNO category (TAN/TJN/TVN) but will incorrectly fail a NMP category and send a rejection notice with the higher NMP resource limits. To send the correct notice with the MNO resource limit of \$2,400 the CAO must change the notice option code on the Client Notice screen to the appropriate MNO option. The resource limit populated on the MNO notice is \$2,400, not the incorrect NMP resource limit of \$2,000, with a standard \$6,000 resource disregard.


Example: Wilbur is applying for payment of LTC facility services. He has total gross income of \$3,000.00 which exceeds the Special NMP Income Limit (300% of the FBR). His resources include:

- Checking account valued at \$1,316.00
- Savings account valued at \$4,500.02
- Life insurance policy with a face value of \$10,000.00 and cash surrender value of \$4,000.00
- Irrevocable Burial Reserve within the county limits

The case is failing the NMP category due to resources.



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Eligibility Result Summary  Previous Next


Medical Assistance Eligibility Result Summary

Budget	Eligibility Month	Non-Fin Result	Resource Result	Income Result	SFU Comp Changes	SFU Closure	Eligibility Period	Run Date	Auth
PAN 00	Dec 2019	Pass	Fail	N/A	No		12/20/19-12/31/19	12/20/19	No
PAN 00	Jan 2020	Pass	Fail	N/A	No		01/01/20-00/00/00	12/20/19	No


[View Eligibility Iteration](#)  [Build New Budget Composition](#) 

[Run Eligibility](#)

The Resource Eligibility screen displays the countable resources and compares them to the NMP resource limit.

Eligibility | Resource Eligibility 

Resource Eligibility Results

Last Update: 12/20/19 By: t-dheader1 Update Authorized By: t-dheader1 Authorized By: T-DHEADER1 

Budget: PAN 00 Eligibility Month: 12/2019 Run Date: 12/20/2019 Case Number: 03/7939200

Eligibility Results	Amount	Limit	Variance	Budget Members	Failure Reason	Override	Override Reason
Fail	\$2,816.02	\$2,000.00	0	1	083 - Other Excess	N - No	

Resources

Resources:	Gross Amount	Deduct Amount	Net Amount
Miscellaneous	\$5,816.02		\$5,816.02
Vehicle	\$0.00	\$0.00	\$0.00
Insurance:	\$4,000.00	\$1,000.00	\$3,000.00
Burial Agreements	\$0.00	\$0.00	\$0.00
Burial Space	\$0.00		\$0.00
Real Property	\$0.00		\$0.00
Mobile Home	\$0.00		\$0.00
Lump Sum	\$0.00		\$0.00
Resource Transfer	\$0.00		\$0.00
NMP Disregard		\$6,000.00	-\$6,000.00
Total	\$9,816.02	\$7,000.00	\$2,816.02

The client notice screen lists the correct resource rejection reason code of 083 but the wrong option code. Option code 'E' notice text displays the NMP resource limits. The CAO should verify notice text by clicking on the blue information button.

LTC Procedural Desk Guide

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Post Authorization | Client Notice [? Help](#) [Previous](#) [Next](#)

Current Session Client Notices

Issue	Budget	Budget Action Code	Reason	Notice	Option	Type	CWOPA - ID	Status
<input checked="" type="checkbox"/>	PAN 00	J - Rejection of an application	083 - Other Excess Resources	083-Other Excess Resources	E	N - Not Eligible	mmikos	

Clicking on the information button verifies the text for 083 option E lists the NMP resource limit.

Client Notice Text | Notice Text Search [Reset](#)

*** Notice Reason:** **Notice Option:** **Notice Type:**

083 - Other Excess Resource: E

[VIEW](#)

083 - Option E LTC/HCBS: Inel/Stop/Disc - NMP: Resources 083

Your countable resources are over the resource limit. The amount of your countable resources is \$. Even after subtracting the allowable \$6000 disregard, you still have more than \$2000 in resources. The amount of resources we must count may differ from your actual total resources, which are listed in this letter. Your information has been reviewed and you do not qualify for other benefits.

The CAO should choose option F from the option dropdown and use the information button to verify that option F text includes the MNO resource limit. After this is verified and the case is committed the system will generate the correct MNO resource rejection notice.

Client Notice Text | Notice Text Search [Reset](#)

*** Notice Reason:** **Notice Option:** **Notice Type:**

083 - Other Excess Resource: F

[VIEW](#)

083 - Option F LTC/HCBS: Inel/Stop/Disc - MNO: Resources 083

Your countable resources are over the resource limit. The amount of your countable resources is \$, which exceeds the resource limit of \$2400. The amount of resources we must count may differ from your actual total resources, which are listed in this letter. Your information has been reviewed and you do not qualify for other benefits.

Income

Gross income of both the institutionalized spouse and community spouse must be entered in eCIS to determine the correct spousal allowance and cost of care. When reviewing Data Exchanges for income it is important to use the gross income.

Example One: The individual below is a recipient of LTC in a PAN 80 category. Per the Status tab the Medicare B premium is being paid by the State. Per the Title II tab the gross monthly RSDI income is \$618. The amount of \$618 should be entered on the Unearned Income screen.

BENDEX Master Benefit Record Match Details | CADXMD

Status Tab

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Status	Title II	SSI	Part A and B	RRB	Source Demographics	Disposition Management
Source		Disabled	COLA	Number of Claims	SSA Processing Date	
C - Response generated by SSA to report change.			Yes	2	11/17/2012	
Benefit	Status	Entitled	Terminated	Amount	Payer	
Title II	CP	06/1984		\$618.00		
SSI						
Part B	Y	05/1987		\$104.90	390	
Part A	E	05/1987				
RRB						
SSA State						SSA County
39 - Pennsylvania						
Action						
MATCHED						

Title II Tab

Status	Title II	SSI	Part A and B	RRB	Source Demographics	Disposition Management
Source		Disabled	COLA	Number of Claims	SSA Processing Date	
C - Response generated by SSA to report change.			Yes	2	11/17/2012	
Title II Details		Status		Entitled Date		MCB History
Type	Amount	CP - Current Payment Status.		06/1984		
Gross	\$618.00					02/01/2004 \$491.60 C - Benefit Paid
Medicare Part B	\$0.00					12/01/2011 \$608.00 C - Benefit Paid
Garnishment						12/01/2010 \$586.50 C - Benefit Paid
SSI Overpayment						
Net	\$618.00					
Title II Withholding		Withholding End				

Example Two: The individual below is a recipient of LTC in a PAN00 category. Per the Status tab this individual is responsible to pay the Medicare B premium each month. Per the Title II tab the gross monthly RSDI income is \$2,190.60. The amount of \$2,190.60 should be entered on the Unearned Income screen. The \$144.60 Medicare B premium should be entered on the Medical Expense screen as a paid expense.

BENDEX Master Benefit Record Match Details | CADXMD

Status Tab

Status	Title II	SSI	Part A and B	RRB	Source Demographics	Disposition Management	Case Data Comparison
Source		Disabled	COLA	Number of Claims	SSA Processing Date		
C - Response generated by SSA to report change.		02/01/2001	Yes	1	11/23/2019		
Benefit	Status	Entitled	Terminated	Amount	Payer	SSA State	SSA County
Title II	CP	08/2001		\$2,046.00		39 - Pennsylvania	000 - Adams
SSI							
Part B	Y	10/2017		\$144.60	SELF		
Part A	E	10/2017					
RRB							
Action						MATCHED	

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Title II Tab

Status	Title II	SSI	Part A and B	RRB	Source Demographics	Disposition Management	Case Data Comparison
Source		Disabled	COLA	Number of Claims	SSA Processing Date		
C - Response generated by SSA to report change.		02/01/2001	Yes	1	11/23/2019		

Title II Details	
Type	Amount
Gross	\$2,190.60
Medicare Part B	\$144.60
Garnishment	
SSI Overpayment	
Net	\$2,046.00

Status	Entitled Date
CP - Current Payment Status.	08/2001

Title II Withholding		
Withholding	End	

MCB History		
Date	Amount	Paid
12/01/2008	\$1,885.40	C - Benefit Paid
12/01/2007	\$1,781.40	C - Benefit Paid
12/01/2006	\$1,741.50	C - Benefit Paid
12/01/2005	\$1,686.50	C - Benefit Paid
12/01/2004	\$1,619.20	C - Benefit Paid
12/01/2003	\$1,577.60	C - Benefit Paid

Income Available First Month

When an individual enters a LTC facility in the same month assistance is requested, the CAO must determine the amount of income available to the individual after payment of expenses incurred in the community for that month. The amount of income actually available should be entered in the 'Income Available Towards 1st Month Co-pay' field on the Long-Term Living screen. The system will use the income entered in this field to determine the cost of care for the month the individual was admitted. The CAO should NOT assume all income was spent the first month. This amount must be determined using the individual's bank statements.

Long Term Living			
Last Update:	By:	Update Authorized By:	Authorized By: T-DHEADER1
<p>* Individual Name: <input type="text" value="MASSEY, ANDREW - 70M"/></p>			
<p>* LTL Verification Received? <input type="text" value="Y - Yes"/></p>		<p>* Application Date: <input type="text" value="11/05/2020"/></p>	
<p>* Admission Date: <input type="text" value="11/05/2020"/></p>		<p>* Verification: <input type="text"/></p>	
<p>Physician Certification Return To Community? <input type="text"/></p>		<p>Expected Date of Return to Community: <input type="text"/></p>	
<p>Eligible for Home Maintenance Deduction: <input type="text"/></p>		<p>Protected Spousal Share of Resource: <input type="text"/></p>	
<p>Income Available Towards 1st Month Co-pay: <input type="text" value="\$465.14"/></p>		<p>Income Earned from Protected Share: <input type="text"/> CALCULATE</p>	
<p>View Resource Assessment</p>			

The Income Eligibility screen displays the countable income, income limit of the category authorized or rejected, and the cost of care calculation. In the example below, the individual was admitted on

LTC Procedural Desk Guide


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11/05/2020 and the requested effective date was 11/05/2020. The CAO verified that the income available after paying expenses incurred in the community was \$465.14 and entered this amount on the Long-Term Living screen. Because the requested effective date was in the month of admission eCIS uses the amount entered on the Long-Term Living screen to determine the cost of care for November. For ongoing months, the total gross income entered on the income screens is used.

Budget: PAN 00		Eligibility Month: Nov 2020		Run Date: 11/05/2020		Case Number: 03/7942944	
Eligibility Result	Failure Reason	Income	Income Limit	Patient Pay	Budget Members		
P - Pass		\$2,000.00	\$2,349.00	\$0.00	1		

Month	Net Earned	Net Unearned	Support/MAGI Disregard	Monthly Net
11/2020	\$0.00	\$2,000.00	\$0.00	\$2,000.00

Override:	Override Reason:	Total Net Income	
N - No <input type="button" value="v"/>	<input type="text"/>	\$2,000.00	
		Spend Down Deductions	\$0.00
		Uncovered Medical Expenses	\$0.00
		Counted Income	\$2,000.00
		Income Limit	\$2,349.00
		Patient Pay	\$0.00

SAVE CHANGES 

Cost of Care 			
Client Available Income			
Client Gross Income	\$465.14	Begin Date	11/05/2020
Expenses/Deductions	\$0.00		
Personal Care Allowance	\$45.00		
Guardian Fees	\$0.00		
Dept.Maint.Allowance	\$0.00		
Home Maint.Allowance	\$0.00		
Medicare & Insurance Pre.	\$0.00		
Total Client Available Income	= \$420.14		

PROCESSING LTC APPLICATIONS

This section includes examples of common situations encountered when processing a LTC application.

Authorizing a Home Maintenance Deduction (HMD)

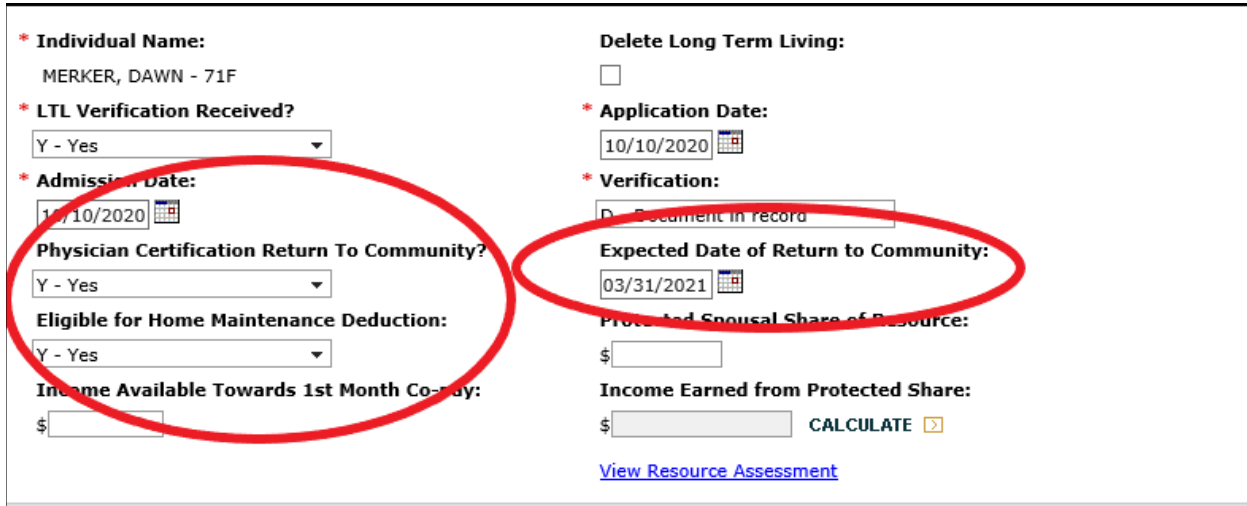
The HMD may be used as a deduction towards the cost of care for up to six months per admission to a LTC facility. The HMD is based on the doctor's decision found on the Medical Evaluation, MA 51 form. The HMD ends on the last day of a calendar month. It is determined using information entered on the Long-Term Living screen.

Example One: Dawn was determined eligible for payment of LTC facility services effective 10/10/2020. She is eligible for the HMD from 10/10/2020 through 03/31/2021.

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On the Long-Term Living screen enter a 'Y' in the 'Physician Certification Return to Community' and 'Eligible for HMD' fields. Enter the end date of the HMD in the 'Expected Date of Return to Community' field.



*** Individual Name:**
MERKER, DAWN - 71F

*** LTL Verification Received?**
Y - Yes

*** Admission Date:**
10/10/2020

Physician Certification Return To Community?
Y - Yes

Eligible for Home Maintenance Deduction:
Y - Yes

Income Available Towards 1st Month Co-pay:
\$

Delete Long Term Living:
☐

*** Application Date:**
10/10/2020

*** Verification:**
Document in record

Expected Date of Return to Community:
03/31/2021

Protected Spousal Share of Resource:
\$

Income Earned from Protected Share:
\$ **CALCULATE** ⓘ

[View Resource Assessment](#)

After running eligibility review the Income Eligibility Results screen to verify that the HMD is deducted from the cost of care.

