

ROANOKE COUNTY DEPT OF SOCIAL SERVICES
P.O. BOX 1127
SALEM VA 24153
September 25, 2002

RE:

Dear

Your mother's case has been approved for full coverage Medicaid effective August 1, 2002, because she meets the current resource limit of \$2000.00 or less. She will have coverage for doctor, hospital, and pharmacy charges starting with that date. However, due to the fact that her spouse (your father) transferred his home property and a significant amount of funds to your and your brother, via his will, a penalty is being imposed on your mother so that she will not be eligible for assistance with Long Term Care (Nursing Home Room and Board) charges for several months.

The transfers that took place in November 2001 were of the home property, valued at \$_____, and bank accounts, valued at \$_____, for a total transfer of \$_____ in that month. The decision by the _____ Regional Medicaid Office is that your mother should have been entitled to claim a one-third share of your father's estate. One-third of his estate is determined to have been \$_____. Your mother did not file a claim against the estate within six months from the date of your father's death. Also, an additional uncompensated transfer was made by your mother in July 2002, in the form of a \$_____ gift to you. That brings the uncompensated total to \$_____. That figure is divided by \$3517.00, which is the current "Average Monthly Private Nursing Facility Cost" for this region. An 18-month penalty for Long Term Care assistance is being imposed on your mother's case, to cause a period of ineligibility from the month of the initial transfer, November 2001, through April 2003. Therefore, your mother will be required to pay the Private Room & Board rate at _____ through that month.

I have enclosed all applicable pages of Medicaid policy that pertains to these particular types of transfers and the procedure for calculating penalty periods. Please contact me if you have any questions or changes to report.

Sincerely,