

MEDICAID MANUAL NOTICE FOR COST OF CARE CONTRIBUTION INSTRUCTIONS

The Medicaid Manual Notice for Cost of Care Contribution form is to be completed by the Economic Support (ES) worker. Original to institution or nursing home, copy to client and copy filed in case record.

SECTION I – CLIENT INFORMATION

New Client Information

Check “Yes” if this is a new client for which you are providing information. Check “No” if the information is not for a new client.

Changed Client Information

Check “Yes” if this is a change to information regarding this client. Check “No” if this is not a change to this client’s information.

Termination Date

Enter termination date.

Medicaid Number

Enter the client’s Medicaid number.

Medicaid Categorically Needy

Check “Yes” if this client is Medicaid categorically needy. Check “No” if this client is not Medicaid categorically needy.

Medicaid Medically Needy

Check “Yes” if this client is Medicaid medically needy. Check “No” if this client is not Medicaid medically needy.

Medicare Number

Enter the client’s Medicare number.

Medicare Part A

Check “Yes” if the client has Medicare Part A. Check “No” if the client does not have Medicare Part A.

Medicare Part B

Check “Yes” if the client has Medicare Part B. Check “No” if the client does not have Medicare Part B.

Client Name

Enter the client’s name, last, first and middle initial.

Name of Institution / Nursing Home

Enter the name of the institution or the nursing home where the client is.

NOTICE TO INSTITUTIONS, NURSING HOME, CLIENT INSTRUCTIONS
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Admission Date

Enter the date of admission of the client to the institution or nursing home. For example, if the date of admission is June 10, 2002, enter 06/10/02.

Insurance Company Name

If the client has other health insurance enter the name of the insurance company.

Policy Number

Enter the client's policy number for their insurance.

Cost of Care Effective Date

Enter the date of the cost of care became effective.

Cost of Care Contribution

Enter the amount of the client's cost of care contribution (see Medicaid handbook, Institutions section to determine the client's cost of care).

SECTION II – SIGNATURE

Signature

Economic support worker is to sign the completed form in this field.

County Name

Enter the name of the county where ES worker is employed.

Date Signed

Enter the date the form was signed.