

**RESOURCES
PERSONS IN MEDICAL FACILITIES**

DETERMINATION FOR INDIVIDUALS

Policy: A single person who enters a medical facility is entitled to retain countable resources up to the Medicaid level for one. (See **REFERENCE MEDICAID RESOURCE LEVELS**)

References:

SSL- Sect.	366 366-ee
ADMs	10 OHIP/ADM-01 89 ADM-47
GIS	09 MA/027

Interpretation: Unmarried ADC and S/CC Medicaid recipients who are temporarily placed in a nursing home and subsequently become “permanently absent” will be budgeted using community budgeting rules until a disability determination is completed. Until the disability determination is complete, no resource test is applied; however, once disability is certified, a resource look-back for the past 60 months or to February 8, 2006 whichever is shorter, (60 months for trusts) must be done. The resource look-back begins with the first day of the month preceding the month of initial institutionalization. The effective date of Chronic Care budgeting is the first day of the month following the 10-day notice of the change in the budgeting methodology.

NOTE: An S/CC or ADC-related individual who requires temporary nursing home care (i.e., the individual is expected to return home) is budgeted under community rules, and therefore, will have no resource test. There is no durational restriction for temporary placement as long as medical evidence documents that the individual is expected to return home.

NOTE: When both spouses are in permanent absence status, they are budgeted as individuals, whether or not they share a room.