



## Ohio Administrative Code

### Rule 5160:1-6-05 Medicaid: treatment of income and resources for spouses who are both seeking medicaid payment for long-term care (LTC) services.

Effective: January 1, 2018

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(A) This rule describes the treatment of income and resources for spouses who are both seeking medicaid payment for LTC services.

(B) If both spouses are expected to receive LTC services for less than thirty consecutive days, each spouse's eligibility must be determined in accordance with Chapter 5160:1-3 or 5160:1-4 of the Administrative Code and the rules in Chapter 5160:1-6 of the Administrative Code do not apply.

(C) If both spouses are likely to receive LTC services for more than thirty consecutive days, the following rules apply:

(1) If the spouses are no longer living together (for example, one spouse is residing in a medical institution and the other spouse is requesting enrollment in a home and community-based services (HCBS) waiver), determine each spouse's eligibility independently as follows:

(a) Determine if one or both spouses are eligible for base medicaid under Chapter 5160:1-4 of the Administrative Code.

(b) If a spouse is not eligible for base medicaid under Chapter 5160:1-4 of the Administrative Code, beginning the first month following the month the couple ceased to live together, treat the spouse as an individual and compare his or her income and resources to the individual income and resource standards in accordance with Chapter 5160:1-3 of the Administrative Code.

(c) If a spouse's income exceeds the individual income standard, then, if applicable, determine each spouse's eligibility under the special income level (SIL) as described in rule 5160:1-6-03.1 of the Administrative Code.

(2) If the spouses are living together in the community (for example, both spouses are requesting enrollment in an HCBS waiver):



(a) Determine if one or both spouses are eligible for base medicaid under Chapter 5160:1-4 of the Administrative Code.

(b) If one or both of the spouses are not eligible for base medicaid under Chapter 5160:1-4 of the Administrative Code, determine eligibility for one or both of the spouses in accordance with Chapter 5160:1-3 of the Administrative Code.

(c) If one or both of the spouses are not eligible for base medicaid under Chapter 5160:1-3 of the Administrative Code, then determine both spouse's eligibility independently under the SIL.

(D) If both spouses reside in, or are admitted to, the same room of a medical institution, then the following rules apply:

(1) Determine if one or both spouses are eligible for base medicaid under Chapter 5160:1-4 of the Administrative Code.

(2) If a spouse is not eligible for base medicaid under Chapter 5160:1-4 of the Administrative Code, the spouse may choose to be considered as a couple or as an individual for the purposes of applying the individual or couple income standards under Chapter 5160:1-3 of the Administrative Code, whichever is more advantageous to the individual.

(3) If a spouse's income exceeds the income standards in Chapter 5160:1-3 of the Administrative Code, then the spouse's eligibility will be determined under the SIL.

(E) Hardship exception.

(1) If both spouses are seeking or receiving LTC services, one spouse may receive an amount that does not exceed the monthly income allowance (MIA) as calculated in rule 5160:1-6-07 or 5160:1-6-07.1 of the Administrative Code in the following circumstance:

(a) Only one spouse is subject to a patient liability; and



(b) The spouse who is not subject to the patient liability receives HCBS services and needs the additional income from his or her spouse to remain in the community.

(2) The amount of income received by the spouse under this section will be considered unearned income to that spouse.