

## **Nursing Home Medicaid Assistance**

To be eligible for Medicaid, an applicant must meet income and resource requirements, such as limitations on checking, savings, life insurance, certificates of deposit, and real estate property. In addition, it must be shown that it is medically necessary for a person to receive nursing home care before Medicaid will pay a nursing facility. This “medical necessity” is determined through a review of the potential nursing facility resident’s medical condition. 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 covers. Medicaid pays the cost of nursing home care, medical supplies, services such as assistance in feeding and bathing, laundry services, and over the counter medications, and transportation to medical appointments. 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. In most cases, Medicaid will also cover charges from other medical providers, which are not covered by Medicare A, B and/or D and/or private health insurance, as long as the services are deemed medically necessary.

Processing a Medicaid application involves an interview and submission of verification items documenting the applicant meets Medicaid eligibility requirements. It is important to submit

income and resource verification to the agency as soon as possible but no later than thirty (30) days after application filing.

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 ineligible. Pending Medicaid numbers do not guarantee payment and should be considered only as the beginning of exploration of potential eligibility in the application process.

For further information and details regarding Medicaid nursing home eligibility, visit or contact

The Franklin County Department of Job and Family Services,  
314 N. Wilson Road,  
Columbus, Ohio 43204  
Phone: 614-233-2833.

Applications can be filed on-line using the county portal or going directly to <https://odjfsbenefits.ohio.gov>

Additional information is available at <http://jfs.ohio.gov/OHP/consumer.stm>