

Skilled Nursing Facility/Hospital Swing Bed
Vermont Medicare/Medicaid & Medicaid Only Rehab Notice

Individual Name: _____ VT Medicaid Unique ID: _____

Nursing Facility Name: _____ Phone: _____

Person Completing Form: _____ Date: _____

Instructions to Nursing Facility & Hospital Swing Bed:

1. Verify insurance coverage and obtain required documentation and physicians' orders according to coverage standards and CMS regulations:
 - Dual Medicare/Medicaid Rehab Stay: Medicare is always the primary payor for people with both Medicare and Medicaid. VT Medicaid co-insurance coverage starts day 21 to day 100 of Medicare stay, following all Medicare standards, including a 3-day qualifying hospital stay. Medicare standards found at: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08.pdf>
 - VT Medicaid Only Rehab Stay: If a person has no Medicare or private insurance coverage, VT Medicaid rehab benefit covers up to 30 days per episode/60 days per calendar year following the Dept. of VT Health Access (DVHA) Operating Procedures, *Medicaid Nursing Facility Short Stays. Medicare and private insurance must be used before Medicaid only coverage.*
2. For people eligible for Dual Medicare/Medicaid rehab coverage OR VT Medicaid only rehab coverage, complete this form within 10 days of admission and within 10 days after end of coverage for both.
3. Always complete Section A.
4. Complete Section B to report rehab admissions and Section C to report end of coverage. Admissions and end of coverage may be reported together in one submission if they occur within 10 days of each other.
5. Send Notice to DCF. DCF will enter the relevant information into ACCESS per DCF protocol.
6. Long-Term Stays: People in need of Long-Term stays must apply and be found eligible under Choices for Care clinical and financial eligibility criteria. http://dcf.vermont.gov/esd/ltc_medicaid

SECTION A. Type of Verified Coverage (*Check one*)

- Dual Medicare/VT Medicaid Co-Insurance Stay
 -OR-
 VT Medicaid Only Stay (ONLY if not covered by Medicare or private insurance)

SECTION B. Admissions (*complete all*)

1. Admission to VT Skilled Nursing Facility/Hospital Swing Bed Date: _____
2. Anticipated length of stay: 30 days or less, more than 30 days
3. Admitted from: Hospital, Home, Other: _____

SECTION C. VT Medicaid Coverage End Date (*complete all*)

1. Last day of coverage (based on Section A): _____
2. Reason for end of coverage:
 - Discharged, Deceased, No longer meets coverage criteria, Maxed out benefit,
 - Other: _____

**Copy to: Department for Children and Families, ADPC: FAX: (802) 241-0514
 280 State Drive Waterbury, VT 05671-1500**

PLEASE DO NOT SEND THIS FORM TO DVHA OR DAIL