

Exercise Information – Anthony (LTC)



Class	Description
Module(s)	LTC Application Registration, Data Collection and Eligibility/Certification
HOH Name	Anthony
Programs Requested	Long Term Care Medical
Scenario from Instructor Guide	<p>Anthony has moved into a facility due to an accident and he is requesting LTC Medical. Anthony's wife Jane lives at home and is not requesting any assistance. Anthony has designated Jane (his wife) as his Power of Attorney and she is applying for assistance on his behalf as the Approved Representative.</p> <p>Anthony and his wife both receive RSDI benefits. They have no shelter expenses, Anthony would like to divert the maximum amount of his income to his wife and the Community Spouse Resource Allowance for his assets.</p> <p>Anthony has an irrevocable prepaid burial policy with exempt merchandise and a money market account, The money market has been transferred to his son who is not in the household.</p>
Assumptions	No felony convictions, not a veteran, is not a migrant farmworkers

Question	Answer
Application Information	Received a paper mail-in application; requesting Medical; 3 months of prior months coverage requested for the community months.
Programs Requested	LTC Medical; Interview not required
Head of Household	<p>Anthony _____; Male; Date of Birth 11/02/1948; Married SSN: 513-18-XXXX; SSCN: <i>same as SSN with an A</i> White; Non-Hispanic; Speaks English</p> <p>Verifications: IL SoS Clearance; Verified by SSA; Legal Birth Certificate, Social Security Card, Relationships: Marriage certificate</p>
Special Accommodations	<p>LTC Facility</p> <p>Moved into the facility on the 15th of the current month; Moved from Home</p> <p>Community Months: "At Home" (CSCD) 1st of the month – 3 months prior to the application/reported on date</p>
Approved Representative	<p>Jane (Anthony's wife), Power of Attorney 550 W Van Buren, Chicago, IL 60607 Cook County</p>
Other Household Members	<p>Jane - Wife; Date of Birth 09/17/1947; Married; White; Non-Hispanic; Speaks English SSN: 514-18-XXXX; SSCN: <i>same as SSN with an A</i> Verifications: Legal Birth Certificate, Social Security Card, IL SoS Clearance, Verified by SSA</p>

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Question	Answer
Disability Information (Anthony)	Permanent Disability approved by SSA and does need help with daily living through personal assistance services, a nursing home, or other medical facility Disability begin date: 01/02/2009 Verification: SOLQ
Facility Address	Abbott House 405 Central Avenue, Room 323 Highland Park, IL 60035; Lake County
Facility Information	Facility is a non-profit organization; not a public institution; does not have less than 17 residents; Licensed by State Facility Entrance Date: 15th of the current month applying for Private rate: \$190.00 per day and the State rate is \$125.00 per day LTC Standard: \$30.00 Batch Code: 4232 SMIB, Med. Premium, Deductibles, Coinsurance: \$104.90
Unearned Income	Anthony- \$1800 RSDI (Disability) paid monthly on the 3 rd ; include in projections Application date: 01/02/2009 Benefit begin date: 03/03/2009 Verification: SOLQ ----- Jane - \$1200 RSDI (Retirement) paid monthly on the 3 rd ; include in projections Application date: 01/02/2012 Benefit begin date: 03/02/2012 Verification: SOLQ
Diversion Income	Diverting the maximum amount of his income to his wife
Diversion Assets	Community Spouse Resource Allowance (maximum)
Shelter Expenses	None
Assets (Anthony)	Liquid Asset Date Purchased: One Year ago today Liquid Asset Type: Money Market Account Bank/Institution Name: Capitol Bank Account Number: 523169

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Question	Answer
	<p>Asset Amount (1st of three months prior): \$4000.00 Asset Amount (1st of two months prior):\$4100.00 Asset Amount (1st of one month prior): \$4500.00 Asset Amount (1^s of this month): \$5000.00</p> <p>Verification: <i>Current statement from bank or financial institution from the first of the current month</i></p> <p>-----</p> <p>Irrevocable Pre-Paid Burial</p> <p>Date Purchased: <i>6 months ago today</i></p> <p>\$12000 prepaid burial; exempt merchandise of \$7000</p> <ul style="list-style-type: none"> • <i>Burial Plot: \$2000.00</i> • <i>Casket: \$2000.00</i> • <i>Headstone: \$1000.00</i> • <i>Vault: \$1,100.00</i> • <i>Open and close site: \$900.00</i> <p>Verification: <i>Burial Contract</i></p>
<p>Transferred Assets (Anthony to Marvin)</p>	<p>Money Market Account</p> <p>Transferred to son (not in the household), the first of last month</p> <p>Son's Name: Marvin</p> <p>Fair Market Value - \$5000 -- Amount Received - \$1000</p> <p>Verification: <i>Transfer Documents</i></p>
<p>Medical Expenses (Anthony)</p>	<ol style="list-style-type: none"> 1. Recurring monthly premium expense began on 10/01/2013 for \$104.90 <i>Date of Service: 1 month ago</i> <i>Date Billed/Paid: 1 month after application date</i> 2. Anthony: Incurred a one-time split-bill expense for \$6,000 <i>Date of Service: 3 months prior to application date</i> <i>Date Billed/Paid: 1 month after application date</i> 3. Jane: Incurred one-time, non-split bill expense for \$5,000 (Hearing Aid) <i>Date of Service: 2 months prior to application date</i> <i>Date Billed/Paid: Paid, Receipt</i>
<p>Case Comments</p>	<p><Insert any case comment text></p>