Client Available Income		
Client Gross Income	\$0.00	Begin Date 10/10/2020
Expenses/Deductions	\$0.00	
Personal Care Allowance	\$45.00	
Guardian Fees	\$0.00	
Dept.Maint.Allowance	\$0.00	
Home Maint.Allowance	\$805.10	
Medicare & Insurance Pre	\$0.00	
Total Client Available Income	= \$0.00	
Spouse Maint.Deduction		
Shelter Exp/Util Stnd	\$0.00	
Shelter Stnd	\$0.00	
CS Individual Maint.Allowance:	\$0.00	
Shelter Cost/Maint.Allowance:	\$0.00	

***Reminder:** The HMD may be given to either a single or married individual. Married individuals are only eligible for the HMD if the other spouse is institutionalized. Each institutionalized spouse must have a separate case record. The HMD is given to the spouse to whom it provides more benefit. The system will set alert 215 when a HMD is authorized in a case if the HMD is set to end more than 60 days from the process date. If the HMD is set to end less than 60 days from the process date the CAO must manually set an alert to end the HMD. See the "Terminating the HMD" section of this guide for information about timeframes for end-dating the HMD.*

Authorizing a Dependent Maintenance Allowance

In addition to a spousal maintenance allowance the institutionalized individual may transfer income to a dependent. There are three different dependent scenarios, each using a different rate to determine the dependent allowance. Current rates can be found in LTC Handbook Chapter 468, Appendix A. For detailed information about each scenario see LTC Handbook Chapters 468.36 and 468.37.

- Dependent or disabled family member who lives with a community spouse-Dependent Living with Community Spouse (Minimum Monthly Maintenance Needs) Allowance
- Dependent child who lives in the community without a community spouse-Dependent Child Maintenance (FSA) limit
- Disabled child who lives in the community without a community spouse-Disabled/Blind Child Maintenance (SSI) limit

If a dependent child is age 19 through 23 years old they must be either disabled or a full-time student to receive the dependent allowance. If the child is 24 years of age or older they must be disabled to receive the dependent allowance. Accurate entry of the dependent information in eCIS is necessary for the correct dependent allowance to be determined. The dependent allowance is based on the following information:

- **Tax filing status** entered on the Tax Information screen. A 'Y' must be entered for tax filing status of the institutionalized spouse.
- **Tax dependent information** entered on the Relationships screen. The dependent must be selected as a tax dependent of the institutionalized spouse.
- **Dependent living arrangements** entered on the Long-Term Living screen. If the dependent lives with the CS, then a 'Y' must be entered in the 'lives with CS' field on the Long-Term Living screen to ensure the proper limit is used to determine the dependent allowance.
- **Dependent disability information** entered on the Disability screen. If the dependent is disabled a 'Y' must be entered in the 'disability or incapacity' field on the Non-Financial Questions screen to schedule this screen.
- **School attendance information** entered on the School Attendance screen. If the dependent child is in school a 'Y' must be entered in the 'school attendance' field on the Non-Financial Questions screen.

Example One: Dependent lives with the CS- Susan entered the LTC facility on 12/20/19 and is requesting payment of LTC facility services effective 12/20/19. Susan has a community spouse. Joseph is the ten-year-old mutual child who lives with CS in the community. Joseph is **not** disabled. Joseph receives RSDI of \$300 per month.

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Individual Non-Financial | Non-Financial Questions [? Help](#) [Previous](#) [Next](#)

Non-Financial Questions

Do you want to add/modify:

Sanction or disqualification individual?

Pregnancy?

Disability or incapacity?

School Attendance?

Waiver Service(s)?

Facility?

Past SSI RSDI?

The CAO must accurately complete the 'tax dependent' information on the Long-Term Living screen for eCIS to determine the correct dependent allowance. In this example Joseph lives with the community spouse so a 'Y' must be entered in the 'lives with community spouse' field. Entry of a 'Y' for the dependent in the 'lives with community spouse' field will cause eCIS to determine the dependent allowance using the Dependent Living with CS Allowance.

Long Term Living

Last Update: **By:** **Update Authorized By:** **Authorized By:** T-DHEADER1 [Search](#)

*** Individual Name:**
LARABAR, SUSAN - 40F

*** LTL Verification Received?**
Y - Yes

*** Admission Date:**
12/20/2019

Physician Certification Return To Community?

Eligible for Home Maintenance Deduction:

Income Available Towards 1st Month Co-pay:
\$

*** Application Date:**
12/20/2019

*** Verification:**
E - Electronic Document

Expected Date of Return to Community:

Protected Spousal Share of Resource:
\$

Income Earned from Protected Share:
\$ [CALCULATE](#) [View Resource Assessment](#)

Guardian Fees

Court Appointed? **Guardian Fee:** **Initial Fees:**

Tax Dependents

Individual Name	County	Lives with Community Spouse
LARABAR, JOSEPH - 10M	03 - Armstrong	Y - Yes

Per LTC Handbook Chapter 468.36 the income of the dependent child is deducted from the allowance for dependent family members who live with the CS. One third of this sum is the dependent allowance.

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Prior to authorizing the case the Income Eligibility Results screen should be reviewed to verify the correct dependent allowance was calculated.

Cost of Care		
Client Available Income		
Client Gross Income	\$2,000.00	Begin Date 01/01/2020
Expenses/Deductions	\$0.00	<div style="border: 2px solid black; padding: 5px;"> <p>\$2,114.00 Dependent with CS (7/1/19 rate) - \$300.00 Dependent gross income \$1,814.00</p> <p>1/3 of \$1,814.00 = \$604.67 Dependent allowance</p> </div>
Personal Care Allowance	\$45.00	
Guardian Fees	\$0.00	
Dept.Maint.Allowance	\$604.67	
Home Maint.Allowance	\$0.00	
Medicare & Insurance Pre.	\$144.60	
Total Client Available Income	= \$1,205.73	
Spouse Maint.Deduction		
Shelter Exp/Util Stnd	\$0.00	
Shelter Stnd	\$635.00	
CS Individual Maint.Allowance:	\$2,114.00	
Shelter Cost/Maint.Allowance:	\$2,114.00	
Spouse Gross Income	\$0.00	
Spouse Maint.Deductions	= \$1,205.73	
Total Cost of Care		
Client Available Income	\$1,205.73	
Spouse Maint.Deduction	\$1,205.73	Cost of Care Contribution: \$144.60
Medicare & Insurance Pre.	\$144.60	Amount: <input type="text" value="0"/>
Contribution to cost of care	= \$144.60	Override <input type="text" value="N - No"/> Reason: <input type="text"/>

Example Two: Dependent child does not live with a CS-Andrew entered the LTC facility and is requesting payment of LTC facility services effective 11/05/2020 and Emily is the 22-year-old dependent child. Emily is a full-time college student who receives RSDI of \$100 per month. Emily does not live with a community spouse and she is not disabled.

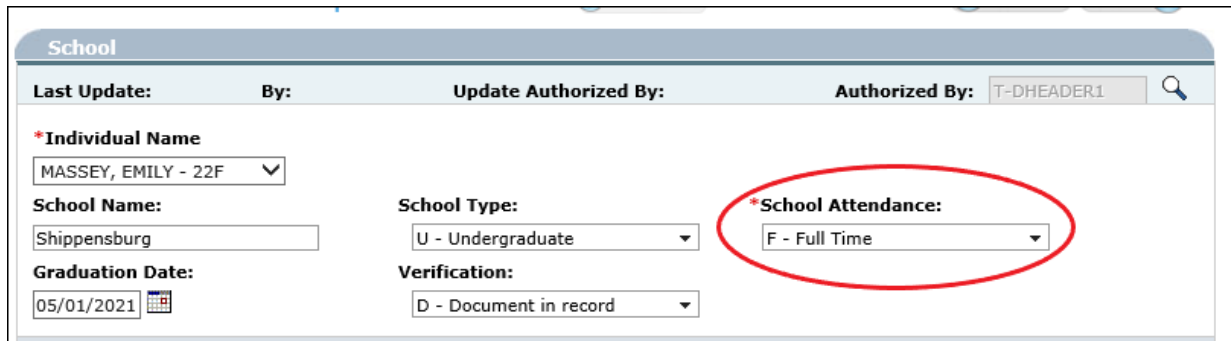
A 'Y' must be entered in the 'school attendance' field to schedule the School Attendance screen.

Individual Non-Financial Non-Financial Questions		Help	Previous	Next
Non-Financial Questions				
Do you want to add/modify:				
Sanction or disqualification individual?	<input type="text"/>			
Pregnancy?	<input type="text"/>			
Disability or incapacity?	<input type="text"/>			
School Attendance?	<input type="text" value="Y - Yes"/>			
Waiver Service(s)?	<input type="text"/>			
Facility?	<input type="text" value="Y - Yes"/>			

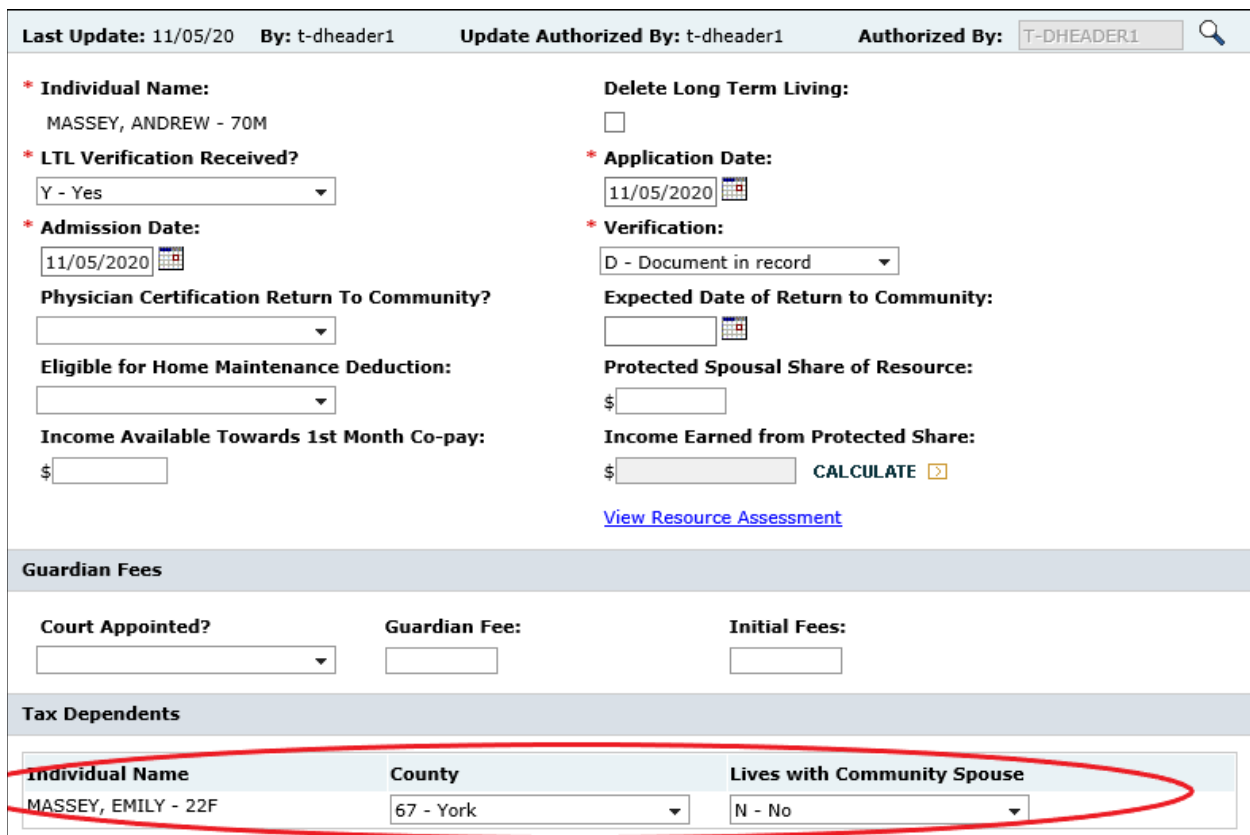
LTC Procedural Desk Guide

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A dependent child 19 to 23 years of age who is not disabled must be attending school full-time to be eligible for the dependent allowance.



The CAO must accurately complete the 'tax dependent' information on the Long-Term Living screen for eCIS to determine the correct dependent allowance. In this example Andrew does not live with a community spouse so an 'N' must be entered in the 'lives with community spouse' field.



In this example, Emily lives in county 67. The Family Size Allowance (FSA) for county 67 is \$205. After deducting Emily's income from the FSA, it is determined that Andrew can transfer \$105 per month to Emily as a dependent allowance.

Client Available Income		
Client Gross Income	\$0.00	Begin Date 11/05/2020
Expenses/Deductions	\$0.00	
Personal Care Allowance	\$45.00	
Guardian Fees	\$0.00	
Dept.Maint.Allowance	\$105.00	
Home Maint.Allowance	\$0.00	
Medicare & Insurance Pre.	\$0.00	
Total Client Available Income	= \$0.00	
Spouse Maint.Deduction		
Shelter Exp/Util Stnd	\$0.00	
Shelter Stnd	\$0.00	
CS Individual Maint.Allowance:	\$0.00	
Shelter Cost/Maint.Allowance:	\$0.00	
Spouse Gross Income	\$0.00	
Spouse Maint.Deductions	= \$0.00	
Total Cost of Care		

\$205.00 FSA for county 67
 -100.00 Dependent gross income
 \$105.00 Dependent allowance

Example Three: Disabled dependent does not live with a CS- Jack entered the LTC facility and is requesting payment of LTC facility services effective 10/25/2020. Murray is the 33-year-old disabled son whom Jack can claim as a tax dependent. Murray receives RSDI of \$100 per month. There is no CS.

A 'Y' must be entered in the 'disability or incapacity' field to schedule the Disability screen for Bobby.

Individual Non-Financial | Non-Financial Questions
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Non-Financial Questions

Do you want to add/modify:

Sanction or disqualification individual?

Pregnancy?

Disability or incapacity?

School Attendance?

Waiver Service(s)?

Facility?

Past SSI RSDI?

The CAO must accurately complete the 'tax dependent' information on the Long-Term Living screen for eCIS to determine the correct dependent allowance. In this example Murray does not live with a community spouse so an 'N' must be entered in the 'lives with community spouse' field.

Long Term Living			
Last Update:	By:	Update Authorized By:	Authorized By: T-DHEADER1
<p>* Individual Name: SCOTT, JACK - 70M</p>			
<p>* LTL Verification Received? Y - Yes</p>		<p>* Application Date: 10/25/2020</p>	
<p>* Admission Date: 10/25/2020</p>		<p>* Verification: D - Document in record</p>	
<p>Physician Certification Return To Community? </p>		<p>Expected Date of Return to Community: </p>	
<p>Eligible for Home Maintenance Deduction: </p>		<p>Protected Spousal Share of Resource: \$</p>	
<p>Income Available Towards 1st Month Co-pay: \$</p>		<p>Income Earned from Protected Share: \$ <input type="text"/> CALCULATE</p>	
<p>View Resource Assessment</p>			
Guardian Fees			
<p>Court Appointed? </p>	<p>Guardian Fee: </p>	<p>Initial Fees: </p>	
Tax Dependents			
Individual Name	County	Lives with Community Spouse	
SCOTT, MURRAY - 33M	67 - York	N - No	

In this example, Jack is eligible to transfer \$705.10 per month to Murray as a dependent allowance. The dependent allowance was determined by deducting Murray's \$100 per month income from the Disabled/Blind Child Maintenance (SSI) limit which is currently \$805.10. The current SSI limit can be found in LTCH 468 Appendix A.

