CardinalCare
Virginia's Medicaid Program

Tracing the Past: The Roots of a Successful Resource Assessment

DMAS

Resource Assessment

Agenda

1. Definitions
2. What is a Resource Assessment?
3. Resource Assessment Rules
4. Do we need a Resource Assessment?
5. Resource Assessment without a Medicaid Application
6. Resource Assessment with a Medicaid Application
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    2. Ongoing case
        1. Full coverage
        2. Limited coverage
        3. MAGI Adult turning 65 or upon receipt of Medicare Part A/Income >limit
7. The Spousal allowance

CardinalCare
Virginia's Medicaid Program

Definitions
(M1410.010)

- Community Spouse - the spouse of an institutionalized individual who is not an inpatient in a medical institution or nursing facility
- Institutionalization – the receipt of 30 consecutive days of care in a medical institution (such as a nursing facility), or Medicaid Home and Community-Based Services (HCBS), or a combination of the two. The definition of institutionalization is also met when an individual has a signed hospice election that has been in effect for 30 consecutive days.
- Institutionalized Spouse - an individual who is in a medical institution or nursing facility, who is receiving Medicaid waiver services, or who has elected hospice and is married to a spouse who is not in a medical institution or nursing facility
- LTSS – Long Term Services and Support, previously called long term care services. Medical treatment and services directed by a licensed practitioner of the healing arts toward maintenance, improvement, or protection of health or lessening of illness, disability or pain which have been received, or are expected to be received, for longer than 30 consecutive days.

Definitions (cont.)
(M1410.010)

- Medical Institution – an institution that
  - is organized to provide medical care, including nursing and convalescent care,
  - has the necessary professional personnel, equipment, and facilities to manage the medical, nursing and other health needs of patients,
  - is authorized under state law to provide medical care, and
  - is staffed by professional personnel who are responsible to the institution for professional medical and nursing services.

  An acute care hospital is a medical institution.
- Resource Assessment – a calculation of a married couple's combined resources owned on the first day of the first month of the first continuous period of institutionalization of the institutionalized spouse beginning on or after September 30, 1989

Resource Assessments

(M1480.010)

When there is a community spouse, it is important for that spouse to be able to maintain himself in the community.

- Federal law requires that a resource assessment be completed on all Medicaid applications for institutionalized individuals who have a community spouse.

- A resource assessment establishes the spousal share which is equal to ½ of a couple's total countable resources as of **the first moment of the first day of the first month** of the first continuous period of institutionalization that began on or after September 30, 1989.

- The spousal share is one factor in determining the spousal protected resource amount (PRA).

Resource Assessment Rules

(M1480.200)

Resource Assessment policy does not apply to individuals eligible in the MAGI Adult covered group.

However, a resource assessment may be needed when a married individual FORMERLY received LTSS as a MAGI Adult and needs to be re-evaluated for LTSS in a non-MAGI group.

If the individual is currently married but was not married on the first day of the first continuous period of institutionalization, no resource assessment is needed.

Resource Assessment Rules

(M1480.210 B.1

A Resource Assessment is simply a mathematical summary of all the resource that a married couple owns—separately and jointly—with half being designated as protected "spousal share" for the community spouse so they can continue to meet their own needs while the other spouse receives LTSS.

Countable and excluded resources are determined for all covered groups using ABD resource policy regardless of covered group, except for the following resources which are excluded as indicated below when completing the resource assessment and spousal share [1924(c)(5)]:

Excluded Resources:

- the home and all contiguous property;
- one automobile, regardless of value;
- Disaster Relief funds for 9 months;
- retroactive SS & SSI payments received on or after 11/01/05 for nine (9) calendar months following the month in which the individual receives the benefits;
- Up to $1,500 of burial funds for each spouse (NOT $3,500), if there are designated burial funds.

Resource Assessment Rules (M1480.210 B.1)

What if we have an MSP enrollee that was screened for waivered services?

- Everyone except MAGI Adults is subject to a Resource Assessment. A re-evaluation of eligibility must be done when the LDSS receives information that an enrollee has started receiving LTSS services. An LTSS screening is required.
    - If an annual renewal has been done within the past six months, a partial review to address factors pertinent to receipt of LTC, such as asset transfer, spousal resource assessment, etc., must be done.

    - If an annual renewal has not been done within the past six months, a complete renewal must be done.

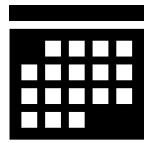
Since policy requires that we complete a partial review or full review based on when the case was last evaluated, we need to make sure and evaluate whether a Resource Assessment is required.

This same logic applies to all adult enrollees other than MAGI Adult. (SSI, ABD80, BCCPTA, LIFC, etc.) This may seem odd since resource information is not applicable to BCCPTA or LIFC, but if they are screened or start receiving LTSS, they are subject to Resource Assessment rules.

When a MAGI Adult receiving LTSS loses their eligibility under that program and needs to be evaluated under ABD policy, you will need to conduct a Resource Assessment if they were married when they started receiving LTSS. Because resources aren't generally gathered or evaluated during a MAGI Adult evaluation, you will need to send an Appendix D and request verification of all resources as of the 1st of the 1st month of continuous institutionalization.

Determining the First Continuous Period of Institutionalization (M1480.210 C.2, M1480.220 E.3)

The RA is completed as of the 1st moment of the 1st day of the month of the 1st period of continuous institutionalization. **Note: This date could be different than the current period of institutionalization.**



Where was he admitted to the facility from?

- If admitted from a hospital or other institution, find out the admit and discharge dates. If there was less than a 30-day break in institutionalization, this is the timeframe that you use for your RA.

- If admitted from a home in the community that is not an institution as defined in section **M1410.010,** determine if Medicaid CBC waiver services were received and covered by Medicaid while the individual was in the home. If so, the days of Medicaid CBC receipt are "institutionalization" days.

- If they have NOT been admitted to a facility but have an approved screening for LTSS, the date of the screening and the application date drive the Resource Assessment date. The resource assessment is completed as of the 1st of the month when the applicant is authorized to receive nursing facility, PACE, Hospice, or waivered services OR within the month of application for Medicaid, whichever is later. (**M1480.200 B.3.b**)

Determining the First Continuous Period of Institutionalization (M1480.210 C.2, M1480.220 E.3)

Examples

1. Medicaid application received on 04/03/26. They are not in a facility. Screening completed on 05/05/26. What is the date that we use for the Resource Assessment? **05/01/26**. *The applicant did not meet the definition of institutionalized until they were screened or authorized for waivered services on 05/05/26. Normal processing rules apply for the retro and first month of the application.*

2. Medicaid application received on 04/01/26. They are not in a facility. Screening completed on 02/15/26. What date do we use for the Resource Assessment? **04/01/26.** *Per policy in **M1480.200 B.3.b,** the resource assessment is completed as of the 1st of the month when the applicant is authorized to receive waivered services OR within the month of application, whichever is later. While they were screened in 02/01/26, they did not apply until 04/01/26. The Resource Assessment is completed with information as of 04/01/26.*

3. Medicaid application received 04/15/26**.** The applicant has been in the nursing facility since 02/15/26 BUT was admitted to the hospital on 01/25/26. What date do we use for the Resource Assessment? **01/01/26**. *The 1st period of continuous institutionalization began when they were admitted to the hospital. They did not go back home before being discharged to the nursing home.*

Do we need a Resource Assessment?

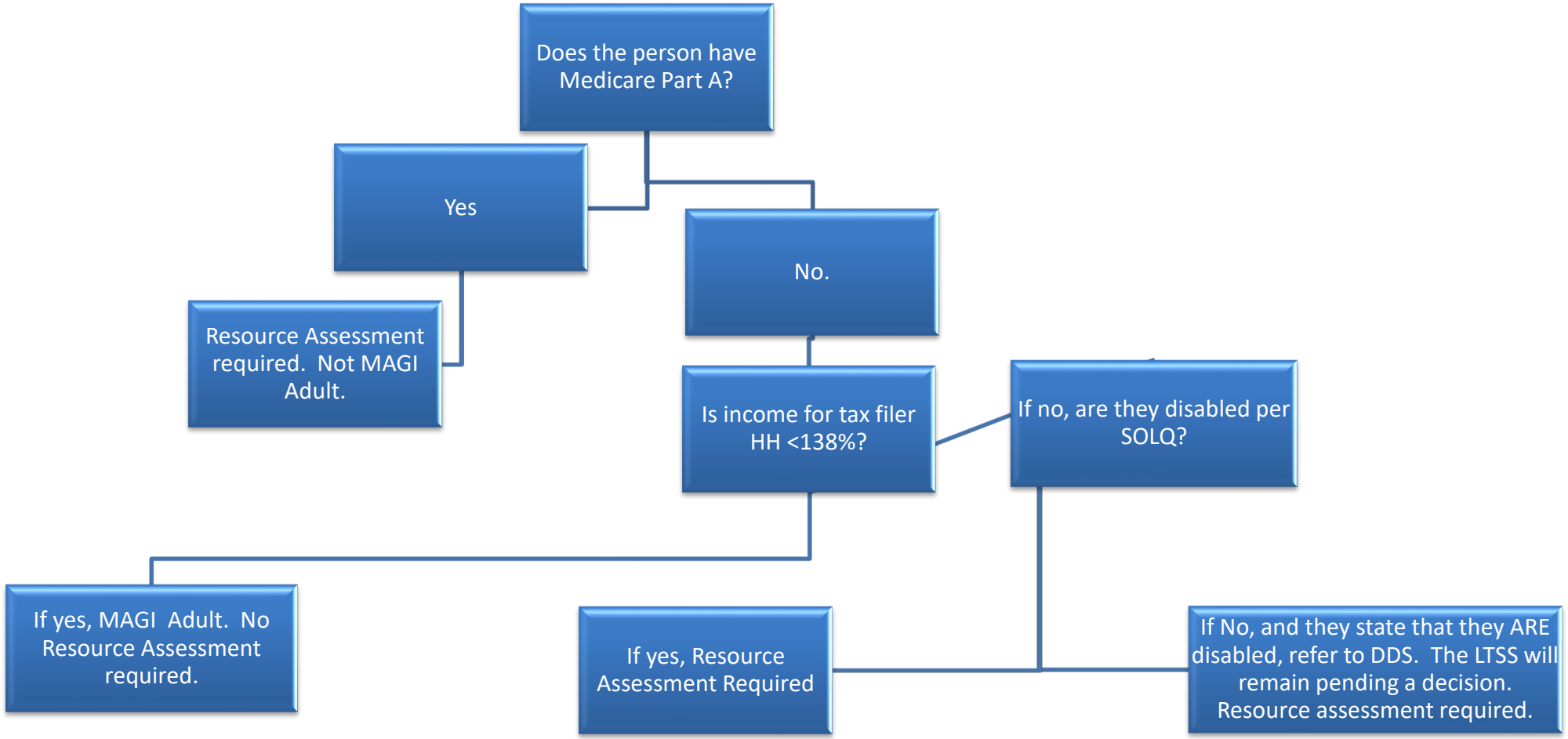
Assumption: Married Couple; one requesting LTSS

1. Review your application/case. Is there a married couple?

2. What is the potential for MAGI Adult?
    1. Is there Medicare Part A?
        1. If yes, there is no potential for MAGI Adult. Resource Assessment.
        2. If no Part A, is the tax filer income <138%?
            1. If yes, NO RA.
            2. If No, is the person disabled per SOLQ? RA
                1. If not disabled per SOLQ, offer the opportunity to complete DDS referral forms, RA, pend disability determination

Do we need a Resource Assessment?

