

MEDICAID SUPPLEMENT TO ADMISSION AGREEMENT

- **Medicaid Resident's Share of the Costs**

- Medicaid usually does not cover the full amount of the monthly services supplied to the Resident by the Facility. The Medicaid Agency (ODJFS) will make the determination whether a portion of the Facility's charges will be the Resident's responsibility to pay each month directly from his or her own income.
- In general, the law requires that a Medicaid Resident's non-exempt income (other than a small amount set aside for personal needs), including social security, pension, and retirement fund income, must be used for payment of the Resident's portion of the Facility's charges *from the date of admission*. ***The Resident's income may not be used to pay rent, utilities, credit card debts or any other financial obligations outside of the facility.***
- You are responsible for paying the portion of monthly financial resources that has been determined or estimated to be owed each month under the rules of the Ohio Medicaid system.
- You acknowledge that the late or lack of paying any such amounts during or after the Medicaid application process will result in immediate collection and potential discharge proceedings.

- **Authorized Representative**

- In order that the Facility may aid the Resident in the Medicaid Application Process, including receiving notices from the Medicaid Agency, and acting on the Resident's behalf where authorized and appropriate, the Resident designates the Facility as an additional Authorized Representative.
- The Resident's granting of this authority to the Facility does not relieve the Resident of any responsibility he or she may have in the Medicaid eligibility or redetermination process. Further, the Facility cannot guarantee, represent, or warrant that Resident will be eligible for coverage.

- **Improper Transfers**

- When applying for Medicaid, the government may examine all transfers of property or other resources, and all trusts created for the past five years to determine if any improper transfers were made.
- In general, if a transfer reduced an applicant's resources to the extent that it made him or her eligible for Medicaid, the government will presume that the transfer was improper. Examples could include gifting or the transfer for less than fair market value of real estate, vehicles, stocks, bonds, or funds held in bank accounts or certificates of deposit.
- If an improper transfer was made, then the Medicaid Applicant will not be eligible for Medicaid Assistance for a designated period of time from the date the application for Medicaid assistance was made.
- ***A Potential Resident that is denied Medicaid because of an improper transfer may be placed in a difficult situation in that he or she will likely not have the resources to pay for the Facility's care, but will be denied coverage for that care by Medicaid. It is extremely important to recognize and prepare for a potential improper transfer denial of Medicaid Coverage in advance.***