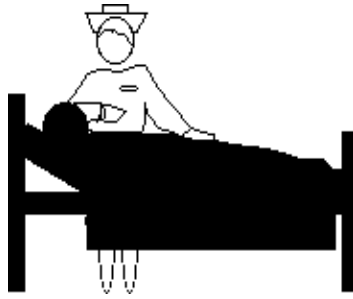

Getting Medicaid to pay for nursing home costs



Legal Aid Society
Of Middle Tennessee And The Cumberland



Getting Medicaid to pay for Nursing Home Services

Introduction	1
Is Nursing Home Care What The Patient Really Needs?	2
How can you find out what kind of long-term care a person needs	2
Other types of long-term care	2
Your Long-Term-Care Ombudsman may be able to help	3
Medicaid	3
How do you Apply?	4
The Medical Application (PAE and PASARR).....	4
The Financial Application	5
Some types of income do NOT count	6
What happens to the patient's income?	6
Assets the spouse at home can keep	7
Assets Medicaid doesn't count.....	7
Jointly-owned assets and trusts.....	8
How Medicaid treats the assets it does count	9
Assets the spouse at home can keep	10
Medicaid rules about transferring assets	10
Special rules about transferring the home	13
The state may take property after the patient's death	13
How Medicare and TennCare Medicaid work together	14
How can the patient pay medical expenses that Medicare and TennCare Medicaid don't pay?	14

Introduction

MedicAID is the major payer for nursing home care in Tennessee. Nursing home charges reach \$3,000 or more per month. Few families can afford this with only their own funds.

MediCARE is a health insurance program for people who get Social Security payments. MediCARE gives little coverage for skilled nursing care. It gives no coverage at all for ordinary nursing home care. Long term care insurance is costly and some policies are very limited. Someone who already has serious medical problems usually can't get long term care insurance.

Tennesseans who need nursing home care need to know the rules for getting Medicaid here. Many people think they must give up their home to get Medicaid. They think they must make their families poor. That is not so. Medicaid gives important protections to nursing home patients and the patient's spouse and dependents. This paper explains Tennessee's Medicaid program for nursing home care.

We wish to thank Pam Ford Wright and the Caregivers Project of West Tennessee Legal Services for their permission to adapt their materials for use by our clients.

WARNING: This paper **is not meant to take the place of legal advice.** All cases are different and need individual attention.

This paper is only about Medicaid in Tennessee. Major changes were made in the Medicaid program in February 2006. For this reason, it is impossible to know when and how these rules will change.

Do not use just the information in this paper to plan for future medical needs. Need to know how these rules apply to you? Talk to a lawyer. If you need updated information, contact your local Long-Term-Care Ombudsman (see page 3).

Is Nursing Home Care What The Patient Really Needs?

Just because a person needs daily help doesn't mean they need a nursing home. This booklet is mostly about getting Medicaid to pay for nursing home care. Does the patient need care that can **only** be given in a nursing home? **That is the only time Medicaid will pay nursing home costs.** Is nursing home care really what you need? Make sure before you sign a nursing home contract. Be sure you also consider non-nursing home types of care that might meet the need.

How can you find out what kind of long term care a person needs?

Ask the person's doctor to evaluate their medical needs. A doctor, nurse or social worker can judge how much help the person needs. Do they need help taking medicine? Can they do activities like walking, bathing, and eating? These are called "activities of daily living" or "ADLs". These professionals can then recommend the best type of long term care. The Aging and Disability Resource Connection can refer you to professionals who can do this. Call **1-866-836-6678**. It's a free call.

Other Types Of Long Term Care

Care in the patient's own home

What if someone is chronically ill or disabled? Many people like this can stay at home if they get help there. They may need help with activities of daily living, medicines, and other medical needs.

Finding out what's available

The Aging and Disability Resource Connection can tell you what in-home services are in your area. Call **1-866-836-6678**. It's a free call.

Paying for in-home care

Several government programs help pay for part-time help with non-medical activities. This includes things like bathing, dressing, homemaking and errands.

Would this kind of part-time help at home keep you out of a nursing home? Then, TennCare Medicaid may help pay for it. This is called the Medicaid "Home and Community Based Services" waiver. The Aging and Disability Resource Connection can help you find out if you or your loved one qualify. Call **1-866-836-6678**. It's a free call.

Long-term care insurance may also help pay for help with activities of daily living.

Medical care in the home

Health insurance may cover services from medical staff such as home health agencies.



MediCARE pays for home health visits if the patient needs skilled care. Skilled care includes physical or speech therapy. To find out more, call Palmetto Government Benefit Administrators at **1-800-583-2236**.

Medicaid (TennCare) covers medically necessary home health visits. What if your TennCare plan won't give you services your doctor says are medically necessary? Then you can appeal. You may want to contact your Legal Services or Legal Aid office to see if they can help with a TennCare appeal (see page 15).

Residential homes, assisted living facilities, and homes for the aged

These words describe a home for several unrelated people who cannot live independently. They get help with activities such as bathing or eating.

Is a patient in a residential home or assisted living facility? Tennessee's Medicaid program does **NOT** pay for room and board in these places. (Note: There is a special state program called the Quality Enabling Program. It can help pay for boarding care in a few homes.)

Medi**CARE** won't pay room and board at these places either.

To find out about these types of homes, call the Aging and Disability Resource Connection at **1-866-836-6678**. It's a free call.

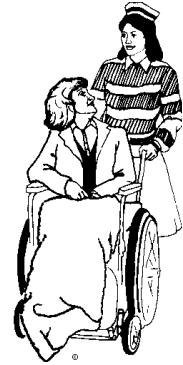
Continuous care facilities

More and more Tennesseans are moving to "continuous care" retirement homes. These facilities give several different levels of help. They have apartments or homes for people who can live independently with little or no help. They also have apartments with common dining rooms and staff to

help with housekeeping. Some of these continuous care homes also have a full range of nursing services.

Your District Long-Term-Care Ombudsman may be able to help

Your Long Term Care Ombudsman can answer questions about long-term care in your community. They can help you find a suitable long-term care provider. They also help with complaints about the care patients are getting. Help from an Ombudsman is **free**.



Want to find the long-term-care ombudsman in your area? Then call the Tennessee Commission on Aging and Disability at **(615) 741-2056**. You can also call the Aging and Disability Resource Connection at **1-866-836-6678**. It's a free call.

MedicAID

Medic**AID** is a public program. It pays for medical services, including nursing services, for the people who qualify. It is funded by both state and federal governments. In Tennessee, it is called TennCare Medicaid.

The rest of this booklet is about applying for Medicaid to pay for care in a nursing home. Generally, the same rules apply to qualifying for Medicaid Home and Community Based Services.

Medicaid for people who need nursing home care

In Tennessee, Medicaid pays for 70% of all the care provided in nursing homes.

To have Medicaid pay for their nursing home care, a person must:

- Live in a nursing home that takes Medicaid payments, or expect to go into one, and
- Have had or expect to get medical care for 30 days in a row, and
- Meet Medicaid's medical guidelines for needing nursing home care, and
- Meet Medicaid's financial guidelines.



Does the person meet all of these requirements? Then Medicaid will pay for her future nursing home care. Was she in a nursing home before applying

for Medicaid? Then it can pay for her nursing home care for 3 months before she applied.

How Do You Apply?

Medical professionals file the application to see if the patient meets Medicaid's medical guidelines. The patient or her family files the financial application.

The Medical Application for Medicaid

Medicaid pays for nursing home care only for patients who need daily nursing services. They must need care that can only be given in a nursing home.

How does Medicaid decide this? The patient's doctor or other medical professional fills out a paper. It is called a **PAE** (Pre-Admission Evaluation). The hospital or nursing home sends the PAE to the Tennessee Department of Health. The Department decides whether the patient's medical condition meets Medicaid's guidelines.

What if someone can no longer live alone? That is **not** enough to get Medicaid to pay for care in a nursing home.

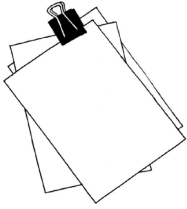
What if someone can't afford a residential home, boarding home or home for the aged? That is **not** enough to get Medicaid to pay for care in a nursing home.

Another part of the medical application is called the **PASARR**. The PASARR is used to find out if someone needs mental health treatment.

Also, the PASARR shows if that treatment can't be given in a nursing home. The Tennessee Department of Mental Health and Mental Retardation decides this part of the application. They use help from a local mental health professional.



The Financial Application for Medicaid



The patient or family makes the financial application.

For the Medicaid financial application, contact the Tennessee Department of Human Services (DHS). Do this in the county where the patient is now. To get their phone number, call the **Family Assistance Service Center** at **1-866-311-4287**. It's a free call. They can give you the phone number of the closest DHS office.

Some hospitals also have DHS case workers who take Medicaid applications.

Can the person who needs nursing home care make her own decisions? Then she should take part in applying for Medicaid. Is the patient not well enough to handle the paperwork? Then trusted family members or friends can apply for her. They do not need a power of attorney or other legal authority.



The Medicaid case worker will ask for financial information from the past 5 years.

The Medicaid worker looks at three parts of a patient's finances:

- Income
- Assets (also called "resources" and "property")

- Transfers of property or assets made during the 3 or 5 years before the Medicaid application

The Medicaid worker will also look at any property the patient owns jointly with someone else. This includes any bank accounts showing the patient's name.

You get separate written decisions on the two parts of the application

Are you blind or over age 65? Then DHS must give you a decision on your financial application within 45 days. What if you are under age 65 and disabled? Then a decision can take as long as 90 days.

You will get separate letters telling you if you are approved for each part. If your financial application or medical application is not approved, the letter should say why. It should also tell how you can appeal. What if you don't understand the letter about your financial application? Then call your Medicaid worker at DHS.



If they turn you down on either application, you can appeal

You have **40 days** to appeal the decision. A family member or friend can appeal for the patient. Anyone who needs help with an appeal should call a lawyer. Or, they can contact the local legal aid or legal services office.

The Income Part of the Financial Application

“How much income does the patient get each month?” This is one of the first questions they will ask. Some types of income count for Medicaid and some do not count.



Some types of income do NOT count

They include:

- Veterans benefits for someone in the household other than the patient,
- Tax refunds,
- Energy assistance payments,
- Payments from credit disability insurance policies,
- The first \$20 a month of unearned income, such as Social Security or pension payments.

To get Medicaid, the patient’s income that counts must be **less than \$1,869** per month. (2007 guidelines)

Is the patient’s monthly income too high for Medicaid (more than \$1,869)? Don’t give up.

First, ask the nursing home how much the care costs without Medicaid. This is called the **private pay rate**. Ask them to add in the cost of medicine and supplies.

Then see if the patient has enough money coming in. Does she have enough to pay the nursing home and other expenses she may have? If so, she may not need Medicaid at this time.

What if the patient doesn’t have enough to pay the nursing home herself? **She may be able to get Medicaid anyway.** This is true even if her income is too high for Medicaid. But, some or all of her income must go into a special kind of trust. It is called a **Qualifying Income Trust**.

To set up this trust, you need a lawyer trained in elder law. To get names of such lawyers, contact your local Ombudsman (see page 3). Or, call your Legal Aid or Legal Services office (see page 15). Or, go to the web site **www.naela.org** on the internet.

What happens to the patient’s income?

A nursing home patient on Medicaid gets to keep \$40 per

\$40

month for personal expenses. This is what happens to the rest of her income:

- Part of it may go to her spouse if she is married,
- Part of it goes to any dependent family members living with her spouse,
- Part of it goes to pay her Medicare and health insurance premiums,
- Part is set aside to help pay certain medical costs not covered by health insurance (see page 14), and
- The rest (which is called the “patient liability”) is paid to the nursing home.

The Medicaid case worker figures out how much of the patient’s income goes for what.

Income the spouse at home can keep

What if a married person is in a nursing home? Then Medicaid lets the spouse at home keep certain income. She may keep the higher of:

1. All income paid in her name, **OR**
2. All income paid in her name plus some of the patient's income. She gets what it takes to **bring her income up to \$1,650** per month. (This figure will go up slightly July 1, 2007.) Are her monthly housing costs more than \$495 (30% of the \$1,650)? Then she can keep more of the patient's income. She can keep enough to bring her income up to \$2,541. (This figure may go up January 1, 2008.) Housing costs include rent or mortgage, taxes, insurance, and utilities.

What if the patient has dependent family members living with her spouse? If she is on Medicaid, she may also have an additional allowance paid to them.

