

INCOME**PERSONS IN MEDICAL FACILITIES****CHRONIC CARE BUDGETING METHODOLOGY FOR INDIVIDUALS**

Policy: Chronic care budgeting procedures are used for institutionalized individuals in permanent absence status.

References: Dept. Reg. 360-1.4(c), (k) and (p)
360-4.9

ADMs 89 ADM-47

GIS 08 MA/022

Interpretation: For chronic care budgeting purposes, an institutionalized **individual** is a person in permanent absence status who does not have a community spouse. See the **GLOSSARY** for the definition of community spouse and the definition of permanent absence.

NOTE: When both members of a couple are in permanent absence status, they are each budgeted as individuals.

When an A/R enters a medical facility on a permanent basis, the first month or partial month of permanent absence, the A/R and any persons residing in his/her former household are budgeted as a community household. Appropriate disregards are used to determine monthly net income. The monthly income of the A/R and his/her household (if any) is compared to the Medically Needy Income level or Medicaid Standard (and MBL Living Arrangement Chart, as appropriate) whichever is most beneficial..

NOTE: A person must be a resident of a medical facility as of 12:01 a.m. on the first day of the month for that month to be considered a full month.

Beginning the month following the month in which permanent absence is established, the A/R's income is budgeted using the chronic care budgeting methodology. The following income of the A/R is not applied toward the cost of care:

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BLOOD PLASMA SETTLEMENTS - Payments received as a result of a federal class action settlement with four manufacturers of blood plasma products on behalf of hemophilia patients who are infected with human immunodeficiency virus (HIV);

CASH ASSISTANCE INCOME – SSI benefits paid under Section 1611(e)(1)(E) of the Social Security Act.