

## *Medicare*

Your Medicare Part A coverage may cover a portion of your stay. In order to receive Medicare Part A coverage you must have a qualifying 3 day hospital stay and your condition must require skilled nursing or rehabilitative services. Medicare Part A does not provide coverage for any part of your stay for intermediate care services. Medicare Part B may provide coverage for other providers (your physician visits, durable equipment, or the services of consulting physicians or other professional services) as well as some ancillary services provided by Mountain View Nursing Home (physical therapy supplies). All Medicare services are subject to annual deductibles, coinsurance, and Medicare's schedule of covered services (such as hospice, tube feeding, IV therapy, etc.). The physician, provider, or Mountain View will provide you with specific information on coverage and billing procedures.

## *Medicaid*

As a resident of this facility, we must tell you what the basic requirements are for establishing eligibility for medical assistance, and we must also tell you how to apply. We must also inform you of the treatment of income and assets that apply to you if you have a spouse living in the community.

### 1. Basic Requirements

- ◆ You must have a medical need for intermediate and/or skilled nursing care;
- ◆ Your monthly income must be under the rate that the Division of Human Services allows you for your care; and
- ◆ Your countable assets (countable assets are determined by Medicaid), such as bank accounts, stocks and bonds, and certificates of deposit, cannot be more than \$2,500.00.
- ◆ Note: If you have a spouse or dependent living in the community, your income and assets may be treated differently. Refer to #3 and #4 below.

### 2. Procedures for Establishing Eligibility

- ◆ Your or your representative, such as a family member or guardian, must complete a Medicaid application form, which may be obtained from the Division of Human Services District Office. We will provide you with the name, address and telephone number of the local Division of Human Services District Office; and
- ◆ You or your representative must have an eligibility interview with the local Division of Human Services District Office, and furnish proof of your income and resources and other information requested by the District Office.

### 3. Right to a Resource Assessment

- ◆ If you are married, and your spouse lives in the community (community spouse), you are entitled to a resource assessment. When an individual who enters a nursing facility for the first time on or after September 30, 1989 has a community spouse, the couple has a right to request that a resource assessment be done by the Division of Human Services District Office. You have a right to a resource assessment if you are going to need nursing facility care for 30 or more consecutive days.
- ◆ The resource assessment is a procedure in which the District Office verifies and totals the couple's resources that are available as of the first continuous period of nursing facility care, and then determines a share for each spouse. A portion of the combined resources will be "protected." This protected resource amount will be considered to be your spouse's assets and will not be counted when determining your eligibility for medical assistance. The "protected" resources do not have to be spent for your care. The resource assessment may be done at the time of admission or any time up to and including the date you apply for medical assistance. There is no penalty for delaying the assessment, but it may be more difficult to document proof of assets if the assessment is delayed.

### 4. Income Allowance for Your Spouse and/or Dependent

- ◆ If you receive medical assistance, you may voluntarily give part of your income to your spouse if his or her monthly income does not exceed allowable limits set by federal law.
- ◆ You may also, under certain circumstances, give or be required to provide part of your income to individuals who are considered to be your dependent or legal dependent. The Medical Assistance Program will offset the difference in the monthly amount of income that you apply to your nursing facility bill.