

# Period of Ineligibility for Nursing Facility Level-of-Care Work Sheet

For use only when transfers made by an institutional individual occurred on or after January 1, 1990

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Eligibility Worker Number: \_\_\_\_\_

Date: \_\_\_\_\_

**REMINDER:**

- Do not calculate a period of ineligibility if the month of transfer was more than 30 months from the date for which nursing facility level-of-care under Medi-Cal is being requested.
- Do not add transfers together unless they are transfers made on the same day, from the same account, to the same person.
- The period of INELIGIBILITY can be reduced whenever the institutionalized individual receives additional compensation for the property transferred.
- The period of INELIGIBILITY terminates if the property is transferred back to the institutionalized individual.
- Payments from state-certified long-term care policies are to be deducted from the total net nonexempt property.

**A. Was the property transferred exempt or excepted from inclusion in the property reserve at the time of transfer?**.....  Yes  No  
 If Yes, **STOP. No period of ineligibility exists.** If No, continue to B.

**B. Determine the uncompensated value of the property transferred.**

1. Net market value of nonexempt property transferred. .... \_\_\_\_\_
2. Amount of compensation received in excess of encumbrances and closing costs. .... \_\_\_\_\_
3. Uncompensated value (line 1 minus line 2) ..... \_\_\_\_\_

**C. Was the uncompensated value of the property transferred less than the average private pay rate (APPR)?**.....  Yes  No

1. Uncompensated value (B.3.)..... \_\_\_\_\_
2. APPR as of the date of application or the date of institutionalization, whichever is most recent. .... \_\_\_\_\_
3. Total (line 1 minus line 2) ..... \_\_\_\_\_

If Yes, **STOP. No period of ineligibility exists.** If No, continue to D.

**D. Is there a potential period of ineligibility? (Skip D and continue to E if individual was a Medi-Cal Long-Term Care beneficiary at time of the transfer.)** .....  Yes  No

1. Uncompensated value (B.3.) divided by APPR (round down to the nearest whole number)..... \_\_\_\_\_
2. Number of months including month of transfer up to and excluding the month of application or retroactive month, if applicable. .... \_\_\_\_\_
3. Total (line 1 minus line 2) ..... \_\_\_\_\_

If D.3. is equal to or less than zero, check **NO** and **STOP. No period of ineligibility exists.**  
 If D.3. is greater than zero, check **YES** and continue to E.

