

468.38 Home Maintenance Deduction (HMD)

The CAO will allow a Home Maintenance Deduction (HMD) to help maintain a home in the community if the individual is expected to return to the community within 180 days. The deduction can be given to a single or married person. The individual's doctor must show on the Medical Evaluation, [MA 51](#) that the individual is expected to return to the community within six months from the date of admission.

The HMD is based solely on the doctor's certification. It does not depend on the individual's level of care, which is set by the [Area Agency on Aging \(AAA\)](#).

When determining the length of the HMD, the CAO will take into consideration:

- the date the individual was admitted to the LTC facility.
- the date the doctor certifies the individual will be leaving the LTC facility within 180 days.

Example: Ms. A is admitted to an LTC facility on January 10. She applies for MA LTC on January 30. On January 10, the doctor certifies that Ms. A will leave the facility in six months. Ms. A would be eligible for the HMD for the calendar month of January, and her eligibility would continue for six months (January through June.)

Example: Mr. C is admitted to an LTC facility on May 12. He applies for MA LTC on August 5 with a requested effective date of July 1. On July 1 the doctor certifies that Mr. C will leave the facility within six months. Mr. C would be eligible for the HMD for the calendar month of July and continue through October (the sixth month after his month of admission.)

Although the doctor may complete a new [MA 51](#) if the individual's condition has improved, a new [MA 51](#) does not allow the CAO to adjust the payment toward cost of care back to the original date payment of LTC facility services was authorized. If the new [MA 51](#) shows the individual's condition has now improved and the individual is able to return to the community, the CAO will act on the reported change and authorize a HMD for the remaining six month period from the initial admission date.

Example: Mr. S is admitted to an LTC facility on February 1. He owns his home and intends to return to it. His doctor certified his need for long-term care starting on February 1. The CAO approved MA LTC as of February 1 with no HMD. On April 1, the CAO receives a request for the HMD, and the doctor signs a new [MA 51](#) on that date. The [MA 51](#) says that Mr. S's condition has improved and he is expected to return to the community. The CAO allows an HMD for April 1 through July 31. The CAO must update the Long-Term Living screen and ensure a notice is generated to the individual, individual's representative and the LTC facility.

- The HMD may be given to MA-eligible persons in the psychiatric level of care at state-operated facilities, since post-eligibility rules apply to anyone receiving LTC services in a state-operated facility.

- If both spouses in an LTC facility will be returning home within six months, the CAO will assign the HMD to the spouse for which it would be most beneficial.

Example: Mr. and Mrs. B are both admitted to an LTC facility on June 1. They apply separately for MA LTC benefits to start on June 20. Their doctor certifies that both of them will be leaving the LTC facility within six months. The CAO contacts Mr. and Mrs. B to see which of them would like to receive the HMD. The couple selects Mr. B. The CAO authorizes benefits starting June 20 for both of them. Mr. B receives the HMD for the calendar months of June through November (six months). Mrs. B does not receive the HMD.

A *home* is where the person lived before going into the LTC facility and where he or she plans to return. The individual may have owned or rented the home or may have shared costs with others. If the person pays any costs for the home, he or she can receive the HMD.

The HMD is the monthly SSI limit for one person. (See [Appendix A](#) for the current limit.) The individual is entitled to the amount no matter what the individual's actual home costs are.

A resident of a Personal Care Home (PCH) can receive the HMD if a doctor certifies that the resident is likely to return there and the resident is paying the PCH to hold a bed while he or she is in the LTC facility. If the [SSA](#) determines that the SSI benefits will continue while the resident is temporarily residing in the LTC facility, the CAO must not count the SSI payments for the LTC care. If the individual has other income besides SSI, the individual can remain eligible in the SSI category, and the CAO can allow the HMD from the other income.

The deduction is limited to six months for each stay at an LTC facility. CIS will create an alert to remove the deduction at the end of the six months.

Exception: If the resident is discharged from the LTC facility to his home and then returns to the facility, the individual is eligible for a new six-month period if a doctor says that the resident is likely to return home again within six months. This new period of HMD eligibility does not apply if the resident is admitted to a hospital from the LTC facility and then goes back to the LTC facility.

