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?	☐ Yes ☐ No
If yes, Who: What Months?	
Are you or your spouse currently in a hospital, nursing home, or other medical facility?	☐ Yes ☐ No
If yes, Who:_____ Date Entered:_____ Date Left:_____	
Facility Name/Address:	
Have you or your spouse been in an accident? ☐ Yes ☐ No Who:	When:
If you or your spouse resides in a medical facility regardless of medical condition, do you intend to return home?	☐ Yes ☐ No

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

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

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, <u>even if you are separated, but not divorced.</u> 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? ☐Yes ☐No Date of Divorce:	Are you separated? ☐Yes ☐No Date separated:	Are you widowed? ☐Yes ☐No Date Widowed:	
Employer Name/Address:	Medical Insurance Information:	Are you covered? ☐ Yes ☐ No	
Railroad, federal or local government employee? ☐Yes ☐No Railroad or government Claim #:		Years employed:	
Veteran? ☐ Yes ☐ No	Claim #:		

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

Spouse Name:			
Address:			
Social Security #:	Date of Birth:		
Are you divorced? ☐Yes ☐No Date of Divorce:	Are you separated? ☐Yes ☐No Date separated:	Are you widowed? ☐Yes ☐No Date Widowed:	
Employer Name/Address:	Medical Insurance Information:	Are you covered? ☐ Yes ☐ No	
Railroad, federal or local government employee? ☐Yes ☐No Railroad or government Claim #:		Years employed:	
Veteran? ☐ Yes ☐ 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 *(Visit for more information)*
☐ **Anthem Blue Cross and Blue Shield Healthcare Solutions**	Urban Clark Urban Washoe	1-844-396-2329	mss.anthem.com/nevada-medicaid/home.html
☐ **CareSource**	Rurals Urban Clark Urban Washoe	1-833-230-2058	caresource.com/nv/plans/medicaid/
☐ **Health Plan of Nevada**	Urban Clark	1-833-685-2102	myHPNmedicaid.com/Member
☐ **Molina Healthcare**	Urban Clark Urban Washoe	1-844-327-7136	meetmolina.com/nv-medicaid
☐ **SilverSummit Healthplan**	Rurals Urban Clark Urban Washoe	1-844-366-2880	silversummithealthplan.com

☐ **No Preference**
(Note: If you do not choose a Managed Care option, you will be randomly assigned to one by Medicaid)

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:

Statewide Toll Free	TTY	Carson City	Reno	Las Vegas	Elko
(800) 992-0900	(800) 326-6888	(775) 684-3651	(775) 687-1900	(702) 668-4200	(775) 753-1191

Applicant Signature	Print Name	Date	Telephone Number

Spouse Signature	Print Name	Date	Telephone Number

Medicaid Estate Recovery Notification of Program Operation

Please be advised that if you are applying for or receiving benefits from the Medicaid Program, this is important information that could affect your decision to receive benefits from Medicaid.

Pursuant to State and Federal law, the State of Nevada administers Medicaid Estate Recovery Program whereby correctly paid Medicaid assistance is recovered from the undivided estate of the person who received Medicaid benefits. Medicaid recipients aged 55 or older and certain inpatients in nursing facilities or institutions[1] are affected by this program. When those individuals pass away, Medicaid requires that the undivided estates of those individuals pay back any benefits paid by Medicaid.

"Undivided estate" is defined broadly in Nevada. It includes all real and personal property and other assets in or to which an individual had any interest or legal title at the time of death. This includes assets conveyed to someone else through joint tenancy, life estate, living trust, annuity, homestead or other arrangements. A Medicaid claim cannot be defeated by a homestead exemption or by the operation of bankruptcy or insolvency law.

Certain individuals are protected from Medicaid recovery. Medicaid cannot recover if the Medicaid recipient has a surviving spouse, a child under the age of 21 or a blind and/or disabled child of any age. If Medicaid is prevented from recovering because of a surviving spouse, blind or disabled child or a child under the age of 21, Medicaid may place a lien on the deceased recipient's interest in real and/or personal property.

However, Medicaid must release the lien if the spouse, blind or disabled child or child under the age of 21 sells the property to a bona fide purchaser for fair market value. If the exempted individual chooses to refinance the property, Medicaid will subordinate its lien.

In addition, certain income, resources and property of American Indians and Alaska Natives are exempt from Medicaid estate recovery. Please reference the Medicaid Operations Manual at www.nevadamedicaid.nv.gov for a detailed explanation of the property exempt from recovery for these groups.

The above language refers to benefits that are correctly paid to eligible Medicaid recipients. When benefits are paid to persons who are not otherwise eligible, those benefits are considered as incorrectly paid. Medicaid may recover incorrectly paid benefits immediately upon discovery and without the restrictions that apply to correctly paid benefits.

Medicaid recovery may be waived, compromised or delayed if it would cause undue hardship for the heirs. Heirs may submit a hardship waiver request at the time of Medicaid recovery. The denial of a hardship waiver or compromise may be appealed through the appropriate legal system. Medicaid will provide hardship waiver application information to the known heirs at the time of recovery.

Please share this form with all family members and potential heirs.

If you have questions or need additional clarification, please contact the Medicaid Estate Recovery Program at (775) 687-8416, email mer@nvha.nv.gov or visit its website at www.nevadamedicaid.nv.gov under "Programs."

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[1] Certain inpatients in nursing facilities or institutions refer to individuals with respect to whom the State determines, after hearing and opportunity, that the inpatient cannot reasonably be expected to be discharged from the medical institution and return home.