

Planning for Nursing Home Costs Worksheet



In Cooperation with Kansas Department on Aging, Kansas Health Policy Authority,
and Kansas Department of Social and Rehabilitation Services

Call 1-888-369-4777 for the nearest SRS Service Center or visit
<http://www.srskansas.org/locations/htm>

Planning for Nursing Home Costs

Individual's Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (First) (M.I.) (Last) </div>	Date: _____
Signature of Staff Completing Form _____	
Marital Status	<input type="checkbox"/> Single or Widowed <input type="checkbox"/> *Married (When a spouse enters a nursing home it can be financially difficult for the spouse in the community. Medicaid has special provisions that can prevent the spouse at home from becoming impoverished. For more information, refer the couple to the local SRS office.)

How does the individual plan to pay for Nursing Home Care? More than one can be selected. For example Private Pay and LTC Insurance Policy.	<input type="checkbox"/> Private Pay (Use own funds) <input type="checkbox"/> Medicaid (recipient) <input type="checkbox"/> LTC Insurance Policy (Pays all or a portion) <input type="checkbox"/> Medicare (limited & short term for specific conditions) <input type="checkbox"/> Unsure (individual must complete a Medicaid application & submit it to their local SRS office) <input type="checkbox"/> Veterans Assistance (A veteran or spouse of a veteran may qualify for financial assistance with long term care. Please refer the individual to the Veterans Administration to apply for potential benefits)																				
Does the individual or their spouse have any of the following resources? NOTE: *If the individual has changed ownership, sold or given away any resource in the last 5 years, this may cause a delay in the Medicaid application process.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;"><input type="checkbox"/> Checking Account(s)</td> <td style="width: 40%; padding: 2px;">Value:</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Savings Account (s)</td> <td style="padding: 2px;">Value:</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Life Insurance</td> <td style="padding: 2px;">Value:</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Stocks/Bonds</td> <td style="padding: 2px;">Value:</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Real Estate (Home, *Farm, *Business)</td> <td style="padding: 2px;">Value:</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> IRA</td> <td style="padding: 2px;">Value:</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> *Annuity or *Trust</td> <td style="padding: 2px;">Value:</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Other Resources (Please list type of resource)</td> <td style="padding: 2px;">Value:</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: right;"> Total Value of Combined Resources </td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: right;"> \$ </td> </tr> </table>	<input type="checkbox"/> Checking Account(s)	Value:	<input type="checkbox"/> Savings Account (s)	Value:	<input type="checkbox"/> Life Insurance	Value:	<input type="checkbox"/> Stocks/Bonds	Value:	<input type="checkbox"/> Real Estate (Home, *Farm, *Business)	Value:	<input type="checkbox"/> IRA	Value:	<input type="checkbox"/> *Annuity or *Trust	Value:	<input type="checkbox"/> Other Resources (Please list type of resource)	Value:	Total Value of Combined Resources		\$	
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\$																					

* Indicates tendency to lengthen and complicate the Medicaid application process.

<p>Does the individual or their spouse have any of the following types of income?</p> <p>Please list gross income amount NOT net if possible. Gross income is the amount before any deductions.</p>	Type of Income	Person Who Receives This	Amount per Month	
	<input type="checkbox"/> Social Security			
	<input type="checkbox"/> Supplemental Security Income (SSI)			
	<input type="checkbox"/> Veteran's			
	<input type="checkbox"/> Railroad Retirement			
	<input type="checkbox"/> Trust/Annuity			
	<input type="checkbox"/> Other Retirement or Pension			
	<input type="checkbox"/> Earned Income			
	<input type="checkbox"/> Other Income			
	Individual's Total		\$	
	Spouse's Total		\$	

Monthly Income Available For Payment of Nursing Home Care

- Total Monthly Income (Individual & Spouse combined)
- Monthly LTC Insurance Income, if applicable
- TOTAL (#1 & #2)

+

\$ _____

Resources Available to Pay for Nursing Home Care

- Cash (Checking, Savings, CD's, stocks, bonds)
- Other sources (cash value of life insurance, real estate)
- TOTAL (#4 & #5)

+

\$ _____

Estimated Monthly Cost of Nursing Home Care

\$ _____

Determine the number of months the individual has resources to pay for Nursing Home Care (Use financial information from #3 & #6 above to estimate the number of months)

of months

If resources are limited, direct the individual to apply for Medicaid prior to resources being depleted.

The individual is required to pay the nursing facility during the Medicaid application process. At a minimum, the individual must pay the estimated Medicaid patient liability. Calculate the Estimated Medicaid Patient Liability below. For Medicaid purposes, only the nursing facility resident's income is used to establish a liability.

1. Individual's Total Monthly Income				
2. Monthly Health Insurance Premium(s)			-	
3. Medicaid Nursing Facility Protected Income Level			-	
		Total	=	\$

Planning for Nursing Home Costs

This worksheet is an expansion of the “How Do I Pay for My Nursing Home Care?” brochure. The brochure was developed to help nursing homes and individuals approach the subject of paying for nursing home care. The brochure informs the individual of the following:

- Responsibility to pay for nursing home care
- Different types of payment (private pay, LTC insurance policy, Medicare, Medicaid)
- Estimate of the amount the individual may owe the nursing home. The nursing home can list an estimate, so the individual can begin payment immediately instead of waiting for an actual bill or Medicaid determination.
- Explanation of Medicare and Medicaid
- General information regarding the Medicaid application process, including contact information

The purpose of the Financial Screening Worksheet is to assist nursing homes in determining if an individual has sufficient resources and income to pay for nursing home care. If there appears to be insufficient resources, it may be necessary for the individual to complete, submit and cooperate with the Medicaid application process. **It is important the individual be aware of their responsibility to pay the nursing home while the Medicaid application is pending.** To be proactive, the nursing home can estimate a Medicaid patient liability so payment can begin immediately. The Medicaid application process may be lengthened due to various situations. These have been noted by an asterisk on the worksheet.

In order to estimate a Medicaid patient liability, you must determine the resident’s gross monthly income.

- If there is a spouse, **DO NOT** use their income to determine the resident’s monthly Medicaid patient liability.
- From the income, subtract any health insurance premiums, such as Medicare Part B or Medicare Supplement policy premium.
- The last step is to subtract the Nursing Facility Medicaid Protected Income Level.

The protected income level is the amount a Medicaid nursing home recipient can keep out of their monthly income to use any way they want. **The protected income level is \$62 (effective July 2008).**

Example of an Estimated Medicaid Patient Liability

1. Individual’s Total Monthly Income	\$ 900
2. Monthly Health Insurance Premium(s)	- 96.40
3. Medicaid Nursing Facility Protected Income Level	-62.00
Total =	\$741.60

The total (\$741.60) is the individual’s estimated monthly patient liability to the nursing home for their care.