
The Three Most Common Medicaid Programs

1. The Institutional Care Program (Nursing Home) Medicaid Program.

The ICP program has no wait list; however, it is up to the Client's Physician to determine whether a Nursing Home is an appropriate placement for a Client. Once someone is on Medicaid in a Nursing Home, the most they will pay the Nursing Home their total gross monthly income (minus \$35.00 Personal Needs Allowance and any insurance premiums) and Medicaid covers the rest. If there is a Community Spouse, Spousal Diversion may apply and this amount may be lowered. Most Nursing Homes accept Medicaid. However, not all will have beds available at all times.

2. Medicaid Long Term Care Diversion Program

The Long-term Care Community Diversion Program is a Medicaid waiver program designed to provide community-based services to people who would otherwise qualify for Medicaid nursing home placement. The services provided by the Diversion Program include a variety of long-term care services and Medicaid-covered medical services. The objective of the Diversion Program is to provide frail elders with safe, appropriate community-based care alternatives in lieu of nursing home placement, at a cost less than Medicaid nursing home care. This will always be calculated based on the cost of a shared room. Medicaid does not pay for room and board; only for Level of Care. Managed care organizations and other qualified providers enter into a contract with the State and receive a capitated payment to provide, manage and coordinate a qualified enrollee's full continuum of care. Generally speaking, the managed care organizations provide care through contracted providers, which can include home health agencies and assisted living facilities. The maximum monthly amount

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paid out on behalf of an eligible Medicaid recipient is \$1350.00. The family is responsible for the difference owed to the Assisted Living Facility. The Assisted Living Facility chosen, must accept the Medicaid Long Term Care Diversion Program in order for this payment to be made. The Medicaid Long Term Care Diversion Program is currently on a wait list status. The procedure is to have The Department of Elder Affairs-CARES Unit place the potential Medicaid applicant's name on their "Wait List." Once The Department of Elder Affairs contacts us to let us know that a Client's turn has come up, we would then file the application for Medicaid. The wait list can be as short as three months or as long as two years.

3. The Assisted Living for the Elderly (ALE) Medicaid Waiver

The Assisted Living for the Elderly (ALE) Waiver is a home and community-based services program for recipients who reside in qualified assisted living facilities (ALFs). The waiver covers three services: case management, assisted living, and (if needed) incontinence supplies. The components of assisted living that may be provided include: attendant call system, attendant care, behavior management, chore, companion services, homemaker, intermittent nursing, medication administration (within the ALF license requirements), occupational therapy, personal care, physical therapy, specialized medical equipment and supplies, speech therapy, and therapeutic social and recreational services.

Recipients make an informed choice of receiving home and community-based services in lieu of nursing facility care. However, very few Assisted Living Facilities accept this program because they must accept the roughly \$950.00 from Medicaid each month, plus the individual's income as payment in full.

Diversion Programs cannot have 2 eligible Medicaid Programs in the same month.

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