

**INCOME
EXCESS****SIX-MONTH**

Policy: When determining eligibility for acute in-patient care in a medical facility, the excess income for a six-month period is considered available for meeting the cost of medical care and services.

NOTE: If a person meets the definition of an institutionalized spouse, the excess income liability is computed on a monthly basis.

References:

SSL Sect.	366 (2)(b)
Dept. Reg.	360-4.8(c)
ADMs	96 ADM-15 91 ADM-11 90 ADM-46 87 ADM-4

Interpretation: When an A/R has a spenddown, and has or expects to have an acute in-patient care expense, excess income for a period of six months is considered available to meet the cost of such in-patient care. Any outstanding medical bills for which a provider is actively seeking payment may be used to reduce the six-month excess. (See **INCOME EXCESS** for the hierarchy of the application of medical bills)

For purposes of Medicaid coverage for an acute in-patient stay, the six-month consecutive period must include the month of hospitalization; however, it cannot include any month prior to the three-month retroactive period.

Once an A/R incurs a six-month excess liability, the A/R is eligible for Medicaid coverage of both inpatient and outpatient care and services for that period.

For any acute in-patient stay in which the A/R's liability for payment (excess income) for medical care exceeds the Medicaid payment rate for the length of the stay, but is less than the private charges for care, one of the procedures outlined below must be utilized:

- I. For acute stays where the Medicaid payment rate is calculated utilizing a MEDICAID PER DIEM RATE: