Understanding Patient Liability

A Monthly Payment for Long-Term Care Services
Ohio Medicaid pays for a large portion of long-term care services for certain Ohioans living in nursing homes or other long-term care settings. However, Medicaid consumers may still be responsible for paying a portion of their health care costs. This is called a **Patient Liability**, and it is paid directly to the long-term care provider.

**What is Patient Liability?**

Patient Liability is the amount a Medicaid consumer must pay for long-term care services in a:

- medical institution,
- long-term care facility, or
- intermediate care facility for the mentally retarded (ICF-MR), or through:
  - a home and community-based services (HCBS) waiver program, or
  - the Program of All-Inclusive Care for the Elderly (PACE).

**Note:** The Patient Liability amount will be the same each month unless there is a change in income or deductions.
**How is the Patient Liability determined?**

The caseworker will determine the Patient Liability amount. Applicants must provide proof of income and current medical expenses to the caseworker.

The Patient Liability for a full month of long-term care is based on the applicant’s income excluding certain types of deductions.

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**Types of Allowable Deductions:**

- **Personal Needs Allowance (PNA):** the amount of income (usually $40) a Medicaid consumer is allowed to keep each month for his or her own use

- Medical expenses such as:
  - Medicare and Medicaid or other health insurance premiums
  - Insurance deductibles, coinsurance or copayments
  - Unpaid past medical expenses

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**Income - Deductions = Patient Liability**

The caseworker will verify the allowable deductions to determine the patient liability.
Other Types of Deductions

Other types of deductions for applicants with a spouse living at home and/or dependent family members in the home:

- **Monthly Income Allowance (MIA):** amount of income to meet the needs of the spouse at home
- **Family Allowance (FA):** amount of income to meet the needs of certain dependent family members living with the spouse at home
- **Family Maintenance Needs Allowance (FMNA):** amount of income to meet the needs of certain dependent family members when there is no spouse at home

Are all types of income counted?

No. While most income will be counted, some types of income can be excluded from your Patient Liability. Contact your local county department of job and family services for a complete list of excluded types of income.

### Patient Liability Example

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual’s Monthly Income from Social Security</td>
<td>$850.00</td>
</tr>
<tr>
<td>Personal Needs Allowance</td>
<td>- $40.00</td>
</tr>
<tr>
<td>Medicare Premium</td>
<td>- $94.00</td>
</tr>
<tr>
<td><strong>Patient Liability</strong></td>
<td><strong>$716.00</strong></td>
</tr>
</tbody>
</table>

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How is Patient Liability determined for stays of less than a month?

The Patient Liability is prorated when an individual stays in a facility for less than a full month. The prorated amount is based on the actual number of days the individual stayed in the facility, excluding the date of discharge.

**Prorated Patient Liability Example**

In January, Joe Smith was in a car accident and needed to go to a nursing home. His caseworker determined his Patient Liability to be $716 per month. Since he was only in the nursing home for five days (excluding the date of discharge), his Patient Liability is prorated as $115.

<table>
<thead>
<tr>
<th>Step</th>
<th>Calculation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe’s Patient Liability</td>
<td>$716</td>
<td></td>
</tr>
<tr>
<td>Divide by # of days in January (the month Joe stayed in the nursing home)</td>
<td>/ 31</td>
<td></td>
</tr>
<tr>
<td>Joe’s per day amount for Patient Liability</td>
<td></td>
<td>$23</td>
</tr>
<tr>
<td># of days Joe was in the nursing home in January</td>
<td>x 5</td>
<td></td>
</tr>
<tr>
<td>Joe’s Prorated Patient Liability amount for January</td>
<td></td>
<td>$115</td>
</tr>
</tbody>
</table>
Your Caseworker’s Responsibilities

The caseworker must provide the applicant and the applicant’s spouse at home (if applicable) and/or authorized representative:

- written notice of amount of the Patient Liability and
- appropriate notice of appeal rights

Individuals should contact their caseworker if they have questions regarding the calculation of their Patient Liability.

For more information and answers to your questions, please call:

Medicaid Consumer Hotline:
1-800-324-8680

TTY/TDD for hearing impaired:
1-800-292-3572
This information is not intended to replace, change or obsolete any portion of the Medicaid Eligibility Manual (MEM) or department rule. Additional copies can be requested by faxing to (614) 728-7724.