

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES		
	MEDICAID POLICY MANUAL		
	Chapter:	2550	Effective Date:
Policy Title:	Patient Liability/Cost Share Budgeting		
Policy Number:	2559	Previous Policy Update:	MT 58

REQUIREMENTS

A patient liability/cost share budget is completed on all Medicaid recipients in a nursing home (NH), Institutionalized Hospice, CCSP/EDWP, ICWP or NOW/COMP.

BASIC CONSIDERATIONS

A patient liability/cost share budget is completed at the following times:

- at approval of the application
 - to calculate the patient liability for the first month of eligibility
 - to remove the protection of income deduction
- when a change in income occurs
- when a change in incurred medical expenses (IME) occurs
- at the beginning of each new averaging period.

PROCEDURES

Follow the steps below to complete the patient liability.

- Step 1** Determine the amount of the A/R's income to divert to his/her spouse/dependents at home.
- Refer to [Section 2554](#), Diversion of Income, for the correct maintenance need standard to use.
 - Use the ADJUSTED GROSS income of the spouse/dependents, including In-Kind Support and Maintenance (ISM) received by the spouse/dependents. Refer to [Section 2430](#), In-Kind Support and Maintenance.
- Step 2** If the recipient is Medicaid eligible under the Nursing Home, CCSP/EDWP, Institutionalized Hospice, ICWP or NOW/COMP classes of assistance, use average income and IMEs in the patient liability budget. Refer to [Section 2557](#), Averaging Income and Incurred Medical expenses. Proceed to Step 3.

PROCEDURES (cont.)

- Step 3** Calculate patient liability/cost share. The PL/CS should never exceed the monthly Medicaid billing rate for the facility in which the A/R resides. Complete Section C of Form 968 if a manual budget is used to calculate patient liability/cost share.
- Refer to [Section 2552](#), Patient Liability Cost Share Deductions, for information on the deductions subtracted.
 - Refer to [Section 2418](#), VA Aid and Attendance, for information on VA Aid and Attendance payments in the budget.

SPECIAL CONSIDERATIONS**CCSP/EDWP to Nursing Home**

Calculate a CCSP/EDWP cost share for the month a recipient enters a nursing home from CCSP. There is no patient liability for the month of nursing home admission.

Nursing Home to CCSP/EDWP

Re-calculate the nursing home patient liability for the month an A/R goes into CCSP/EDWP from a nursing home using the FBR as the PNA. There is no cost share for the month of admission to CCSP.

A/R's Income Exceeds the Medicaid Cap

If the A/R's income is equal to or greater than the Medicaid Cap and the A/R has not established a Qualified Income Trust (QIT), the A/R is not eligible for the nursing home COA. If A/R is eligible under another COA, such as AMN there will be no vendor payment made to the NH nor payments for LTC services (LA-D Providers) on his/her behalf.

A/Rs who establish a QIT may meet the income eligibility requirement based on the income not placed in the QIT. However, the PL/CS calculation uses income the A/R receives and the income placed in the QIT. Refer to [Section 2407](#), QIT, for further instructions.

Transfer from out of state Nursing Home to Georgia Nursing Home

When an A/R transfers directly from an out of state nursing home to a nursing home in Georgia, calculate the patient liability for the month of admission using the actual payment made to the out of state nursing home as an IME.