

Medical Assistance Program ALERT

NOTE: Revised MAP-931P

September 9, 2004

Resource Attestation

Effective September 2004, a new resource attestation policy will be implemented. Consumers will have three choices regarding how they will inform MAP of their resources at application, renewal or if the consumer's circumstances have changed and a higher level of care is needed. The three choices are as follows:

- * Those seeking full coverage, including non-community long-term care and waiver services (such as nursing home care and Lombardi waiver services) must document resources for the past **36-months/60 months for trusts**. (This look-back period is reduced to 12 months for Single/Childless Couple households).
- * Those seeking additional coverage, specifically community-based long-term care (such as personal home care services) must **document** resources for the **month** of application only.
- * Those seeking only standard community coverage can attest to the amount of current resources (write the resource amount on their application).

Pregnant women, children under 19 with household income levels at or below 133 percent of the Federal Poverty Level, postpartum mothers and individuals enrolled in Family Health Plus or the Family Planning Benefits Program continue to be exempt from any resource test.

Those who attest to the amount of current resources and are subject to a spenddown requirement may participate in the Excess Income/Optional Pay-in Program.

Based upon single commencements/admissions in a 12-month period, the attesting consumer will be covered for up to 29 days each of short-term rehabilitation in a Nursing Home and Certified Home Health Agency care, in addition to her/his other community Medicaid covered services. However, this consumer will be **ineligible** for community-based long-term care and nursing home facility services above those limits.

Medicaid renewal consumers (non-chronic care) receiving renewal mailings on or after September 2004, who are subject to a resource test, will be instructed to itemize their resources and send in **documentation if** they are receiving either community or non-community based long-term care services (beyond the short-term Nursing Home or Certified Home Health Agency care referenced above). If a consumer does not provide resource documentation, her/his ongoing eligibility for Community Coverage only (**without any long-term care**) must be determined.

Medicaid applicants and consumers who can reasonably expect to need long-term care services are encouraged to provide proof of their resources in advance of the need for such services (see the attached MAP 931P and MAP 931Q which provides details of each level of coverage available to the consumer).

The new resource attestation policy obsoletes the simplified Asset Review procedure.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF
