EXPLANATION OF THE INCOME AND RESOURCE DOCUMENTATION REQUIREMENTS FOR MEDICAID

In order to be eligible for Medicaid coverage of certain care and services, you must submit proof of your income and resources. The following explains the information that must be submitted in order to be eligible for coverage of certain care and services.

When you apply for Medicaid, you will be asked to choose one of the following:

1. community coverage **without** long-term care;

2. community coverage with community-based long-term care; or

3. Medicaid coverage for **all** covered care and services.

Note:

- If you are applying for Medicaid coverage for all covered care and services, you must be in receipt of nursing facility services (see #3 below) in order for eligibility to be determined for this level of care.

- Pregnant women, children under age one, and children between the ages of one and 19, who have incomes at or below the applicable federal poverty level, do not need to provide proof of their resources in order to qualify for Medicaid coverage for all care and services; they do, however, need to submit proof of income.

1. Community Coverage Without Long-Term Care

Applicants/recipients who do **not** need nursing facility services or community-based long-term care must submit proof of income and may attest to the amount of their resources. At renewal you may also attest to the amount of your income. If we find that you are eligible under this simplified review, you will get Medicaid coverage but **not** coverage for nursing facility services or community-based long-term care. If at some time you need nursing facility or community-based long-term care services, we will need to look at your income and resources before Medicaid can cover these services.

People who attest to the amount of their income and resources are eligible for short-term rehabilitation services. Short-term rehabilitation includes one commencement/admission in a 12-month period of up to 29 consecutive days of nursing home care and certified home health care.

If we find the information you report is different from the information we get from investigating what you reported, you will be requested to give us proof of your income and resources.

2. Community Coverage With Community-Based Long-Term Care Includes:

- Adult day health care
- Limited licensed home care
- Certified Home Health Agency Services
- Hospice in the community
- Hospice residence program
- Personal care services
- Personal emergency response services
- Private duty nursing
- Residential treatment facility
- Consumer directed personal assistance program
- Assisted living program
- Managed long-term care in the community
- Waiver and other services provided through a home and community-based waiver program

To be eligible for community coverage **with** community-based long-term care services, you must give us proof of your current income and resources. If we find that you are eligible, you will get Medicaid covered care and services that include community-based long-term care services, but**,** you will **not** get coverage for nursing facility services, except for short-term rehabilitation. If you later need nursing facility services, you must request an increase in your Medicaid coverage. We will need to review documentation of your resources for the transfer of assets look-back period (up to 60 months prior to the first month for which you are seeking Medicaid for payment of nursing facility services (see #3 below)).

3. Medicaid Coverage for All Covered Care and Services Includes the Following Nursing Facility Services:

- Nursing home care
- Nursing home care provided in a hospital
- Hospice in a nursing home
- Managed long-term care in a nursing home
- Intermediate care facility services

To be eligible for these services, you must submit proof of your income and, we must review documentation of your resources for up to 60 months prior to the first month for which you are seeking Medicaid payment of nursing facility services. If we find that you are eligible, you will get **all** Medicaid covered care and services including the nursing facility services listed above and the community-based long-term care services listed under #2 above.

Applicants/recipients who are not receiving nursing facility services now may only apply for Community Coverage with Community-Based Long-Term Care (#2 above) or Community Coverage **without** Long-Term Care (#1 above).

If you become in need of a service for which you have not received coverage, contact your worker immediately for assistance.