Cost of Care		
Client Available Income		
Client Gross Income	\$0.00	Begin Date 10/25/2020
Expenses/Deductions	\$0.00	
Personal Care Allowance	\$45.00	
Guardian Fees	\$0.00	
Dept.Maint.Allowance	\$705.10	
Home Maint.Allowance	\$0.00	
Medicare & Insurance Pre.	\$0.00	
Total Client Available Income	= \$0.00	
Spouse Maint.Deduction		
Shelter Exp/Util Stnd	\$0.00	
Shelter Stnd	\$0.00	
CS Individual Maint.Allowance:	\$0.00	
Shelter Cost/Maint.Allowance:	\$0.00	
Spouse Gross Income	\$0.00	
Spouse Maint.Deductions	= \$0.00	
Total Cost of Care		
Client Available Income	\$0.00	
Spouse Maint.Deduction	\$0.00	Cost of Care Contribution: \$0.00
Medicare & Insurance Pre.	\$0.00	Amount: <input type="text" value="0"/>
Contribution to cost of care	= \$0.00	Override <input type="text" value="N - No"/> Reason: <input type="text"/>

Cost of Care Override

In some spousal cases the community spouse may choose to receive a different spousal allowance than what is determined or no spousal allowance at all. This most often occurs when the community spouse is open and receiving MA or HCBS because the spousal allowance actually received is considered countable income when determining eligibility for other benefits. This could also occur when BHA orders that the community spouse is entitled to a larger spousal allowance due to excess expenses incurred in the community. When the spousal allowance actually transferred from the institutionalized spouse to the community spouse differs from the amount determined by the system a cost of care override must be completed and a manual notice must be issued.

Example: Robert is a married individual determined eligible for payment of LTC facility services effective 01/01/20. Rhonda is eligible to receive a spousal allowance of \$1330.60 and the cost of care is \$709.30. However, Rhonda is requesting only \$300.00 as a spousal allowance. A cost of care override must be completed with a new cost of care of \$1559.90.

Enter the new cost of care of \$1559.90, a 'Y' to override and the appropriate reason code in the cost of care section of the Income Eligibility Results screen. Save the changes. The override must be completed for each month eligibility is determined.

LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

Cost of Care			
Client Available Income			
Client Gross Income	\$1,904.90	Begin Date	01/01/2020
Expenses/Deductions	\$0.00		
Personal Care Allowance	\$45.00		
Guardian Fees	\$0.00		
Dept.Maint.Allowance	\$0.00		
Home Maint.Allowance	\$0.00		
Medicare & Insurance Pre.	\$144.60		
Total Client Available Income	= \$1,715.30		
Spouse Maint.Deduction			
Shelter Exp/Util Stnd	\$1,194.00		
Shelter Stnd	\$635.00		
CS Individual Maint.Allowance:	\$2,114.00		
Shelter Cost/Maint.Allowance:	\$2,673.00		
Spouse Gross Income	\$1,342.40		
Spouse Maint.Deductions	= \$1,330.60		
Total Cost of Care			
Client Available Income	\$1,715.30		
Spouse Maint.Deduction	\$1,330.60	Cost of Care Contribution:	\$529.30
Medicare & Insurance Pre.	\$144.60	Amount:	\$1559.90
Contribution to cost of care	= \$529.30	Override	Y - Yes Reason: 902 - No status change -

The correct cost of care 902Z TPL should be displayed on the Individual Insurance Type screen. If it is not, adjust the 902Z TPL following the instructions for modifying the LTC TPLs found in this desk reference.

TPL | Individual Insurance Type ? eCISance Previous Next

Individual Insurance Type

Last Update: 12/27/19 By: t-dheader1 Update Authorized By: t-dheader1 Authorized By: T-DHEADER1

Individual Name: HIPP:
HOUSER, RHONDA - N - No
69F

Carrier Code: 902 Contract/Policy ID:
Group Name/ Number:

Individual Carrier Information

Insurance Type	Coverage Begin	Coverage End	Date Stored	Original Source	Alt Address	Date Changed	Change Source
Z - LTC	12/20/2019			SYS		12/27/2019	SYS

Patient Pay

Patient Pay

Provider No	Service Loc	Amount	Patient Pay Period Begin	Patient Pay Period End	Obligation Met Date	Claim Number
		\$1,559.90	01/01/2020			

Because the spousal allowance will be incorrect, the CAO must cancel the system generated notice and send a manual notice to all involved parties. The notice should be deselected on the Client Notice screen.

Post Authorization | Client Notice ? Help Previous Next

Current Session Client Notices

Issue Budget	Budget Action Code	Reason	Notice	Option	Type	CWOPA - ID	Status
<input checked="" type="checkbox"/> PAN 00	A - Opening a case/budget	985 - Long Term Care MA	985 - Long Term Care MA	B	E - Eligible	T-jyoungma	

Income Expense Codes

In some cases, an individual may be responsible to pay back an overpayment to SSA out of their monthly Social Security income or pay court ordered child support out of a pension. In cases with an expense such as these the CAO must enter the gross monthly income and the appropriate expense code on the Unearned Income screen. Proper entry of this information will ensure that the correct cost of care is determined at authorization as well as at COLA and the automated Mass Changes. Proper entry will also ensure the correct system generated notice is issued listing the expense and deducting it from the cost of care. If the amount of the expense is simply deducted from the amount of income entered on the unearned income screen, then the wrong amount of income will be updated during the COLA and the wrong notice will be generated.

LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

In LTC cases the most common expenses are:

- 16-Social Security Levy
- 17-IRS Levy
- 99-Other

Using these expense codes will allow the amount of the expense to be counted in Step 1 of the eligibility determination but will exclude the income in Step 2, the cost of care determination.

***Note:** Because Veterans' Aid and Attendance (A&A) is excluded for both Step 1 and Step 2, the amount of A&A should be entered on a separate unearned income screen with the appropriate exemption code, such as '1-exempt for MA'.*

Example: Rhonda receives gross RSDI of \$1904.90 and \$.33 monthly interest income from a savings account. A Social Security recoupment of \$100 is being applied to the RSDI payment each month.

On the Unearned Income screen enter the gross monthly unearned income. At the bottom of the Unearned Income screen is the 'expense type' field. Enter the appropriate expense type. If code 99 is used, then enter a description of the expense. **Click on the 'Enter' button to save the expense.**



Income | Unearned eCISance Previous Next

Unearned

Last Update: 12/26/19 By: t-dheader1 Update Authorized By: t-dheader1 Authorized By: T-D-HEADER1

*Individual Name: HOUSER, RHONDA - 69F Delete Unearned Income: ☐

First Pay Date: 01/01/2016

*Income Code: 12 - SSD/RSDI Benefits

*Source: SSA

Does the individual have court ordered Child Support? If so, then is it DPW assigned? N - No

Income/Expenses For Dec 2019

Last Update: 12/27/19 By: t-dheader1 Update Authorized By: t-dheader1 Authorized By: T-DHEADER1

Representative Month?: ☒ Delete

*Frequency: *Verification: *Verification Date:

Pass Thru: Exemption Code:

Rep	Received Date	Status	Gross Amount	Delete
<input type="radio"/>	<input type="text" value="12/01/2019"/>	<input type="text" value="A - Actual"/>	<input type="text" value="\$ 1,904.90"/>	Delete
<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	
<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	
<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	
<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	

POPULATE MONTH ? COPY FORWARD ?

Deduction For This Month

Expense Type:

Amount: ENTER ?

Description:

Verification:

Enter Month: GO SAVE

The Income Eligibility Results screen lists the expense and deducts it from the gross income when determining the cost of care. The system generated notice will list the expense and deduct it from the cost of care.

Graduated PNA

Residents of Intermediate Care Facilities for the Intellectually Disabled (ICF/ID) or Intermediate Care Facilities for Other Related Conditions (ICF/ORC) may be eligible to receive a PNA larger than the standard \$45 if they receive sheltered workshop earnings. The amount of the PNA depends on the amount of the monthly sheltered workshop earnings received. To receive the graduated PNA an individual must be residing in an ICF (facility code 25 or 71) and must be receiving sheltered workshop earnings or wages from a therapeutic activity arranged by the institution (income type code 07-sheltered workshop employment). For more information about the graduated PNA please see LTC Handbook Chapter 486.7.

Example: Kim resides in an ICF (facility code 25). Kim earns \$128 per month in sheltered workshop earnings (income type code 07) and receives \$800/ month in RSDI income.

On the Facility Placement screen enter the ICF facility code corresponding to the type of ICF listed on the MA 51.

LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

Payment Name: TPLMODSTWO, KIM - 70M Case #: 037941415 County: 03 Dist: 0 Status: In Progress Mode: Case Open

Individual Non-Financial | Facility Placement ? eCiStance Previous Next

Individual Facility Placement Information

Last Update: By: Update Authorized By: Authorized By: T-DHEADER1

*Individual Name: TPLMODSTWO, KIM - 70M Source:
 *Facility Type: 25 - ICF-ID (Private) *County of Placement: 03 - Armstrong
 *Admission Date: 07/15/2020 Discharge Date: Discharge Code:
 Explore LTL: Y - Yes

Enter a 'Y' in the 'earned/self-employment' field on the Income Questions screen to schedule the Employment and Wages screen.

Income | Income Questions ? Help Previous Next

Do you want to add/modify:

Does anyone have Earned/Self Employment Income? Y - Yes
 Unearned Income? Y - Yes
 Income from Room & Board?
 Annualized Income?
 Income Incentive?

On the Employment and Wages screen enter '07-sheltered workshop earnings' in the 'employment type' field.

Payment Name: TPLMODSTWO, KIM - 70M Case #: 037941415 County: 03 Dist: 0 Status: In Progress Mode: Case Open

Income | Employment and Wages ? eCiStance Previous Next

Employment/Self Employment

Last Update: By: Update Authorized By: Authorized By: T-DHEADER1

*Individual Name: TPLMODSTWO, KIM *Employment Status: 06 - Part-time employment 1 *Employment Type: 07 - Sheltered Workshop Em ENTER

LTC Procedural Desk Guide
[5/30/25]LTC Procedural Desk Guide

Income | Employment and Wages eCiStance Previous Next

Employment/Self Employment

Last Update: By: Update Authorized By: t-dheader1 Authorized By: T-DHEADER1

*Individual Name: TPLMODSTWO, KIM - 70M

*Employment Status: 06 - Part-time employment 11

Employment Type: 07 - Sheltered Workshop Emj

Delete: ☐

Employment

Employment Begin Date: 01/01/2019 First Pay Date: 01/15/2019 Employment End Date: Last Pay Date:

Occupational Code: 999 - UNKNOWN Termination Code: Verification:

Employer Name: CJ Packaging TANF Diversion:

Employer Address: Employer FEIN #:

Income Month/Suggested Income Month - Jul 2020

Last Update: By: Update Authorized By: Authorized By: T-DHEADER1

Representative Month?: ☒

Frequency: 3 - Every Two Weeks Rate per Hour: \$ 7.25 Verification: E - Electronic Document Verification Date:

Average Weekly Hours: YTD Gross: Exemption Code: Weekly Hours:

Rep	Received Date	Status	Hours	Gross Amount	Payroll Deduction	Delete
<input type="radio"/>	07/10/2020	A - Actual	9	\$ 64	\$	
<input type="radio"/>	07/24/2020	E - Projected	9	\$ 64	\$	
<input type="radio"/>				\$	\$	
<input type="radio"/>				\$	\$	
<input type="radio"/>				\$	\$	

Currently, per LTC Handbook Chapter 468.7 the PNA for Kim is \$125 because of the sheltered workshop earnings totaling \$90.01-\$150.00 gross per month.

Cost of Care		
Client Available Income		
Client Gross Income	\$1,628.00	Begin Date 08/01/2020
Expenses/Deductions	\$0.00	
Personal Care Allowance	\$125.00	
Guardian Fees	\$0.00	
Dept.Maint.Allowance	\$0.00	
Home Maint.Allowance	\$0.00	
Medicare & Insurance Pre.	\$0.00	
Total Client Available Income	= \$1,503.00	
Spouse Maint.Deduction		
Shelter Exp/Util Std	\$0.00	
Shelter Std	\$0.00	
CS Individual Maint.Allowance:	\$0.00	
Shelter Cost/Maint.Allowance:	\$0.00	
Spouse Gross Income	\$0.00	
Spouse Maint.Deductions	= \$0.00	
Total Cost of Care		
Client Available Income	\$1,503.00	
Spouse Maint.Deduction	\$0.00	Cost of Care Contribution: \$1,503.00
Medicare & Insurance Pre.	\$0.00	Amount: \$0
Contribution to cost of care	= \$1,503.00	Override: <input type="text" value="N - No"/> Reason: <input type="text"/>

Note: Currently eCIS will allow the graduated PNA for an individual residing in a LTC facility who is receiving sheltered workshop earnings. Only individuals residing in an ICF (facility code 25 or 71) are eligible for the graduated PNA. Until a system enhancement is implemented use income type code '02-part time employment' so that the graduated PNA is not given to a resident of a LTC facility.

LTC MAINTENANCE

Transferring from a HCBS Program to a LTC Facility

When the CAO receives a PA 1768 and MA 103 verifying the individual was admitted to a LTC facility the CAO will need to close HCBS and open LTC facility services in two separate transactions. This will allow the system to determine the correct 902Z cost of care.

Authorizing Payment of LTC Facility Services for an SSI Recipient

Through case maintenance enter a 'Y' in the 'facility' field on the Individual Non-Financial Questions screen.

Individual Non-Financial | Non-Financial Questions [? Help](#) [Previous](#) [Next](#)

Non-Financial Questions

Do you want to add/modify:

Sanction or disqualification individual?

Pregnancy?

Disability or incapacity?

School Attendance?

Waiver Service(s)?

Facility?

Past SSI RSDI?

Veteran or a survivor of a veteran?

Domestic Violence?

Potential Benefits?

Third party liability resource?

Boarder?

[Unlock](#) [Reset](#) [Cancel](#) [Previous](#) [Next](#)

Enter the appropriate facility information on the Facility Placement screen.

Note: Because the case is remaining open in an SSI category the 'Explore LTL' field should be left blank.

