

## **MEDICAID PARTICIPATION ACKNOWLEDGMENT OF UNDERSTANDING**

If Medicaid is paying for any part of your stay at Bailey-Boushay House (BBH), **MEDICAID REQUIRES YOU TO PAY PARTICIPATION** ("Participation" refers to the amount of money you must contribute toward your care, according to WA State law - WAC 388-513-1380). The amount of participation you have to pay depends on the amount and type of income you receive. All of this information is/will be listed on your Medicaid Award Letter which will be mailed to you by DSHS Home and Community Services (with a copy to BBH). It could take up to 30 days to receive this letter. Below please find some general information about how participation is determined:

**IF YOUR INCOME IS FROM SOCIAL SECURITY (SSA) or SOCIAL SECURITY DISABILITY INCOME (SSDI)** – you get to keep \$57.28 per month, and you must pay the remainder of your monthly SSA or SSDI income to BBH as participation (unless you qualify for the exemptions explained below). Your monthly SSA or SSDI check will be sent to you normally, and it is your responsibility to pay BBH.

**IF YOU HAVE ANY OTHER TYPE OF INCOME** (pension, veteran's benefits, etc.): Usually, all of this income must be paid to BBH as participation (unless you qualify for the exemptions as explained below).

### **EXEMPTIONS THAT MAY REDUCE YOUR PARTICIPATION:**

- **Move-In Allowance** – If you are admitted from a personal residence (not a hospital or other facility) Medicaid will allow you a \$698 move-in allowance for the FIRST month at BBH.
- **Move-Out Allowance** – If you are discharged to a personal residence (not a hospital or other facility) Medicaid will allow you a \$698 move-out allowance for your LAST month at BBH.
- **Rent and/or Medical Exemptions** – You may be eligible for housing and/or medical exemptions if you are still paying for such expenses while you are living at BBH. Your doctor must certify that your stay at BBH is temporary to be eligible for a housing exemption. Such exemptions are only given for a maximum of six months. To apply for an exemption: Within 30 days of admission to BBH, you must provide to your care manager any cancelled checks, bills or receipts which demonstrate your qualifying monthly housing or medical expenses.

**IF YOUR INCOME IS FROM DSHS Aged, Blind or Disabled (ABD)** – the amount of participation you will have to pay will be zero because DSHS will reduce your ABD check to \$57.28 per month for the months you are at BBH.

**IF YOUR INCOME IS FROM SUPPLEMENTAL SECURITY INCOME (SSI)** – The amount of participation you have to pay will be zero because your normal monthly checks will be reduced to \$57.28 while at BBH. It's your job to notify Social Security within the first 10 days you're here to avoid an overpayment. Your care manager can help.

#### **NOTE:**

[A] You can keep your full SSI check for the first 3 months you're at BBH **IF** you're paying monthly housing expenses (rent, utilities), **AND IF** [B] below does not apply to you. You'll have to provide cancelled checks, bills or receipts proving your qualifying housing expenses to your BBH care manager within 30 days of admission.

[B] IF YOU CAME TO BBH FROM ANOTHER FACILITY (like an adult family home, a nursing home or a hospital), the amount of time you spent in the other facility will count as part of the 3-month period when you might still qualify to get your SSI check. After three total months in a facility (or a combination of facilities), your SSI monthly check will be reduced to \$57.28.

Signature \_\_\_\_\_

Date \_\_\_\_\_