State of California – Health and Human Services Agency

Department of Health Care Services

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 Number: _____ Case Name: _____ Eligibility Worker Number: 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? 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)? **1.** Uncompensated value (B.3.)..... 2. APPR as of the date of application or the date of institutionalization, whichever is 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 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.

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E.		Was the institutionalized individual within the property limits at the ti			
	transfer?			. Yes	∐ No
	1.	1. Amount of other net nonexempt property available to the institutionalize			
		at the time of transfer. Note: If any applicant is an institutionalized spou			
		community spouse, include the net nonexempt property available to the			
	_	community spouse.			
		2. Uncompensated value of property transferred (line B.3.)			
	3.	Total net nonexempt property (add lines 1 and 2)			
	4.	, ,			
		spouse, include the Community Spouse Resource Allowance (CSRA) i			
	_	the time of application in addition to the \$130,000.)			
	5.	5. Uncompensated value which would have resulted in excess property, to			
	to establish eligibility (line 3 minus line 4). If the result is greater than amount in				
line 2, copy the amount in line 2 here				·	
				S.	
If amount is greater than zero, check NO and continue to F.					
F.		Period of Ineligibility for Nursing Facility Level-of-Care.			
	1.	1. Uncompensated value of transferred property that would have resulted			
		property (line E.5.)			
	2.	2. APPR			
	3.	Number of months in the period (line 1 divided by line 2, round down to whole number)			
		If less than one, STOP. No period of ineligibility ex			
	4.	4. Applicants : Number of months including month of transfer and up to a			
		month of application and retroactive month (line D.2.)	J	'	
		Beneficiaries: Number of months including month of transfer up to and	d excluding		
		current month			
5. Months of ineli		5. Months of ineligibility remaining (line 3 minus line 4)		-	
	6.	6. If the number of months remaining in line 5 is greater than zero, the PE	RIOD OF		
		INELIGIBILITY WILL EXPIRE ON			
		(Begin with the month of application, retroactive month, or current mon	th if the perse	on is a	
		beneficiary.)			
G.	Ве	Beneficiaries Only: Did the person receive Medi-Cal for Nursing Facil	ity Level-of-	Care in a	month
	thi	throughout which a period of ineligibility should have existed?		☐ Yes	☐ No
		If Yes, there is an overpayment for nursing facility level-of-care. A	referral is re	quired.	
	ote: are:	te: Prior to sending a Notice of Action imposing a period of ineligibility f e:	or nursing fa	cility level	-of-
	•	Evaluate for undue hardship.			
	•	 If undue hardship DOES NOT exist, you may forward case information 			
		Eligibility Division Property Analyst for review prior to sending the 10-day	ay Notice of	Action.	