

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: _____ Date: _____

Email: _____ Agency: _____

Phone: _____

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

804C FORM: SHORT TERM VT MEDICAID ONLY REHAB STAYS

This form is used by Skilled Nursing Facilities and Hospitals that have Swing Bed status. This form is used to report

Short Term Medicaid Only Rehabilitation Stays. Please use this form if the beneficiary currently has active Medicaid. The VT Medicaid Rehab benefit covers stays less than 30 days per episode/60 days per calendar year following the Department of VT Health Access (DVHA) Operating Procedures, *Medicaid Nursing Facility Short Stays*. **If Medicare is covering part of the stay, use form 804D.**

When this form is used:

- ❖ Short Term Medicaid Only Rehabilitation Stays

Who completes this form:

1. Nursing Home
2. Hospital Social Worker

How to complete the 804C form:

1. Complete the Individual's name, Address, SS# or MID, Date of Birth
2. Admission:
 - a. Complete this form within 10 days after the coverage was needed
 - b. Fill in the Admission Date
 - c. Fill in Requested Start Date of Medicaid Coverage
 - d. Check the box to indicate where the beneficiary was admitted from
 - e. Fill in the last date that Medicaid coverage was needed
 - f. Check the reason for no longer needing Medicaid coverage
3. Provide the Name of the Nursing Facility/Hospital and Person Completing the form

Where to submit the 804C form:

ADPC (Application and Document Processing Center):

Fax (802) 241-0514

280 State Drive Waterbury, VT 05671-1500