

## MEDICAID NURSING HOME ASSISTANCE

What is Medicaid? Medicaid is the medical assistance program administered by the Ohio Department of Job and Family Services, through county departments of job and family services. To be eligible for Medicaid, the applicant must meet income and resource requirements such as limitations on checking, savings, life insurance, CD's, and real estate property. In addition, it must be shown that it is necessary for a person to receive nursing home care before Medicaid can make payment to a nursing facility. This "medical necessity" is determined through a review of the potential nursing facility resident's medical condition, known as a PASARR. This pre-admission review determines the applicant's level of care, and thus the type of facility that would be most appropriate for placement. Medicaid reimburses the facility for the cost of care beyond the resident's patient liability, which is a Medicaid recipient's share of the monthly cost of care. The Medicaid budgeting process allows the resident to retain \$40.00 per month for his/her own use and the nursing home may not request payment beyond the patient liability from the resident for services covered under Medicaid.

It is important to understand what expenses Medicaid will pay for. Medicaid covers the cost of nursing home care, medical supplies, services such as assistance in feeding and bathing, laundry services, and over the counter drugs which are provided by the nursing home and included in the cost of nursing home care. Personal items needed for everyday living such as soap, shampoo, and toothpaste must be furnished by the nursing home unless a specific brand is requested. The resident's family or authorized representative cannot be billed for any charges that the nursing home is required to cover.

Medicaid will also cover charges, in most cases, from other medical providers, which are not covered by Medicare A, B and/or D and/or private health insurance.

Processing a Medicaid application involves a face to face interview, request for verification, and a waiting period which allows time for required verification to be obtained and provided to the eligibility determiner. A total of forty five days should be allowed for an eligibility determination. By bringing information regarding income and resources to the interview, the waiting period for an eligibility determination may be shortened.

Medicaid eligibility begins on the first day of the month in which all eligibility requirements have been met. Eligibility for retroactive coverage can be explored for up to three months prior to the month of application. The resident should not be required to pay for nursing home costs during the period when the Medicaid application is pending, unless the patient and the nursing home have been advised that the applicant is not eligible. Pending Medicaid numbers do not guarantee payment and should be considered only as the beginning of exploration of potential eligibility in the application process.

This abstract is a summary of Medicaid. It is important to be aware that all aspects of the Medicaid program are not covered in this brief summary. Each Medicaid application may have unique circumstances which would impact eligibility for the program or the extent of assistance available.

For further information and details regarding Medicaid eligibility, visit or contact the Franklin County Department of Job and Family Services at 314 N. Wilson Road, Columbus, Ohio 43204 Phone: 614- 233-2833. Additional information is available at <http://jfs.ohio.gov/OHP/consumer.stm>