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# The Medicaid Application Process

1. In order for an individual to qualify for Medicaid, their income and assets must meet the Medicaid limits one day in each month. Therefore the first month we will be able to gain retro-active Medicaid benefits back to, will be the first month that all of the preparatory steps in the Medicaid Plan we provide to you are accomplished.
2. Although we may not be able to actually file the application with the Department of Children and Families during the first month the individual meets the Medicaid criterion, we will be able to request that the Medicaid benefits begin back to that first of the month. For example: if we have all of the Medicaid criteria met in the month of February; but, are not able to file the application until March, the Medicaid benefits will be approved retro actively to February 1st.
3. An individual can only have eligibility for one Medicaid program in a month. Fr example, if the elder is receiving benefits through the Medicaid Long Term Care Diversion Program in January and is admitted to a Nursing Home in January, we cannot gain eligibility for the Medicaid Institutional Care Program (Nursing Home) for January. Instead the Private Care Management Company administering the Medicaid Long Term Care Diversion Program benefits for the elder will need to accomplish two things:
  - a. Dis-enroll the elder effective the first of the following month
  - b. Work with the Nursing Home to provide payment for the current month.
4. Once we have filed the application with the Department of Children and Families; they will review the application and information we have provided. If they determine that additional information is required, a Notice of Case Action will be sent to Caregiver's Support and Resources, requesting this information. We will have ten (10) days from the date of the request to provide all of the requested information to the Department of Children and Families.
5. In total, the Department of Children and Families has 60 days to approve or reject an application. If at any time during this process, we do not comply with their requests or requirements, the application may be denied.
6. When we receive the Notice of Case Action approving the Medicaid application, the Department of Children and Families will give us the exact Patient Responsibility. This is the amount you will need to pay the Nursing Home each month. It will also reflect all of the retro months of Medicaid eligibility.
7. If this individual had Medicare Parts A&B & D when we started this process they still have Medicare coverage. In Medicaid Institutional Care Program (Nursing Home) cases, if an individual had a Medicare Supplement, the Department of Children and Families has reduced the Patient Responsibility by the Supplement's monthly premium. We therefore recommend that the policy be retained.
8. If this case required an Income Trust, the monthly deposit MUST be made into the Income Trust for every month the individual requires Medicaid coverage.

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