

**PROVIDING QUALITY CARE FOR
YOUR LOVED ONES**

Grafton County Nursing Home

3855 Dartmouth College Highway, North Haverhill, NH 03774

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FINANCIAL INFORMATION

A PLACE TO CALL HOME



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Dear: _____

Date: _____

You are receiving this packet of information in follow-up to the recent admission of _____ to Grafton County Nursing Home. **Our goal is to help you ensure that there are no uncovered days for which the resident's Fiduciary/Durable Power of Attorney will be financially responsible.**

During the admissions process, some of our residents indicate that they will need to apply for Medicaid immediately to cover the cost of their stay. As the admissions process is lengthy and draws on many informational and emotional resources, we additionally reach out to the party named by the resident as assisting them with their financial information. This party may or may not be the legal Fiduciary.

During the admission process, you agreed to assist the resident with their finances and Medicaid application, if needed. It is important that you know what is expected. In order to assist with these responsibilities, we are providing a packet of information that is important for you to review and understand. If you are not the correct party, please contact us immediately.

Included with this letter are the following:

- Medicaid Income and Asset Rules Pamphlet for Nursing Home Residents
- Service Link Contact Information and Pamphlet
- Summary Explaining Fiduciary Responsibility Relating to RSA 151-E:19
- 2023 NH Revised Statutes 151-E:19 (Title XI - Hospitals and Sanitaria)
Support For Certain Residents of Nursing Homes and Assisted Living Facilities

In certain cases, the resident's stay may be paid for by Medicare for a limited number of days. Sometimes the resident will successfully transition back into the community prior to use of their own resources to pay for their stay. **In such a case, this packet serves only as assistance for any future need to apply for Medicaid.**



If the payment source has not been established already, it is imperative to determine immediately whether the care will be paid with private funds or if Medicaid assistance is needed.

Resource Assessment

If the spouse of the resident is still living in the community, a *Resource Assessment* must be completed regardless of the payment source. The Resource Assessment is a "snapshot" of the couple's assets at the time one spouse enters a nursing home. This assessment identifies the maximum amount of assets that can be protected for the community spouse. **The community agency, known as "Service Link," can assist with completing the resource assessment.**

Private Pay and Countable Assets

If the resident has more than \$7,500 in countable assets, the payment source for their care will be at the **private pay** daily rate. This means that the resident will need to pay privately until it can be shown that the countable assets are below \$7,500. Private pay payment is due in advance of each month and upon admission. If upon admission there are not sufficient assets to pay for an entire month, an amount must be paid that will bring the assets below the \$7,500 limit.

Medicaid Assistance - Qualifications and Guidance

In order to qualify for NH Medicaid, a resident must meet certain criteria. To help answer any questions you may have and help you understand the process/criteria, you will find the “**MEDICAID INCOME AND ASSET RULES FOR NURSING HOME RESIDENTS**” attached.

NOTICE TO VERMONT RESIDENTS:

VT will vary, please check with your state’s Department of Health and Human Services

THE FOLLOWING MUST BE ADHERED TO:

- All countable assets MUST remain under the \$7,500 Medicaid eligibility requirements at ALL times.
- All requests for verifications from the State of New Hampshire Department of Health and Human Services (DHHS) must be responded to on time.
- The resident’s monthly income must be paid to the facility each month while going through the Medicaid process and once finally approved. Medicaid requires that the monthly income (Social Security/pension benefits, SSI, VA, etc.) is paid to the facility to offset the cost of the nursing home care. The resident is entitled to retain a portion of their funds for personal needs as follows:

NH Residents - \$90 per month; **VT Residents** - \$79.93 per month

If there is a community spouse, the State may determine, based on income guidelines, that the spouse is eligible to retain a portion or all of the resident’s monthly income. In addition, an allowance may be made to continue paying for health insurance policies.

Applying For NH Medicaid/During The Application Process

Should it be necessary to apply for New Hampshire Medicaid to cover the cost of the Nursing Home stay, an application must be filed. The application process can be done through either of the following agencies:

ServiceLink Resource Center of Grafton County

- 10 Campbell Street, Lebanon, NH 03776
PHONE: (603) 448-1558; **FAX:** (603) 448-6920
- 262 Cottage Street, Suite G-25, Mt. Eustis Commons, Littleton, NH 03561
PHONE: (603) 444-4498; **FAX:** (603) 444-0379

Department of Health and Human Services

- 80 N. Littleton Rd., Littleton, NH 30561
PHONE: (603) 444-6786 or (800) 552-8959; **FAX:** (603) 352-2598
- 129 Pleasant Street, Concord, NH 03301
PHONE: (603) 271-4344 or (800) 852-3345

During the Medicaid Application Process:

If the resident does not have resources to pay their Grafton County Nursing Home bill, it is necessary to start the Medicaid process immediately and to keep us updated regularly throughout the process. If you have any questions about the information provided, please contact one of the following staff at (603) 787-6971: **Jessica Kaminski, Social Services Director, ext 4008 / Lisa Langlois, Bookkeeper, ext 4006.**

We would be happy to address your inquiries via phone or arrange an in-person appointment.

Best regards,
Dawn Jurentkuff, Finance Director

SUMMARY EXPLAINING FIDUCIARY RESPONSIBILITY RSA 151-E:19

This information pertains to:

- ▶ The Legal Fiduciary.
- ▶ Anyone who has received something of value from the nursing home resident within the past 5 years.

New Hampshire RSA 151-E:19 states:

- This law can affect you when you are the legal party responsible for applying for Medicaid assistance for someone staying in a nursing home.
- This law also can affect anyone who has received something of value from a nursing home resident applying for Medicaid in New Hampshire.
- Any person needing Medicaid to pay for a nursing home stay must go through a thorough review of all financial accounts with the Department of Health and Human Services. DHHS will review 60 months (5 years) of your financial records.
- As part of the Medicaid application process, DHHS will review if the person staying in the nursing home (the resident) spent money or gave away items of value in a manner not allowable by Medicaid during this 5 year “look back” period.
- **Although the resident may already be participating in a Medicaid program, if they have not yet given 5 years of financial information to DHHS, then they do not yet have the type of Medicaid that will pay for nursing home level of care.**
- If the resident is currently married, a “resource assessment” will be required.
- If the resident is divorced or if their spouse is deceased, DHHS will require either a divorce decree or death certificate as verification.
- **If DHHS determines that the nursing home resident has given away money or has sold/transferred property in a manner not allowable by Medicaid, the resident will not qualify for Medicaid to pay for their stay.**
- **This means that anyone who received the resident’s money or asset(s) is going to have to: (1) return the money, or (2) pay up the amount they received for the resident’s nursing home care.**

Sections of This Law Read:

When an asset transfer made on or after the effective date of this section results in a final determination of a Medicaid asset transfer disqualification, **the person who received the assets from a resident which resulted in the Medicaid asset transfer disqualification shall be liable** under the section to the long-term care facility **for all costs of care, up to the amount transferred to the person.** The person shall be liable at the facility’s Medicaid rate for services for the period of asset transfer disqualification.

A fiduciary who possesses or controls the income or assets of a resident of a long-term care facility and has the authority and duty to file an application for Medicaid on behalf of a resident shall be liable

under this section to the long-term care facility **for all costs of care which are not covered by Medicaid due to the fiduciary's negligence in failing to promptly and fully complete and pursue an application for Medicaid benefits for the resident.** Upon a finding of negligence, the fiduciary shall be liable to the facility for the costs of care at the facility's Medicaid rate for services for the period of resulting non-coverage.

- Anyone who received something of value during the 5 year "look back" period that disqualifies a nursing home resident from receiving Medicaid in New Hampshire will be required to pay it back.
- "Fiduciary" means a person to whom power or property has been formally entrusted, i.e., Durable Power of Attorney for Finances, or Guardian over Estate.
- If you are the Fiduciary and you don't apply for Medicaid within the correct time frame, you could be required to pay the nursing home bill due to your delay.
- In addition, if you do not provide all the documents that the state requests and if this causes a delay in the Medicaid application process, you could be required to pay the nursing home bill due to your delay.

Servicelink is There to Help You Navigate This Highly Complex Process

GCNH is also here for support, and you can contact the resident's Social Worker or our Admissions Coordinator. While we can offer assistance, you must provide all of the paperwork to the state when they request it or you could be required to pay the nursing home bill.