Individual Non-Financial | Facility Placement [? eCiStance](#) [Previous](#) [Next](#)

Individual Facility Placement Information

Last Update: 07/15/20 **By:** t-dheader1 **Update Authorized By:** t-dheader1 **Authorized By:** T-DHEADER1

Individual Name:
TPLMODSTWO, KIM - 70M

*** Facility Code:**

*** Admission Date:**

Explore LTL:

Source:

*** County of Placement:**

Discharge Date:

Delete Facility Placement:
☐

Discharge Code:

LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

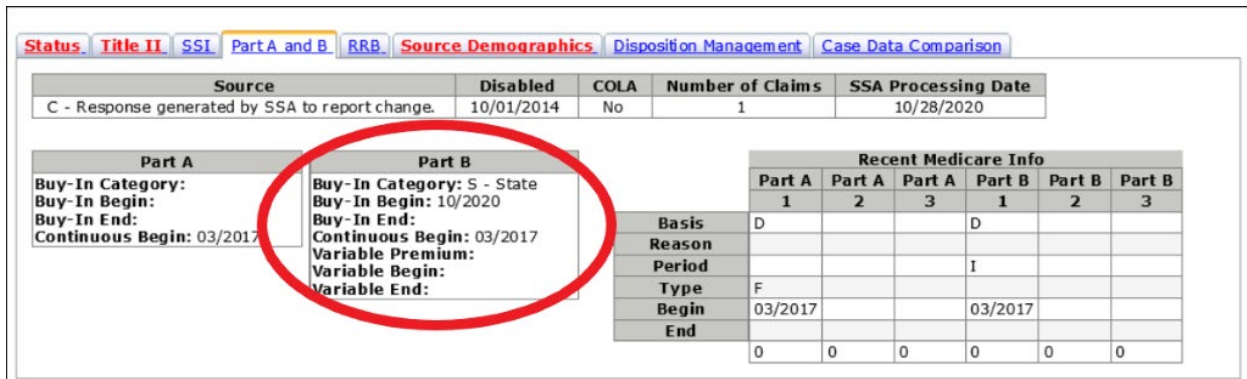
When there is no change in category or cost of care eCIS will not generate a notice. Send a manual notice to all involved parties verifying eligibility for payment of LTC facility services. A 902Z patient pay TPL is only system created when a LTC category is authorized. When the SSI category remains open the CAO must manually enter the 902Z TPL. Add the 902Z TPL following the instructions for modifying LTC TPLs found in this desk reference.

End-dating a Medical Expense (Buy-in begins)

When Buy-in begins for an individual the CAO will receive verification on Data Exchange 3. Once verification is received the CAO must end date the Medicare B premium because the individual is no longer responsible to pay the premium out of their monthly RSDI income. End dating the medical expense will remove it from the notice so that the LTC facility will know to stop deducting the premium from the cost of care. Properly adjusting the income will cause a system generated notice to be issued without the Medicare B premium to all individuals entered on the Provider screen. If the Medicare premium is not end-dated it will continue to be displayed on the automated COLA and Mass Change notices and will continue to be used to determine available income in spousal cases.

Example: Michelle was authorized in a PAN 80 category. Per Data Exchange 3 Michelle's gross income was \$842.60 and she was responsible to pay her Medicare B premium of \$144.60 each month. At authorization \$842.60 was entered on the Unearned Income screen and the Medicare B premium of \$144.60 was entered on the Medical Expense screen.

BENDEX Master Benefit Record Part A and B Screen



Source	Disabled	COLA	Number of Claims	SSA Processing Date
C - Response generated by SSA to report change.	10/01/2014	No	1	10/28/2020

Part A	Part B
Buy-In Category:	Buy-In Category: S - State
Buy-In Begin:	Buy-In Begin: 10/2020
Buy-In End:	Buy-In End:
Continuous Begin: 03/2017	Continuous Begin: 03/2017
	Variable Premium:
	Variable Begin:
	Variable End:

Recent Medicare Info					
Part A 1	Part A 2	Part A 3	Part B 1	Part B 2	Part B 3
D			D		
			I		
F					
03/2017			03/2017		
0	0	0	0	0	0

As seen in the screen shot above, in October 2020 after authorization, the CAO received a Data Exchange 3 hit verifying that Buy-in started for Michelle. The Medicare B premium is no longer being deducted from her monthly RSDI income. The Medicare B payer is now the State.

BENDEX Master Benefit Record Title II Screen

LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

Status **Title II** **SSI** **Part A and B** **RRB** **Source Demographics** **Disposition Management** **Case Data Comparison**

Source	Disabled	COLA	Number of Claims	SSA Processing Date
C - Reopened by SSA to report change.	10/01/2014	No	1	10/28/2020

Title II Details	
Type	Amount
Gross	\$843.00
Medicare Part B	\$0.00
Medicare Part B	\$0.00
SSI Overpayment	
Net	\$843.00

Status	Entitled Date
CP - Current Payment Status.	03/2015

Title II Withholding	
Withholding	Withholding End

MCB History		
Date	Amount	Paid
03/01/2015	\$789.00	C - Benefit Paid
12/01/2019	\$842.60	C - Benefit Paid
12/01/2018	\$829.50	C - Benefit Paid
12/01/2017	\$807.00	C - Benefit Paid
02/01/2017	\$791.00	C - Benefit Paid
12/01/2016	\$791.00	C - Benefit Paid
09/01/2020	\$843.00	C - Benefit Paid

Once the Data Exchange hit is received access the Unearned Income screen through case maintenance. Update the gross RSDI income on the Unearned Income screen. In this example, the unearned income increased from \$842.60 to \$843 per month.

Income/Expenses For Nov 2020

Last Update: **By:** **Update Authorized By:** **Authorized By:** T-DHEADER1

Representative Month?:
☒

***Frequency:** 5 - Monthly
***Verification:** E - Electronic Document
***Verification Date:** 10/01/2020

Pass Thru: **Exemption Code:**

Rep	Received Date	Status	Gross Amount	Delete
<input type="radio"/>	10/01/2020	A - Actual	\$ 843	
<input type="radio"/>			\$	
<input type="radio"/>			\$	
<input type="radio"/>			\$	
<input type="radio"/>			\$	

Access the Medical Expense screen to end date the Medicare B premium. Enter the end date as the last day of the calendar month prior to the process date.

LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

*Name: PIKE, MICHELLE T - 70F	Responsible Party 1: Select...	Responsible Party 2: Select...
Provider		
*Provider Name: Medicare B		
Expense		
*Expense Type: 12 - Medicare Part B Premiu		
*Medical Coverage(MCV): N - Not covered by MA	*Date of Service: 03/01/2017	*Frequency: 5 - Monthly
*Original Amount: \$ 144.60	Insurance Paid: \$	Liability Amount:
SNAP Average: 	End Date: 09/30/2020	
*Verification for all fields entered above: E - Electronic Document		

A system generated notice will be issued for the increased cost of care. The notice will no longer display a Medicare B premium.

Terminating the Home Maintenance Deduction (HMD)

The HMD may be used as a deduction towards the cost of care for up to six months per admission to a LTC facility. When end-dating the HMD, advance notice must be given. Advance notice must expire the month after the HMD is set to end. It is important to process the expiration of the HMD timely. If not processed timely the LTC recipient could lose a month of HMD eligibility or an overpayment may need to be processed.

Reminder: The system will set alert 215 when a HMD is authorized in a case if the HMD is set to end more than 60 days from the process date. If the HMD is set to end less than 60 days from the process date the CAO must manually set an alert to end the HMD.

When the “Expected Date of Return to Community” is entered on the “Long Term Living” Screen, the caseworker must know the dates during which they can timely process termination of eligibility for the HMD.

To terminate the HMD timely Maintenance must be run at the end of the month the HMD expires or the beginning of the following month. For the HMD termination to be processed timely the adverse action notice that includes the cost of care increase must expire in the month after the HMD end date. The caseworker must determine the final date the HMD termination can be processed timely and process the HMD termination by that date. The advance action expiration date is determined by adding 15 days to the system date.

If the expected date of return is 1/31/20, the individual no longer qualifies for the HMD effective 2/1/20. February 2020 has 29 days due to the leap year. For HMD termination to be reflected in the cost of

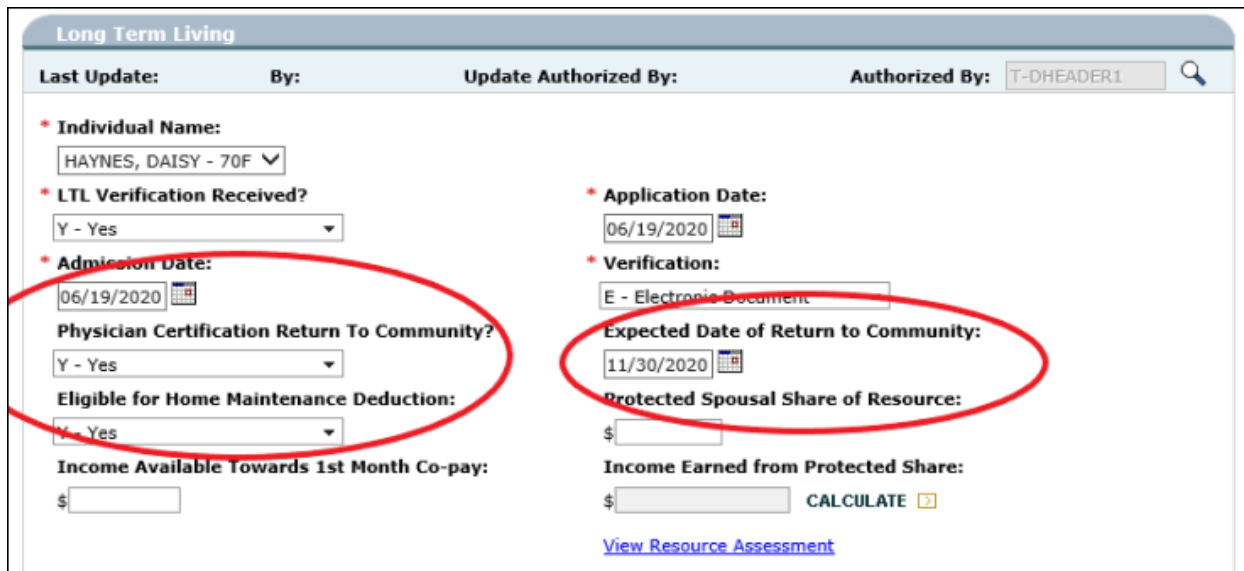
LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

care, actions must be taken between 1/17/20 and 2/14/20 to increase the cost of care effective 02/01/20. For the HMD termination to be timely, the adverse action notice must expire on 2/29/20 at the latest.

Example One: Sy was authorized for payment of LTC facility services with an HMD that was expected to end on 02/29/2020. To process termination of the HMD correctly, the HMD must be ended and eligibility run between 2/15/20 and 03/16/20. If the HMD is terminated on 2/14/20 or prior then the HMD will not be given for the month of February, although the individual was entitled to it. If the HMD is terminated on 3/17/20 or after then the HMD will be given for March 2020, causing an overpayment.

Example Two: Betty entered the LTC facility on 06/19/20. On 09/10/20 an application for LTC was received with a MA51 stating that return to the community was expected in 180 days, making Betty eligible for the HMD since she verified she has a shelter expense and is single. The case is not processed until 10/30/20. The worker entered "Expected Date of Return to Community" on the "Long-Term Living" screen as 11/30/20 (final day of the sixth month in the facility). Since the system date is within 60 days of the HMD termination date eCIS will not create the LTC 215 alert. The caseworker must set a case alert to process the expiration of the HMD from 11/16/19-12/16/19.



Long Term Living

Last Update: By: Update Authorized By: Authorized By: T-DHEADER1

* Individual Name: HAYNES, DAISY - 70F

* LTL Verification Received? Y - Yes

* Admission Date: 06/19/2020

Physician Certification Return To Community? Y - Yes

Eligible for Home Maintenance Deduction: Y - Yes

Income Available Towards 1st Month Co-pay: \$

* Application Date: 06/19/2020

* Verification: E - Electronic Document

Expected Date of Return to Community: 11/30/2020

Protected Spousal Share of Resource: \$

Income Earned from Protected Share: \$ CALCULATE

[View Resource Assessment](#)

To end the HMD the CAO must access the Long-Term Living screen through case maintenance. On the LTL screen enter an 'N' in both the 'Physician Certification Return to Community' and 'Eligible for HMD' fields. Remove the date from the 'Expected Date of Return to Community' field.

LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

Once eligibility is run the HMD will no longer be used to determine the cost of care.

Cost of Care			
Client Available Income			
Client Gross Income	\$1,945.00	Begin Date	09/01/2021
Expenses/Deductions	\$0.00		
Personal Care Allowance	\$45.00		
Guardian Fees	\$0.00		
Dept.Maint.Allowance	\$0.00		
Home Maint.Allowance	\$0.00		
Medicare & Insurance Pre.	\$0.00		
Total Client Available Income	= \$1,900.00		
Spouse Maint.Deduction			
Shelter Exp/Util Stnd	\$0.00		
Shelter Stnd	\$0.00		
CS Individual Maint.Allowance:	\$0.00		
Shelter Cost/Maint.Allowance:	\$0.00		
Spouse Gross Income	\$0.00		
Spouse Maint.Deductions	= \$0.00		
Total Cost of Care			
Client Available Income	\$1,900.00		
Spouse Maint.Deduction	\$0.00	Cost of Care Contribution:	\$1,900.00
Medicare & Insurance Pre.	\$0.00	Amount:	\$0
Contribution to cost of care	= \$1,900.00	Override	N - No Reason:

Negating a Facility Code

There are rare instances when the facility code entered may need to be negated. If the facility code is negated the provider will not be able to bill for LTC facility services. If the CAO enters the wrong facility code and needs to change it after authorization, the wrong code should be negated. To negate a facility (or waiver) code the discharge date will be entered as one day prior to the begin date.

Example: Daisy entered an Intermediate Care Facility (facility code 25) on 6/19/20 The CAO incorrectly entered facility code 36 for a private nursing facility when authorizing the case. The facility code needs changed in eCIS to code 25 effective 06/19/20.

Through maintenance access the Facility Placement screen. Enter the discharge date as one day prior to the admission date with discharge code '12-other'. In this example the discharge date is 06/18/20. Choose to 'Add More'.

Individual Facility Placement Information			
Last Update:	By:	Update Authorized By:	Authorized By: T-DHEADER1
*Individual Name: HAYNES, DAISY - 70F		Source [Dropdown]	
*Facility Type: 36 - Private Nursing Facility		*County of Placement: 03 - Arm strong	
*Admission Date: 06/19/2020		Discharge Date: 06/18/2020	
Explore LTL: Y - Yes		Discharge Code: 12 - Other	
Individual: Select... [Go]			
Add More			

Complete the new Facility Placement screen with the correct facility code. In this example, facility code 25 was entered effective 6/19/20.

Individual Facility Placement Information			
Last Update:	By:	Update Authorized By:	Authorized By: T-DHEADER1
*Individual Name: HAYNES, DAISY - 71F		Source [Dropdown]	
*Facility Type: 25 - ICF-ID (Private)		*County of Placement: [Dropdown]	
*Admission Date: 06/19/2020		Discharge Date: [Dropdown]	
Explore LTL: [Dropdown]		Discharge Code: [Dropdown]	

Penalty Periods

If an applicant or recipient of LTC facility services transfers assets for less than fair market value during the look-back period, an ineligibility period for payment of LTC services must be established. The total uncompensated value is divided by the average daily private pay rate **in effect at the time the case is processed**. This section includes instructions for establishing penalty periods as well as how to begin the cost of care once the penalty period expires.

Establishing a Penalty Period for a LTC Applicant

For individuals applying for LTC facility services who are not recipients of MA the look-back period is based on the application date. The application date is the date the application was received in the CAO or, for provider applications, the date the applicant signed the application is the date used to determine the look-back period.

