

## **Applicant - Transfer of Property Calculator Instructions**

BENEFICIARY NAME: Enter the name of the applicant.

BENEFICIARY ID: Enter the ID number of the applicant.

**Is Medicaid paying for this applicant's HCBS, Pace or NF services?**

This can be answered by typing "Yes" or "No" in the box.

If answered **YES**, a warning message is displayed, "THIS WORKSHEET IS NOT APPLICABLE. Use Recipient WORKSHEET"

If answered **NO**, no message is displayed and the worker should continue with this tool.

**When entering dates you should use the mm-dd-ccyy format.**

APPLICATION DATE: Enter the date application for LTC assistance was made.

INITIAL START DATE FOR LTC PAYMENTS: Enter the first day the applicant would have otherwise been eligible for LTC assistance had they **NOT** had a transfer of property penalty. This date should include any request for PRIOR MEDICAL. This date should not be prior the NF entrance, HCBS eligibility or PACE enrollment.

Example: Individual enters the facility on 3/15/07 Individual  
submits application on 6/4/07 Individual  
requests prior medical 3/1/07  
**DATE TO ENTER ON WORKSHEET IS 3/15/07**

TRANSFER DATE: Enter the date the resource was transferred. **Use for transfers that occurred on or after 2/8/06.** The worksheet will not allow a prior date to be entered. For multiple transfers, use the earliest date of the transfers.

The tool then calculates whether the resource was transferred within the 60 month look- back period. If the transferred occurred outside the look-back period a message will display, "STOP! No Disqualification".

TRANSFER AMOUNT: Enter the value of the resource transferred. For multiple transfers, enter the TOTAL amount of the resources that were transferred.

APPLICABLE AVERAGE DAILY PRIVATE PAY RATE: The average statewide daily rate of Nursing Facilities on the first day of the penalty period will be displayed. This date is divided into the amount of the resource transferred to calculate the number of days of the penalty period.

NUMBER OF PENALTY DAYS: The number of days the applicant is not eligible for LTC assistance will be displayed.

PENALTY START DATE: The day the penalty begins will be displayed.

PENALTY END DATE: The day the penalty ends will be displayed.

**Be sure to review your dates for accuracy. Print the worksheet, sign it and attach the other penalty documentation and/or verification.**