

Medicare Requirements for a Nursing Home Stay

1. You must be hospitalized for at least three days.
2. You must enter a Medicare approved Nursing Facility.
3. You must be in a Medicare approved bed within the approved facility.
4. You must be receiving skilled care on a daily basis.

If one meets the above requirements, Medicare will pay all eligible expenses for the first 20 days. For days 21-100, Medicare will pay after the \$109.50 co-payment has been met (usually picked up by a Medicare supplement). After the 100th day, neither Medicare nor the Medicare supplement will pay for any Nursing Home Care.

2006 Medicaid Spend Down Requirements*

Married Couples:

A spouse in a nursing home may transfer to the community dwelling spouse up to a maximum of **\$99,940 in assets** (excluding a home and automobile).

The spouse in a nursing home may transfer up to **\$2,488.50 in monthly income** to the community dwelling spouse.

Singles:

Federal Law mandates that a single individual in a nursing home may keep **\$2,000 in assets**.

Federal law states that a single individual may retain **\$30 a month** in income while in a nursing home.

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Please check with your State's Department of Public Aid for your Medicaid spend down requirements.

Asset Transferring

OBRA 1993 made ASSET TRANSFERRING more difficult. A minimum look back period of 36 months is now mandatory. Transfers made 36 months before entering a nursing home are allowable; transfers made after that time are not.

Transfers and other devices designed to shelter assets will not protect them unless the trust is irrevocable and the assets were transferred more than 60 months prior to application for Medicaid benefits.

Under OBRA 1993, all States are required to seek, from an estate, recovery of money paid by Medicaid.