2024 New Hampshire Revised Statutes
Title XI - Hospitals and Sanitaria
Title 151-E – LONG TERM CARE – SECTION 151-E:19
**Support for Certain Residents of Nursing Homes
and Assisted Living Facilities**

I. In this section:

- (a) "Asset transfer disqualification" means a transfer of assets for less than fair market value by a Medicaid applicant or recipient as set forth in 42 U.S.C. 1396p(c)(1)(A) and 42 U.S.C. 1396p(c)(1)(B).
- (b) "Costs of care" means all costs of health care and lodging and all related costs, including transportation, medical, and personal care and any other costs, charges, and expenses incurred by the facility in rendering care to the resident.
- (c) "Department" means the department of health and human services.
- (d) "Fiduciary" means a person to whom power or property has been formally entrusted for the benefit of another such as an attorney-in-fact, legal guardian, trustee, or representative payee.
- (e) "Long-term care facility" means a facility licensed by the department pursuant to He-P 803, 804, or 805.
- (f) "Patient liability amount" means the amount of income that a resident is liable to contribute toward the cost of his or her nursing facility care.
- (g) "Period of asset transfer disqualification" means the period of ineligibility for Medicaid required under 42 U.S.C. 1396p(c)(1)(E).
- (h) "Person" includes persons both natural and otherwise, including, without limitation, any corporation, partnership, limited liability company, trust or other entity.
- (i) "Resident" refers to any person who inhabits or inhabited a long-term care facility for any period of time.

II. (a) Except as provided in subparagraph (b), when an asset transfer made on or after the effective date of this section results in a final determination of a Medicaid asset transfer disqualification, the person who received the assets from a resident which resulted in the Medicaid asset transfer disqualification shall be liable under this section to the long-term care facility for all costs of care up to the amount transferred to the person. The person shall be liable at the facility's Medicaid rate for services for the period of asset transfer disqualification.

(b) It shall be an affirmative defense in any action instituted under subparagraph (a), that the transfer of the asset which resulted in a final determination of a Medicaid asset transfer disqualification was not a disqualifying transfer under 42 U.S.C. 1396p. The court's decision regarding such affirmative defense shall be made independently of the determination made by the department. If that affirmative defense is proven, the person shall not be liable under subparagraph (a).

(c) At least 45 days before filing an action pursuant to this paragraph, the facility shall send a written notice of its intent to file the action to any person whom it intends to name as a defendant in the action.

III. (a) A fiduciary who possesses or controls the income or assets of a resident of a long-term care facility and has the authority and duty to file an application for Medicaid on behalf of a resident shall be liable under this section to the long-term care facility for all costs of care which are not covered by Medicaid due to the fiduciary's negligence in failing to promptly and fully complete and pursue an application for Medicaid benefits for the resident. Upon a finding of negligence, the fiduciary shall be liable to the facility for the costs of care at the facility's Medicaid rate for services for the period of resulting noncoverage. At least 30 days before filing an action pursuant to this paragraph, the facility shall send a written notice of its intent to file the action to any person whom it intends to name as a defendant in the action. In any claim of negligence against a legal guardian, notice of intent to file the action shall simultaneously be provided to the probate court having jurisdiction over the guardianship. The probate court shall have jurisdiction over any action alleging negligence of a legal guardian, and shall, in any such action, consider whether removal of the

guardian is in the ward's best interests in accordance with RSA 464-A:39, I(c) and shall have the authority to assess liability and award damages under this section.

(b) Within 10 days of admission of the resident to the facility, such facility shall provide written notice to the resident, and to any fiduciary of the resident whose identity and mailing address are disclosed to the facility at the time of admission. The notice shall be deemed to have been completed when delivered in hand or when placed in first class United States mail to the disclosed mailing address. The notice shall contain the following information:

- (1) A summary of the fiduciary's potential responsibility to apply for Medicaid under this paragraph.
- (2) An explicit reference to this section of the statute.
- (3) Address and telephone number of the local Medicaid office.
- (4) Name, address, and telephone number of any contact person at the facility who is responsible for assisting the resident in applying for Medicaid, if the facility has such a contact person.

(c) Any action under this paragraph shall be subject to the following affirmative defenses:

- (1) The facility failed to provide notice to the fiduciary as described in subparagraph (b).
- (2) The fiduciary was unable to fulfill his or her duties under this paragraph due to infirmity of body or mind.

