



# A Guide to the Institutional Care Program

## Medical assistance for low income individuals in or entering a Nursing Home

### **What is Institutional Care Program (ICP)?**

The Institutional Care Program (ICP) is Medicaid coverage that helps individuals in nursing homes pay for the cost of their care and provides general medical coverage.

Eligibility for ICP is determined by the Department of Children and Families (DCF). There are technical, medical and financial criteria an individual must meet to qualify for coverage under ICP.

A medical evaluation must be completed to determine the type of care an individual requires to reside in a nursing home. The medical evaluation is referred to as the Level of Care (LOC), and is determined by the Department of Elder Affairs (DOEA), Comprehensive Assessment and Review for Long-Term Care Services (CARES). Information about the LOC process is on DOEA/CARES website at:

<http://elderaffairs.state.fl.us/doea/cares.php>

### **Who may apply?**

The individual or their designated representative may apply. If there is a legal guardian, the guardian should apply unless the legal guardian fails to cooperate or cannot be located.

### **Some eligibility requirements include:**

- Age 65 or older, if under 65 be determined disabled
- U.S. citizen or qualified noncitizen
- Florida resident
- Have a Social Security number or apply for one
- File for any other benefits you are potentially eligible to receive (i.e., pensions, retirement, disability benefits, etc.)
- Tell DCF about other third party medical coverage (i.e., health insurance)
- Determined to need nursing home services
- Reside in a nursing home that participates in the Medicaid program
- Have assets and income within the ICP limit

### **Asset and Income limits:**

The Asset and Income Limits for ICP are located on the Department's website:

[https://www.myflfamilies.com/service-programs/access/docs/esspolicymanual/a\\_09.pdf](https://www.myflfamilies.com/service-programs/access/docs/esspolicymanual/a_09.pdf)

### **Types of assets that DO count:**

- Real property, other than homestead
- Bank accounts, Certificates of Deposit (CDs), money market funds
- Stocks, bonds
- Trusts
- Life insurance cash value if the face value of the policies owned by the individual totals more than \$2500

### **Types of assets that DO NOT count:**

- Homestead, if the individual or dependent lives there, or if the individual is absent but intends to return
- One vehicle
- Revocable burial funds up to \$2500
- Irrevocable pre-paid burial contracts
- Life insurance cash value if the face value of the policies owned by the individual is \$2500 or less
- Assets protected under a qualified long-term care insurance partnership policy

### **Income Types:**

The gross monthly income of the nursing home individual is considered when determining eligibility for ICP. Types of income include, but are not limited to:

- Social Security
- Veterans Administration Benefits
- Pensions
- Income from mortgages
- Contributions

### **Qualified Income Trust (QIT):**

If an individual's income is over the limit to qualify for ICP, a QIT allows an individual to become eligible by depositing income into an account each month. The QIT involves a written agreement, establishing a special account, and making deposits into the account.

To qualify, the "qualified income trust" must:

- Be irrevocable
- Consist of income only
- Designate the state will receive all funds remaining in the trust upon the death of the individual
- Signed and dated by the individual, a spouse, or a person who has legal authority to act on their behalf

### **Transfers of Income and Assets:**

Transfers of income or assets may affect eligibility. If income or assets are transferred for less than fair market value to become Medicaid eligible, a period of ineligibility may exist for the individual. This varies depending on the value of the transferred income or asset(s).

Anyone determined ineligible based on transfer of income or assets cannot qualify for ICP. However, the individual may still qualify for basic Medicaid coverage (e.g., medicines, hospital coverage, etc.).

#### **Allowable Transfers:**

Certain transfers are allowable. The individual may transfer:

- Any resource to a spouse or disabled adult child
- The homestead, without penalty, to one of the following relatives:
  - A spouse
  - A minor child (under 21 years) or a blind or disabled adult child
- A sibling who has equity interest in the home and resided there at least one year prior to the individual's institutionalization
- A son or daughter who resided in the home for at least two years immediately before institutionalization and who provided care that delayed the individual's institutionalization

#### **Special ICP Policies that Apply to Spouses:**

Assets and income are considered differently for couples when one spouse is in a nursing home and the other remains in the community.

At application, all assets (except for assets that do not count listed earlier) jointly owned between spouses must be counted together.

Individuals with spouses residing in the community have a Community Spouse Resource Allowance (CSRA) which is subtracted from the couple's total countable assets before evaluating the institutionalized spouse's countable assets.

Only income of the spouse in the nursing home is used to determine eligibility. After approval, part of the institutional spouse's income may be allocated to the community spouse to help with living expenses.

#### **How Much Does the Resident Pay for Their Care?**

A special budget is used to determine the monthly amount the resident is responsible to pay. In general, all the monthly income, except for their personal needs, must be paid to the nursing home for cost of care. This includes any funds deposited into a "qualified income trust." The payment to the nursing home is called the "patient responsibility."

All or part of the individual's income may be diverted for the spouse or dependents reducing the amount of the patient responsibility.

Other allowances and deductions which may apply are uncovered medical expenses such as health insurance premiums (other than Medicare) co-pays and deductibles. In some situations, certain Veteran's Administration (VA) payments will also be deducted in the budget. The eligibility worker calculates the patient responsibility amount.

#### **How Much Does Medicaid Cover?**

Medicaid covers the difference between the patient responsibility and what the nursing home charges under Medicaid.

#### **Changes:**

Changes need to be reported as soon as the change occurs. These may include changes in income, assets, insurance coverage or leaving the nursing home.

#### **Renewals:**

Annual reviews are required for continued eligibility. A notice will be mailed to the individual, their designated representative, or legal guardian annually.

#### **How to Apply:**

Individuals can apply for benefits:

- From any computer with internet access by visiting our web site:  
<http://www.myflorida.com/accessflorida> or,
- At one of the Department's ACCESS Florida community partners. A listing of community partners can be found online at: <https://access-web.dcf.state.fl.us/CPSLookup/search.aspx> or,
- At a DCF ACCESS Florida Customer Service Center. A list of Customer Service Centers can be found online at:  
<https://www.myflfamilies.com/service-programs/access/map.shtml> or,
- Requesting a paper application by calling 1-866-762-2237 and submitting it in person, by mail or fax.

An individual must create a MyACCESS Account to submit an online application, report a change, submit a renewal or review benefit information at: <http://www.myflorida.com/accessflorida>. This website is available 24 hours a day 7 days a week. After registering, individuals can:

- Check on the status of an application or renewal
- View a list of items needed to process the application or renewal
- View when the next renewal is scheduled
- Upload and view verification documents
- Print a temporary Medicaid card
- Report a change
- Upload and view documents