Assumption: Married Couple; one requesting LTSS



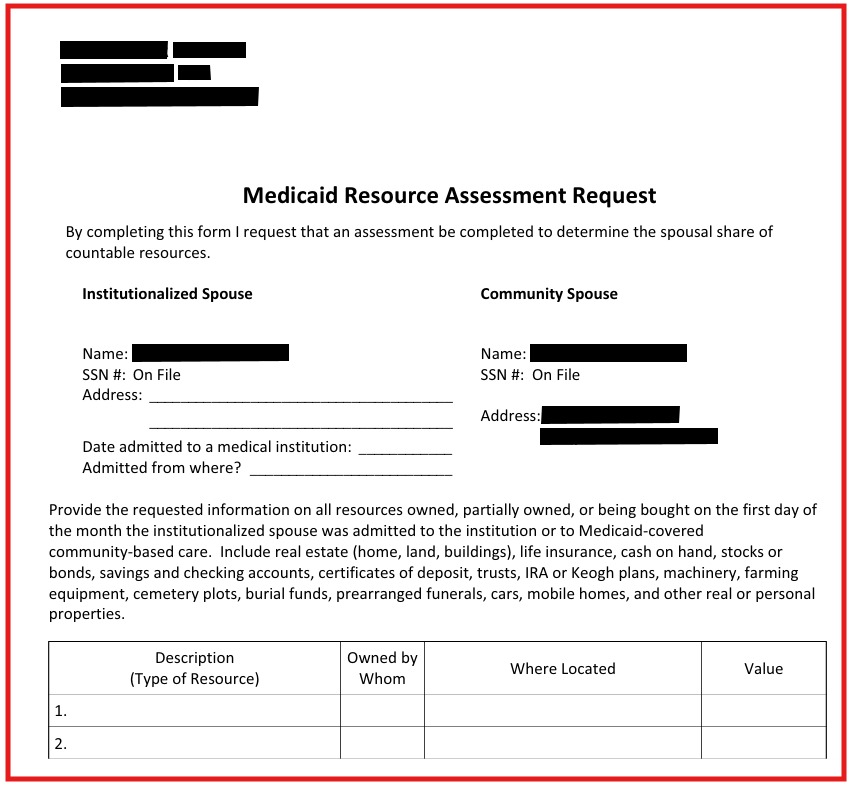
Resource Assessment Rules

Resource Assessment Without Medicaid Application (M1480.210)

A resource assessment without a Medicaid application may be requested when a spouse is admitted to a medical institution. Don't do a resource assessment without a Medicaid application **unless** the individual is in a medical institution. (*Example: They cannot request a standalone Resource Assessment if they are residing at home or have only had a screen*ing.)

Requested through Common Help or on paper (Form #032-03-815) when a request for Medicaid is not being filed. *Nursing facilities are required to advise new admissions and their families that Resource Assessments are available through their local agency*.

There is a VACMS manual form "Request for Resource Assessment" available under "Generate Forms."



[redacted]

Medicaid Resource Assessment Request

By completing this form I request that an assessment be completed to determine the spousal share of countable resources.

Institutionalized Spouse

Name: [redacted]
SSN #: On File
Address: _____
_____
Date admitted to a medical institution: _____
Admitted from where? _____

Community Spouse

Name: [redacted]
SSN #: On File
Address: [redacted]

Provide the requested information on all resources owned, partially owned, or being bought on the first day of the month the institutionalized spouse was admitted to the institution or to Medicaid-covered community-based care. Include real estate (home, land, buildings), life insurance, cash on hand, stocks or bonds, savings and checking accounts, certificates of deposit, trusts, IRA or Keogh plans, machinery, farming equipment, cemetery plots, burial funds, prearranged funerals, cars, mobile homes, and other real or personal properties.

Description (Type of Resource)	Owned by Whom	Where Located	Value
1.			
2.			

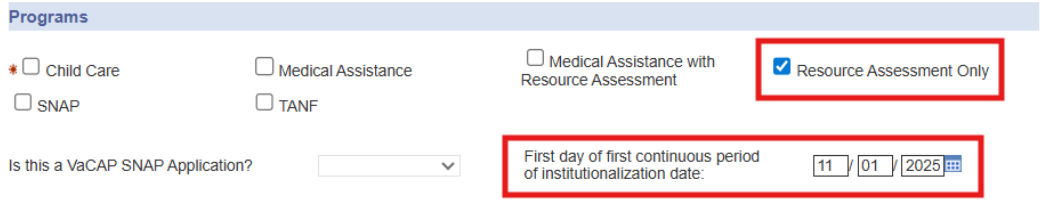
Resource Assessment Rules

Resource Assessment **Without** Medicaid Application (M1480.210)

Processing the RA without a Medicaid Application

Register the application in VACMS

- File Clearance. If the IS does not already have an existing case record, assign a case number and establish a case record in the institutionalized individual's name.
- If there is an existing case record for the IS, associate the resource assessment to the established case number and record.



Resource Assessment Rules

Resource Assessment **Without** Medicaid Application (M1480.210)

Processing the RA without a Medicaid Application

- Determine if you need any verifications. Ownership interest and value of resources held on the first moment of the first day of the first month of the first continuous period of institutionalization must be verified.

- Send a verification checklist. Make sure that the applicant and any authorized representatives or POAs get a copy.

- Verify all non-excluded resources and document VACMS screens accordingly with identifying information
  - VIN numbers for any vehicles noted
  - Addresses for any property being evaluated
  - Account numbers and names for any financial accounts or life insurance

This documentation will help not only you but the next person to “pick up” that case and determine what is needed for an eligibility determination. Resources change and we need to be able to track what happened during the course of an evaluation.

Resource Assessment Rules

Resource Assessment **Without** Medicaid Application (M1480.210)

Processing the RA without a Medicaid Application

There is a 45-day standard processing timeframe. The resource assessment shows up on the pending point in time report for tracking purposes.

If the applicant refuses to or fails to provide requested verification of resources and does not notify the LDSS of difficulty in securing the information, the RA cannot be completed and needs to be denied as the agency is unable to determine the spousal share of resources. A Notice of Resource Assessment is sent to the applicant, as well as any authorized representatives or POAs.

If the Resource Assessment only is denied for failure to provide all the verifications needed to determine the spousal share, then they may request another evaluation in the future.

Resource Assessment Rules

Resource Assessment **Without** Medicaid Application (M1480.210)

Processing the RA without a Medicaid Application

If all verifications **are** returned, we can complete the Resource Assessment and establish the spousal share, which is used in determining the initial eligibility period for the IS when they later apply.

The spousal share is half of a couple's total countable resources as of the 1st moment of the 1st day of the 1st month of the 1st continuous period of institutionalization.

Enter all resources owned by the IS and CS into VACMS and make sure that they are uploaded into DMIS and labelled correctly. The effective date for each will be the 1st of the month of the 1st period of continuous institutionalization.

VaCMS will calculate the spousal share. A Notice of Resource Assessment gets sent advising the applicant and all applicable parties of what was counted and the spousal share as determined by that information.

- The spousal share remains a constant amount for any Medicaid application filed after the RA and until the IS obtains Medicaid eligibility as LTSS.

- When a RA is requested and completed without a concurrent Medicaid application, it cannot be appealed according to existing VA Client Appeals regulations. The spousal share determination may be appealed when a Medicaid application is filed.

Resource Assessment Rules

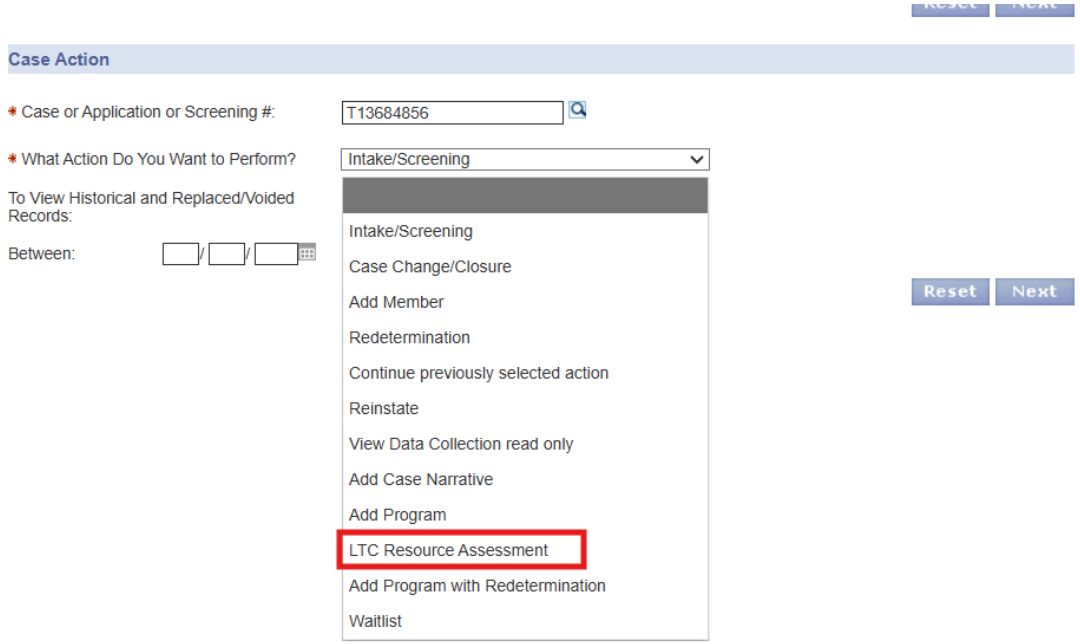
Resource Assessment **Without** Medicaid Application (M1480.210)

Ex: Processing the RA without a Medicaid Application—Scenario

A Resource Assessment only request received on 04/08/26 for Daffy Duck. He was admitted to Warner Brother's NF on 11/15/25 and discharged on 12/30/25.

He and his wife (Daisy) report a checking account, their home, two cars, and life insurance for both. The request is registered and file cleared. They do not have an existing case.

