

Joe Lombardo
Governor

Laura Rich
Director



DEPARTMENT OF HUMAN SERVICES

DIVISION OF SOCIAL SERVICES

Serving Nevada. Supporting Community. Building Futures.



Robert H. Thompson
Administrator

MEDICAID



Date: _____
Case Name: _____
Case ID: _____

Medical Assistance for the Aged, Blind, and Disabled (MAABD) ADDENDUM

Complete this addendum if requesting to add medical assistance to your current SNAP/TANF application.

Have you or your spouse been in a hospital, nursing home, or other medical institution during the past 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Who: _____	What Months? _____
Are you or your spouse currently in a hospital, nursing home, or other medical facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Who: _____	Date Entered: _____ Date Left: _____
Facility Name/Address: _____	
Have you or your spouse been in an accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who: _____ When: _____
If you or your spouse resides in a medical facility regardless of medical condition, do you intend to return home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please check the box for all resources you or a member of your household have:

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Individual Indian Money Accounts (IIM) | <input type="checkbox"/> Other Account Types |
| <input type="checkbox"/> Burial Funds/ Plans | <input type="checkbox"/> Individual Retirement Accounts (IRA) | <input type="checkbox"/> Other Houses, Land or Buildings |
| <input type="checkbox"/> Business Check Accounts | <input type="checkbox"/> Keogh Accounts (401K) | <input type="checkbox"/> Promissory Notes or Contracts |
| <input type="checkbox"/> Business Equipment/ Inventory | <input type="checkbox"/> Land/ Mineral Rights | <input type="checkbox"/> Safe Deposit Box |
| <input type="checkbox"/> Cash on Hand | <input type="checkbox"/> Life Estates/ Life Leases | <input type="checkbox"/> Savings Accounts |
| <input type="checkbox"/> Certificates of Deposit (CD) | <input type="checkbox"/> Life Insurance Policies | <input type="checkbox"/> Savings Bonds |
| <input type="checkbox"/> Checking Accounts | <input type="checkbox"/> Livestock/ Horses | <input type="checkbox"/> Stocks/ Bonds |
| <input type="checkbox"/> Christmas Club | <input type="checkbox"/> Mining Claims | <input type="checkbox"/> A Home You Own |
| <input type="checkbox"/> Credit Union Accounts | <input type="checkbox"/> Available Trust Funds | <input type="checkbox"/> Unavailable Trust Funds |
| <input type="checkbox"/> Other | | |

If you have checked any boxes above, please provide details below:

Owner(s)	Resource Type	Account/Policy #	Value	Amount Owed

Are any of the resources listed above designated for burial? Yes No Which one? _____



List all cars, trucks, recreational vehicles, trailers, etc. you own or are purchasing. Include vehicles that are not currently running.

Owner(s)	Year, Make, and Model	Value	Registered?	Owner(s)	Year, Make, and Model	Value	Registered?

Has anyone transferred, sold, traded or given away money, vehicles, property or other resources, closed any bank accounts or purchased annuities in the last 60 months? Yes No

If yes, list date: _____ List Item: _____ Value: _____ Total Sale Price: _____

Have you or your spouse executed a trust, annuity, court order and/or purchased a promissory note, loan or life estate? Yes No

If yes, attach a copy(ies) of the document(s) with this application.

Be aware that by virtue of the provisions of medical assistance for institutional care, amenities purchased on or after February 8, 2006 must name the State of Nevada as remainder beneficiary.

INCOME INFORMATION

Do you or your spouse receive income from any source? Yes No

Person	Frequency	Amount



Spouse Information

Please complete the following about your current and all previous spouses, even if you are separated, but not divorced. If a spouse is deceased, all possible information must still be completed. Please use a separate page if there are more than 3 spouses.

Spouse Name:		
Address:		
Social Security #:	Date of Birth:	
Are you divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Divorce:	Are you separated? <input type="checkbox"/> Yes <input type="checkbox"/> No Date separated:	Are you widowed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Widowed:
Employer Name/Address:	Medical Insurance Information:	Are you covered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad, federal or local government employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Railroad or government Claim #:		Years employed:
Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Claim #:

Spouse Name:		
Address:		
Social Security #:	Date of Birth:	
Are you divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Divorce:	Are you separated? <input type="checkbox"/> Yes <input type="checkbox"/> No Date separated:	Are you widowed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Widowed:
Employer Name/Address:	Medical Insurance Information:	Are you covered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad, federal or local government employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Railroad or government Claim #:		Years employed:
Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Claim #:

Spouse Name:		
Address:		
Social Security #:	Date of Birth:	
Are you divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Divorce:	Are you separated? <input type="checkbox"/> Yes <input type="checkbox"/> No Date separated:	Are you widowed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Widowed:
Employer Name/Address:	Medical Insurance Information:	Are you covered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad, federal or local government employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Railroad or government Claim #:		Years employed:
Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Claim #:

In order to assist us in processing your application timely, please provide verification of any income and resources



AMERICAN INDIAN OR ALASKA NATIVE:

Tribal members who enroll in Medicaid, Nevada Check Up and through the Nevada Health Link can also get services from the Indian Health Services, Tribal Health Programs or Urban Indian Health Programs. If you or your family members are American Indian or Alaska Native, you may not have to pay premiums or cost sharing. When applying through the Nevada Health Link as a member of a federally recognized tribe, tribal affiliation will be required. We will ask additional questions to make sure you and your family get the most help possible.

Health Plan Selection / Managed Care Organization Preference

Nevada households are covered by a managed care organization (MCO). You are being asked to choose one of the following health plans. If you do not select a preference, you will be assigned a plan randomly. Your choice does not guarantee enrollment into the Nevada Medicaid or Nevada Check Up programs. If you or any family members are already enrolled in one of the current MCOs, you might not be able to switch at this time. Enrolled families will receive a member handbook explaining their benefits.

Which Managed Care Option Would You Like?	Available Region	Contact Phone	Website <i>(Visit for more information)</i>		
<input type="checkbox"/> Anthem Blue Cross and Blue Shield Healthcare Solutions	Urban Clark Urban Washoe	1-844-396-2329	mss.anthem.com/nevada-medicaid/home.html		
<input type="checkbox"/> CareSource	Rurals Urban Clark Urban Washoe	1-833-230-2058	caresource.com/nv/plans/medicaid/		
<input type="checkbox"/> Health Plan of Nevada	Urban Clark	1-833-685-2102	myHPNmedicaid.com/Member		
<input type="checkbox"/> Molina Healthcare	Urban Clark Urban Washoe	1-844-327-7136	meetmolina.com/nv-medicaid		
<input type="checkbox"/> SilverSummit Healthplan	Rurals Urban Clark Urban Washoe	1-844-366-2880	silversummithealthplan.com		
<input type="checkbox"/> No Preference <i>(Note: If you do not choose a Managed Care option, you will be randomly assigned to one by Medicaid)</i>					
<p>For more information on the different MCO plans, visit https://www.nevadamedicaid.nv.gov/medicaid-members/health-plan-home/contact-a-health-plan/ If you need to find a provider, visit https://www.medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx and search for a provider or you can call one of the local Medicaid district offices below:</p>					
Statewide Toll Free (800) 992-0900	TTY (800) 326-6888	Carson City (775) 684-3651	Reno (775) 687-1900	Las Vegas (702) 668-4200	Elko (775) 753-1191

Applicant Signature

Print Name

Date

Telephone Number

Spouse Signature

Print Name

Date

Telephone Number

