Transforming
Lives

Declaring Pending Medicaid Eligibility in the MDS

When assessing a Nursing Home resident, it is important to know whether Medicaid eligibility should be reported.

When answering A0700 on the MDS, provide the resident's 9-digit Client Information number or a "+" to indicate Medicaid is pending when:

1. The resident receives Medicaid reimbursement currently to meet any part of their needs in the nursing home.

2. The resident received a client award letter from the Department for Medicaid nursing home care.

3. The resident was on Medicaid services in the community through the HCBS program and will likely be transferred to Medicaid nursing homes services through ACES.

4. The resident or an authorized representative has submitted a written, signed application for Medicaid to the Department. This application can be in person, by mail, by fax, or by completing the application on-line.

> An **authorized representative** might be needed if the resident is incompetent, incapacitated, or if someone is acting responsibly for the resident.

5. **5.** The resident has received a client award letter from the Department, but their payment is totally covered by some other payer source.

> Typical **alternate payers** might include Medicare, the Veteran's Administration, hospice or private insurance.

Washington State
**Department of Social
& Health Services**

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