Go to case action. Enter the T# and select LTC Resource Assessment.



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Virginia's Medicaid Program

Resource Assessment Rules

Resource Assessment with Application (M1480.220)

Who gets a Resource Assessment?

Married individuals with community spouses-

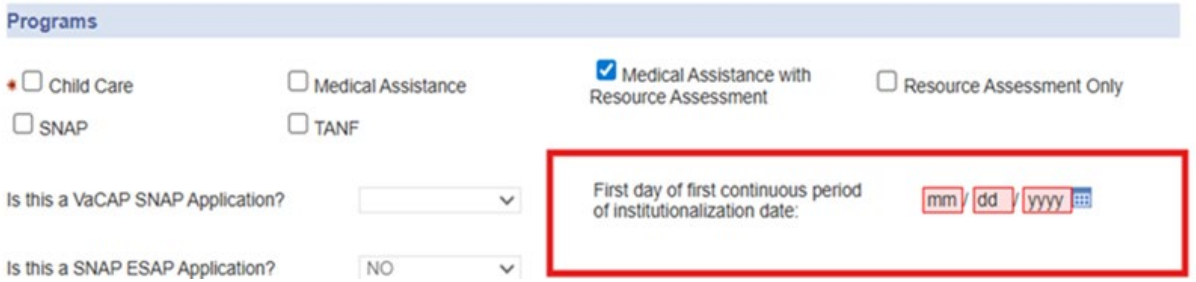
- Current patients in medical institutions or nursing facilities;
- Those who have been authorized to receive Medicaid waivered services or PACE by virtue of a screening
- Those who have elected hospice services

If a married individual with a community spouse is receiving **private-pay home-based services**, he cannot have a resource assessment done without also filing a concurrent Medicaid application.

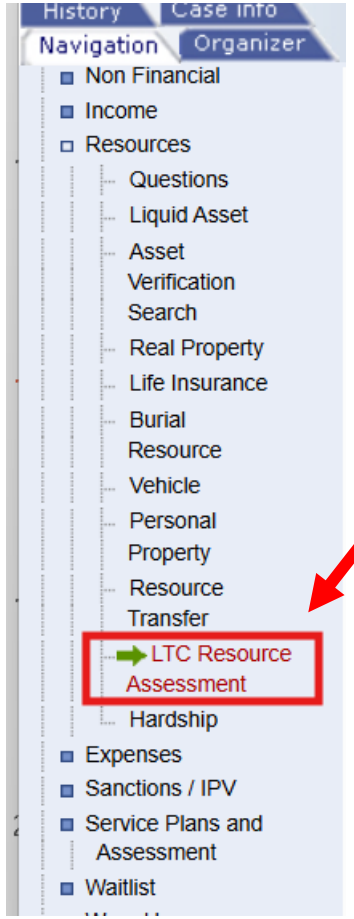
It's important to remember that not only do Resource Assessments apply in intake situations, but they can also be applicable to someone that is currently enrolled in limited or full coverage that then needs LTSS.

- Managed Care Covered groups (QMB, SLMB, QI)
- ABD80, SSI, Hospice

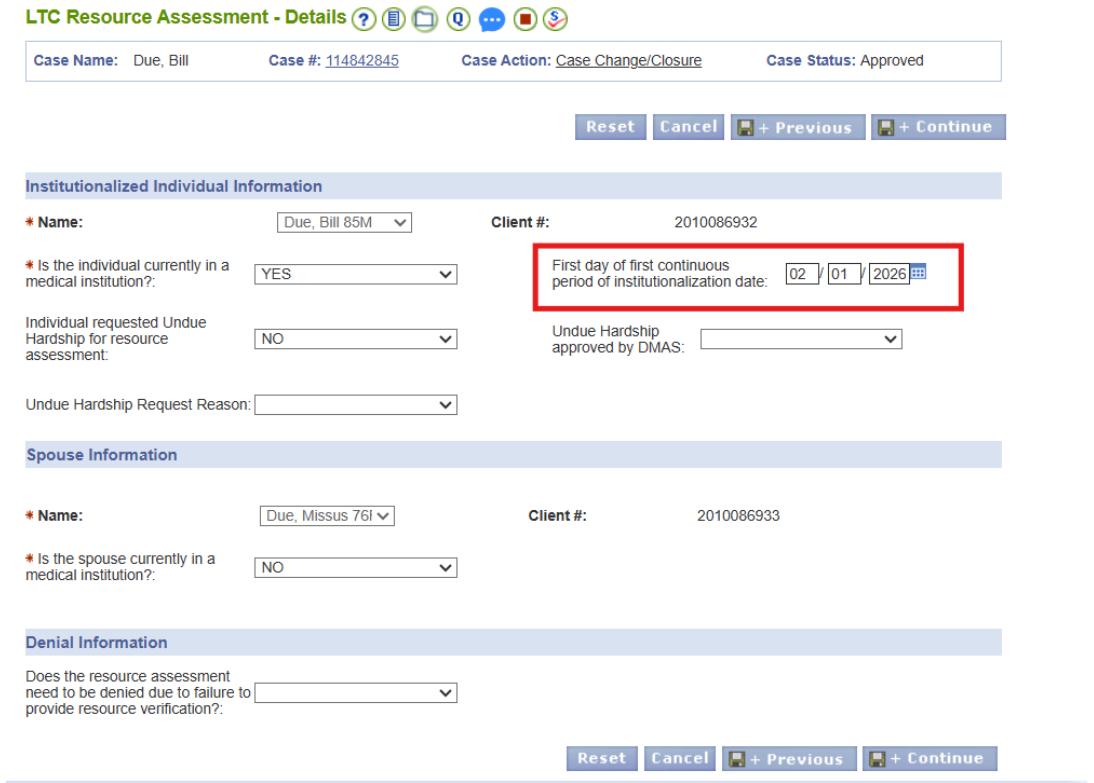
Remember that someone enrolled in MAGI Adult does NOT need a Resource Assessment. One may be required later as they transition from MAGI Adult to disabled Medicaid.



Resource Assessment Rules
Resource Assessment with Application (M1480.220)



If you discover <u>after the fact</u> of the Medicaid Application being registered that you need a Resource Assessment, OR you are evaluating an ongoing case for LTSS eligibility, then you can simply go to "LTC Resource Assessment" under the Resource tab in left navigation. It will take you to the same spot to enter the IS and CS, as well as indicating the 1st day of the 1st continuous period of institutionalization.



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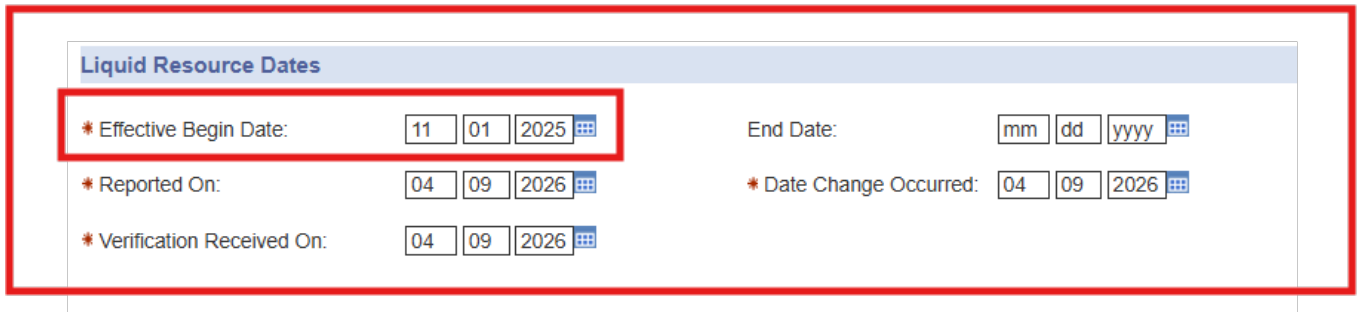
Virginia's Medicaid Program

Resource Assessment Rules

Resource Assessment with Application (M1480.220)

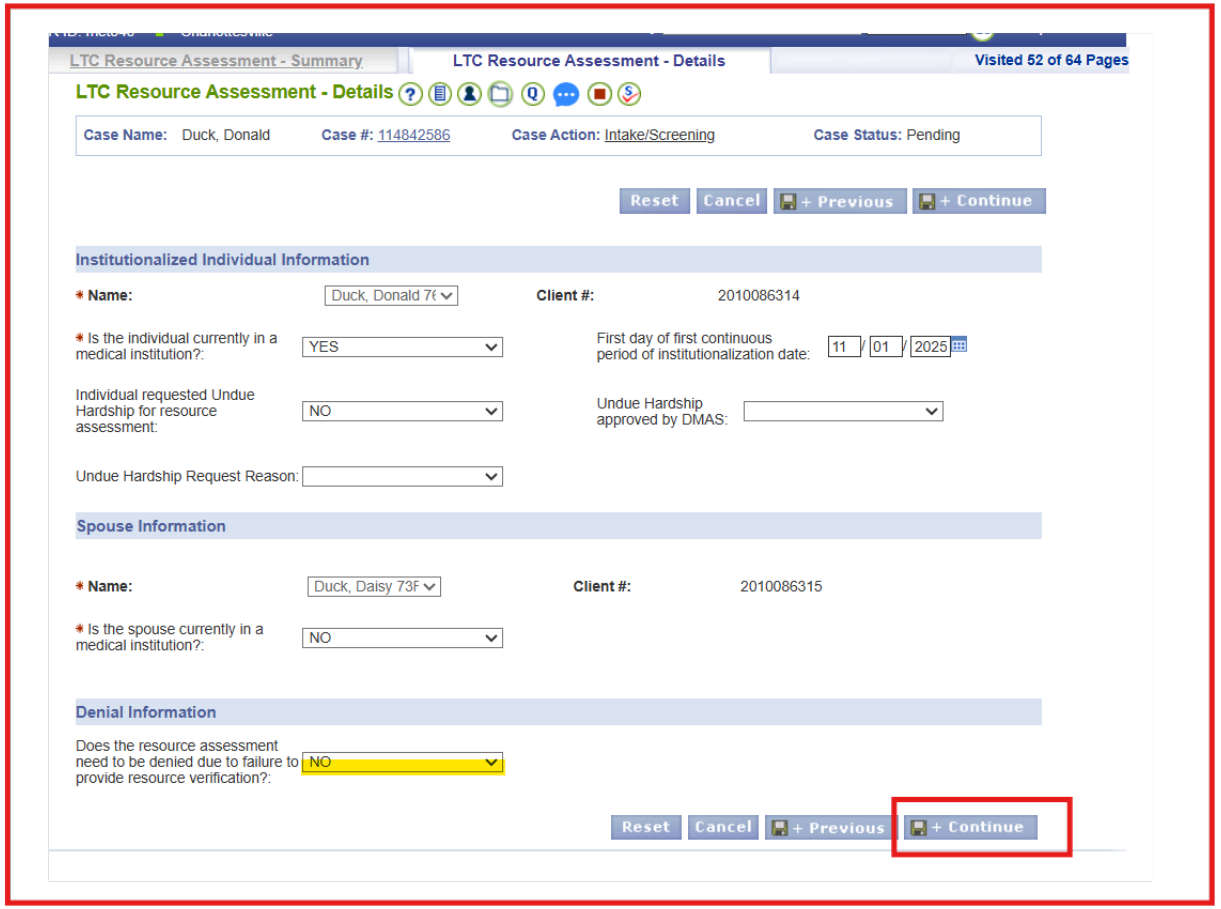
Enter Data Collection flow.

