

**TO:** Local District Commissioners, Medicaid Directors

**FROM:** Judith Arnold, Director  
Division of Eligibility and Marketplace Integration

**SUBJECT:** Policy Change for the Begin Date of the Transfer-of-Assets Look-Back Period

**ATTACHMENT:** Look-Back Period Chart

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** Local District Support Unit  
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The purpose of this General Information System (GIS) message is to inform local departments of social services of a change in policy concerning the start date of the transfer of assets look-back period for individuals seeking Medicaid coverage of nursing facility services in the three-month retroactive eligibility period.

Individuals seeking Medicaid coverage of long-term nursing home care, or when rehabilitation services in a nursing home exceed 29 days, are subject to a review of assets for the 60-month transfer-of-assets look-back period. The look-back period is the 60 months immediately prior to the date an individual is both institutionalized and has applied for Medicaid (the application date).

In cases where an applicant is requesting coverage of nursing home care in the three-month retroactive eligibility period, the look-back period is 60 months immediately preceding the month of application. It had been the Department's policy to apply the look-back period 60 months prior to the first month Medicaid coverage was sought, including months in the retroactive eligibility period. Effectively immediately, districts are to limit their review of assets to the 60-month period immediately preceding the month of institutionalization and application for Medicaid.

For Medicaid recipients who are institutionalized for long-term nursing home care or receiving more than 29 days of rehabilitation services, the look-back period is 60 months preceding the month of institutionalization. Although requests for an increase in coverage for Medicaid payment of nursing home care can be applied up to three months prior to the date the request is received by the local district, the transfer of assets look-back period is 60 months from the date of institutionalization, not the date the increase in coverage is made. For Medicaid recipients who exceed 29 days of short-term rehabilitation services, the look-back period is 60 months prior to the month in which the individual started to receive the short-term rehabilitation services.

The "Look-Back Period Chart" that is attached to this GIS message illustrates when documentation of the look-back period is required and when chronic care budgeting applies for different scenarios.