The Asset Part of the Financial Application

Tell DHS about ALL of your assets

Were any sold or given away in at least the last 5 years? Be sure to tell DHS. You can be charged with a crime if you know but:

- You don't tell DHS about an asset, or
- You don't tell DHS about something that was given, sold or traded away, or
- You hide important facts about assets.

Assets Medicaid doesn't count when you apply:

The home does not count if:

The **equity** is under \$500,000 and the patient wishes to go home. It doesn't matter if there is no



realistic chance of going home. What if the applicant is too sick to express this wish personally? A family member or other person can say it for her.

or

A spouse, dependent child or disabled child lives there. In this case, the value of the house and the property around it don't count.

The rules about equity value of more than \$500,000 are new¹. Does the patient have more than \$500,000 equity in her home? Then talk to a lawyer who knows this area of the law. Ask if it is a good idea to take out a home equity loan. This could cut her equity down below \$500,000.

“Non-liquid, income-producing property,” such as rental property, doesn't count as an asset. Again, this is true no matter how much it is worth. However, the income from the property does count.

Property that cannot be sold

Property is not counted if it is “unavailable” because it cannot be sold.

It may, for example, be “unavailable” because of a problem with the **title**.

¹ Federal law made this change, starting February 8, 2006. But, in January 2007, Tennessee had not yet started using the new rules.

Property may be “unavailable” because the person who holds the title is mentally **incompetent**. An owner who is mentally incompetent can’t legally sell their property. But, what if the owner has a conservator or guardian? What if she gave someone “durable power of attorney” that lets them sell the property? Then the property may be “available” and Medicaid may count it.

What if there is **no conservator**? The Medicaid worker may ask family members to become the conservator. This would make the property “available” to be counted by Medicaid. **No one has a legal duty to do this.**



Real estate becomes “unavailable” if it **hasn’t sold** after several months on the market. This property won’t count as long as you keep trying to sell it. If the property does sell, the money from the sale **will** count. It may cause the nursing home patient to lose Medicaid for awhile. After enough of the money is spent, she can qualify again for Medicaid.

A car - One car doesn’t count, no matter how much it is worth.



Burial funds and spaces - A burial plot and headstone don’t count.

An irrevocable trust set up to pay for burial and funeral expenses doesn’t count. Did the person applying for Medicaid set it up? Then the irrevocable burial trust must be \$6,000 or less. What if a funeral home set it up? Then the burial trust can be any fair market value.

In some cases, Medicaid doesn’t count \$1,500 in a cash burial fund. The money must be in a separate account clearly marked for burial expenses. Also, Medicaid doesn’t count up to \$1,500 for a spouse’s burial fund.

Household goods and personal items

- Generally, Medicaid does not count personal belongings. But, Medicaid may count some things that have great value, such as coin collections.

Note: Medicaid does not count the types of property listed above **when you apply**.

But, they may take the property after the patient and her spouse die. This pays Medicaid back for the money spent on the patient’s nursing home care. (See “The state may take the patient’s property after her death” on page 13.)

Jointly-owned assets and trusts

Joint bank account – Medicaid usually **counts** all money in a joint bank account or other jointly-held funds.

Jointly-owned real estate won’t count if:

- It can’t be divided easily, or
- One of the joint owners needs the property for a home.

Trusts - Sometimes families set up a trust to take care of a disabled person. Or the trust may be set up by a legal guardian or court. What happens if the disabled person applies for Medicaid? Then Medicaid may count the assets in the trust and the income from the

trust. But, Medicaid may not count certain trusts. Need to make a trust that Medicaid doesn't count? Then see a lawyer who knows about Medicaid and trusts.

Get expert legal advice about assets

Medicaid rules about property and other assets are confusing. Contact a lawyer who knows a lot about this area of the law. That's the best way to find out if Medicaid counts investments, and trusts.

Also ask about joint savings, annuities, financial notes and other assets.



How Medicaid Treats The Assets It Does Count

Medicaid counts assets that belong to either spouse

To see if a married patient qualifies, Medicaid counts her countable assets and her spouse's. It doesn't matter which spouse owns what. It doesn't matter if an asset is owned jointly or separately.

How much the patient can have in assets that count

Is it an unmarried nursing home patient? Then to get Medicaid, she may have no more than \$2,000 in assets that count.