For individuals applying for payment of LTC facility services who are not recipients of MA the look-back period begins five years prior to the application date.

LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

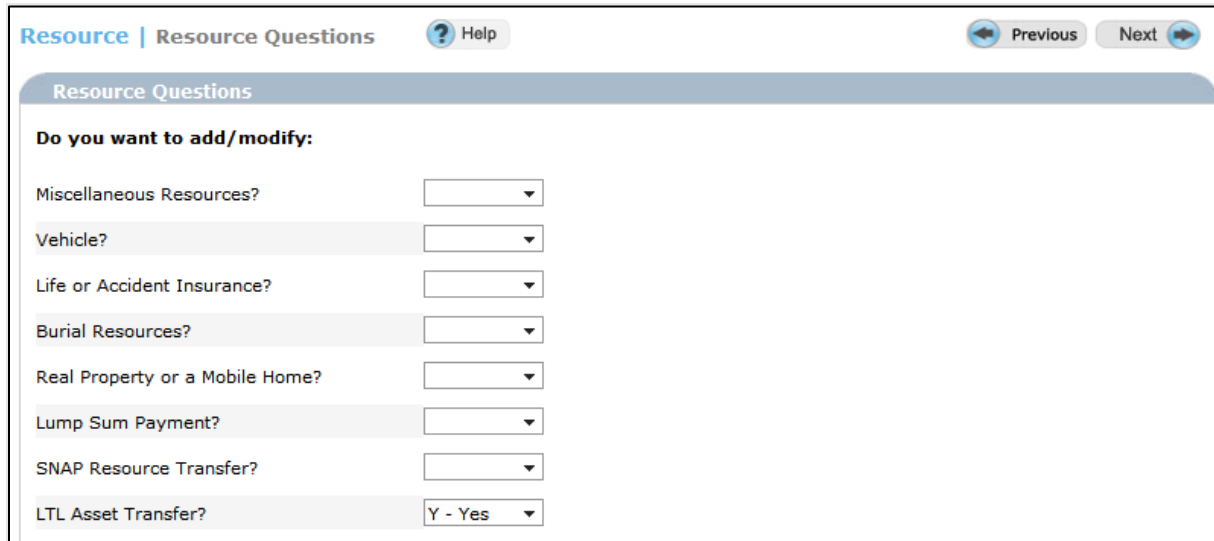
For current MA recipients who are applying for payment of services in a LTC facility the look-back period begins five years prior to the admission date if the admission date was on or after 2/9/11. If the admission date was prior to 2/9/11 then the look-back period begins on 2/8/06.

Example: Daisy was admitted to a LTC facility on 06/19/20. Daisy is applying for payment of LTC facility services effective 07/01/20. The application was received in the CAO on 10/16/2020. Daisy is not a current MA recipient. The information entered on the Long-Term Living screen will determine the look-back period. In this example Daisy transferred the following assets during the look-back period:

- A jointly owned savings certificate valued at \$4,400.00 on 01/01/19.
- A cash gift of \$250.00 on 01/04/19.
- A cash gift of \$350.00 on 01/26/19.

Reminder: Each asset transfer should be entered separately.

Enter a 'Y' in the 'LTL Asset Transfer' field on the Resource Questions screen to schedule the LTL Asset Transfer screen.




























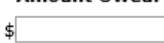
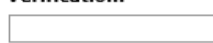

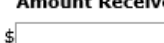
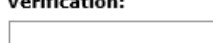








Resource Questions	
Do you want to add/modify:	
Miscellaneous Resources?	<input type="text"/>
Vehicle?	<input type="text"/>
Life or Accident Insurance?	<input type="text"/>
Burial Resources?	<input type="text"/>
Real Property or a Mobile Home?	<input type="text"/>
Lump Sum Payment?	<input type="text"/>
SNAP Resource Transfer?	<input type="text"/>
LTL Asset Transfer?	Y - Yes <input type="text"/>






On the LTL Asset Transfer screen enter the appropriate resource code, transfer date, to whom the resource was transferred, market value and percent owned for each asset transfer. If appropriate, enter the amount owed and amount received. To add additional asset transfers, use the 'Add More' button.

Reminder: Asset transfers totaling \$500 in one calendar month will not be used to determine the penalty period.

LTC Procedural Desk Guide
[5/30/25]LTC Procedural Desk Guide

LTL Asset Transfer									
Last Update:	By:	Update Authorized By:	Authorized By: T-DHEADER1 						
*Individual Name:		Look Back Period: 60 Months							
HAYNES, DAISY - 70F 									
*Resource Code:									
02 - Savings Account 									
*Transferred To:	*Transferred Date:	*Relationship:							
Hunter Haynes	01/01/2019 	S - Son 							
*Market Value:	*Verification:	Amount Owed:	Verification:						
\$4400	E - Electronic Document 	\$ 							
*Percent Owned:	*Verification:	Amount Received:	Verification:						
100 %	E - Electronic Document 	\$ 							
Undue Hardship Waiver Decision:		UHW Decision Date:	UHW Denied Amount: 						
		 	\$ 						
<table border="1"> <tr> <td>Transferred Value:</td> <td>Equity Value:</td> <td>CALCULATE </td> </tr> <tr> <td>\$4400</td> <td>\$4400</td> <td></td> </tr> </table>				Transferred Value:	Equity Value:	CALCULATE 	\$4400	\$4400	
Transferred Value:	Equity Value:	CALCULATE 							
\$4400	\$4400								

LTL Asset Transfer									
Last Update:	By:	Update Authorized By:	Authorized By: T-DHEADER1 						
*Individual Name:		Look Back Period: 60 Months							
HAYNES, DAISY - 72F 									
*Resource Code:									
01 - Cash on Hand 									
*Transferred To:	*Transferred Date:	*Relationship:							
Mary Haynes	01/04/2019 	D - Daughter 							
*Market Value:	*Verification:	Amount Owed:	Verification:						
\$250	E - Electronic Document 	\$ 							
*Percent Owned:	*Verification:	Amount Received:	Verification:						
100 %	E - Electronic Document 	\$ 							
Undue Hardship Waiver Decision:		UHW Decision Date:	UHW Denied Amount: 						
		 	\$ 						
<table border="1"> <tr> <td>Transferred Value:</td> <td>Equity Value:</td> <td>CALCULATE </td> </tr> <tr> <td>\$250</td> <td>\$250</td> <td></td> </tr> </table>				Transferred Value:	Equity Value:	CALCULATE 	\$250	\$250	
Transferred Value:	Equity Value:	CALCULATE 							
\$250	\$250								

LTL Asset Transfer									
Last Update:	By:	Update Authorized By:	Authorized By: T-DHEADER1 						
*Individual Name:		Look Back Period: 60 Months							
<input type="text" value="HAYNES, DAISY - 72F"/>									
*Resource Code:									
<input type="text" value="01 - Cash on Hand"/>									
*Transferred To:	*Transferred Date:	*Relationship:							
<input type="text" value="Hunter Haynes"/>	<input <img="" alt="calendar icon" data-bbox="544 514 576 546" type="text" value="01/26/2019"/>	<input type="text" value="S - Son"/>							
*Market Value:	*Verification:	Amount Owed:	Verification:						
<input type="text" value="\$350"/>	<input type="text" value="E - Electronic Documei"/>	<input type="text" value="\$"/>	<input type="text"/>						
*Percent Owned:	*Verification:	Amount Received:	Verification:						
<input type="text" value="100"/> %	<input type="text" value="E - Electronic Documei"/>	<input type="text" value="\$"/>	<input type="text"/>						
Undue Hardship Waiver Decision:	UHW Decision Date:	UHW Denied Amount: 							
<input type="text"/>	<input <img="" alt="calendar icon" data-bbox="738 714 771 745" type="text"/>	<input type="text" value="\$"/>							
<table border="1"> <tr> <td>Transferred Value:</td> <td>Equity Value:</td> <td>CALCULATE </td> </tr> <tr> <td>\$350</td> <td>\$350</td> <td></td> </tr> </table>				Transferred Value:	Equity Value:	CALCULATE 	\$350	\$350	
Transferred Value:	Equity Value:	CALCULATE 							
\$350	\$350								

Review the Resource Eligibility screen to verify the correct 903Q disqualification period was established. In this example a 14-day penalty period was created due to asset transfers totaling \$5000.00 for less than fair market value. The average daily private pay in effect at the time the case was processed was used to determine the penalty period.



Review the Income Eligibility screen to verify the cost of care is correct. The cost of care effective date is the day after the penalty period ends.

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[5/30/25]LTC Procedural Desk Guide

Cost of Care			
Client Available Income			
Client Gross Income	\$1,504.60	Begin Date	07/15/2020
Expenses/Deductions	\$0.00		
Personal Care Allowance	\$45.00		
Guardian Fees	\$0.00		
Dept.Maint.Allowance	\$0.00		
Home Maint.Allowance	\$0.00		
Medicare & Insurance Pre.	\$0.00		
Total Client Available Income	= \$1,459.60		
Spouse Maint.Deduction			
Shelter Exp/Util Stnd	\$0.00		
Shelter Stnd	\$0.00		
CS Individual Maint.Allowance:	\$0.00		
Shelter Cost/Maint.Allowance:	\$0.00		
Spouse Gross Income	\$0.00		
Spouse Maint.Deductions	= \$0.00		
Total Cost of Care			
Client Available Income	\$1,459.60		
Spouse Maint.Deduction	\$0.00	Cost of Care Contribution:	\$1,459.60
Medicare & Insurance Pre.	\$0.00	Amount:	\$0
Contribution to cost of care	= \$1,459.60	Override	Reason:

Review the Individual Insurance Type screens to verify the 903Q and 902Z TPL information is correct.

TPL Individual Insurance Type			
Last Update: 08/13/20		By: t-dheader1	Update Authorized By: t-dheader1
Authorized By: T-DHEADER1			
Individual Insurance Type			
Individual Name:		HIPP:	
HAYNES, DAISY - 70F		N - No	
Carrier Code:		Contract/Policy ID:	
903			
Group Name/Number:			

Insurance Type	Coverage Begin	Coverage End	Date Stored	Original Source	Alt Address	Date Changed	Change Source	Edit	Delete
Q - Resource Transfer	07/01/2020	07/14/2020		SYS		08/13/2020	SYS		

Patient Pay						
Provider No	Service Loc	Amount	Patient Pay Period Begin	Patient Pay Period End	Obligation Met Date	Claim Number
		\$1,459.60	07/15/2020			

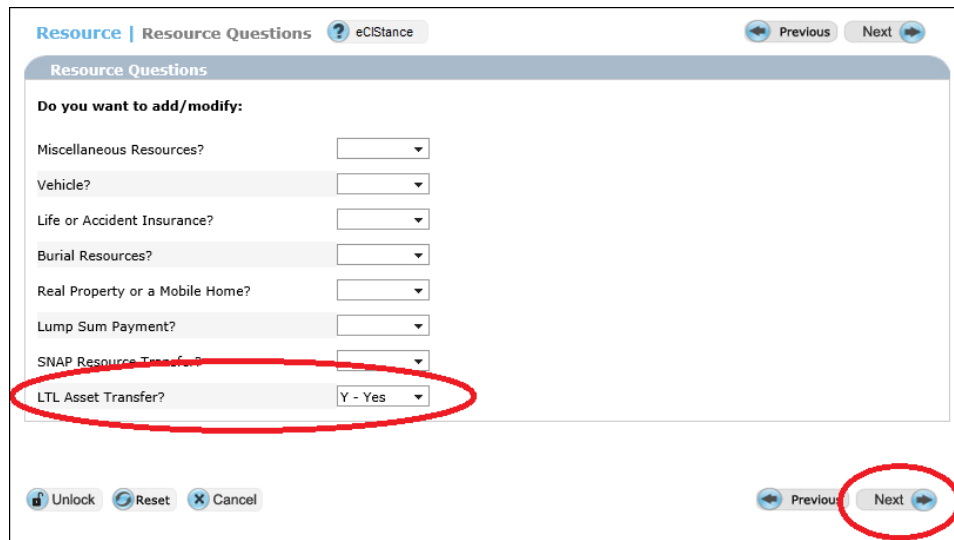
Establishing a Penalty Period for an LTC Recipient

When an LTC recipient transfers assets during the look-back period an ineligibility period for payment of LTC services must be established. The total uncompensated value is divided by the average daily private pay rate in effect at the time the penalty period is entered in the case.

For LTC recipients the effective date of the ineligibility period is the **first day of the calendar month AFTER the fifteen-day advance notice expires.**

Example: Kelly is a recipient of LTC facility services. It is discovered that Kelly transferred \$7,000 in stocks to her child, Nevin, on 04/05/2020. The asset transfer information was entered in eCIS on 09/17/2020. Fifteen-day advance notice expires on 10/02/2020. Therefore, the 903Q penalty period begins 11/01/2020; the first day of the calendar month AFTER the fifteen-day advance notice expires.

Enter case through a maintenance workflow and navigate to the Resource Question screen and select “Yes” for LTL Asset Transfer. Click Next.



Resource | Resource Questions ? eCISance Previous Next

Resource Questions

Do you want to add/modify:

Miscellaneous Resources?

Vehicle?

Life or Accident Insurance?

Burial Resources?

Real Property or a Mobile Home?

Lump Sum Payment?

SNAP Resource Transfer?

LTL Asset Transfer?

Unlock Reset Cancel Previous **Next**

Complete the LTL Asset Transfer screen with the appropriate information and click Next.

LTC Procedural Desk Guide
[5/30/25]LTC Procedural Desk Guide

LTL Asset Transfer

Last Update: By: Update Authorized By: Authorized By: T-DHEADER1


*Individual Name: Look Back Period: 60 Months
LUCAS, KELLY - 70F


*Resource Code:
05 - Stocks/Bonds

*Transferred To: *Transferred Date: *Relationship:
Nevin Lucas 04/05/2020 S - Son

*Market Value: *Verification: Amount Owed: Verification:
\$7000 D - Document in recor \$

*Percent Owned: *Verification: Amount Received: Verification:
100 % D - Document in recor \$

Undue Hardship Waiver Decision: UHW Decision Date: UHW Denied Amount: 
\$

Transferred Value: Equity Value: CALCULATE 
\$7000 \$7000

After running eligibility, the Resource results will show the disqualification dates at the bottom

Resource Eligibility Results

Last Update: 09/17/20 By: t-dheader1 Update Authorized By: t-dheader1 Authorized By: T-DHEADER1

Budget: PAN 00 Eligibility Month: 10/2020 Run Date: 09/17/2020 Case Number: 03/7942480

Eligibility Results	Amount	Limit	Variance	Budget Members	Failure Reason	Override	Override Reason
Pass	\$0.00	\$2,000.00	0	1		N - No	

Resources:	Gross Amount	Deduct Amount	Net Amount
Miscellaneous	\$0.00		\$0.00
Vehicle	\$0.00	\$0.00	\$0.00
Insurance:	\$0.00	\$0.00	\$0.00
Burial Agreements	\$0.00	\$0.00	\$0.00
Burial Space	\$0.00		\$0.00
Real Property	\$0.00		\$0.00
Mobile Home	\$0.00		\$0.00
Lump Sum	\$0.00		\$0.00
Resource Transfer	\$0.00		
NMP Disregard		\$6,000.00	-\$6,000.00
Lottery/Gambling Winnings	\$0.00		\$0.00
Total	\$0.00	\$6,000.00	\$0.00

Disqualification Period:
11/1/2020-11/19/2020

LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

Navigate to the TPL screen to ensure that the penalty period begins the first day of the month after the fifteen-day advance notice expires.

