

LTC Refresher - Case Data Information - ILT



The purpose of this case data description is to provide information to build the case **Exactly** as is needed for classroom training. Add rows for any additional information that should be included.

Class	Description
Module	Special Intake Scenarios
Exercise	LTC
HOH Name	Helena [Make-up, Last Name]
Programs Requested	Medical; Medicare Savings Program
Scenario from Instructor Guide	Helena is married has recently been admitted to a Nursing Home and is applying for Medical assistance. Process her application and perform data collection to determine her eligibility. She receives \$1500.90 in Social Security. The private rate is \$190.00 per day and the State rate is \$125.50 per day.
Assumptions	Assume all members have no felony convictions, are not veterans, are not migrant farmworkers. Make up all SSNs.

Question	Answer
Application Information	<p>Special Accommodations: LTC, Date Received: (Today), No prior months coverage.</p> <p>YES to currently receiving Medicare</p> <p>YES to individual currently in a long term care facility</p>
Head of Household	<p>Helena [Last Name], Female, 08/01/1933, SSN 412-52-#### , White, Non-Hispanic, English, Facility, education details, US Citizen, IL</p> <p>SSCN: 412-52-####A</p> <p>Verifications: Driver's License, Birth Certificate, Federal Data Services Hub, Relationship/Education (Client Statement)</p>
Household Address	<p>1500 West Northmoor Road Room #Case Data Sheet Room Number Peoria, IL 61614 Peoria County</p>
Facility Information	<p>Entered Facility: 1/3/2014</p> <p>Has the individual completed and signed the LTC/ADI form 3654: YES</p> <p>Facility is a non profit organization: NO</p> <p>Facility is public institution: NO</p> <p>Facility has less than 17 residents: NO</p> <p>Facility licensed or certified: <i>Licensed by State</i></p>
Other Household Members	<p>Edward [Last Name Same as Helena], Male, 05/11/1943, SSN ###-##-####, White, Non-Hispanic, English, Married, At home, Graduated High School and is not enrolled anywhere, US Citizen, IL, Married on 09/17/1970 in Cook County</p> <p>Verifications: IL SoS Clearance (Other Acceptable), Social Security Card, Passport Not needed.</p>



<p>Income</p>	<p>She receives: \$1500.90 in SSA income per month started the 3rd of this month last year, paid monthly. Include in projections.</p> <p>He receives: \$1700.90 in SSA income per month started the 3rd of this month last year, paid monthly. Include in projections.</p> <p>\$1038.10 diverted to Edward.</p> <p><i>*Assume "Has Individual Lost Employment/Individual on Strike" answers are no. Income IS accessible. For ALL days put how the person creating the case should record (i.e. 7 days ago).</i></p> <p><i>*Assume caseworker has already have done the calculation for diversion on the new form that has been uploaded.</i></p>	
<p>Assets</p>	<p>Burial Resource Details</p> <p>Helena- \$12000 prepaid burial contract.</p> <p>Is Burial asset revocable: NO</p> <p>Is Burial asset accessible: YES</p> <p>Funding Source: <i>Funeral Trust</i></p> <p>Verification: Other Acceptable</p> <p>Withdrawal Penalty: YES</p> <p>Burial asset jointly owned: NO</p> <p>Is asset income producing: NO</p> <p>Verifications: Other Acceptable</p>	<p>Burial Resource Amount Info.</p> <p>Face Value: \$12000</p> <p>Withdrawal Penalty? YES</p> <p>Burial Asset is jointly owned? NO</p> <p>Client Contribution Amount: \$12000</p> <p>Is this asset income producing: NO</p> <p><i>Exempt Merchandise: 4500 Casket, 1500 Vault, 750 Headstone, 1200 Opening and Closing Total Burial Exempt merchandise 7950</i></p> <p><i>Bank account \$10,000 transferred to him.3190 form is uploaded into IES.</i></p>
<p>Medical Expenses</p>	<p>Use Medicare premiums from both for 7/1/2013 through 1/31/2014 (Totaling \$1468.60)</p> <p>She has a dental Expense incurred on October 15, 2013 in the amount of \$414.40.</p> <p>Will meet spenddown on 1/1/2014 with no carry over.</p> <p>\$104.90 Medicare Premium per month. \$225 supplemental Medical per month.</p> <p>Verification: Copy of Bills.</p>	
<p>Other Questions Pages</p>	<p>Receiving Benefit Type: SSA, Status: Approved, Benefit App date: 1 year and one month ago on the 1st, Benefit Begin date: 1 year ago on the 3rd of the month.</p> <p>Verification: SolQ</p>	