- Income data for retro or any application or change month
- Resources. The effective date at the top of each resource should match the month that you are doing the resource assessment for. In our example, the institutionalization date is **11/01/25**.

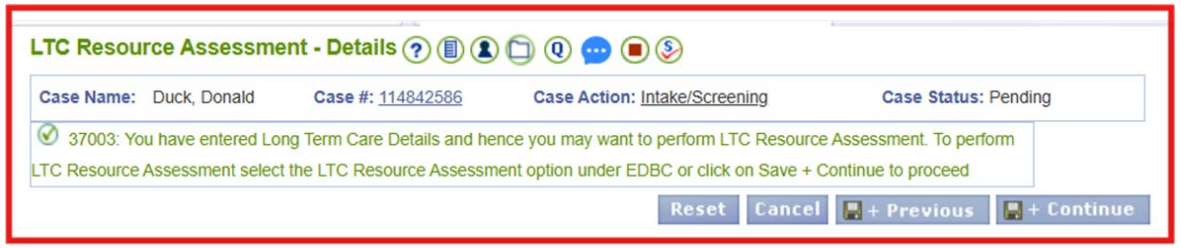


- If you have other month's that you need to evaluate for resources, which we would with a liquid resource, you can change the effective date at the top for that specific month. Be very careful when you do, because you can't go back and change it without having to reenter everything. (Suggestion for best practice at intake: complete the RA first and then enter the rest of the information.)

Authorizing the Resource Assessment

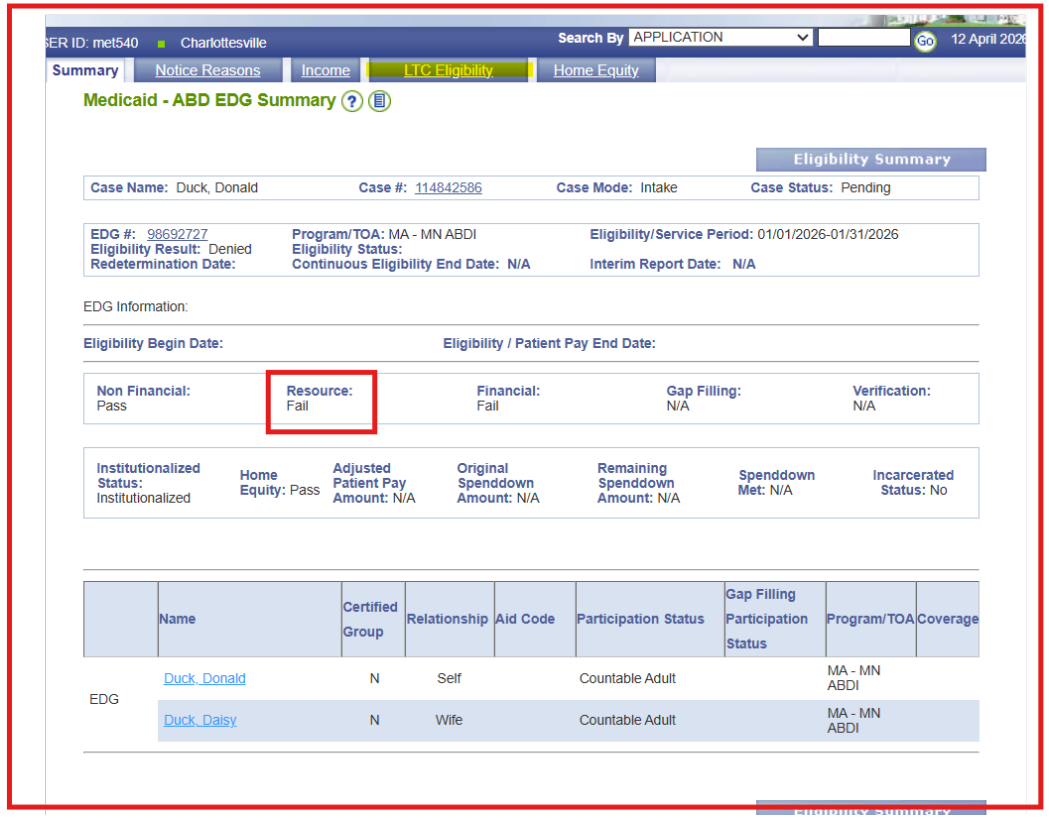


Once you have entered all of the information or values for resources as of the 1st of the 1st month of continuous institutionalization, circle back to the LTC Assessment Details screen. Once there, unless you need to deny the RA for failure to provide all the required verifications, select Save/Continue. You will see the following message:



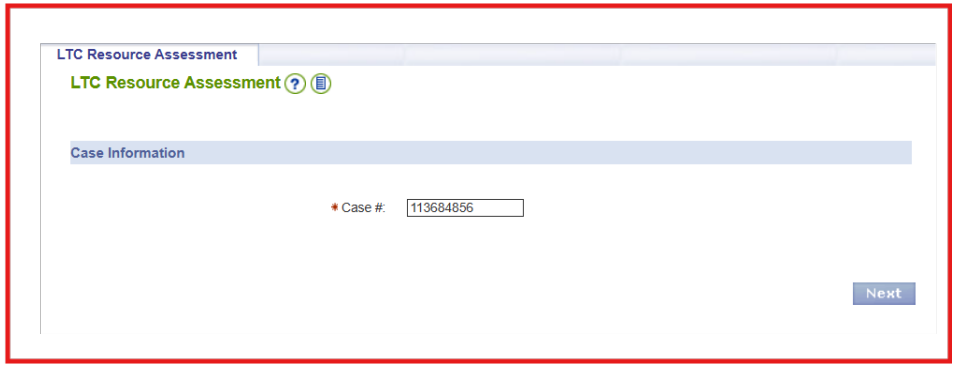
We will next go to the LTC Resource Assessment option under EDBC to complete the process.

Running Eligibility without completing the Resource Assessment



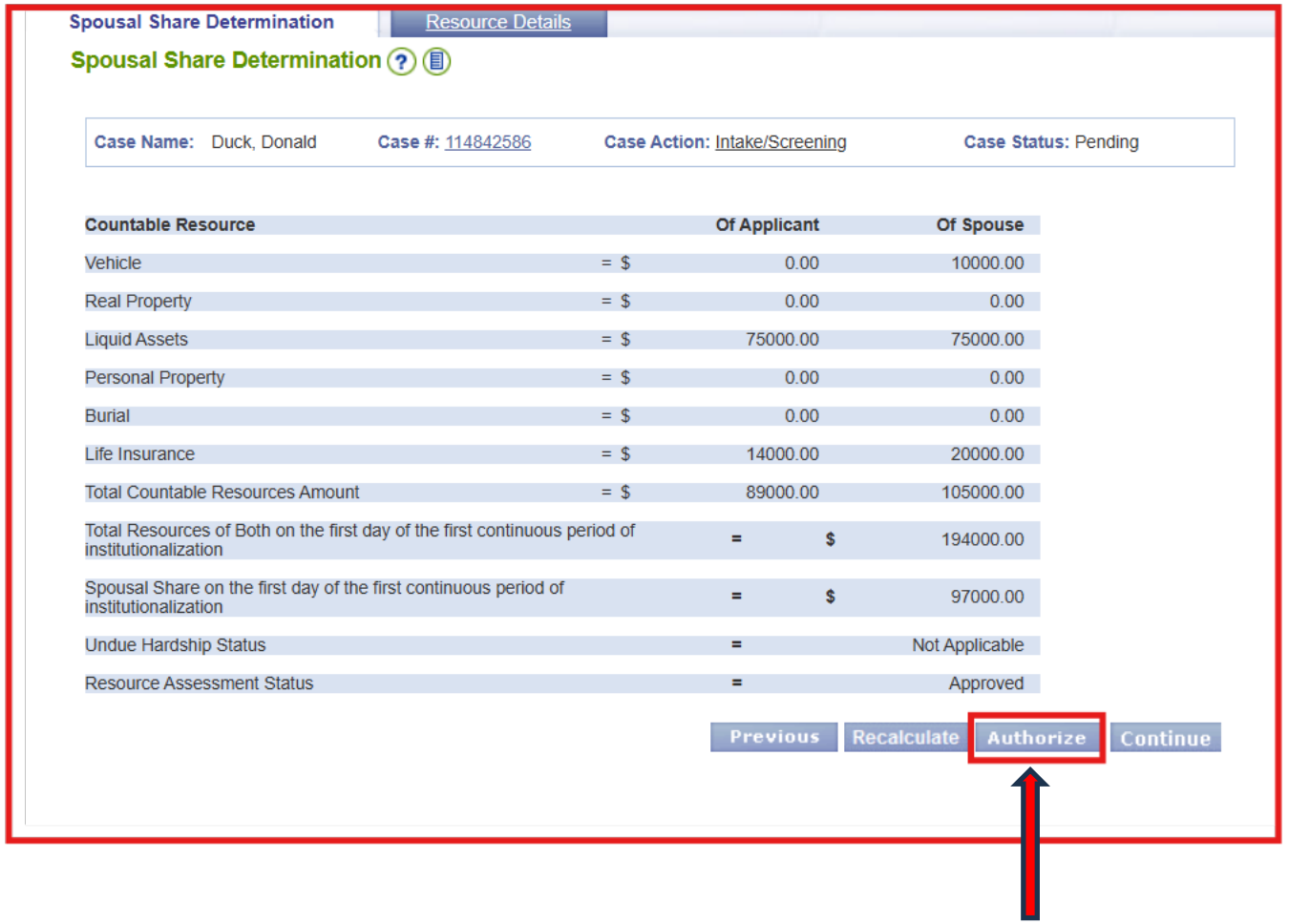
If you run eligibility WITHOUT completing the Resource Assessment, which is a common error, you will see on the LTC Eligibility tab that there is NO PROTECTED Resource Amount. Additionally, no Notice of Resource Assessment has generated.

