

MEDICAID INFORMATION

The following is a list of the criteria used in order to establish eligibility for nursing home payment by Medicaid.

There are two (2) ways in which one must be approved for Medicaid eligibility
(1) financially (2) medically.

FINANCIAL ELIGIBILITY

In order to establish financial eligibility, a written application must be made with the Department of Health and Human Services.

You must take the following with you when making application:

1. Applicant's Social Security Card
2. Medicare Card
3. Verification of Ownership of the following
 - a) Stocks and Bonds
 - b) livestock & farm equipment
 - c) Homestead property
 - d) Non-homestead property
 - e) Burial trust funds
 - f) Certificates of deposit
 - g) Cars/Trucks/Recreational vehicles; Amount owed
 - h) Life insurance policies
 - I) Burial plots
 - j) Annuities
4. Verification of income-residents and spouse. Please take copies of the checks, award letters or direct deposit slips for verification.
5. If the applicant has health/hospitalization insurance, please take the premium notice and proof that it has been paid.

If the person taking the application requests further information or verification, you are required to do as requested within the allotted time limit of 30 days. If you fail to do so, your application may be denied.

MEDICAL ELIGIBILITY

In order to establish medical eligibility, a PAS 2000 form must be completed by the attending physician. If the applicant is already a resident in a nursing home, please notify the nursing home office and they will see that the form is completed. If the applicant is not yet in a nursing home, please notify his/her physician and request that they complete a PAS 2000 as soon as possible.

The PAS 2000 form gives an overall picture of one's condition; including diagnosis, medications, mental & physical status, and what one can or cannot do for one's self. This form is sent to Charleston where a medical review team makes a decision as to whether or not this person requires nursing home care.

If both financial and medical applications are approved, then the resident is approved for Nursing Home payment under Medicaid.

BED-HOLDS – If a nursing home resident leaves the facility overnight, either for visitation or hospitalization, Medicaid will pay for twelve (12) days in a calendar year to held the bed in the nursing home as well as pay the hospital. After these days have been used, the family is responsible for paying the Medicaid daily rate (existing at the time of hospitalization). Upon leave from the nursing home for hospitalization, the resident's responsible part must inform the nursing home whether they want the bed held or released to be filled by another party.