DHS | Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

NURSING FACILITY INFORMATION AND OPTIONS

“Skilled Care”: Your Medicare benefit will cover the cost of a skilled stay at a nursing facility for up to 100 days if you are leaving a hospital and you meet Medicare “skilled” criteria. Medicare has guidelines on skilled criteria and the facility, and your doctor will determine if you meet the criteria. If you meet the criteria the first 20 days will be covered 100% by Medicare. Days 21 - 100 Medicare will cover 80% of the cost for days 21 - 100 if you continue to meet their criteria.

“ICF Care”: ICF means Intermediate Care Facility. When you no longer meet the skilled criteria described above, or you are past the 100-day limit for Medicare, but you still need to receive care at the nursing facility, then you become ICF level of care. Medicaid can help pay the cost of ICF level of care in a nursing facility for those that meet Medicaid criteria. You will have to pay some of your income to the facility.

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 $74.75 (Jan. 01, 2023) each month for spending money. This is called your “PIF” (Personal Incidental Funds). If you have a spouse or dependent child, you may be able to divert some or all your income to your spouse or child. Medicaid may adjust your payment to the facility to allow you to pay health insurance or out of pocket medical costs.

Accommodation Allowance: If you plan to return home in six months or less, we may be able to reduce your payment to the facility during your stay. You will need a letter from your doctor or a nurse stating it is reasonable to expect you will return home in six months or less. If your needs can be met when you return home, you can provide this information to your worker and we may be able to allow you to keep the amount of your monthly rent or mortgage, plus a certain amount for utilities.

Veterans: If you are a veteran and receive Aid and Attendance benefits, your veteran’s benefit may be decreased to $90.00 for your PIF during your stay at the nursing facility. When this happens, you will be able to keep the $90.00 per month instead of the standard $74.75 PIF.

Medical Costs

Individuals who are eligible for Medicaid Long Term Services and Supports and contribute to their cost of services (known as a liability) may be eligible for medical deductions. The deductions may reduce how much you must pay to the facility.

Medical costs are allowed only in the month they are paid. This only includes medical costs that are not covered by your insurance card or your service plan. You cannot receive retroactive (backdated) credit for medical costs already 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.

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 care 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.

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Out-of-Pocket Medical Costs

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

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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