

Department of Public Health
and Human Services

MEDICAL ASSISTANCE

Section:
RESIDENTIAL MEDICAL
INSTITUTIONS

Subject:
Residents in Residential Medical
Institutions Prior to October 1, 1989

Supersedes: MA 905-1 (09/01/98)

>References: 42 CFR 435.725; ARM 37.82.1306, .1311, .1313, and .1320

GENERAL RULE--Provide Medicaid assistance to eligible applicants who entered a licensed medical institution or intermediate care facility (i.e., nursing home) prior to October 1, 1989 and have resided there continuously since that time.

**NONFINANCIAL
ELIGIBILITY
CRITERIA**

Applicants must meet the following nonfinancial eligibility criteria:

1. SSI categorical eligibility requirements;
2. Citizenship and alienage;
3. State residency;
4. Social Security Number; and
5. Preadmission screening.

**>RESOURCE
ELIGIBILITY
CRITERIA**

The applicant must have countable resources within the resource standard at any moment of the month to be resource-eligible for the month. Countable resources include only those resources the applicant owns (in whole or in part) in his/her own right.

NOTE: A resource assessment is not required for an individual who entered a residential medical institution prior to October 1, 1989 and has resided there continuously since then.

**INCOME
ELIGIBILITY
CRITERIA**

Evaluate only the income attributable to the residential medical institution (e.g., nursing home) applicant to determine income eligibility. Applicants must be determined eligible as either Categorically Needy (CN) or Medically Needy (MN). When an applicant is determined eligible as either CN or MN, a post eligibility budget must be completed.

NOTE: Although a resource assessment is not applicable for married applicants who entered a facility prior to October 1, 1989, the community spouse may be entitled to an income maintenance allowance.

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