

<b>The law before February 8, 2006</b>	<b>The law on and after February 8, 2006</b>
<p><b>Senior Gifting of Assets to Family or Others</b></p> <p>For any transfer of assets for less than fair market value (a gift), the look-back period during which a Medicaid-related penalty period may be imposed is 36 months. However, for transfers to certain irrevocable trusts and transfers from certain trusts, the look-back period is 60 months.</p>	<p><b>Senior Gifting of Assets to Family or Others</b></p> <p>The look-back period for all transfers made on or after February 8, 2006 is a full five years (60 months).</p>
<p><b>Beginning Date for Imposition of Penalty Period</b></p> <p>First day of the month in which the individual transfers assets for less than fair market value (the date of gift). This rule applies to each transfer of assets separately.</p>	<p><b>Beginning Date for Imposition of Penalty Period</b></p> <p>The later of the date on which the individual disposes of assets for less than fair market value <u>or</u> the date on which the individual would otherwise be eligible for medical assistance but for any gifting that results in a penalty period</p>
<p><b>Each Gift Treated Separately</b></p> <p>Only gifts made in a single calendar month may be aggregated in computing a penalty period.</p>	<p><b>All Gifts Aggregated</b></p> <p>All gifts given over a five-year period may be aggregated into a single penalty period no matter how small the post-DRA gift is.</p>
<p><b>Hardship Waivers</b></p> <p>The law currently provides limited hardship waiver processes for those cases in which an individual does not meet eligibility criteria but needs care.</p>	<p><b>Hardship Waivers</b></p> <p>The DRA provides added hardship waiver requirements and authorizes long-term care facilities to file undue hardship waiver applications on behalf of residents upon consent.</p>
<p><b>Disclosure and Treatment of Annuities</b></p> <p>Not applicable in Illinois.</p>	<p><b>Disclosure and Treatment of Annuities</b></p> <p>As a condition of Medicaid coverage, the applicant must disclose any interest the individual and spouse have in certain annuities purchased post-DRA. To receive Medicaid benefits, the applicant must list the state as the preferred remainder beneficiary under the annuity for the amount the state spent for nursing home care. This requirement is limited by certain pre-conditions.</p>
<p><b>Eligibility for Assistance Regardless of Substantial Home Equity</b></p> <p>A senior citizen's home is exempt from the Medicaid eligibility calculation, regardless of value.</p>	<p><b>Senior Disqualified if Home Equity is "Excessive"</b></p> <p>Single persons with more than \$500,000 in home equity will not be eligible for Medicaid. States may elect to raise this amount to \$750,000.</p>
<p><b>Treatment of Continuing Care Retirement Communities Contracts and Deposits</b></p> <p>Not addressed under this law.</p>	<p><b>Treatment of Continuing Care Retirement Communities Contracts and Deposits</b></p> <p>Permits continuing care retirement communities and life care community admission contracts to require residents to spend all resources declared for the purposes of admission on their care before applying for medical assistance through the Medicaid program.</p>