To get Medicaid, a married patient can have \$2,000 in countable assets

for herself. Her spouse at home can have many more assets (see "Assets the Spouse At Home Can Keep" on page 10). What if both husband and wife are in a nursing home? Then each of them can have up to \$2,000 in countable assets. These amounts apply only to assets that are available and that Medicaid counts.

What if you have too many assets that count for Medicaid?

A patient with too many assets for Medicaid can **spend** these assets as she wishes. But, giving away or selling assets for less than a fair price can cause problems. (See "Important Medicaid Rules about Transferring Assets" on page 10.)

TIP: When the patient first enters a nursing home, get a Medicaid "snapshot assessment" of assets. Do this even if the patient doesn't need Medicaid yet.

Applying for Medicaid? The Medicaid worker needs the value of countable assets.

This must be their value on the first day of nursing home care.

They need this number no matter how long the patient has been there. This number is called the "snapshot assessment."



The Medicaid worker at DHS does the snapshot assessment. AND looks at what has happened to the patient's assets since entering the nursing home. It pays to get the snapshot assessment when the patient enters the nursing

home. The snapshot tells you which assets will count. It also tells how much must be spent before the patient can get Medicaid. The snapshot will also tell you how much the spouse at home can keep.

If you think there is a mistake in the snapshot assessment, you can appeal.

Assets The Spouse At Home Can Keep

Is the married person applying for Medicaid in a nursing home? Then the spouse at home can keep:



- **Any assets that Medicaid does not count, and**
- The **highest** of the following amounts:
 - Are these assets that produce income? The at-home spouse can keep enough to bring her income up to \$1,650 per month. In some cases, the spouse could keep more. Many times, this rule lets the spouse at home keep all of the assets;
 - or**
\$20,328 (amount for 2007);
 - or**
One-half of the total assets in the “snapshot assessment,” up to \$101,640 (amount for 2007);
 - or**
An amount set by a court or administrative law judge. Does the spouse have special needs, like high medical expenses? In these cases, judges may set a higher amount.

The patient must spend her share of the countable assets down to \$2,000. Then she is “asset-eligible” for Medicaid.

Examples:

1. Mr. A enters the nursing home. On that day, he and his wife have a home, car and \$60,000 in savings. Mrs. A can keep the home and the car because they don’t count. She can keep \$30,000 as her half of the savings. Mr. A must spend \$28,000 of his \$30,000 before he can get Medicaid.

What if Mr. and Mrs. A’s income together are less than \$1,650 per month? She should ask to keep all of the assets. She may need all \$60,000 to produce at least \$1,650 in monthly income. But, she must have a fair hearing before Medicaid will let her keep this much.

2. Mr. and Mrs. B have \$25,000 in savings when Mrs. B enters the nursing home. Mr. B will keep \$20,328, leaving Mrs. B with \$4,672. She becomes asset-eligible for Medicaid when she has spent her \$4,672 down to \$2,000.



Important Medicaid Rules About Transferring Assets

Giving away income, countable assets or a home can cause problems. So can selling assets or buying them, in some cases. This is called a “transfer.” A patient whose countable assets are transferred can be kept off Medicaid for awhile. This can happen **if:**

1. The transfer is made during the 5 years before she applies for Medicaid (3 years, if the transfer was done before February 8, 2006), **and if**
2. She got less than fair market value, **and if**
3. She can't prove that getting Medicaid was **NOT** the reason she made the transfer.

Usually, these rules apply to transfers **made by either the patient or her spouse**. What if the at-home spouse gives away property? Then the nursing home patient may lose Medicaid for a while.

Examples of transfers of assets that may make the patient lose Medicaid for a time:

- A patient has money in a joint bank account. The other owner of the account takes the money.
- A patient's husband gave the couple's granddaughter \$12,000 three years ago.
- A patient gave her son her home a month before entering a nursing home.



Penalties

How long the patient can't have Medicaid is called the "penalty period." The Medicaid worker sets the length of the penalty time like this. First he takes the value of the asset that was transferred. He subtracts any payment

the patient got for it. Then he divides by \$3,874. The answer is the number of months the patient cannot have Medicaid. There is no limit to how long the penalty period can be.

The penalty rules changed February 8, 2006.

They changed how far back Medicaid looks for transfers and when the penalty period starts. If you transferred assets before this date, see the penalty rules below. If you transferred assets on or after February 8, 2006, see the penalty rules on page 12².

