

RESOURCES

RESOURCE DOCUMENTATION REQUIREMENTS

1. Community Coverage without Long-Term Care services include all Medicaid covered care and services except nursing facility services and community-based long-term care services (See **RESOURCES RESOURCE DOCUMENTATION REQUIREMENTS**). If a Medicaid A/R elects this coverage, the A/R may attest to the amount of his/her resources. The A/R is not required to itemize their resources on the application but are required to do so at renewal..

NOTE: A/Rs continue to be required to provide documentation of any trust agreement in which the A/R is named the creator or beneficiary. This enables the district to determine the availability of any trust income and/or principal. If an A/R has an irrevocable pre-need funeral agreement, a copy of the agreement must be provided to the district in order for the district to verify the type of agreement.

Short-term Rehabilitation Services - Individuals who attest to their resources can receive Medicaid coverage for short-term rehabilitation services (one commencement/admission in a 12-month period, of up to a maximum of 29 consecutive days of each of the following (for a total of 58 days before being required to provide applicable resource documentation): Certified Home Health Agency (CHHA) services; and nursing home care.) Short-term rehabilitation begins on the first day the A/R receives CHHA services or is admitted to a nursing home on other than a permanent basis,