Individual Insurance Type

Last Update: 09/17/20 By: t-dheader1 Update Authorized By: t-dheader1 Authorized By: T-DHEADER1

Individual Name:
LUCAS, KELLY - 70F

HIPP:
N - No

Carrier Code:
903

Contract/Policy ID:

Group Name/Number:

Individual Carrier Information

* Insurance Type:
Q - Resource Transfer

* Coverage Begin:

Coverage End:

Alternate Insurance Type Address:

City:

State:

Zip:

Home Phone:

SAVE

Insurance Type	Coverage Begin	Coverage End	Date Stored	Original Source	Alt Address	Date Changed	Change Source	Edit	Delete
Q - Resource Transfer	11/01/2020	11/19/2020		SYS		09/17/2020	SYS		

Expiration of the Penalty Period

The cost of care will begin the day after the penalty period ended. Currently eCIS considers expiration of the penalty period as an increase in the cost of care, not as eligibility for payment of LTC services. For this reason, it is important to run maintenance in a timely fashion on all LTC cases with a penalty period that is set to expire. For the cost of care to begin the day after the penalty period ends, eligibility must be run so that 15-day advance notice ends in either the same month or the month before the cost of care is to begin. By running eligibility in a timely fashion an expiration of penalty period notice will be generated with the correct cost of care and effective date.

Example One: On 02/03/20 the CAO authorized Carl for MA effective 12/11/19 with a penalty period that is set to expire on 5/20/20. The 902Z patient pay should begin 5/21/20, the day after the penalty period ends. For the cost of care to be effective 5/21/20 eligibility must be run on this case between 4/1/20 and 5/16/20 so that advance notice ends in either the same month or the month before the penalty period is set to end.

LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

Example Two: On 1/15/20 the CAO authorized Daniel for MA effective 12/16/19 with a penalty period that is set to expire on 6/30/20. The 902Z patient pay should begin 7/1/20, the day after the penalty period ends. For the cost of care to be effective 7/1/20 eligibility must be run on this case between 6/1/20 and 7/16/20 so that advance notice ends in either June or July.

If the correct cost of care is not determined the system generated notice should be deleted and a manual notice sent to all involved parties. The 902Z TPL should be adjusted following the instructions found in the 'Modification of a 902Z' section of this guide.

Reminder: The system will set alert 217 one month prior to the date the penalty period is set to end when a penalty period is established in a case during case open mode. If the penalty period is set to expire less than one month after the process date the CAO must manually set the alert.

Entering Undue Hardship Waiver (UHW) Decisions

UHW - Partial Approval

Example: Brittany was approved for LTC benefits with a penalty period of 311 days from 11/01/2020 - 09/07/2021. This was from an asset transfer of \$110,000 to Brittany's daughter within the lookback period. Brittany disagrees with the decision and sent a request for an undue hardship waiver review by the Department. The Department gave Brittany a partial approval of \$50,000 since that amount was used to provide medical care for Brittany.

To adjust the penalty period after a partial approval has been received and the penalty period is still active, enter the case through Maintenance workflow and navigate to the LTL Asset Transfer screen

LTL Asset Transfer					
Last Update: 10/01/20		By: t-dheader1		Update Authorized By: t-dheader1	
				Authorized By: T-DHEADER1	
*Individual Name:		Delete LTL Asset Transfer:		Look Back Period: 60 Months	
HAGAN, BRITTANY - 72F					
*Resource Code:					
03 - Checking Account					
*Transferred To:	*Transferred Date:	*Relationship:			
Daughter Hagar	02/01/2019	D - Daughter			
*Market Value:	*Verification:	Amount Owed:		Verification:	
\$110000	D - Document in recor	\$			
*Percent Owned:	*Verification:	Amount Received:		Verification:	
100 %	D - Document in recor	\$			
Undue Hardship Waiver Decision:		UHW Decision Date:		UHW Denied Amount: ⓘ	
				\$	
Transferred Value:		Equity Value:		CALCULATE ⓘ	
\$110000		\$110000			

LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

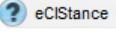
Under the Undue Hardship Waiver Decision drop down box choose “P- Hardship Partially Approved” then enter the date the Department made the decision – In this example the decision was made 09/20/2020. Finally, enter the amount the Department has chosen to deny and continue the penalty period for under the UHW Denied Amount – In this example the denied amount is \$60,000. The UHW Denied Amount is calculated by subtracting the partially approved total received from the UHW decision from the original total Asset Transfer amount – In this example $\$110,000 - \$50,000 = \$60,000$.

LTL Asset Transfer					
Last Update: 10/01/20		By: t-dheader1		Update Authorized By: t-dheader1	
				Authorized By: T-DHEADER1	
*Individual Name:		Delete LTL Asset Transfer:		Look Back Period: 60 Months	
HAGAN, BRITTANY - 72F					
*Resource Code:					
03 - Checking Account					
*Transferred To:		*Transferred Date:		*Relationship:	
Daughter Hagar		02/01/2019		D - Daughter	
*Market Value:		*Verification:		Amount Owed:	
\$110000		D - Document in recor		\$	
*Percent Owned:		*Verification:		Amount Received:	
100 %		D - Document in recor		\$	
Undue Hardship Waiver Decision:		UHW Decision Date:		UHW Denied Amount:	
P - Hardship Partially Approved		09/20/2020		\$60000	

LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

After this, run eligibility on the case and check the resource results on the eligibility screen to view the new penalty period – In this example the new penalty period is 11/01/2020 - 03/21/2021.

Eligibility | Resource Eligibility


Resource Eligibility Results

Last Update: 09/24/20 **By:** t-dheader1 **Update Authorized By:** t-dheader1 **Authorized By:** T-DHEADER1

Budget: PAN 00 **Eligibility Month:** 9/2020 **Run Date:** 09/24/2020 **Case Number:** 03/7942481

Eligibility Results	Amount	Limit	Variance	Budget Members	Failure Reason	Override	Override Reason
Pass	\$0.00	\$2,000.00	0	1		N - No	

Resources:	Gross Amount	Deduct Amount	Net Amount
Miscellaneous	\$0.00		\$0.00
Vehicle	\$0.00	\$0.00	\$0.00
Insurance:	\$0.00	\$0.00	\$0.00
Burial Agreements	\$0.00	\$0.00	\$0.00
Burial Space	\$0.00		\$0.00
Real Property	\$0.00		\$0.00
Mobile Home	\$0.00		\$0.00
Lump Sum	\$0.00		\$0.00
Resource Transfer	\$0.00		
NMP Disregard		\$6,000.00	-\$6,000.00
Lottery/Gambling Winnings	\$0.00		\$0.00
Total	\$0.00	\$6,000.00	\$0.00



Disqualification Period:
 11/1/2020-3/21/2021

SAVE CHANGES

Review the information on the TPL screen for the 903Q to ensure the dates match the eligibility screen.

Home Phone:

SAVE

Insurance Type	Coverage Begin	Coverage End	Date Stored	Original Source	Alt Address	Date Changed	Change Source	Edit	Delete
Q - Resource Transfer	11/01/2020	03/21/2021	09/24/2020	SYS		09/24/2020	SYS		

Review the same information on the Client Notice screen to ensure accuracy of the dates.

Post Authorization | Client Notice ? eCISance
Previous Next

Consolidated Client Notices

Budget	Budget Action Code	Reason	Notice	Option	Type	CWOPA - ID	Status
PAN 00	F - Any action that does not change the grant amount	996 - Change - Other Medicaid - Low to High	Change - Other Medicaid - Low to High	Q	N - Not Eligible	T-DHEADER1	

Cancel Notice: No

☒ (037942481 - F001) Nursing Care

Client Notices Text

You previously received a notice stating you would not qualify for payment of LTC facility services for a certain time period because you gave away or transferred assets for less than fair market value (FMV). You requested an undue hardship waiver. Your request for an undue hardship waiver has been partially approved. The time period you do not qualify for payment of LTC facility services has been adjusted to 11/01/2020 to 03/21/2021. During this time period, you will need to pay the facility for the LTC services you receive.

You remain eligible for all other Medical Assistance benefits.

Citation: 42 U.S.C. § 1396p(c); and 55 Pa. Code §§ 178.104a, 178.104b

UHW - Full Approval

Example: Paul was approved for LTC benefits with a penalty period of 274 days from 01/25/2021 - 10/25/2021. This was from an asset transfer of \$100,000 to Paul's son within the lookback period. Paul disagrees with the decision and sent a request for an undue hardship waiver review by the Department. The Department determined a hardship was found and gave Paul a full approval of \$100,000.

To adjust the penalty period after an approval has been received and the penalty period is still active, enter the case through Maintenance workflow and navigate to the LTL Asset Transfer screen. Under the Undue Hardship Waiver Decision drop down box choose "A- Hardship Approved" then enter the date the Department made the decision – In this example the decision was made 03/1/2021.

LTC Procedural Desk Guide
[5/30/25]LTC Procedural Desk Guide

LTL Asset Transfer

Last Update: By: Update Authorized By: Authorized By: T-DHEADER1

*Individual Name: Look Back Period: 60 Months
EDWARDS, PAUAL - 75M

*Resource Code:
03 - Checking Account

*Transferred To: *Transferred Date: *Relationship:
Son 06/01/2020 S - Son

*Market Value: *Verification: Amount Owed: Verification:
\$100000 D - Document in recor \$

*Percent Owned: *Verification: Amount Received: Verification:
100% D - Document in recor

Undue Hardship Waiver Decision: UHW Decision Date: UHW Denied Amount:
A - Hardship Approved 03/01/2021 \$

Transferred Value: Equity Value: CALCULATE
\$100000 \$100000

After this, run eligibility on the case and check the resource results on the eligibility screen to verify no Disqualification Period is still populated at the bottom of the screen.

Resource Eligibility Results

Last Update: 03/11/21 By: t-dheader1 Update Authorized By: t-dheader1 Authorized By: T-DHEADER1

Budget: PAN 00 Eligibility Month: 1/2021 Run Date: 03/11/2021 Case Number: 03/7943782

Eligibility Results	Amount	Limit	Variance	Budget Members	Failure Reason	Override	Override Reason
Pass	\$0.00	\$2,000.00	0	1		N - No	

Resources:	Gross Amount	Deduct Amount	Net Amount
Miscellaneous	\$0.00		\$0.00
Vehicle	\$0.00	\$0.00	\$0.00
Insurance:	\$0.00	\$0.00	\$0.00
Burial Agreements	\$0.00	\$0.00	\$0.00
Burial Space	\$0.00		\$0.00
Real Property	\$0.00		\$0.00
Mobile Home	\$0.00		\$0.00
Lump Sum	\$0.00		\$0.00
Resource Transfer	\$0.00		
NMP Disregard		\$6,000.00	-\$6,000.00
Lottery/Gambling Winnings	\$0.00		\$0.00
Total	\$0.00	\$6,000.00	\$0.00

SAVE CHANGES

LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

After this, review TPL screen as well to ensure that there is no 903Q or penalty period dates. Review the same information on the Client Notice screen to ensure the accuracy of notices being sent.

UHW – Denial

Example: Ashley was approved for LTC benefits with a penalty period of 274 days from 01/02/2021 - 10/02/2021. This was from an asset transfer of \$100,000 to Ashley’s daughter within the lookback period. Ashley disagrees with the decision and sent a request for an undue hardship waiver review by the Department. The Department did not find a hardship and denied Ashley’s undue hardship request.

To record the Department’s decision after a denial has been received and the penalty period is still active, enter the case through Maintenance workflow and navigate to the LTL Asset Transfer screen. Under the Undue Hardship Waiver Decision drop down box choose “D- Hardship Denied” then enter the date the Department made the decision – In this example the decision was made 03/02/2021.

LTL Asset Transfer

Last Update: 03/11/21

By: t-dheader1

Update Authorized By: t-dheader1

Authorized By: T-DHEADER1

*Individual Name:

Delete LTL Asset Transfer: ☐

Look Back Period: 60 Months

*Resource Code:

03 - Checking Account

*Transferred To:

Daughter

*Transferred Date:

02/15/2020

*Relationship:

D - Daughter

*Market Value:

\$100000

*Verification:

D - Document in recor

Amount Owed:

\$

Verification:

*Percent Owned:

100

*Verification:

D - Document in recor

Amount Received:

\$

Verification:

Undue Hardship Waiver Decision:

D - Hardship Denied

UHW Decision Date:

03/02/2021

UHW Denied Amount:

\$

Transferred Value:

\$100,000.00

Equity Value:


\$100,000.00

CALCULATE



LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

After this, run eligibility on the case and check the resource results on the eligibility screen to ensure the Disqualification Period has not changed – In this example the penalty period remains 1/02/2021 - 10/02/2021.

Resource Eligibility Results																																																											
Last Update: 03/11/21		By: t-dheader1		Update Authorized By: t-dheader1		Authorized By: T-DHEADER1																																																					
Budget: PAN 00		Eligibility Month: 1/2021		Run Date: 03/11/2021		Case Number: 03/7943783																																																					
Eligibility Results	Amount	Limit	Variance	Budget Members	Failure Reason	Override	Override Reason																																																				
Pass	\$0.00	\$2,000.00	0	1		N - No																																																					
<table border="1"> <thead> <tr> <th>Resources:</th> <th>Gross Amount</th> <th>Deduct Amount</th> <th>Net Amount</th> </tr> </thead> <tbody> <tr><td>Miscellaneous</td><td>\$0.00</td><td></td><td>\$0.00</td></tr> <tr><td>Vehicle</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr> <tr><td>Insurance:</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr> <tr><td>Burial Agreements</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></tr> <tr><td>Burial Space</td><td>\$0.00</td><td></td><td>\$0.00</td></tr> <tr><td>Real Property</td><td>\$0.00</td><td></td><td>\$0.00</td></tr> <tr><td>Mobile Home</td><td>\$0.00</td><td></td><td>\$0.00</td></tr> <tr><td>Lump Sum</td><td>\$0.00</td><td></td><td>\$0.00</td></tr> <tr><td>Resource Transfer</td><td>\$0.00</td><td></td><td></td></tr> <tr><td>NMP Disregard</td><td></td><td>\$6,000.00</td><td>-\$6,000.00</td></tr> <tr><td>Lottery/Gambling Winnings</td><td>\$0.00</td><td></td><td>\$0.00</td></tr> <tr><td>Total</td><td>\$0.00</td><td>\$6,000.00</td><td>\$0.00</td></tr> </tbody> </table>								Resources:	Gross Amount	Deduct Amount	Net Amount	Miscellaneous	\$0.00		\$0.00	Vehicle	\$0.00	\$0.00	\$0.00	Insurance:	\$0.00	\$0.00	\$0.00	Burial Agreements	\$0.00	\$0.00	\$0.00	Burial Space	\$0.00		\$0.00	Real Property	\$0.00		\$0.00	Mobile Home	\$0.00		\$0.00	Lump Sum	\$0.00		\$0.00	Resource Transfer	\$0.00			NMP Disregard		\$6,000.00	-\$6,000.00	Lottery/Gambling Winnings	\$0.00		\$0.00	Total	\$0.00	\$6,000.00	\$0.00
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Total	\$0.00	\$6,000.00	\$0.00																																																								
Disqualification Period: 1/2/2021-10/2/2021																																																											
SAVE CHANGES 																																																											

Review the information on the TPL screen for the 903Q to ensure the dates match the eligibility screen.