Authorizing the Resource Assessment

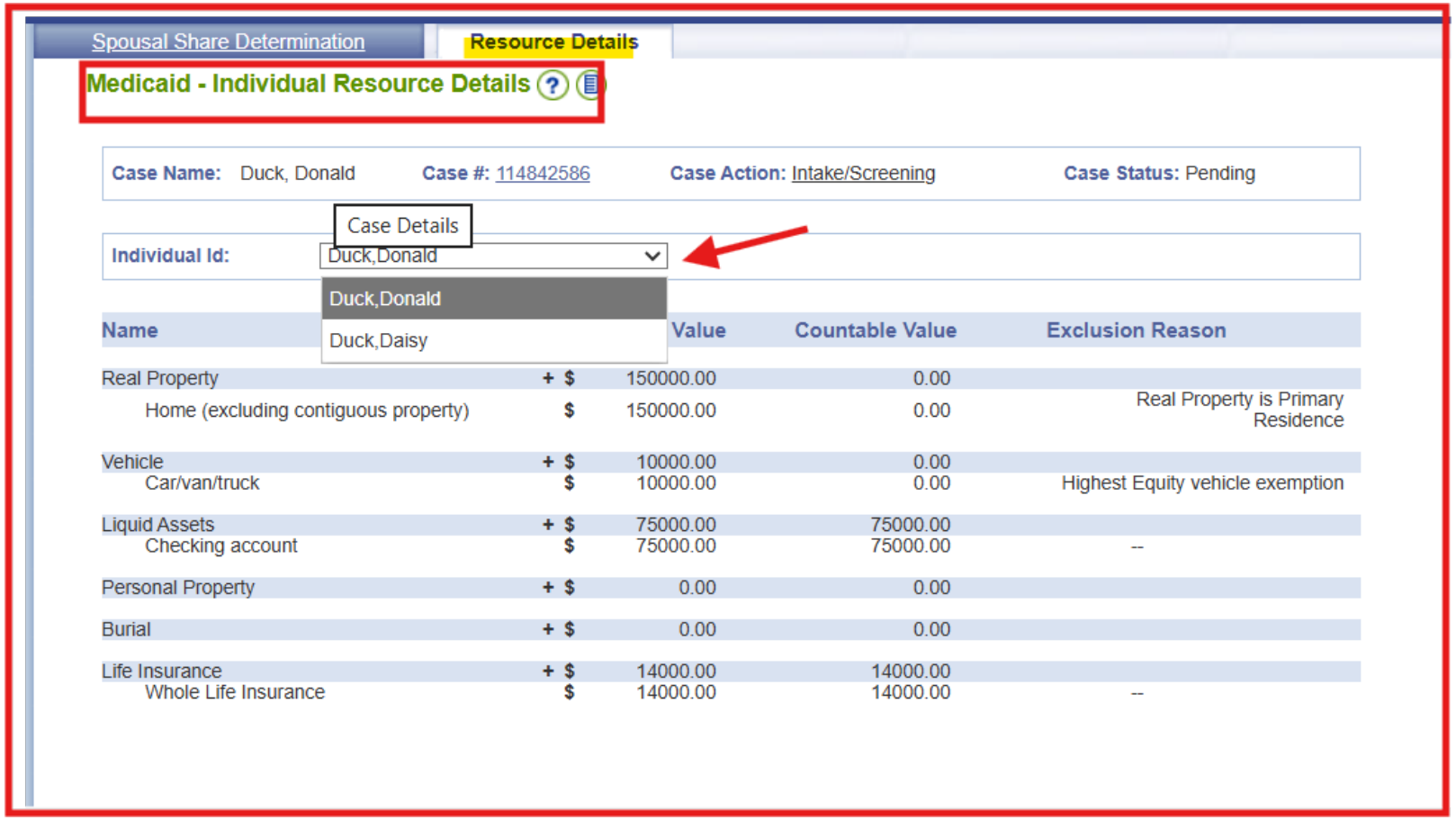


Go to “LTC Resource Assessment” tab under Eligibility on the left navigation. When you select Next, it will take you to the Spousal Share determination and Resource Details summary tabs.

Review all of the information before you select “Authorize.” If you find that you need to make a correction to a resource, make it before you authorize and use “Recalculate.”



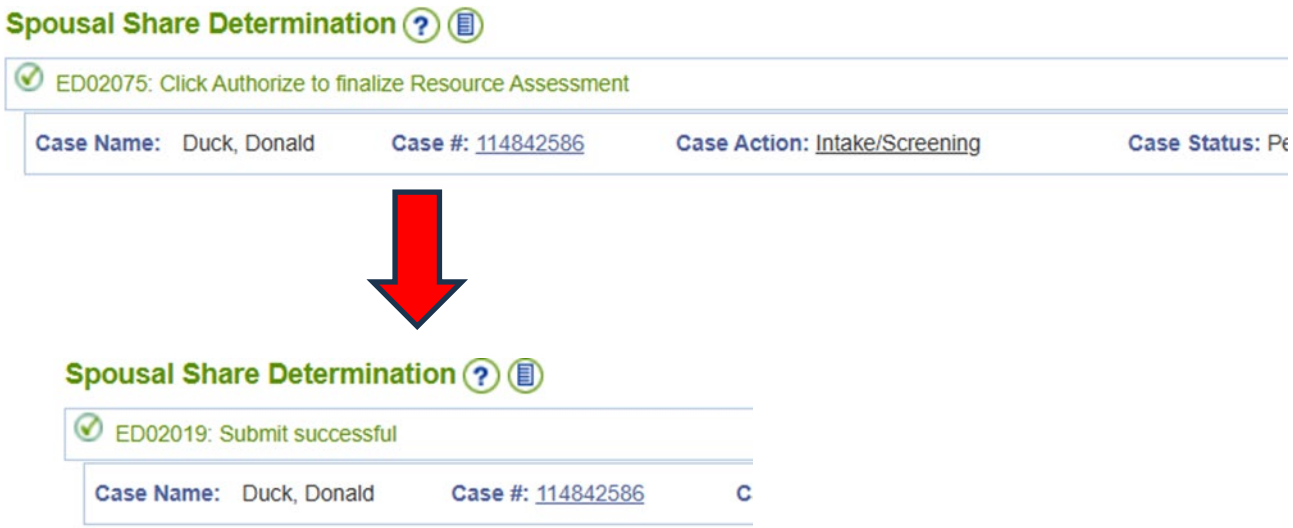
Authorizing the Resource Assessment



If you want to see an itemized list of resources for the institutionalized spouse and community spouse from the Resource Assessment calculation before or after you authorize, go to the 2nd tab and review the resource details. Select the member from the drop down.

This should correspond to what is then generated on the Notice of Resource Assessment that is generated upon authorization.

Authorizing the Resource Assessment



After you have selected "Authorize," you will receive the green message on the top of the screen that "Submit Successful." This means that your Resource Assessment has been completed and the Notice of Resource Assessment and Spousal Share Notice has automatically generated and the spousal share will apply at the initial intake EDGS.

Reminder: Once you have authorized the Resource Assessment calculation, you cannot go back and recalculate in VACMS.

Charlottesville City (540)
120 SEVENTH STREET, NE
CHARLOTTESVILLE, VA 22902

Commonwealth of Virginia
Department of Social Services
Questions? Call: (434) 970-3400

Letter Date: 04/12/2026
Case Number: 114842586

Donald Duck
8472 Feather JCT
Charlottesville, VA 23957

Date Institutionalization began 11/01/2025	Assessment Request Date 04/06/2026

Notice of Action for Resources Assessment

☑ The resource assessment you or your authorized representative requested was completed.

☐ The resource assessment you or your authorized representative requested was not completed because you or your authorized representative did not provide the necessary verifications of your resources. The spousal share of your resources cannot be determined.

A. Couple's resources as of 11/01/2025 (Date)

Resource (Description)	Owner	Countable YES	Countable NO	Countable Value	Documentation
1. Financial Account Truist 1234567	Duck, Donald	YES		$ 75000.00	Current statement from bank or financial institution
2. Car/van/truck 2023 toyota highlander	Duck, Donald		NO	$ 0.00	Not Verified
3. Home (excluding contiguous property)	Duck, Donald		NO	$ 0.00	County Records
4. Whole Life Insurance MetLife 4758294746	Duck, Donald	YES		$ 14000.00	Current statement from the insurance company
5. Car/van/truck 2019 honda accord	Duck, Daisy	YES		$ 10000.00	DMV Inquiry
6. Whole Life Insurance aarp 48592048	Duck, Daisy	YES		$ 20000.00	Current statement from the insurance company
7. Financial Account Truist 1234567	Duck, Daisy	YES		$ 75000.00	Current statement from bank or financial institution
8. Car/van/truck 2023 toyota highlander	Duck, Daisy		NO	$ 0.00	Not Verified
9. Home (excluding contiguous property)	Duck, Daisy		NO	$ 0.00	County Records

B. Computation of spousal share

$ 194000.00 Total Value of Couple's Countable Resources

$ 97000.00 Spousal Share

-*- Demonstration Powered by OpenText Exstream 04/12/2026, Version 20.4.0 64-bit (DBCS) -*-

You can get this letter in another language, in large print, or in another way that's best for you. Call us at 1-855-242-8282 (TTY: 1-888-221-1590).

After the Resource Assessment has been authorized: Resource Eligibility (M1480.230)

If you are completing an intake case, you will need to go back in and input the rest of your resource information to determine eligibility, updating the effective dates with the current months as appropriate.

In initial eligibility determinations for the IS, the spousal share of resources owned by the couple at the first moment of the first day of the first month of the first continuous period remains a constant factor in determining the spousal PRA.

For the purposes of determining eligibility of an IS with excess resources, an IS cannot establish resource eligibility by reducing resources within the month. The institutionalized spouse may become eligible for Medicaid payment of LTC services when the institutionalized spouse's resources are equal to or below the $2,000 resource limit as of the first moment of the first day of a calendar month.

What this means is that we continue to review the resource values as of the first of the month until the IS is determined eligible by virtue of their combined resources less the protected resource amount are less than or equal to $2000. (This is when the 90-day protected comes into play, as well.)

After the Resource Assessment has been authorized: Resource Eligibility (M1480.230)

In our example, the Resource Assessment was completed for resources as of 11/01/25. The spousal share was determined to be $97,000.

