

Short-Term Medicaid Only Rehab Form

Complete this form if the individual is **active** Vermont Medicaid and is **not** covered by other insurance and is not active in Choices for Care

Individual Name: _____

DOB: _____ SSN: _____

Facility: _____ Provider ID#: _____

Phone: _____

A. Vermont Medicaid Only Rehab (If stay is covered all or in part by Medicare, use form 804D)

- Follows the Department of Vermont Health Access (DVHA) Operating Procedures, *Medicaid Nursing Facility Short Stays*.
- Benefit covers nursing facility and hospital swing bed stay of no more than 30 days per episode (maximum of 60 days per calendar year).

B. Admission (Submit completed form within **10 days** from the release date)

Admission date to nursing facility or hospital swing bed: _____

Requested Medicaid start date: _____

Admitted from:

Hospital

Home

Other: _____

Last date Medicaid coverage needed: _____

Reason for Medicaid end:

Discharged

Deceased

No longer meets coverage criteria

Benefit maxed-out

C. Long-Term Care (Coverage for stay of 31 days or more)

- Must apply for Choices for Care Long-Term Care Medicaid
<http://www.greenmountaincare.org/long-term-care-medicaid>
- Must meet clinical and financial eligibility criteria.

Completed by: _____

Email: _____

Agency: _____

Phone: _____

Send to: ADPC, 280 State Drive Waterbury, VT 05671-1500 Fax (802) 241-0514