

**COMMUNITY-BASED LONG-TERM CARE AND NURSING FACILITY SERVICES**

<b>Coverage</b>	<b>Community Coverage <u>without</u> Long Term Care</b>	<b>Community Coverage <u>with</u> Community Based Long-Term Care</b>	<b>All Medicaid Covered Care and Services</b> (Applicants must be in receipt of Nursing Facility Services)
<b>Documentation</b>	<b>Application:</b> Attest to value of current resources <b>Renewal:</b> Attest to value of current resources	<b>Application:</b> Document current resources <b>Renewal:</b> Attest to value of current resources	<b>Application:</b> Document resources for the past 60 months or back to 2/8/2006 whichever is shorter (60 months for trusts) <b>Renewal:</b> Document current resources
<b>Benefit Package</b>	<ul style="list-style-type: none"> <li>-All non-LTC Outpatient Services</li> <li>-Inpatient Acute Care</li> <li>-Inpatient Psychiatric Care</li> <li>-Inpatient Alcohol Rehabilitation</li> <li>-Short-term rehabilitation up to 29 consecutive days in a 12 month period of:                             <ul style="list-style-type: none"> <li>-Nursing Home Care</li> <li>-Certified Home Health Agency (CHHA)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>-All services in Community Coverage without Community Based Long Term Care</li> <li>PLUS:                             <ul style="list-style-type: none"> <li>-Adult Day Health Care</li> <li>-Assisted Living Program (ALP)</li> <li>-Certified Home Health Agency-CHHA, unlimited</li> <li>-Hospice in the Community</li> <li>-Hospice Residence Program</li> <li>-Residential Treatment Facility</li> <li>-Managed LTC in the Community</li> <li>-Personal Care Services</li> <li>-Private Duty Nursing</li> <li>-Home and Community-Based Waiver Programs – Waiver and Non-Waiver Services</li> <li>-Limited Licensed Home Care Services</li> <li>-Personal Emergency Response Services</li> <li>-Consumer Directed Personal Assistant Program</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>-All services in Community Coverage <u>with</u> and <u>without</u> Community Based LTC, PLUS:                             <ul style="list-style-type: none"> <li>-Nursing Facility Services which include:                                     <ul style="list-style-type: none"> <li>-Nursing Home care provided in a nursing home or hospital</li> <li>-Hospice in a Nursing Home</li> <li>-Intermediate Care Facility</li> <li>-Managed LTC in a Nursing Home</li> </ul> </li> </ul> </li> </ul>
<b>Coverage Code(s)</b>	20 or 24 (NYC only–legal alien during 5 year ban)	19	01 or 11 (Legal/Alien – Full Coverage) or 10* (Provided up to 60 months look-back info and is in penalty period – no spenddown or 6 months. spenddown met)
<b>Outpatient only Coverage code (Spend down)</b>	22	21	02 (Outpatient Coverage with nursing facility services) or 23* (Outpatient coverage with no nursing facility services)
<b>RVI Code</b>	RVI Code 3	RVI Code 2	RVI Code 1 (documentation), 4 (transfer)

\* Those individuals in a transfer penalty period are not eligible for any Nursing Facility Services including short-term rehabilitation in a nursing home.