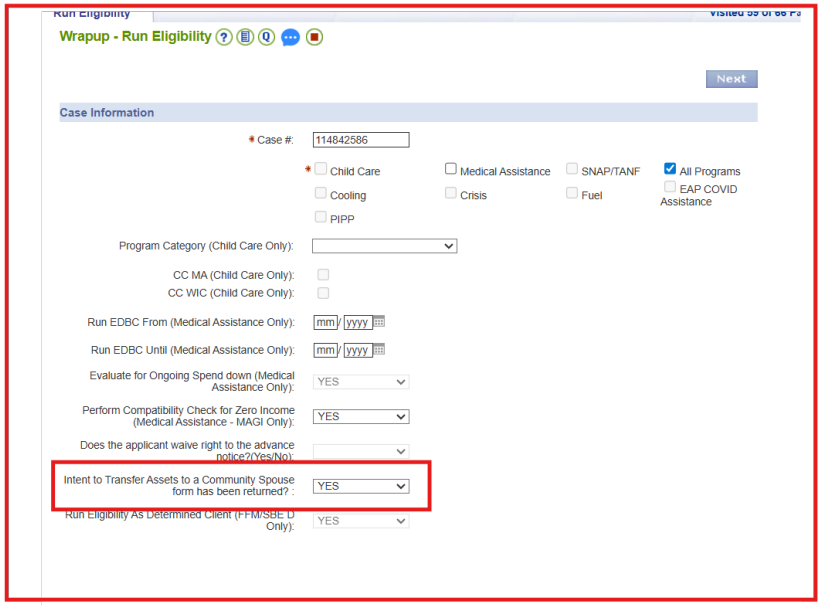
Since the application is dated 04/2026, we are evaluating retroactively back to 01/2026 through the current month of 04/2026.

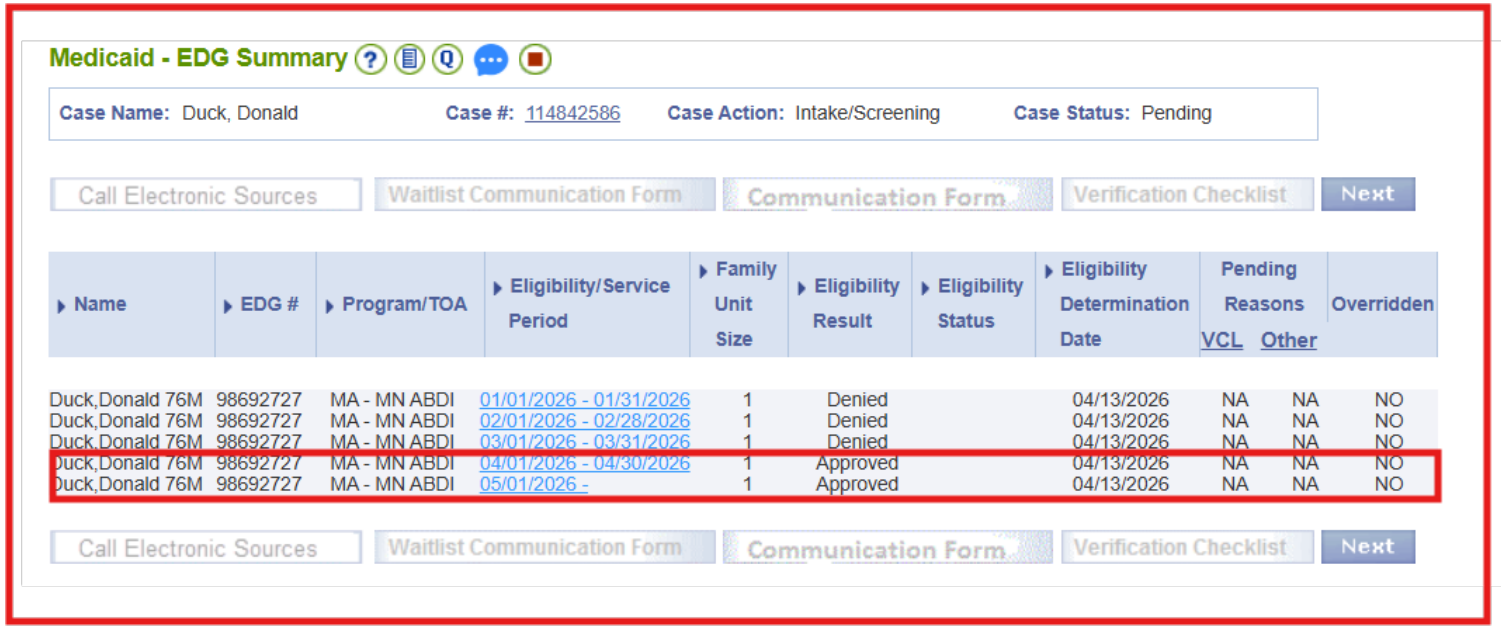
	Owner	RA 11/2025	Jan-26	Feb-26	Mar-26	Apr-26
Checking	Donald/Daisy	$150,000.00	$130,000.00	$119,000.00	$80,000.00	$52,000.00
Car	Donald/Daisy	$0.00	$0.00	$0.00	$0.00	$0.00
Car2	Daisy	$10,000.00	10,000.00	10,000.00	10,000.00	10,000.00
Home	Donald/Daisy	$0.00	$0.00	$0.00	$0.00	$0.00
Life Insurance 1	Donald	$14,000.00	14,000.00	14,000.00	14,000.00	14,000.00
Life Insurance 2	Daisy	$20,000.00	20,000.00	20,000.00	20,000.00	20,000.00
Countable Resources		$194,000.00	$174,000.00	$163,000.00	$124,000.00	$96,000.00
	Spousal Share	$97,000.00				
<Resources - PRA>			$77,000.00	$66,000.00	$27,000.00	$0.00

- All resources have been entered for each month, with the effective date updated appropriately
- The intent to transfer resources to community spouse form has been received—select “Yes” when running eligibility

After the Resource Assessment has been authorized: Resource Eligibility (M1480.230)

If they returned the “Intent to Transfer” form before you evaluate eligibility, select “Yes” when running eligibility. This starts the 90-day protected timeframe.





After the Resource Assessment has been authorized: Resource Eligibility (M1480.230)

Summary | Notice Reasons | Income | Spenddown | LTC Eligibility | Home Equity | Patient Pay

LTC - Resource Eligibility

Case Name: Duck, Donald **Case #:** 114842586 **Case Mode:** Intake **Case Status:** Pending

EDG #: 98692727 **Program/TOA:** MA - MN ABDI **Eligibility/Service Period:** 04/01/2026-04/30/2026
Eligibility Result: Approved **Eligibility Status:**
Redetermination Date: **Continuous Eligibility End Date:** N/A **Interim Report Date:** N/A

Eligibility Summary

Countable Resource		Of Applicant	Of Spouse		
Vehicle	= $	0.00	10000.00		
Real Property	= $	0.00	0.00		
Liquid Assets	= $	26000.00	26000.00		
Personal Property	= $	0.00	0.00		
Burial	= $	0.00	0.00		
Life Insurance	= $	14000.00	20000.00		
Total Countable Resources Amount				=	$ 96000.00
Spousal Share on the first day of the first continuous period of institutionalization				=	$ 97000.00
Maximum Spousal Resource Standard as of the application date				=	$ 162660.00
Minimum Spousal Resource Standard as of the application date				=	$ 32532.00
Protected Resource Amount				=	$ 97000.00
Total Resource Deducting PRA				=	$ 0.00
Resource Limit				=	$ 2000.00
Resource Eligibility Result				:	Pass
Community Spouse Resource Allowance				=	$ 41000.00

Select the “LTC Eligibility” tab to review the approved or denied months resources.

Ex: EDG 04/01/26-04/30/26

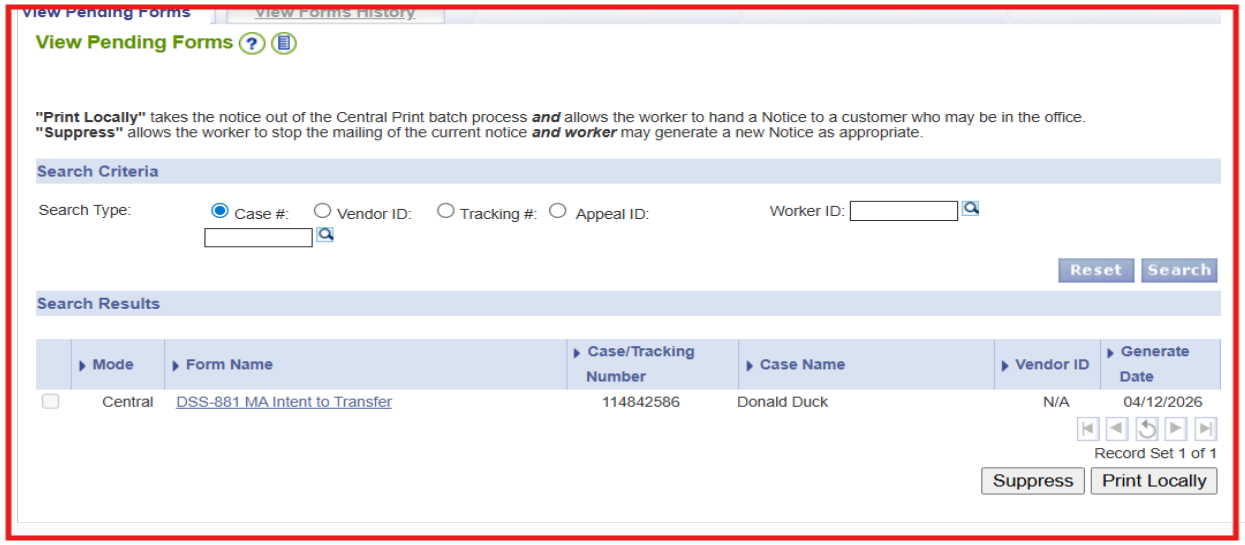
- Total Countable Resources: $96,000.00
- Spousal Share: $97,000.00