IV. Any fiduciary or person who has received authority over the income of a resident such as a person who has been given or otherwise obtained authority over a resident's bank account, has been named as or has rights as a joint account holder, or otherwise has obtained or received any control over a resident's bank account or any other income of a resident, shall be liable under this section to the long-term care facility to the extent that any such person or fiduciary refuses to pay the patient liability amount due under Medicaid, provided that the person or fiduciary is in receipt of written notice from the department of the patient liability amount at the time such income is received by the fiduciary or person, and provided further that the liability of the person or fiduciary shall be for amounts going forward from the receipt of the notice. At least 30 days before filing an action pursuant to this paragraph, the facility shall send a written notice of its intent to file the action to any person or fiduciary whom it intends to name as a defendant in the action.

V. No judgment obtained in any proceeding under this chapter shall be acted upon through execution, levy, or otherwise during the pendency of any actually completed and filed application for Medicaid. Attachments and trustee process to secure any judgment or potential judgment shall be permitted subject to the discretion of the court to protect facilities from non-payment or from the failure of the resident, or that resident's fiduciary, to cooperate in obtaining Medicaid.

VI. Nothing contained in this section shall prohibit or otherwise diminish any other causes of action possessed by any such long-term care facility. The death of the resident shall not nullify or otherwise affect the liability of the person or persons charged with the cost of care rendered or the patient liability amount as referenced in this section.

VII. A fiduciary under this section shall not be personally liable for the acts or omissions of the fiduciary's predecessor, if any, solely by reason of his or her role as successor fiduciary.

Source. 2013, 167:1, eff. July 2, 2013. 2014, 138:1-3, eff. June 16, 2014.

If you have questions about your rights or concerns about the rights or well-being of any individual who lives in a Long-Term Care Facility, please contact:

Office of the Long-Term Care Ombudsman
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-6505

Phone: (800) 442-5640 (toll-free in state)
(603) 271-4375
FAX: (603) 271-5574
E-mail: OLTCO@dhhs.nh.gov

STATE ADVOCACY GROUPS AND AREA SUPPORT SERVICES

STATE ADVOCACY GROUPS**Bureau of Licensing and Certification****State of New Hampshire****Department of Health & Human Services**

Health Facilities Administration

129 Pleasant Street

Concord, NH 03301

(603) 271-2152

Family Assistance Division**State of New Hampshire****Department of Health & Human Services**

Elderly & Adult Services

80 North Littleton Road

Littleton, NH 03561-3841

(800) 552-8959, ext 327 or (603) 444-6786, ext 327

Long-Term Care Ombudsman Program

129 Pleasant Street, Brown Building

Concord, NH 03301

(800) 442-5640 or (603) 271-4375

Disability Rights Center, Inc.

18 Low Avenue, P.O. Box 3660

Concord, NH 03302-3660

(800) 834-1721 or (603) 228-0432

The Senior Citizen Law Project**New Hampshire Legal Assistance (NHLA)**

1361 Elm Street, Suite 307

Manchester, NH 03101

(888) 353-9944 or (603) 624-6000

State's Attorney's Office**New Hampshire Department of Justice**

33 Capitol Street

Concord, NH 03301

(603) 271-3658

Medicaid Fraud Central Unit

33 Capitol Street

Concord, NH 03301

(603) 271-1246

Area Committee on Aging (ACOA)

NH Helpline: (800) 852-3388

Service Link NH: (866) 634-9412

Division of Elderly & Adult Services

AREA SUPPORT SERVICES

(800) 351-1888

Littleton ServiceLink

(603) 444-4498

North Country Home Health & Hospice

536 Cottage Street

Littleton, NH 03561

(603) 444-5317

Horse Meadow Senior Center

N. Haverhill, NH 03774

(603) 787-2539

Littleton Senior Center

Littleton, NH 03561

(603) 444-6050

White Mountain Mental Health Agency

536 Cottage Street

Littleton, NH 03561

(603) 444-5358

Community Action Program

244 Main Street

Littleton, NH 03561

(603) 444-6653

Community Action Program

6 Church Street

Woodsville, NH 03785

(603) 747-3013