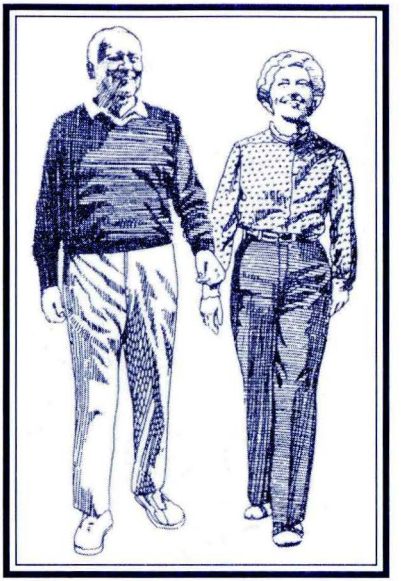

Medicaid

for

People in Nursing Homes and other Care Facilities

Iowa Department of Human Services

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Medicaid

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People in Nursing Homes and other Care Facilities

This brochure answers some of the most commonly asked questions concerning Medicaid for people in Iowa nursing facilities and other medical facilities.

Long-term care facilities, or nursing homes, include nursing facilities (NF), intermediate care facilities for the mentally retarded (ICF/MR) and certified skilled nursing facilities (SNF). Other medical facilities include general hospitals or psychiatric institutions.

The Medicaid program is sometimes referred to as the Title 19 program. This should not be confused with Medicare. Medicare is handled by the Social Security Office.

How do I choose a long-term care facility?

You are eligible for benefits in any Medicaid-certified facility which will accept them. Most Iowa facilities do participate in the Medicaid program. The fact that a long-term care facility is Medicaid certified does not guarantee entrance to the facility. Other factors, such as waiting lists, needs for care, and the ability to meet your particular needs, may be considered by the facility before admitting you.

For Medicaid clients, a facility must review the care needs of the client with the Iowa Foundation for Medical Care (a peer review organization) and receive the Foundations' approval for placement before Medicaid payments can be made.

Is it possible to use out-of-state nursing facility?

If you require a skilled nursing program not available in Iowa, a program in another state may be paid if it is approved in advance.

It is possible for people eligible for the Iowa NF or ICF/MR program to reside in out-of-state facilities. Out- of-state placement can be made only if the following conditions exist:

- The out-of-state facility participates in the Iowa NF or ICF/MR program. Participating out-of-state facilities are generally found in states bordering Iowa. (Residential services are not payable out of state).

- You are planning to return to Iowa when an appropriate placement becomes available.

Payment will be made through the Iowa Medicaid program for you in an out-of-state facility if you are medically eligible when placement has been made by the Department's county office.

Clients who choose to move out of state should apply for Medicaid in their new state of residence.

Admission to a Nursing Facility

A facility may not request an advance payment or deposit from you or your family in order to accept you if you receive Medicaid. The deposit or advance payment made by private pay residents, who become Medicaid eligible, may be considered an asset. Such monies are to be made available to you at your request.

Upon admission, a nursing facility is required to provide you with a copy of Residents' Rights in Nursing Facilities.

When do I become Medicaid eligible?

You are considered a Medicaid recipient from the date on the notice of decision. However, the facility may charge private pay rates until the month that your worker determines that you are Medicaid eligible.

Medicaid eligibility may go back some months and cover other unpaid medical expenses.

Will my spouse at home affect my eligibility?

Some factors are looked at differently when one spouse is in a medical facility and the other is at home. A spouse living at home will not be required to contribute income to the cost of your care. Also, if the spouse in the medical facility is eligible for Medicaid to pay the nursing care, the spouse living at home may share the income of the spouse in the facility. *(See the pamphlet entitled, "Protection of Resources and Income.")*

What are my Medicaid benefits?

Medicaid covers the cost of care in a long-term care facility, plus other medically necessary services, such

as physicians, dentists, hospitals, prescribed drugs, ambulance services, and eye glasses. *These services, plus important limits on them are covered in "Your Guide to Medicaid," which is available in county Department offices.*

If you are ineligible for Medicaid due to excess income or resources, you may be eligible for the "Medically Needy" program through Medicaid. People eligible as "Medically Needy" recipients are not eligible for payment of services provided by nursing homes.

For factors related to eligibility, see the pamphlet "Medicaid for SSI-Related Persons."

A current resident in a facility needs to tell the facility when application for Medicaid is made.

Other than client participation, no additional charges should be made to you or any family member.

What is client participation?

"Client participation" is that amount of your income which you must pay to the long-term care facility at the beginning of each month for the care. Medicaid pays any difference between the monthly client participation and the approved cost of the care in the facility. All of your monthly income is considered in order to compute the amount of client participation. The following deductions are given before

the client participation is determined:

- Personal needs allowance of $30, to be used as you wish. (Certain veterans and surviving spouses receive a $90 personal needs allowance.)
- If you have earned income, up to $65 of earned income for your personal needs.
- Maintenance needs of your spouse or family at home.
- Living expenses for partial month of nursing home care, for people eligible for Medicaid before entering the facility who don't have a spouse or family.
- Health insurance premiums, including the Medicare Part B premium if it is withheld from the Social Security check or Railroad Retirement check.
- Necessary medical care which is recognized by state law but not covered by Medicaid.
- Home maintenance needs for the month of discharge.