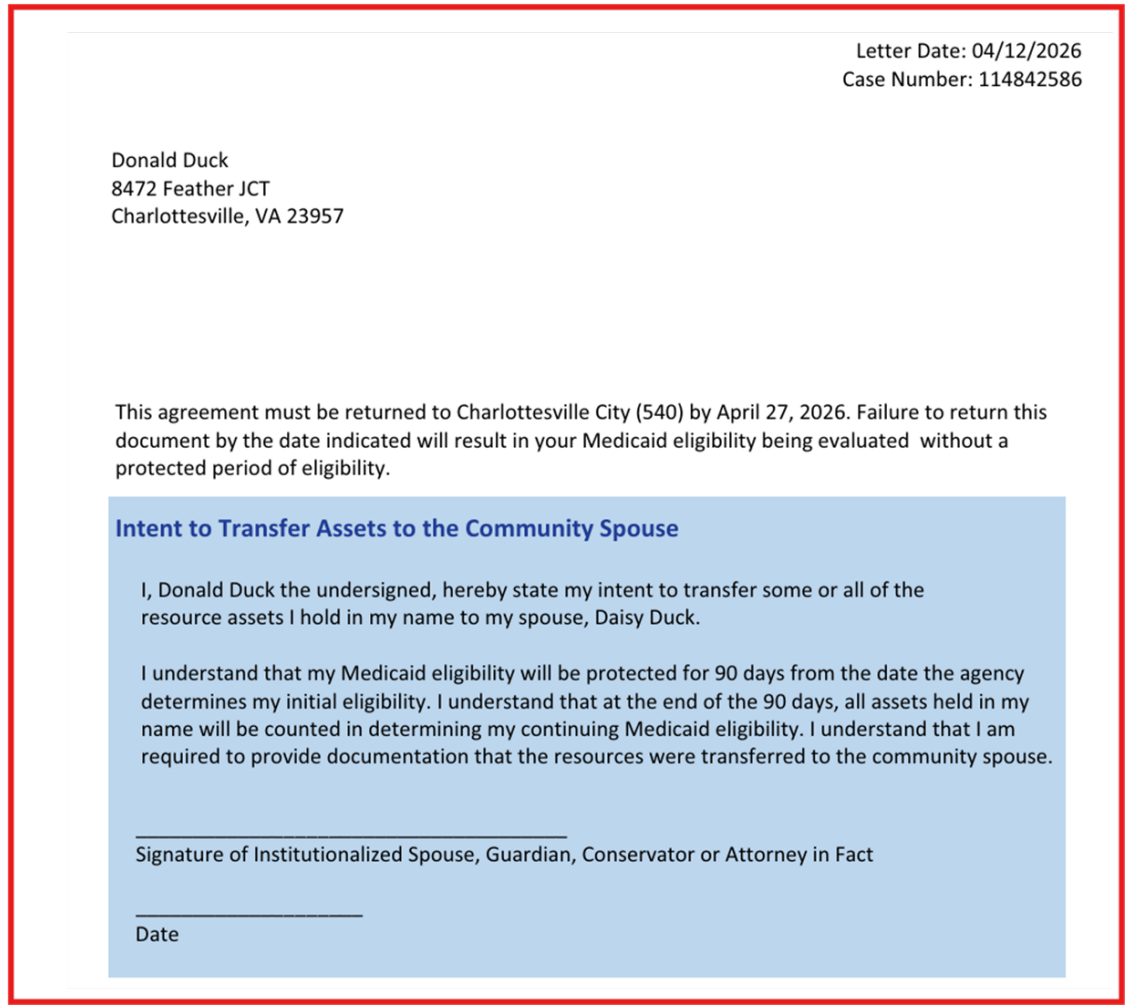
$96,000 Total Resource
- $97,000 PRA
Zero Countable Resources

The customer is eligible effective 04/01/26 because of the PRA.

Intent to Transfer Form automatically generated

The 90-day protected period (M1480.241 D, E, F)





Letter Date: 04/12/2026
Case Number: 114842586

Donald Duck
8472 Feather JCT
Charlottesville, VA 23957

This agreement must be returned to Charlottesville City (540) by April 27, 2026. Failure to return this document by the date indicated will result in your Medicaid eligibility being evaluated without a protected period of eligibility.

Intent to Transfer Assets to the Community Spouse

I, Donald Duck the undersigned, hereby state my intent to transfer some or all of the resource assets I hold in my name to my spouse, Daisy Duck.

I understand that my Medicaid eligibility will be protected for 90 days from the date the agency determines my initial eligibility. I understand that at the end of the 90 days, all assets held in my name will be counted in determining my continuing Medicaid eligibility. I understand that I am required to provide documentation that the resources were transferred to the community spouse.

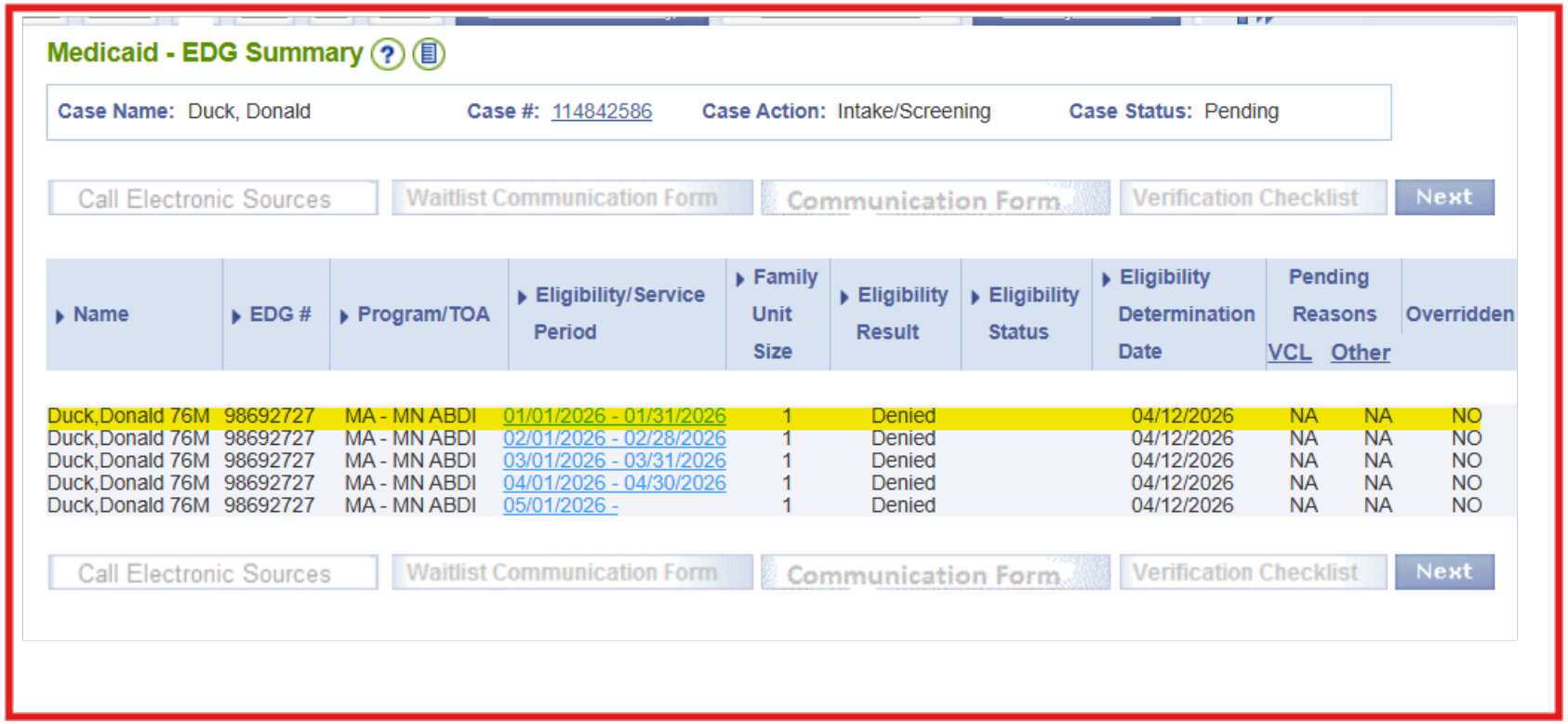
_____
Signature of Institutionalized Spouse, Guardian, Conservator or Attorney in Fact

_____
Date

- The 90-day protected period begins with the date the local agency acts to approve the institutionalized spouse's initial eligibility for Medicaid LTC services, if the IS or authorized representative has signed the Intent to Transfer Assets form.
- Set a special review for the month in which the 90-day period ends. When the protected period of eligibility is over; all resources owned in the IS's name are counted available to the institutionalized spouse. Extension of the protected period is NOT allowed.

After the Resource Assessment has been authorized: Resource Eligibility (M1480.230)—No Intent to transfer

If you respond "No" or leave the default "N/A" to the Intent to transfer question on Running eligibility, all your EDGS will be denied for excess resources.



Medicaid - EDG Summary

Case Name: Duck, Donald **Case #:** 114842586 **Case Action:** Intake/Screening **Case Status:** Pending

Call Electronic Sources | Waitlist Communication Form | Communication Form | Verification Checklist | Next

Name	EDG #	Program/TOA	Eligibility/Service Period	Family Unit Size	Eligibility Result	Eligibility Status	Eligibility Determination Date	Pending Reasons VCL	Pending Reasons Other	Overridden
Duck,Donald 76M	98692727	MA - MN ABDI	01/01/2026 - 01/31/2026	1	Denied		04/12/2026	NA	NA	NO
Duck,Donald 76M	98692727	MA - MN ABDI	02/01/2026 - 02/28/2026	1	Denied		04/12/2026	NA	NA	NO
Duck,Donald 76M	98692727	MA - MN ABDI	03/01/2026 - 03/31/2026	1	Denied		04/12/2026	NA	NA	NO
Duck,Donald 76M	98692727	MA - MN ABDI	04/01/2026 - 04/30/2026	1	Denied		04/12/2026	NA	NA	NO
Duck,Donald 76M	98692727	MA - MN ABDI	05/01/2026 -	1	Denied		04/12/2026	NA	NA	NO

Call Electronic Sources | Waitlist Communication Form | Communication Form | Verification Checklist | Next

Community Spouse Monthly Income Allowance

(M1480.430 D)

The community spouse monthly income allowance is a deduction from the Institutionalized spouse's patient pay. It is the difference between the community spouse's gross monthly income and the minimum monthly maintenance needs allowance. (MMNA) This allowance is based on the community spouse's living expenses and is a refection of what they need to remain in their home.

What information is needed to determine the community spouse monthly income allowance?

- Community spouse's total income: earned, unearned
- Mortgage/Rent expense
- Real Estate taxes, homeowner's insurance, if applicable
- Does the community spouse have a utility expense? How many people are in their household? The utility standard will be used.

VACMS will calculate the spousal monthly income allowance for you, but it is based on your data entry. It's always wise to do a manual calculation yourself to make sure that everything is input correctly.

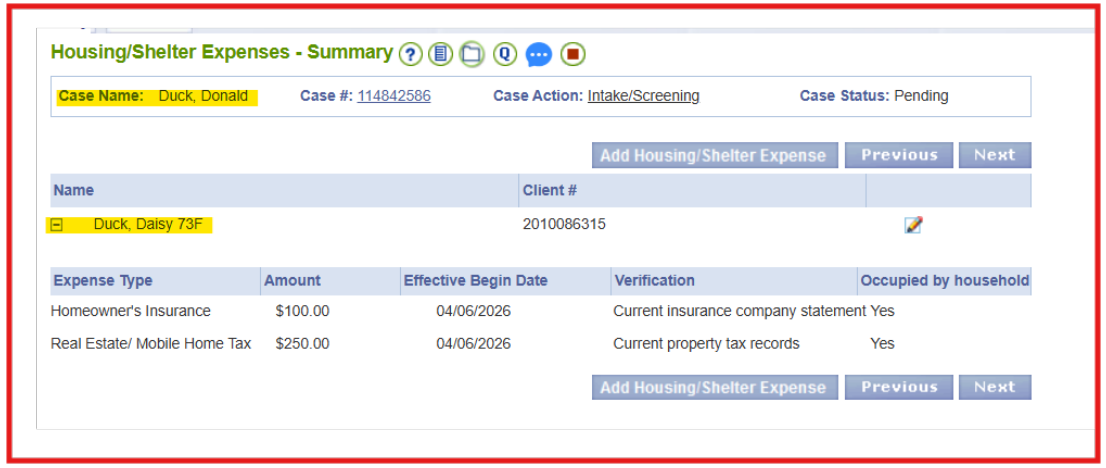
1. Enter the shelter expenses under the Community Spouse's name in VACMS.

