

TO: Local District Commissioners, Medicaid Directors

FROM: Betty Rice, Director
Division of Consumer and Local District Relations

SUBJECT: Start Date for 29 Days of Short-Term Rehabilitation
(Attestation of Resources)

EFFECTIVE DATE: Immediately

CONTACT PERSON: Bureau of Local District Support:
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In accordance with 04 OMM/ADM-6, Medicaid applicants and recipients (A/Rs) who are not seeking coverage of long-term care services may attest to resources and receive short-term rehabilitation services. Short-term rehabilitation includes one period of Certified Home Health Agency (CHHA) services, up to a maximum of 29 consecutive days in a twelve-month period, and one short-term nursing home admission, up to a maximum of 29 consecutive days in a twelve-month period. A recipient may receive one of each type of service for a total of 58 days. This message clarifies the start date of the 29 days of short-term rehabilitation.

Short-term rehabilitation begins on the first day the A/R receives CHHA services or is admitted to a nursing home on other than a permanent basis, regardless of the payor of the care and services. In other words, if the A/R has third-party health insurance for nursing home care or CHHA services, or is paying privately, the 29-day short-term rehabilitation limitation still begins on the first day the individual receives CHHA services or is admitted to a nursing home. Example:

A recipient is admitted to a nursing home for rehabilitation on November 8, 2004. Medicare covers November 8 through 27 (20 days) in full. Medicaid coverage for short-term rehabilitation is available starting November 28 through December 6 (the remaining 9 days of the short-term rehabilitation allowance). **Note:** If the individual was not in receipt of Medicaid upon admission and applied for Medicaid coverage to begin December 1 (not retroactive to November), November 8 would still count as day one of the short-term rehabilitation.

If an A/R does not apply for Medicaid coverage for a commencement of CHHA services or nursing home admission, that commencement/admission is not counted toward the one commencement/admission limit per 12-month period. Example:

An individual applies for Medicaid coverage for a three-week nursing home stay which began on September 4, 2004. Six months ago the individual had a short-term nursing home stay but did not apply for Medicaid. Medicaid coverage for short-term rehabilitation is available starting September 4, 2004.

In accordance with 04 OMM/ADM-6, the 29 day short-term rehabilitation policy does not apply to the benefit received by recipients enrolled in Medicaid managed care. Individuals enrolled in managed care who are not in permanent absence status will be eligible for all care and services covered under the plan as well as any wraparound services that are covered under Medicaid fee-for-service. This includes the nursing home and home care benefits as defined in the benefit package of the managed care contract.

Upon disenrollment from managed care, such individuals' eligibility for Medicaid coverage of long-term care services will depend on whether the individual provided documentation of his/her resources.