

Community Based Care (CBC) facility options include Adult Foster Homes (AFHs), Assisted Living Facilities (ALFs), and Residential Care Facilities (RCFs). To be paid by Medicaid, the facility must have a Medicaid contract.

The amount you must pay the facility is based on your income after we subtract room and board, an amount you can keep for personal needs, plus certain other costs that our rules allow. We call these deductions. You will be allowed to keep up to \$203.00 (Jan. 01, 2023) each month for spending money. This is called your “PIF” (Personal Incidental Funds). You are responsible for paying the room and board payment of \$711.00 each month and may have an additional payment responsibility to the facility dependent upon your monthly countable income.

If you have a spouse or dependent child, you may be able to divert some or all your monthly countable income to your spouse or child.

### **Medical Costs**

Medicaid may also be able to adjust your payment to the facility to allow you to keep enough money to pay any health insurance premiums, co-pays, or other out of pocket medical costs.

Medical costs are allowed only in the month they are paid. You can only deduct medical costs that are not covered by your insurance card or your service plan. You cannot receive retroactive (backdated) credit for costs previously paid. You must tell us about medical costs within 10 days of the date the cost is paid, and we will ask you for proof.

You will receive a financial form at the time Medicaid begins the service payment and when there is a change to the amount of money you are responsible for paying to the facility or when there is a change to the amount of money the state pays to the facility.

### What Types of Medical Costs are Allowed?

You may only deduct medical costs you are paying. If you incur a medical cost, but you do not pay it, or if someone else pays it for you, the cost is not deductible. Here are some examples of allowable medical deductions:

- Health and hospitalization insurance premiums and coinsurance payments.
- Some long-term care insurance premiums.
- The cost of a medical service is deductible if it is provided by, prescribed by, or used under the direction of a licensed medical practitioner and determined to be medically necessary.
- Medicare Part D premiums for prescriptions.
- Medical and dental care, including psychotherapy, rehabilitation services, hospitalization, and outpatient treatment.
- Prescription drugs and over-the-counter medications prescribed by your doctor. Verification must be provided from your provider of the name of the medication or product, how often it is needed, the size or strength if appropriate, along with a receipt.
- Medical supplies and equipment such as dentures, hearing aids, glasses, CPAP machine, etc.).
- Payments on medical bills paid to a collection agency are not allowed.

### How Do I Get These Deductions Approved?

Speak with your case manager about any medical costs you may have. You should provide proof of medical costs you have paid to your case manager. You should report unexpected medical costs to your case manager as soon as possible and provide verification of the new cost in the month it is received or paid.

Medical costs that have been paid with a credit card are allowed as follows:

- The cost is allowed for the amount the individual expects to pay or is currently paying each month on the card until the outstanding balance of the medical cost is paid in full.

- For costs charged prior to the month reported, the outstanding balance is the amount of the original cost charged to the card less any future payments to the card.

It is important you provide the following when you have any of the following costs:

- A receipt or printout from your pharmacy for prescription costs.
- Proof of medical insurance or Medicare supplement premiums.
- Proof of medical bills and payment plans for each bill.
- A note from your doctor showing over-the-counter prescriptions with names of prescriptions, dosage, and quantity as well as a receipt for your cost.

**Out-of-Pocket Medical Costs**

Use this to help you document your out-of-pocket medical costs. Don't forget to include your receipts.

\_\_\_\_\_ Name \_\_\_\_\_ Medicaid ID #

**Prescriptions**

Name of Medication	How Often Do You Fill It?	Out-of-Pocket Cost

**Medical Insurance or Medicare Supplement**

Name of Insurance	Monthly Premium

**Medical Bills**

Medical Bill Paid To	Monthly Payment Amount

**Over-the Counter Medications**

Name of Medication	How Often Do You Fill It?	Out-of-Pocket Cost