2. On the MA Institutionalized screen question grid:
   - Answer "Yes" to the question "is the institutionalized Spouse willing to make the community spousal income allowance to the community spouse.

   - If they have utility expenses, be sure to answer "Yes" and how many people are in the home on the question grid on the MA Institutionalized screen

Community Spouse Monthly Income Allowance

(M1480.430 D)



Housing/Shelter Expenses - Summary

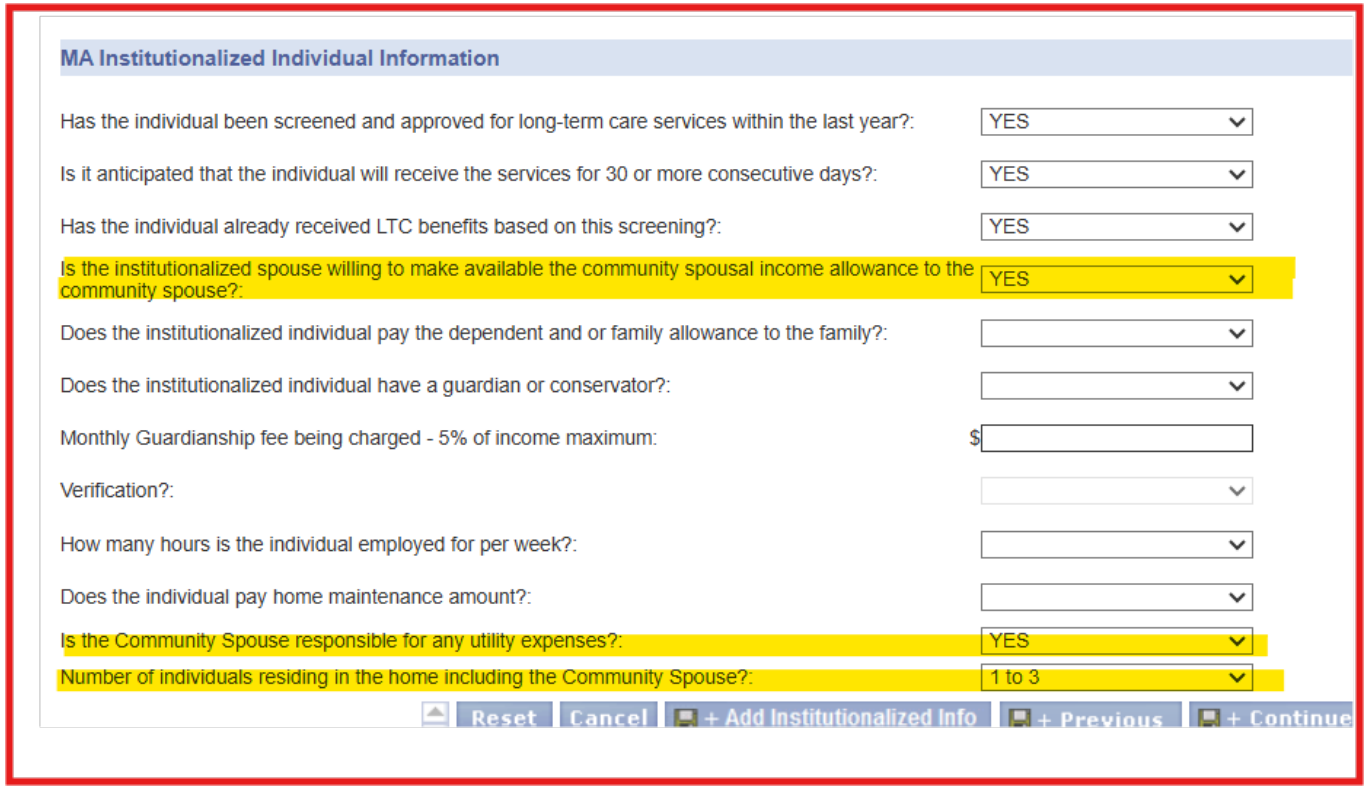
Case Name: Duck, Donald Case #: 114842586 Case Action: Intake/Screening Case Status: Pending

Add Housing/Shelter Expense | Previous | Next

Name	Client #
Duck, Daisy 73F	2010086315

Expense Type	Amount	Effective Begin Date	Verification	Occupied by household
Homeowner's Insurance	$100.00	04/06/2026	Current insurance company statement	Yes
Real Estate/ Mobile Home Tax	$250.00	04/06/2026	Current property tax records	Yes

Add Housing/Shelter Expense | Previous | Next



MA Institutionalized Individual Information

Has the individual been screened and approved for long-term care services within the last year?:	YES
Is it anticipated that the individual will receive the services for 30 or more consecutive days?:	YES
Has the individual already received LTC benefits based on this screening?:	YES
Is the institutionalized spouse willing to make available the community spousal income allowance to the community spouse?:	YES
Does the institutionalized individual pay the dependent and or family allowance to the family?:	
Does the institutionalized individual have a guardian or conservator?:	
Monthly Guardianship fee being charged - 5% of income maximum:	$
Verification?:	
How many hours is the individual employed for per week?:	
Does the individual pay home maintenance amount?:	
Is the Community Spouse responsible for any utility expenses?:	YES
Number of individuals residing in the home including the Community Spouse?:	1 to 3

Reset | Cancel | + Add Institutionalized Info | + Previous | + Continue

CS income: $900 SSA

Shelter Expenses: $100.00 homeowner's insurance
$250.00 real estate taxes

Utility standard $375.00 (1-3 persons)

Community Spouse Monthly Income Allowance

(M1480.430 D, M1480.410)

Before we determine the community spouse income allowance, it is helpful to know the current maintenance standards and allowances. They are updated annually.

MAINTENANCE STANDARDS & ALLOWANCES	
Monthly Maintenance Needs Allowance (MMNA)	$2,643.75 (07/01/25)
Maximum Monthly Maintenance Needs Allowance	$4,066.50 (01/01/26)
Excess Shelter Standard	$793.13 (07/01/25)
Utility Standard Deduction (SNAP)	$375.00 (1-3) $476.00 (4+)

For Definitions of the above standards and allowances, you can reference them in more detail in M1480.010.

Community Spouse Monthly Income Allowance

(M1480.430 D)

Excess Shelter Computation (M1480.410)

Rent:	
Mortgage: (Include Interest/Principal)	+
Taxes:	+ $100.00
Insurance:	+ $250.00
Condominium/Cooperative Fees:	+
Standard Utility Allowance:	+ $375.00
Total Shelter Cost:	= $675.00
Excess Shelter Allowance:	- $793.13
Excess Shelter:	+ $0

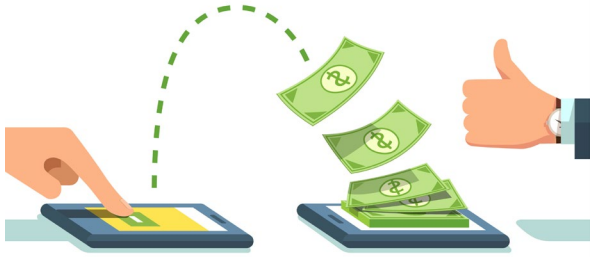
Monthly Maintenance Needs Standard:		$2643.75
Excess Shelter: (Complete Excess Shelter Computation Above)	+	$0
Monthly Maintenance Needs Allowance: (Cannot exceed Monthly Maintenance Needs Allowance Maximum at M1480.410 unless set by DMAS or Court)	=	$2643.75
Community Spouse Gross Income: (Earned and Unearned)		$900.00
Community Spouse Income Allowance:	=	$1743.75

Incomes		
Total Self Employment Income	+	$ 0.00
Total Earned Income	+	$ 0.00
SSA	+	$ 3200.00
Other Unearned Income	+	$ 0.00
Total Unearned Income	=	$ 3200.00
Total Gross Income	=	$ 3200.00
Minus Spend down Liability(SDL)	=	N/A
Remaining Income	=	N/A

Patient Pay Calculation		
Spenddown Liability	=	N/A
Personal Needs / Maintenance Allowance	-	$ 40.00
Spouse Allowance	-	$ 1743.75
Family Allowance	-	$ 0.00
Dependent Child Allowance	-	$ 0.00
Medicare	=	$ 0.00
Other Health Insurance	=	$ 0.00
Non-covered Medical Expenses	-	$ 0.00
Home Maintenance	-	$ 0.00
Spenddown Liability	=	N/A
Contributable Income	=	N/A
NF Monthly Medical Rate	=	$ 7032.00
Actual Monthly CBC Cost	=	$ 0.00
Actual Patient Pay Amount	=	$ 1416.25

Reminders:

- If the IS resources were over $2000 and you received the intent to transfer, you will need to set yourself an alert or calendar reminder to check in on the family and reverify resources after the 90-day protected period has expired. *(There is nothing stopping VACMS from giving the case the usual 12-month renewal date).*
  - If they have not moved their resources to the community spouse or reduced them by the time the case is reviewed, they will be over the resource limit. They do not get another 90-day protected period. Reevaluate them for other coverage if applicable.
  - Be sure to explain that "spouse to spouse" transfers are acceptable but that transfers made w[illegible]ation to another individual are not unless an exception applies.



Additional Reminders

- Don’t forget Undue Hardship! Undue hardship provisions may be applicable if an individual is unable to complete the Resource Assessment because they:
  - Are not able to return all verifications as of the 1st period of continuous institutionalization. (M1480.220 E.4.b)
  - Are not able to locate separated spouse or insufficient information on marital status. (M1480.225)
- If the application has already been denied, an evaluation for undue hardship can not be granted. If they express an issue to you that they may not be able to provide you with all of the information you need, offer Undue Hardship before denying. If they don’t submit the forms, document the case that it was offered to them in the event of an appeal.

- Undue Hardship—Resource Assessment *(Presented at 04/2024 LTSS Quarterly Session)*

Lastly, after initial eligibility is determined for the IS, the CS resources are not evaluated or considered at subsequent renewals or intake applications. If the customer reapplies after closure, only their resources are evaluated.

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