Insurance Type	Coverage Begin	Coverage End	Date Stored	Original Source	Alt Address	Date Changed	Change Source	Edit	Delete
Q - Resource Transfer	01/02/2021	10/02/2021		SYS		03/11/2021	SYS		

Review the same information on the Client Notice screen to ensure accuracy of the dates.

LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

Manual Adjustments to the LTC TPLs (902Z and 903Q)

The 902Z TPL is the LTC patient pay and should match the cost of care displayed on any notices sent either manually or by eCIS correspondence.

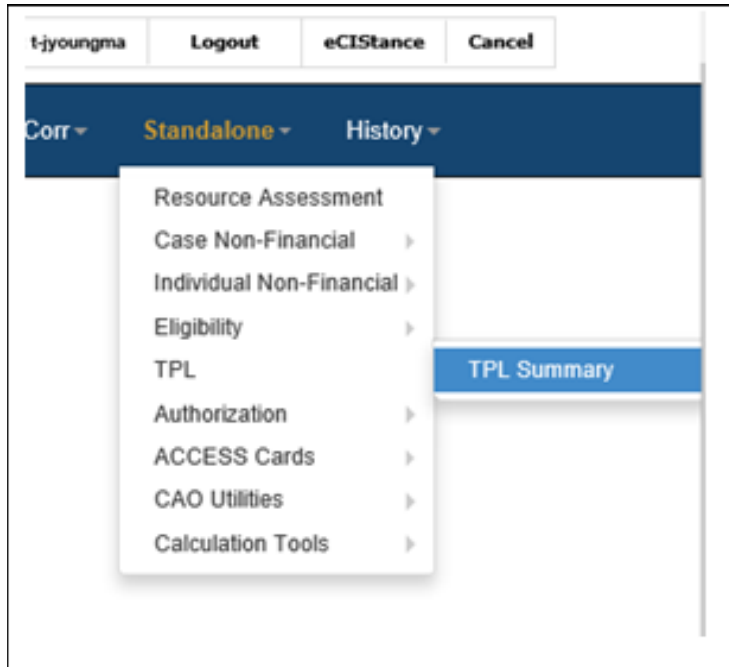
The 903Q TPL is created when a penalty period is established. While a penalty period is in effect the individual is eligible for all services covered under MA but is not eligible for payment of LTC services. The purpose of the 903Q penalty period TPL is to block the LTC facility from billing for LTC services while allowing MA providers to bill for non-LTC related medical services.

Although the system usually determines the correct patient pay and penalty period there are a few instances when the TPLs must be adjusted manually. Some of these instances include entry of a 902Z in a SSI case; modification of the LTC TPLs when an undue hardship waiver is fully or partially granted and the penalty period has expired; and negation of the 903Q and creation of the 902Z when a transferred asset is returned. At this time the LTC TPLs must be modified in eCIS. Below are instructions for modifying the LTC TPLs in eCIS.

Modification and Negation of a 903Q:

The screenshots below show negation of the 903Q on a penalty period that was originally entered from 12/13/19 through 2/22/21.

Select the “TPL Summary” in the “Standalone” menu at the top of the eCIS menu.



LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

On the TPL Summary screen, all fields are blank. Enter the case record in the “Co/Record #:” field and click the “Go” button. The “Individual” name will populate if TPL information is found for the individual. Click the “SEARCH” button and then click on the individual’s name in the “Covered Individual” column to load the “Individual Carrier Information”

TPL Summary

Search Criteria

*Co/Record #: *Individual:

[Don't know Co/Record #, Click Here](#)

Search Results

Page 1 of 1 (3 Results)

Carrier Name	Policy Id	MBI	Begin Date	End Date	HIPP	Covered Individual	Types
100 - MEDICARE PART B	123456789A		01/01/2016		N - No	NAME, NOTAFKE - 69M	B - Medicare Part B
903 - TRANSFER PENALTY			12/13/2019		N - No	NAME, NOTAFKE - 69M	Q - Resource Transfer
600 - MEDICARE PART A	123456789A		01/01/2016		N - No	NAME, NOTAFKE - 69M	A - Medicare Part A

Page 1 of 1 (3 Results)

Click on the pencil icon in the “Edit” column to load the 903Q information into the “Individual Carrier Information” fields.

Individual Carrier Information

*Insurance Type: *Coverage Begin: Coverage End:

Alternate Insurance Type Address:

City:

State: Zip:

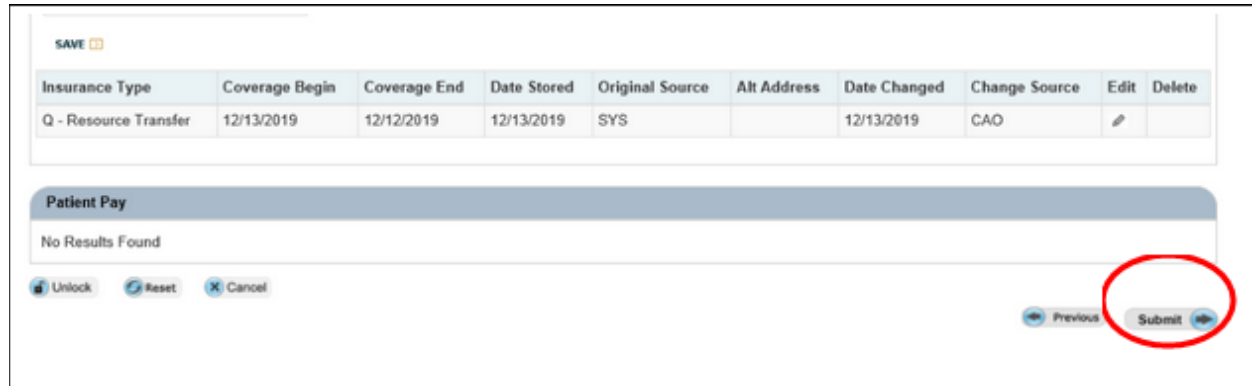
Home Phone:

Insurance Type	Coverage Begin	Coverage End	Date Stored	Original Source	Alt Address	Date Changed	Change Source	Edit	Delete
Q - Resource Transfer	12/13/2019	02/22/2021	12/13/2019	SYS		12/13/2019	SYS		

Enter the new end date in the “Coverage End” date field. To negate the 903Q, the “Coverage End” date will be one day before the “Coverage Begin” date. Click the “SAVE” button.



Green message confirms the TPL information has been updated in Standalone. Click the "Submit" button at the bottom of the screen to submit the changes.


 The screenshot shows a web interface with a "SAVE" button at the top left. Below it is a table with the following columns: Insurance Type, Coverage Begin, Coverage End, Date Stored, Original Source, Alt Address, Date Changed, Change Source, Edit, and Delete. The table contains one row: Q - Resource Transfer, 12/13/2019, 12/12/2019, 12/13/2019, SYS, (blank), 12/13/2019, CAO, (pencil icon), and (blank). Below the table is a section titled "Patient Pay" with the text "No Results Found". At the bottom are buttons for "Unlock", "Reset", "Cancel", "Previous", and "Submit". The "Submit" button is circled in red.

Green message confirms the TPL information has been submitted successfully.

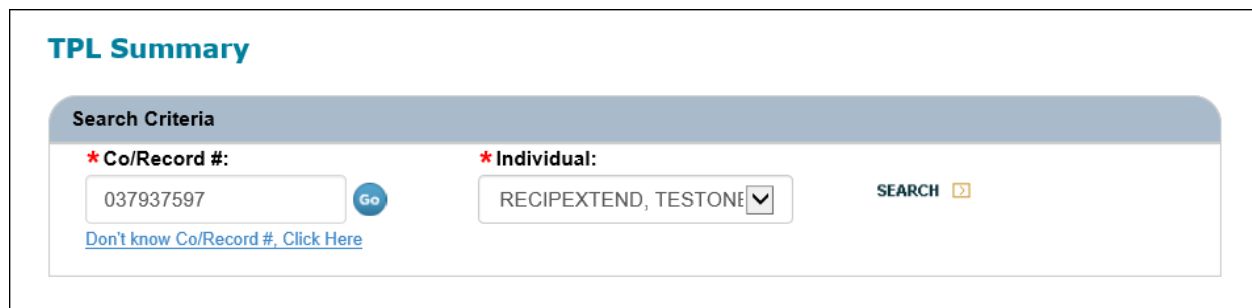


Addition of a 902Z:

In the example below, an individual was authorized for MA but was not eligible for payment of LTC facility services from 1/30/19 through 8/6/19 due to multiple asset transfers totaling \$70,000. After authorization an undue hardship waiver (UHW) was partially granted for the transfer of \$55,000.

Because the penalty period was expired, eCIS cannot update the TPLs due to the UHW decision. The 903Q was adjusted to run from 1/30/19 through 3/12/19 following the instructions for modifying the 903Q TPL. The original 902Z was negated. To add the 902Z TPL with the new start date:

On the TPL Summary screen enter the case record in the "Co/Record #:" field and click the "Go" button. The "Individual" name will populate if TPL information is found for the individual, then click the "SEARCH" button.


 The screenshot shows the "TPL Summary" page. Under the "Search Criteria" header, there are two main fields: "* Co/Record #:" and "* Individual:". The "Co/Record #" field contains the value "037937597" and has a "Go" button next to it. Below this field is a link that says "Don't know Co/Record #, Click Here". The "Individual:" field contains a dropdown menu with the value "RECIPEXTEND, TESTONE" and a "SEARCH" button with a magnifying glass icon.

LTC Procedural Desk Guide

[5/30/25]LTC Procedural Desk Guide

On “TPL Summary” screen, click the “Add More” button to add the 902Z TPL.

TPL Summary

Search Criteria

* Co/Record #: * Individual:

[Don't know Co/Record #, Click Here](#)

Search Results

Page 1 of 1 (3 Results)

Carrier Name	Policy Id	MBI	Begin Date	End Date	HIPP	Covered Individual	Types
903 - TRANSFER PENALTY			01/30/2019	03/12/2019	N - No	RECIPEXTEND, TESTONE - 71M	Q - Resource Transfer
600 - MEDICARE PART A	123456789A		01/01/2016		N - No	RECIPEXTEND, TESTONE - 71M	A - Medicare Part A
100 - MEDICARE PART B	123456789A		01/01/2016		N - No	RECIPEXTEND, TESTONE - 71M	B - Medicare Part B

Page 1 of 1 (3 Results)

Select the 902 from the “Carrier Code” drop down in the Main Carrier Information section. Check the individual in the “Covered Individuals” section and then click “Next.”

Main Carrier Information

* Carrier Code: Contract/Policy ID: MBI: Group Name/Number:

HIPP: MBI Verification:

Covered Individuals

☒ RECIPEXTEND, TESTONE - 71M
(90378427)

Highlight “Z – LTC Patient Pay” and enter the “Coverage Begin” date in the Individual Carrier Information section. The 902Z should begin the day after the 903Q ends. Then click the “SAVE” button.

Individual Insurance Type

Last Update: 1/3/2021 By : T-DHEADER1 Update Authorization: T-DHEADER1 Authorization By: T-DHEADER1

Individual Name: RECIPEXTEND, TESTONE - 71M
(90378427) HIPP : N-No MBI : Group Name/Number:

Carrier Code: 902 Contract/PolicyID: MBI Verification:

Individual Carrier Information

* Insurance Type: * Coverage Begin: Coverage End:

LTC Procedural Desk Guide

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Click on “Z – LTC Patient Pay” on the “Insurance Type” column to access the “Patient Pay” section near the bottom of the “TPL Summary” screen.

Insurance Type	Coverage Begin	Coverage End	Date Stored	Original Source	Alt Address	Date Changed	Change Source	Edit	Delete
Z - LTC Patient Pay	03/13/2019			CAO		09/03/2020	CAO		

Enter the amount of the 902Z and the “Patient Pay Period Begin” date in the “Patient Pay” section. Click the “SAVE” button.

Patient Pay

Provider No:

Service Location:

Amount:
1459.60

Patient Pay Period Begin:
03/13/2019

Patient Pay Period End:
MM/DD/YYYY

Obligation Met Date:
MM/DD/YYYY

Claim Number:

SAVE

Provider No	Service loc	Amount	Patient Pay Period Begin	Patient Pay Period End	Obligation Met Date	Claim Number	Edit
No results to display							

“Patient Pay” saved successfully message displays at top of “TPL Summary” screen.

Patient Pay saved successfully

Click “Submit” at the bottom of the “TPL Summary” screen.

TPL information submitted successfully

TPL Summary

Search Criteria

* Co/Record #:

037937597

Go

* Individual:

RECIPEXTEND, TESTONE

SEARCH

[Don't know Co/Record #. Click Here](#)

Search Results

Page 1 of 1 (4 Results)

Carrier Name	Policy Id	MBI	Begin Date	End Date	HIPP	Covered Individual	Types
903 - TRANSFER PENALTY			01/30/2019	03/12/2019	N - No	RECIPEXTEND, TESTONE - 71M	Q - Resource Transfer
902 - LTC PATIENT PAY			03/13/2019		N - No	RECIPEXTEND, TESTONE - 71M	Z - LTC Patient Pay
600 - MEDICARE PART A	123456789A		01/01/2016		N - No	RECIPEXTEND, TESTONE - 71M	A - Medicare Part A
100 - MEDICARE PART B	123456789A		01/01/2016		N - No	RECIPEXTEND, TESTONE - 71M	B - Medicare Part B

Page 1 of 1 (4 Results)

LTC Procedural Desk Guide


[5/30/25]LTC Procedural Desk Guide

Modification of a 902Z in an Open Case:

In the example below, the CAO received verification on 2/20/20 that a LTC recipient's income would decrease effective 3/1/20, causing a decrease in the cost of care. The CAO did not act on this change until 5/3/2020 so the decreased cost of care was not made effective until 5/1/20. Because the CAO did not act on the change timely and because this is a beneficial change for the individual the CAO must send a manual notice updating the cost of care effective 3/1/20 and modify the 902Z TPL manually.

Reminder: If the CAO does not act on a change in a timely manner and the change causes an adverse action then the CAO must process the change in eCIS and create an overpayment as needed. Advance notice must be given for an adverse action, such as an increase in the cost of care.

Process the income change in eCIS. The cost of care change is effective 5/1/20.

