



Medicaid for People in Care Facilities

How do I choose a long-term care facility?

You are eligible for benefits in any Medicaid-certified facility that will accept Medicaid payment. Most Iowa facilities 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, need for care, and the ability to meet your particular needs, may be considered by the facility before admitting you.

Will Iowa Medicaid pay for care in an out-of-state nursing facility?

If you require a skilled nursing program not available in Iowa, your care in an out-of-state nursing facility or intermediate care facility for the mentally retarded may be paid if it is approved in advance.

When do I become Medicaid eligible?

You are considered a Medicaid member from the effective date on the *Notice of Decision*. A *Notice of Decision* (NOD) is a document from the Department of Human Services (DHS) that explains if you are eligible for Medicaid. If you are currently a resident in a facility, you need to tell the facility when you apply for Medicaid.

Note, the facility may charge private pay rates until your DHS worker determines that you are Medicaid eligible. A facility must accept Medicaid payment with your effective date of Medicaid eligibility. Once you are Medicaid eligible, the facility must refund any payment received from you or your family member for the period of time for which you were determined to be Medicaid eligible minus the amount that you must pay.

Will my spouse at home affect my eligibility for Medicaid?

Some eligibility factors are looked at differently when one spouse is in a medical facility and the other lives at home. A spouse living at home will not be required to contribute his or her income to the cost of your care. Also, if you are in a medical facility and are eligible for Medicaid, your income may be shared with your spouse living at home if they don't have enough to meet their needs. (See the pamphlet entitled, "*Protection of Resources and Income.*")

What is client participation?

“Client participation” is the amount of your income that you must pay to the long-term care facility at the beginning of each month for your 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 to determine your amount of client participation.

The Department will notify you and the facility of the amount of client participation you are to pay each month when your Medicaid application is approved. It is your responsibility to pay the facility for your client participation. If the client participation is not paid, you may be discharged from the facility.

What does Medicaid cover?

Medicaid covers the cost of care in a long-term care facility, plus other medically necessary services, such as physicians, dentists, hospitals, prescribed drugs that are not paid by Medicare drug plans, ambulance services, and eyeglasses. These services plus limits on them are explained in “*Your Guide to Medicaid*,” which is on the internet at:

http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Forms/Comm20.pdf

or you can call your DHS worker to get a copy.

Other than client participation, no additional charges should be made to you or any family member unless it is for additional goods and services that you specifically request.

How does Medicare work for people who get Medicare?

Once Medicaid is approved, the Department will pay your Part B Medicare premium if you are also eligible for Medicare. It takes about three months to get this process started. In the meantime, the Part B premium may be withheld from your Social Security or Railroad Retirement check.

When the Department begins paying the premium, the Social Security Administration will refund the total amount of Part B premiums that were withheld from your check after you became eligible for Medicaid.

You must notify your DHS worker when the refund check has been received. You must pay the long-term care facility the Medicare premium amount for each month a deduction was given for the Medicare premium from your client participation.

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 your current facility, you must pay the cost of the transportation to move.