There is no client participation for hospital care except for patients in the state mental health institutes.

If the facility will accept Medicaid eligibility from the date you enter the facility, pay the estimated client participation while waiting for a Medicaid decision.

If your income exceeds the cost of your care, no higher client participation should be paid by you than what Medicaid would pay the facility. Your county worker will notify you of that amount.

When you become eligible, the department will notify you and the facility of the amount of client participation you are to pay each month.

It is your responsibility to pay the facility the client participation. Failure to pay the client participation may result in involuntary discharge from the facility.

The amount you pay for client participation satisfies your financial obligation for nursing facility care under the Iowa Medicaid Program. A nursing facility should not charge you for any additional amount unless it is for additional goods or services that you specifically request.

How does Medicaid work for Medicare beneficiaries?

The Department will pay the Part B Medicare premium on behalf of all Medicaid recipients who are also eligible for Medicare. This takes about three months to accomplish. During this time, the Part B premium may be withheld from your Social Security check or Railroad Retirement.

When the state begins paying the premium, the Social Security Administration will refund the total amount of Part B premiums that are paid after eligibility for Medicaid is granted. You must notify your Department worker when the refund check has been received and you must pay the long-term care facility the Medicare premium amount for each month of nursing home care paid by Medicaid.

What are reserve bed days?

Reserve bed days are days Medicaid pays the facility to hold the bed for you while you are absent from the facility. For residents of NF, ICF/MR, or SNF, Medicaid will pay a facility to hold the bed for 10 calendar days per month. Medicaid will not pay to hold the bed after the 10 days, but a family may pay the Medicaid reserve bed day rate to hold the bed for you. You or your family must make arrangements with the facility.

Medicaid will pay a NF or SNF to hold a bed for 18 visit days per year, when you stay out of the facility overnight. ICF/MR visit days are paid according to the number approved in the plan of care.

SNF residents need to be in a nursing facility for 90 days before reserve bed days are paid.

Is it possible to transfer from one facility to another?

You have a right to transfer at any time to any facility willing to admit you. If you are transferring to a facility offering the same level of care as the current facility, the cost of the transportation must be paid by you.

How are Medicaid recipients discharged from a facility?

You may be involuntarily discharged from a facility only if one of the following conditions exist:

- Discharge is necessary for medical reasons, e.g., a higher or lower level of care becomes necessary.
- Discharge is necessary for your own welfare or for the welfare of other residents.
- You do not pay the nursing home (client participation as determined by the Department) for care.

Appeals and Hearings

If you are dissatisfied with the decisions or lack of decisions by the Department, you should discuss the matter with your worker. If a satisfactory agreement cannot be reached, you have a right to file an appeal and ask for a hearing. If a hearing is allowed, it will be an informal meeting before an administrative law judge from the Department of Inspections and Appeals in which you can present your complaint. All the facts will be reviewed to see if the decision was correct or should be changed.

You may file an appeal to ask for a hearing by **writing** to your county Department of Human Services office or by **writing** to:

Appeals Section, Division of Policy Coordination
Iowa Department of Human Services
Hoover State Office Building
Des Moines, IA 50319-0114

If you feel the "Notice of Decision" is incorrect, you will protect your right to a hearing by filing an appeal within 30 days of the date on the notice. Discussions with your worker or other Department staff do not extend this time limit.

Filing an appeal before the effective date on the "Notice of Decision" can allow your Medicaid benefits to continue until your appeal is heard or decided. If the appeal decision upholds the Department's decision, you may have to repay the Department for benefits received during the appeal process.

Use of the Medicaid Toll-Free Hotline

A toll-free telephone number (**1-800-532-1215**) is available to help you resolve unpaid bills that you thought Medicaid should have covered. The worker who answers this line will take down the information about your bill and submit it to the Division of Medical Services for review and reconsideration.

Before you call the Medicaid hotline, you should have the following information in front of you: the medical bill, a brief description of what services were provided, and your, or your family member's Personal Identification Number listed on your Medical Assistance Eligibility Card.

This hotline is not to be used to ask questions concerning Medicaid policy or if medical procedures or equipment are covered by Medicaid. These questions should be directed to your county Department worker or to your medical provider.

DHS Policy On Nondiscrimination

No person shall be discriminated against because of race, color, national origin, sex, age, physical or mental disability, creed, religion, or political belief when applying for or receiving benefits or services from the **Iowa Department of Human Services** or any of its vendors, service providers, or contractors.

If you have reason to believe that you have been discriminated against for any of the above reasons, you may write to the **Iowa Department of Human Services**, the **Iowa Civil Rights Commission** (if you feel you were treated differently BECAUSE OF your race, creed, color, national origin, sex, religion, or disability), and/or the **United States Department of Health and Human Services**.

Office of Equal Opportunity
Department of Human Services
1st Floor Hoover State Office Building
Des Moines IA 50319-0114

Iowa Civil Rights Commission
211 E Maple St
Des Moines IA 50309-1858

U.S. Department of Health and Human Services
Office for Civil Rights Region VII
601 E 12th St Rm 248
Kansas City MO 64106

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