

RESOURCE ATTESTATION AND DOCUMENTATION CHART

Resource Documentation	Coverage Package Based on Resource Documentation
Document resources for 36 months for bank accounts and 60 months for trusts (S/CC's document 12 months)	All Medicaid covered care and services. This includes Community Coverage, Community Based Long-Term Care and Nursing Facility services. (Services listed in Boxes A, B & C)
Document resources for the month of application	Community Coverage with Community-Based Long-Term care and Short Term Rehabilitation for Nursing Home Care services (Services listed in Boxes A & B)
Attest to amount in resources	Community Coverage with Short- Term Rehabilitation Services (Services listed in Box A)

All Medicaid Covered Services (A, B, C)		
Community Coverage with Community Based Long Term Care Services (A, B)		
Community Coverage (A)		
Community Coverage Services (Box A)	Community Based Long Term Care Services (Box B)	Nursing Facility Services (Box C)
<ul style="list-style-type: none"> • Inpatient Hospitalization • Emergency Care • Outpatient Care • Lab Tests and X-Rays • Primary and Preventive Health Care Education • Vision, Speech, Hearing Services • Durable Medical Equipment^Ω • Prescription Drugs[∇] • Prosthetics and Orthotics^Ω • Second Medical/ Surgical Opinions • Dental Care[∇] • Diabetic Supplies and Equipment • Smoking Cessation Products • Family Planning/Reproductive Health • Physicians/ Nurse Practitioners/ Midwives • Radiation/ Chemotherapy/ Hemodialysis • Emergency and non-emergency Medical transportation • Orthodontia • Medical/ surgical Supplies • Orthopedic shoes • Mental Health/ Alcohol and Substance Treatment • One admission in a 12-month period of up to 29 consecutive days of: <ul style="list-style-type: none"> ➤ Nursing Home Care ➤ Certified Home Health Care 	<ul style="list-style-type: none"> •Adult day health care (Medical Model) •Assisted Living Program (ALP) •Hospice in the community •Hospice residence program •Residential Treatment Facility •Managed long-term care in the community •Personal care services •Non-waiver and waiver services in the following programs: (*) <ul style="list-style-type: none"> ➤ Long-Term Home Health Program ➤ Traumatic Brain Injury Program ➤ Care at Home Waiver Program ➤ Office of Mental Retardation and Developmental Disabilities Home and Community –Based Program •Consumer directed personal assistance program •Limited licensed home care services <ul style="list-style-type: none"> • Private duty nursing • One admission in a 12-month period of up to 29 consecutive days of: <ul style="list-style-type: none"> ➤ Nursing Home Care <p>(*) As of September 2007 these waiver- services are now covered with current resources documentation.</p>	<ul style="list-style-type: none"> •Alternate level of care provided in a hospital •Hospice in a nursing home •Nursing home care •Intermediate care facility •Managed Long-term care in a nursing home •Home and community-based waiver services will also be provided.

^Ω Provider must request prior authorization

[∇] Brand name prescription drugs require prior authorization. (Provider must request prior approval)

[∇] Some dental services require prior authorization. (Provider must request prior approval)