The Monthly Cost for Your Long-Term Care May Increase in February

Temporary Change to Program Rules

Because of the federal COVID-19 public health emergency, we temporarily changed program rules so the monthly cost for your long-term care did not increase from April 2020 through January 2021. Under regular program rules, your monthly cost would have increased based on your income and expenses.

Note: This monthly cost is sometimes called a patient liability or cost share, and you pay it to the nursing home or facility where you live or to your managed care organization or fiscal employer agent.

Regular Program Rules Starting Again

Starting February 1, 2021, we are putting regular program rules in place again. This means that, based on your current income and expenses, the monthly cost for your long-term care may increase starting in February. You will get another letter titled “About Your Benefits” that will tell you if you have to pay a monthly cost and how much it would be.

Staying Under the Asset Limit

Because the monthly cost for your long-term care did not increase from April 2020 through January 2021, you may have gotten extra income during this time that puts you over the Medicaid asset limit. You need to stay below the Medicaid asset limit to keep getting benefits.

To stay below the asset limit, you can do any of the following:

- Give the money to your spouse. If you give money to someone other than your spouse, it may be considered divestment. You can call your agency at the phone number at the top of this page if you have questions about this.
- Buy things you need for yourself or for your home.
• Give the money to the state to help pay for your care. You can call your agency for more information about how and where to send the money.
• Consult with an attorney or financial planner about other options, such as putting the money in a special trust.

**Refunds for April through January**

If you paid an increased amount for your long-term care from April 2020 through January 2021, your nursing home, facility, managed care organization, or fiscal employer agent may be refunding you that increased amount. If you get a refund, you will have nine months after you get it to do any of the options listed above to stay below the asset limit. After the nine months, any remaining refund amount will be counted as an asset, which may affect whether you can keep getting benefits.

**Questions**

If you have any questions about this change or this letter, please call your agency.