Provider No	Service loc	Amount	Patient Pay Period Begin	Patient Pay Period End	Obligation Met Date	Claim Number	Edit
		397.80	05/01/2020				
		397.80	05/01/2020	05/31/2020			

Provider No	Service loc	Amount	Patient Pay Period Begin	Patient Pay Period End	Obligation Met Date	Claim Number	Edit
		547.80	04/01/2020	04/30/2020			
		547.80	03/01/2020	03/31/2020			
		547.80	02/01/2020	02/29/2020			
		547.80	01/01/2020	01/31/2020			
		0.00	12/01/2019	12/31/2019			

After processing the income change in eCIS modify the 902Z TPL in eCIS by first accessing TPL Standalone. On the TPL Summary screen, all fields are blank. Enter the case record in the "Co/Record #:" field and click the "Go" button. The "Individual" name will populate if TPL information is found for the individual. Click the "SEARCH" button then click on the "Covered Individual" next to the 902Z span that will be edited.

LTC Procedural Desk Guide

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Search Criteria

*** Co/Record #:**

*** Individual:**

[Don't know Co/Record #, Click Here](#)

Search Results

Page 1 of 1 (6 Results)

Carrier Name	Policy Id	MBI	Begin Date	End Date	HIPP	Covered Individual	Types
100 - MEDICARE PART B	123456789A		01/01/2019	04/30/2020	N - No	TPLMODS, TESTEM - 70M	B - Medicare Part B
600 - MEDICARE PART A	123456789A		01/01/2019	04/30/2020	N - No	TPLMODS, TESTEM - 70M	A - Medicare Part A
902 - LTC PATIENT PAY			12/01/2019	04/30/2020	N - No	TPLMODS, TESTEM - 70M	Z - LTC Patient Pay
902 - LTC PATIENT PAY			05/01/2020		N - No	TPLMODS, TESTEM - 70M	Z - LTC Patient Pay

Scroll down and click on the “Insurance Type” to display the cost of care dates and amounts.

Insurance Type	Coverage Begin	Coverage End	Date Stored	Original Source	Alt Address	Date Changed	Change Source	Edit	Delete
Z - LTC Patient Pay	12/01/2019	04/30/2020	07/15/2020	SYS		07/15/2020	SYS		

Scroll down to the “Patient Pay” section to see the cost of care dates and amounts. Edit the cost of care information by clicking on the pencil next to the segment you wish to edit. In this example the effective dates must be updated to reflect that the \$397.80 cost of care is effective 3/1/20 and the \$547.80 cost of care ended 2/29/20.

Patient Pay

Provider No:

Service Location:

Amount:

Patient Pay Period Begin:

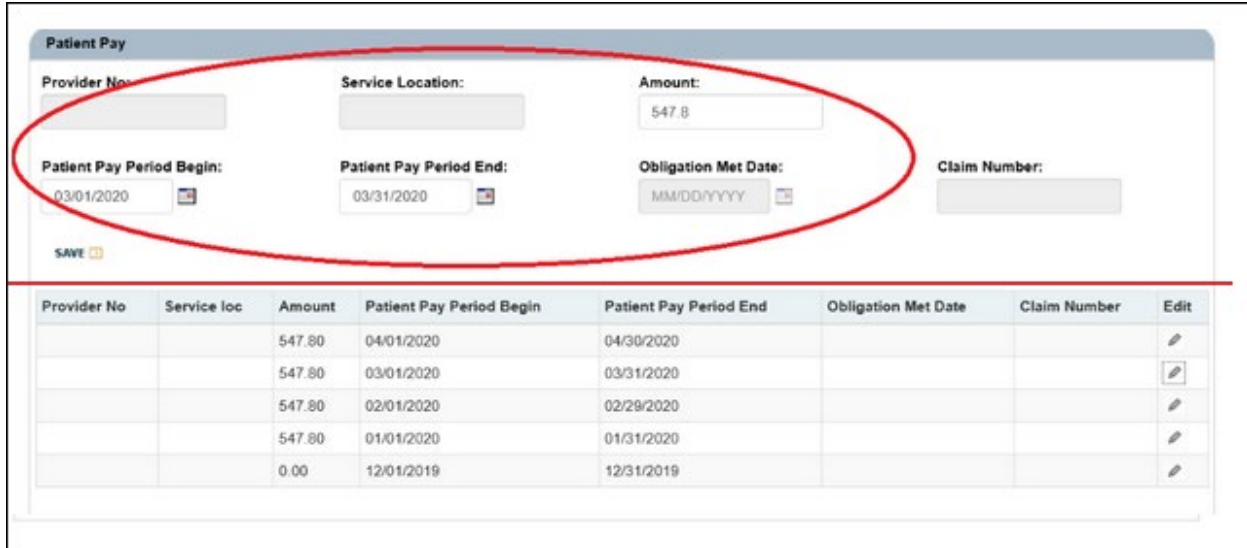
Patient Pay Period End:

Obligation Met Date:

Claim Number:

Provider No	Service loc	Amount	Patient Pay Period Begin	Patient Pay Period End	Obligation Met Date	Claim Number	Edit
		547.80	04/01/2020	04/30/2020			
		547.80	03/01/2020	03/31/2020			
		547.80	02/01/2020	02/29/2020			
		547.80	01/01/2020	01/31/2020			
		0.00	12/01/2019	12/31/2019			

The patient pay details are loaded. Modify the “Amount” from 547.80 to 397.80 and click “Save.”








Patient Pay

Provider No: Service Location: Amount:

Patient Pay Period Begin: Patient Pay Period End: Obligation Met Date: Claim Number:

SAVE

Provider No	Service loc	Amount	Patient Pay Period Begin	Patient Pay Period End	Obligation Met Date	Claim Number	Edit
		547.80	04/01/2020	04/30/2020			
		547.80	03/01/2020	03/31/2020			
		547.80	02/01/2020	02/29/2020			
		547.80	01/01/2020	01/31/2020			
		0.00	12/01/2019	12/31/2019			

Confirming message of saved changes displays.



 Patient Pay saved successfully 

LTC Procedural Desk Guide


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Repeat the above steps to edit the 902Z span for April.

Patient Pay

Provider No: Service Location: Amount:

Patient Pay Period Begin: Patient Pay Period End: Obligation Met Date: Claim Number:


SAVE 






Provider No	Service loc	Amount	Patient Pay Period Begin	Patient Pay Period End	Obligation Met Date	Claim Number	Edit
		547.80	04/01/2020	04/30/2020			
		397.80	03/01/2020	03/31/2020			
		547.80	02/01/2020	02/29/2020			
		547.80	01/01/2020	01/31/2020			
		0.00	12/01/2019	12/31/2019			

Patient Pay

Provider No: Service Location: Amount:

Patient Pay Period Begin: Patient Pay Period End: Obligation Met Date: Claim Number:

SAVE 

Provider No	Service loc	Amount	Patient Pay Period Begin	Patient Pay Period End	Obligation Met Date	Claim Number	Edit
		547.80	04/01/2020	04/30/2020			
		547.80	03/01/2020	03/31/2020			
		547.80	02/01/2020	02/29/2020			
		547.80	01/01/2020	01/31/2020			
		0.00	12/01/2019	12/31/2019			

Then click the “Submit” button at the bottom of the screen to submit all the changes. Another green message will display.

 TPL information submitted successfully 

***Reminder:** To ensure that future changes to the cost of care TPL are updated correctly, the most current cost of care entry on “Patient Pay” should match the information displayed on the Income Results Summary screen. In this example, the most current entry on “Patient Pay” was for \$397.80 effective 3/1/20 ongoing.*

Mass Changes

Mass changes happen in January, July, and October of each year. These changes can change an individual's payment toward cost of care.

Please see the [LTC Handbook Chapter 468 Appendix A: Determining Medical Assistance Eligibility and Payment toward the Cost of LTC Facility Services](#) for updated Mass Change figures.

January Mass Change (COLA)

The federal government periodically makes a cost-of-living adjustment (COLA) to the following benefits: Social Security Retirement, Survivor's and Disability Insurance, Supplemental Security Income, Veterans Affairs benefits, Black Lung benefits, Railroad Retirement benefits.

The Social Security Administration will notify the (CAO) that federal benefits will increase because of a COLA. This notification, available on the Income Eligibility Verification System (IEVS), will include the effective date and updated gross income.

Automated COLA adjustments for LTC recipients will be made in January of each year.

SSA benefits (code 12) and SSI income (code 14) will be updated on all LTC facility cases. The COLA is completely automated for cases with only SSA benefits or cases with SSA benefits and any or all of the following income received by either the institutionalized or community spouse:

- Interest income (code 23); and/or
- Earned income (codes 01, 02, 03, 04, 07, 08, 39, 40); and/or
- Unemployment Compensation (code 10); and/or
- Fixed pensions (code 50); and/or
- Sick benefits (code 21); and/or
- Support income (codes 24, 25, 26, 32); and/or
- Lump sum income (codes 27, 28); and/or
- Annuity income (code 43); and/or
- LTC-related Unearned income (code 98); and/or
- Other income (code 99); and/or
- Miscellaneous unearned income (codes 11, 29, 30, 31, 33, 35, 36, 41)

LTC Manual COLA Processing:

The CAO will receive alerts for any cases that have not been completed by the automated COLA process, including cases that have dependents with income. The alerts will notify the CAO of the reason that the case could not be processed automatically.

COLA updates to cases with other income types cannot be made by the CAO until after the automated COLA run is completed in the beginning of January. All COLA advance notices for cases with program status codes 80 or 00 must be completed every January. Any COLA changes that will generate an advance notice that affects the cost of care for the month of January must be completed in the Electronic Client Information System during the month of January unless

processing the COLA adjustment would end Buy-In eligibility for the individual. Alerted cases with a program status code 66 will not be processed until after the 2025 Federal Poverty Income Guidelines (FPIGs) are updated so that eligibility for Buy-In is processed using the 2025 Buy-In limits. A Daily Status and Narrative Weekly article will be issued once the FPIGs are updated. Until FPIGs are updated in the system, CAOs will only process COLA alerts on cases with program status codes of 80 or 00.

Retroactive LTC openings after the COLA update:

When the CAO must process a retroactive opening for LTC and the start date on the Program Request screen is in the month of November or any previous month, the CAO must follow a two step-process to open the case:

- Open non-continuous eligibility periods from the start of the retroactive period until December 31, 20XX, then,
- Open an ongoing request with a January 1, 20XX start date.

The two-step process ensures that the correct reference table values for the Maximum Monthly Maintenance Needs Allowance, if applicable, are used in the eligibility determination.

Failure to follow this process for retroactive openings will lead to a cost of care that is higher than it should be for the period of January through July because eligibility will use only the reference table values effective January 1. If the start date entered on the Program Request screen is on or after December 1, then the CAO may open an ongoing request. The eligibility determination will use the correct reference table values

July Mass Change

In July of each year, the federal government increases the minimum monthly maintenance needs allowance (MMMNA), the excess shelter standard, and the dependent living with community spouse allowance. The increase to these figures may affect the LTC recipient's monthly cost of care.

- The change gives the community spouse (CS) a new community spouse monthly maintenance needs allowance (CSMMNA).
- An automated July Mass Change is run each July to identify individuals who are affected and to make the updates to the CSMMNA and cost of care. Notices are systematically generated for all cases that are successfully processed automatically.
- Any cases that cannot be processed automatically are alerted out for the CAOs to review.
- By July 31, the CAO must decide whether the CS can get an increase in the CSMMNA effective July 1.

- The CAO must send a notice for all alerted cases they process providing the updated cost of care and CSMMNA to the individual, the individual's representative (if any), and the LTC facility.

When the caseworker needs to process a retroactive opening for LTC and the start date entered on the Program Request screen is for May 20XX or prior, the caseworker must use a two-step process:

- Open non-continuous eligibility periods from the start of the retroactive period until June 30, 20XX, then,
- Open an ongoing request with a July 1, 20XX start date.

The two-step process ensures that the correct reference table values for the MinMMNA, Excess Monthly Shelter Standard, and Dependent Living with Community Spouse Allowance are used in the eligibility determination.

If the start date entered on the Program Request screen is in June or later, then the eligibility determination will use the correct reference table values.

October Mass Change

In October of each year, the federal government increases the SNAP standard utility allowances (SUAs). This change affects the amount a recipient's CS can get for a CSMMNA and may affect the LTC recipient's monthly cost of care.

- An automated October Mass Change is run each October to identify individuals who are affected and to make the updates to the CSMMNA and the cost of care. Notices are systematically generated for all cases that are successfully processed automatically.
- Any cases that cannot be processed automatically are alerted out for the CAOs to review. By October 31, the CAO must process all cases that alert out of the automated Mass Change.
- The CAO must send a notice for all alerted cases they process providing the updated cost of care and CSMMNA to the individual, the individual's representative (if any), and the LTC facility.

When the caseworker needs to process a retroactive opening for LTC, and the start date entered on the Program Request screen is in August or any previous month, the caseworker must use a two-step process:

- Open non-continuous eligibility periods from the start of the retroactive period until September 30, 20XX, then,
- Open an ongoing request with an October 1, 20XX, start date.

The two-step process ensures that the correct reference table values for the SUA are used in the eligibility determination.

If the start date entered on the Program Request screen is in September or later, then the eligibility determination will use the correct reference table values.

MANUAL NOTICES

System generated notices should be sent when available because the system generated notices contain the appropriate citations and all pertinent information in language that is easily understood. Unlike manual notices, the date system generated notices were processed and mailed is easily documented. However, until system enhancements are made, there are many instances when a manual notice must be generated.

The CAO will take the following steps when sending a manual notice:

- send a copy of the notice to the individual, individual's representative(s), and the LTC facility; and
- narrate when a manual notice is sent and to whom copies are sent; and
- scan a copy of the notice to the record.

Below are some common instances when a manual notice must be sent:

Scenario:	Location of text and citations:
Entering a LTC facility code in a non-LTC related MA record: 985 option code 'A' if buy-in eligible or option code 'B' if not buy-in eligible.	Click on the 'Corr' eCIS menu item, click the 'Text Search,' select the 'Notice Reason', 'Notice Option', 'Notice Type', 'Language' and then click the 'VIEW' button.
Entering a LTC facility code in an SSI record: 985 option code 'A' if buy-in eligible or option code 'B' if not buy-in eligible.	Click on the 'Corr' eCIS menu item, click the 'Text Search,' select the 'Notice Reason', 'Notice Option', 'Notice Type', 'Language' and then click the 'VIEW' button.
Cost of care override completed on a case: 985 option code 'A' if buy-in eligible or option code 'B' if not buy-in eligible.	Click on the 'Corr' eCIS menu item, click the 'Text Search,' select the 'Notice Reason', 'Notice Option', 'Notice Type', 'Language' and then click the 'VIEW' button.
Undue hardship waiver approved for an expired penalty period: 996 E	Click on the 'Corr' eCIS menu item, click the 'Text Search,' select the 'Notice Reason', 'Notice Option', 'Notice Type', 'Language' and then click the 'VIEW' button.
Undue hardship waiver partially approved for an expired penalty period – Cost of care calculated: 996 F	Click on the 'Corr' eCIS menu item, click the 'Text Search,' select the 'Notice Reason', 'Notice Option', 'Notice Type', 'Language' and then click the 'VIEW' button.
Undue hardship waiver partially approved for an expired penalty period – No cost of care: 996 Q	Click on the 'Corr' eCIS menu item, click the 'Text Search,' select the 'Notice Reason', 'Notice Option', 'Notice Type', 'Language' and then click the 'VIEW' button.

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