Penalty rules for assets transferred BEFORE Feb. 8, 2006

Example: Mr. J gives \$10,000 to his son in August 2005. He goes into a nursing home in October 2005. The penalty period will be 3 months (\$10,000 divided by \$3,874). The 3 months begin when he made the transfer, which was August. The penalty period stops at the end of October. Medicaid will not pay for his care during October.

There is NO penalty if:

- The property was sold for a fair price (fair market value).
- The property was transferred to the spouse. This is because all assets of married couples are counted, no matter who owns them.
- The property was transferred to your child of any age who is blind or disabled.

² In January 2007, Tennessee Medicaid had not started using the new rules. When they do, they will use the new rules for transfers and annuities made on or after 2/8/2006.

- The property was transferred more than 3 years before you applied for Medicaid. But a transfer to or from a **trust**, must happen sooner. Was it a transfer from a trust? Then it must have happened more than 5 years before the Medicaid application.
- The property was transferred to a special trust for a disabled person under age 65.
- Qualifying for Medicaid was **NOT** the reason for the transfer. This can be hard to prove.
- The penalty would cause “undue hardship” for the nursing home patient. This is hard to prove.



What if you made a transfer that could cause problems?

Try to get the property back. If you get the property back, there will be no penalty period. (Is it property Medicaid counts? Then you must sell it for a fair price. You must also spend any money above the \$2,000 resource limit to get Medicaid.)

Penalty rules for assets transferred ON or AFTER Feb. 8, 2006

Example: Mr. J gives \$10,000 to his son in August. He goes into a nursing home in October. The penalty period will be 3 months (\$10,000 divided by \$3,874). The 3 months don't start until:

- Mr. J is in a nursing home (or getting Home and Community-Based Services)
- **AND** he has less than \$2,000 left in assets that Medicaid counts.

Then he starts 3 months of nursing home care that Medicaid **won't** pay for. **There is NO penalty if:**

- The property was sold for a fair price (fair market value).
- The property was transferred to the husband or wife. This is because all assets of married couples are counted, no matter who owns them.
- The property was transferred to your child of any age who is blind or disabled.
- The property was transferred more than **5 years before applying and being eligible** for Medicaid. This is also true for money transferred to or from a trust.
- The property was transferred to a special trust for a disabled person under age 65.
- Qualifying for Medicaid was **NOT** the reason for the transfer. This can be hard to prove.
- The penalty would cause “undue hardship” for the nursing home patient. This is hard to prove.



What if you made a transfer that could cause problems?

You can try to get the property back. If you get the property back, there will be no penalty period. (Is it property Medicaid counts? Then you must sell it for a fair price. You must also spend any money above the \$2,000 resource limit to get Medicaid.)

Special Rules About Transferring The Home

There is **NO** penalty if the patient's home is transferred to:



- The patient's spouse,
- **OR** the patient's child **IF**:
 - ◊ the child lived in the home
 - ◊ AND gave care that kept the parent out of a nursing home
 - ◊ AND this happened the last 2 years before the parent entered the nursing home,
- **OR** the patient's child who is under 21, or blind, or permanently and totally disabled,
- **OR** the patient's brother or sister who
 - 1) has equity in the home and
 - 2) lived there the whole year before the patient entered the nursing home.

Making these OK transfers can keep the State from taking the property after the patient dies. (See "The State May Take the Patient's Property After Her Death," on this page.)

IMPORTANT: Always get the advice of a lawyer. Do this before you transfer assets that might affect Medicaid eligibility. And don't get just any lawyer. The lawyer needs to know this area of the law well.



The State May Take the Patient's Property After Her Death

What happens when a nursing home patient who gets Medicaid dies? Then the State may have her property sold after her death. The State can then get paid back for the cost of the nursing home. What if the money from the sale is more than the nursing home costs? Then the patient's estate gets the rest of the money.



Who lives in the house? Is it a spouse, disabled child, child under age 21? Then the State won't have the property sold until after the patient, the spouse and disabled child die. In some cases, they won't have the property sold if a sibling or adult child lives there. They also won't have the property sold if it would create a hardship. Hardship may, however, be hard to prove.

You might be able to keep property for your family by making a no-penalty transfer. But, the transfer may cause your family to have to pay higher taxes. Or it could cause other serious problems. Before transferring property, always get legal advice. Make sure the lawyer is one who knows this area of the law well.

