



## **MEDICAID NURSING FACILITY SERVICES FACT SHEET**

### **What are Medicaid Nursing Facility Services?**

Nursing facility (NF) services include room, dietary services, nutritional supplements, social services, activities, respiratory therapy and supplies, nursing services, the use of equipment and facilities, medical and surgical supplies, prosthetic devices, laundry services, drugs ordered by the physician and personal items routinely provided by the facility. Other services, if medically necessary and if ordered by the physician, are x-rays, physical therapy, speech therapy, occupational therapy, laboratory services, oxygen and related oxygen supplies are included in the per diem rate, with the exception of Pediatric Nursing Facilities and Institutions for Mental Disease (IMDs). For these facilities, these services may be billed separately from the per diem rate.

### **Who is eligible for Nursing Facility Services?**

You may be eligible for nursing facility services if:

- You are age sixty-five (65) years or older, blind, or disabled or are currently Medicaid eligible.
- You reside in a facility that participates in the Kentucky Medicaid Program and are placed in a Medicaid certified bed.
- You require and meet the nursing facility level of care criteria considering the medical diagnosis, age-related dependencies, care needs, services and health personnel required to meet those needs and the feasibility of meeting the needs through alternative or non-institutional services.

### **What are Resources?**

Resources are cash money and any other personal property or real property that you own, might convert to cash and could use for support and maintenance. Resources include checking and savings accounts, stock or bonds, certificates of deposit, automobiles, land,

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buildings, burial reserves, life insurance policies, annuities, trusts and more.

We do not consider some resources in determining Medicaid eligibility. These resources include the home for the first six (6) months of institutionalization or if a spouse or dependent family member lives in the home, household goods and personal effects, the first \$1,500 of a burial reserve or a life insurance policy, one automobile used for work, medical treatment or by the community spouse, burial spaces and plots, life estate interest and IRAs, Keoghs, retirement funds and other tax deferred assets (until accessed).

Your resources must be within Medicaid resource guidelines. The resource limits vary if you are married, and we count your spouse's resources.

<b>Marital Status</b>	<b>Services Being Received</b>	<b>Resource Limit</b>
Single Person	NF Resident	\$2,000
Married Couple	Both NF Residents	\$4,000
Married Couple Community Spouse	One spouse is NF Resident Note: Includes \$2,000 for the spouse receiving services.	Minimum: \$31,584 Maximum: \$157,920

### **What is a Resource Assessment?**

You, your spouse, or someone representing you may ask the Department for Community Based Services (DCBS) to assess your combined countable resources. You do not have to apply for Medicaid to get a resource assessment. The resource assessment involves documenting and verifying all countable resources owned by you and your spouse at the time of the most recent nursing facility admission. The assessment compares the combined countable resources to the current Medicaid limits to determine if you meet Medicaid resources guidelines. The assessment also sets the spousal share or the amount of resources your spouse may keep if you apply and are approved for Medicaid.

Contact DCBS in the county where you live to request a resource assessment. DCBS will give you and your spouse copies of the completed assessment.

### **What are Transferred Resources?**

If you or your spouse transfers resources, you may not be able to get Medicaid nursing facility services. Transferred resources are cash, liquid assets, personal or real property, which are voluntarily transferred, sold, given away or otherwise disposed of for less than fair market value on or after February 8, 2006. If DCBS determines there was a transfer of resources, a penalty period will be calculated and will begin the month the transfer was made or the day the individual is eligible for Medicaid, whichever date occurs last. It is up to you to prove the transfer was for a reason other than to be qualified for Medicaid.

## **What is Income?**

Income is money received from statutory benefits (including Social Security, Veteran's Administration pension, Black Lung benefits, Railroad Retirement benefits), pension plans, rental property, investments, or wages. Your income must be within Medicaid guidelines to get Medicaid nursing facility services. We consider your income, but do not count your spouse's income. The income limits may vary depending on the number of days you have received nursing facility services.

You are income eligible if your gross monthly income is at or below \$2,901. If your income is over \$2,901, you may become eligible by establishing a Qualifying Income Trust (QIT).

You may be required to pay part of the cost of your care. Patient liability is determined by considering your income and allowing a \$60 deduction for personal needs, maintenance deductions for a spouse or family members and deductions for medical expenses and health insurance premiums. The amount left over is what you must pay to the nursing facility for your care.

## **How Can I Apply?**

You or someone representing you may make a Medicaid application at the DCBS office in the county where you live or by telephone at (855) 306-8959. Bring proof of citizenship, identity, social security number, income, resources, health insurance cards and premiums and medical bills to the application interview. You may also apply online at <https://www.kynect.ky.gov/benefits>.