Income in the first month must be determined following the rules found in [Section 450.25](#). Even if the initial month's income is spent and the individual does not pay anything toward the cost of LTC care, the HMD will begin with the month the doctor signs the MA 51 and will continue for six months. There is no requirement when an individual is requesting a HMD to determine if the individual already used his or her income to pay shelter expenses.

Example: Ms. A was admitted to an LTC facility on June 15. On June 15 the doctor certifies that Ms. A will return home within six months. Because she verified that her June income was spent before she entered the LTC facility Ms. A does not pay anything toward her cost of care for June. Ms. A is eligible for the HMD for the six month period from June through November. Although she has no

available income in June the HMD is only given through November, six months from the month the doctor certified she is short-term.

[55 Pa. Code § 181.452\(d\)\(6\)](#) applies to entire section

468.381 Nursing Home Transition

The CAO may allow a HMD for a resident of an LTC facility to transition to the community. The HMD can be used as a deduction for up to three months, even if the transition begins more than six months after the initial admission to the facility, if the following conditions are met:

- A doctor must certify that the individual's condition has improved and the individual will be discharged to the community within the time frame for the requested HMD.
- An LTC transition coordinator must be actively helping the individual with the transition back to the community. The CAO must verify this by contacting the appropriate agency (for example, the [Area Agency on Aging](#)).
- The individual does not need to have an established residence in the community (for example, an apartment or [real property](#)) to be eligible for this deduction.
- The HMD begins in the calendar month in which the doctor certifies that the individual's condition has improved and the person will be discharged home from the facility.
- The HMD will be allowed for up to three months in a row.
- If an individual received the HMD for up to six months when he or she was initially admitted to the LTC facility, the individual cannot receive an additional three months for the transition back to the community unless the individual had been discharged to the community between these time periods.
- If an individual received the HMD for less than six months when he or she was initially admitted, the individual would be entitled to an additional HMD for up to three months to transition back to the community. The HMD cannot be authorized for more than a total of six months for each admission to an LTC facility.
- The CAO must update the CAMLTC screen in CIS or the Long Term Living screen in Phase IVB and send a notice to the individual. The CAO must send copies to the LTC facility, the individual's representative (if any), and, if there is one, the office responsible for the [HCBS](#) program from which the individual may begin to receive services after the transition back to the community.

Examples:

- It is now the end of July, and Mr. S is not quite ready to be discharged from Spring Hill. He is working with a nursing home transition coordinator, and his

doctor states that he will be released within three months because of the continuing improvement in his condition. Mr. S is entitled to an HMD for up to six months for each admission. Because he has already received a HMD for four months (April through July), the CAO allows a HMD for the two-month period of August 1 through September 30.

- Mrs. E was admitted to Spring Hill LTC facility on May 1. Mrs. E owns her home and intends to return there. An application was received on November 1. It was signed and dated August 1, with a requested start date of May 1. All the required proof was received on November 21, including a signed MA 51 verifying Mrs. E's need for long-term care. The CAO authorized MA LTC effective back to May 1 with no HMD. On December 7, the CAO received a new MA 51 showing a need for short-term care and a request to adjust the HMD back to May 1. Mrs. E is not working with a nursing home transition coordinator. The CAO does *not* allow an HMD back to May 1, because the request did not come in within six months from the date of admission. The CAO denies the request for a transition HMD, because Mrs. E's condition is not improving and she is not working with a nursing home transition coordinator.
- Mr. D was admitted on October 1 to Spring Hill LTC facility. He owns his home and intends to return there. His doctor certified his need for long-term care effective October 1. The CAO approved MA LTC to start on October 1 with no HMD. On March 1, the CAO receives a request for the HMD. On the same date, Mr. D's doctor signs a new MA 51 showing that Mr. D needs short-term care, but the MA 51 does not show that Mr. D's condition is improving. Mr. D is not working with an LTC transition coordinator. The CAO turns down the request for a HMD, because his condition is not improving and he is not working with a nursing home transition coordinator.

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