How Medicare and TennCare Medicaid work together



A patient with both MediCARE and TennCare MediCAID can see her usual Medicare doctor. The doctor does not have to be signed up for the patient’s TennCare insurance plan.

With TennCare Medicaid, patients don’t have to pay Medicare co-pays and deductibles. Medicare and TennCare Medicaid pay the patient’s doctor and

hospital bills. TennCare Medicaid pays the patient’s nursing home bills that Medicare does not pay. The patient should pay nothing.

Starting in 2006, Medicaid patients with MediCARE must sign up for a Medicare Part D drug plan. This is true unless they have “creditable” coverage from another insurance plan that pays for drugs. TennCare Medicaid will no longer pay for their medicine.

How can the patient pay health care expenses that Medicare and TennCare Medicaid don’t cover?

Tell the Medicaid worker about medical expenses that TennCare Medicaid does not cover

Some medical expenses are never paid by TennCare Medicaid or other insurance. Common examples are hearing aids, false teeth and most eyeglasses. When the patient has this kind of medical expense, tell the Medicaid worker at DHS. They can cut the amount of the patient’s income that goes to the nursing home. That leaves some of the patient’s income to help pay for these expenses. Medicaid rules call these expenses “**Item D**” expenses.



Important Note: Nursing home patients on Medicaid should **not** be charged for basic supplies and over-the-counter drugs, like aspirin or vitamins. These are called “cost items”. They are already paid for by Medicaid’s payment to the nursing home.



Important Note: Nursing home patients who **only** have TennCare Medicaid, but not Medicare, **cannot be charged for their prescription drugs.**

What if TennCare Medicaid won’t pay for a prescription and the doctor cannot prescribe a drug they usually cover? You should file a TennCare medical appeal. To appeal, call TennCare Solutions at **1-800-878-3192**. They can start the appeal for you. They can also ask the drug store to give the patient a 3-day supply of the prescribed drug.

Nursing home patients with MediCARE may need some drugs that Medicare Part D doesn’t cover. Ask your doctor to help you file an “exception” to get your medicine covered. You can get help with Medicare Part D problems from the State Health Insurance Program by calling **1-877-801-0044**.

Help with TennCare Medicaid problems

TennCare Consumer Advocacy Line

They help with problems getting urgently needed medical care under TennCare Medicaid. Call:

1-800-722-7474

313-9972 (Nashville area)

Español: 1-800-254-7568
227-7568 (Nashville area)

TTY/TDD: 1-800-722-7647
313-9240 (Nashville area)

TennCare Partners Information and Advocacy Line

1-800-758-1658 or
(615) 242-7339 (Nashville)

They help with problems getting mental health care or drug and alcohol treatment under TennCare.

TennCare Solutions

1-800-878-3192

Call them if TennCare is not paying for all of a TennCare Medicaid patient's prescription medicines. They can start the TennCare appeal process for you. They can also try to fix the problem without having to start an appeal.

Free Legal Help

Some of these programs give free help with TennCare or Medicaid problems.

Legal Aid of East Tennessee

Knoxville	(865) 637-0484
Johnson City	1-800-821-1312
Maryville	(865) 981-1818
Morristown	1-800-821-1309
Chattanooga	1-800-572-7457
Cleveland	1-800-445-3219

Legal Aid Society of Middle Tennessee and the Cumberland

1-800-238-1443 (free call)

Offices in: Nashville, Clarksville, Columbia, Cookeville, Gallatin, Murfreesboro, Oak Ridge and Tullahoma
Visit us on the internet: www.las.org

Memphis Area Legal Services

Memphis	(901) 523-8822
Covington	(901) 476-1808
	1-888-207-6386

West Tennessee Legal Services

Jackson	(731) 423-0616
Dyersburg	(731) 285-8181
Huntingdon	(731) 986-8975
Selmer	(731) 645-7961

Legal Assistance for the Elderly

1-800-362-9276

Southeast Tennessee Legal Services

423-756-0128 ext 104

Ageing Services for the Upper Cumberlands

931-432-4210

This booklet is not meant to take the place of legal advice. Each case is different and needs individual attention. We updated this booklet in February 2007. The law may change from time to time.

Legal Aid Society

of Middle Tennessee and the Cumberland

1-800-238-1443

It's a free call.

On the internet at **www.las.org**

