

**MEDICAL AND REMEDIAL EXPENSES CHECKLIST
 FOR MEDICAID LONG-TERM CARE WAIVER PROGRAMS**

Name – Member/Participant

PURPOSE: This form is used to determine any medical and remedial expenses that can be used to reduce a cost share. A cost share is the monthly amount you must pay to get long-term care services through Medicaid. This includes the following Medicaid long-term care programs: Family Care, Family Care Partnership, PACE (Program of All-Inclusive Care for the Elderly), and IRIS (Include, Respect, I Self-Direct).

INSTRUCTIONS: Using the criteria below, the aging and disability resource center counselor, care manager, or IRIS consultant working with you (the program applicant or participant) determine if you have any expenses that can be counted as a medical or remedial expense. Then the agency staff person enters the amount of the expense in the correct category below to determine all expenses. Once completed, both you and the agency staff person sign the form and the staff person submits it to the income maintenance agency.

STEP 1: Determine if your expense can be counted as a medical or remedial expense. A list of what cannot be counted is listed on the last page of this form.

To be counted as a medical or remedial expense a service or item must meet the following criteria:

1. The service or item must meet the definition of a medical or remedial expense.
 - A **medical expense** means a licensed medical practitioner provided or prescribed an item or service for you to:
 - Prevent, diagnose, treat, or cure a disease or injury.
 - Treat an affected part of your body.
 - A **remedial expense** means it helps you relieve, remedy, or reduce a medical or health condition.
2. You must be legally liable for the expense and paying for it out-of-pocket during the time you are getting benefits. You must verify that you are making payments.
3. Another source will not pay or pay back the expense. Examples of other sources include: Medicaid (Family Care, Partnership, PACE, or IRIS), Medicare, private health insurance, another public program, or any other third party.
4. If the service or item is coverable by the program you must have received a denial from the program (Family Care, Partnership, PACE, or IRIS) for the out-of-pocket purchase.

STEP 2: If the service or item meets the requirements listed above, fill in the dollar amounts below for each expense.

\$	Health Insurance Include any expenses for deductibles, copayments, coinsurance, including services covered by Medicaid, Medicare, or any other public or private health insurance. Do not count any cost share required for this program.
\$	Unpaid Medical/Remedial Bills Payments for unpaid bills for medical or countable remedial services/items received by you that you are liable for and that are not paid for by any other source.
\$	Dental Care For services not covered for you by Medicaid (including Family Care, Partnership, PACE, or IRIS), Medicare, private health insurance, another public program, or any other third party payer. Services which are only intended to improve your appearance may not be counted.
\$	Vision Care Products and services for you including eye exams, prescription eyeglasses, prescription sunglasses, contact lenses, and contact lens cleaning supplies. Count only to the extent the expense is not paid for by Medicaid (including Family Care, Partnership, PACE, or IRIS), Medicare, private health insurance, another public program, or any other third party.
\$	Prescription Drugs For drugs not covered for you by Medicaid (including Family Care, Partnership, PACE, or IRIS), Medicare, private health insurance, another public program, or any other third party.
\$	Over-the-Counter (OTC) Disposable or Reusable Medical Supplies For supplies not covered for you by Medicaid (including Family Care, Partnership, PACE, or IRIS), Medicare, private health insurance, another public program, or any other third party. Examples: Skin care products; rubbing alcohol, antiseptics and antiseptic swabs; bandages; enema

	apparatus and kits; hydrogen peroxide; lemon or glycerin swabs; lubricating jellies; tincture of benzoin; cotton balls and applicators; gloves; incontinence supplies, adult diapers, and underpads; catheters, catheter sets, and components; syringes and needles; irrigation solutions; stoma care products; tracheotomy care components; tube feeding components; tongue depressors; reusable supplies (e.g., bedpans, thermometers, rubber pants, etc.).
\$	Prescribed OTC Drugs For those not covered for you by Medicaid (including Family Care, Partnership, PACE, or IRIS), Medicare, private health insurance, another public program, or any other third party. Examples: Internal and external painkillers (such as aspirin, acetaminophen, ibuprofen, naproxen); cold, cough and allergy products; gastrointestinal products; topical skin products; eye care products; other prescribed OTC drugs. OTC drugs have a National Drug Code (NDC).
\$	Prescribed OTC Supplements If the supplement is not covered by Medicaid (including Family Care, Partnership, PACE, or IRIS), Medicare, private health insurance, another public program, or any other third party. Examples: Vitamins and minerals; herbs and other botanicals; enzymes; amino acids; other dietary substances. Products are labeled as supplements, not drugs.
\$	Expenses to acquire or maintain a trained service animal needed by you due to a medical condition or disability and not covered by Medicaid (including Family Care, Partnership, PACE, or IRIS), Medicare, private health insurance, another public program, or any other third party. Allowable expenses include the cost of the animal, food, equipment needed for the animal to perform its function, veterinary services, and prescribed medications.
\$	Home modifications due to a medical condition or disability that make the home more accessible or usable, not covered by Medicaid (including Family Care, Partnership, PACE, or IRIS), Medicare, private health insurance, another public program, or any other third party, but only to the extent the cost exceeds any increase in the value of the home.
\$	Vehicle modifications due to a medical condition or disability necessary to make the vehicle usable for you, when not paid for by Medicaid (including Family Care, Partnership, PACE, or IRIS), Medicare, private health insurance, another public program, or any other third party.
\$	Exceptional food costs paid by you while living in a private residence which are incurred due to a medical condition, but only to the extent costs exceed the cost of a normal diet.
\$	Exceptional energy costs paid by you while living in a private residence which are incurred due to a medical condition, but only to the extent the costs exceed typical energy costs. Exceptional energy costs are countable only to the extent your calculated maintenance needs allowance exceeds the maximum permitted.
\$	Board costs of a live-in attendant paid by you. In addition, the housing costs of a live-in attendant paid by you, but only to the extent your calculated maintenance needs allowance exceeds the maximum permitted.
\$	Nutritional products such as Ensure, Boost, etc. to provide extra calories and nutrients when the need is related to a medical condition or functional limitation, if the expenses are not otherwise included in exceptional food costs above. The cost must be paid by you and not by Medicaid (including Family Care, Partnership, PACE, or IRIS), Medicare, private health insurance, another public program, or any other third party.
\$	Phone and Electronics The cost of landline or cellular telephone equipment and/or service, or other electronic devices and service costs when not in prior use which are necessary for the operation of a personal emergency response system (PERS), medication monitoring device, or other remote monitoring technologies. If such devices will also be for personal use, only a reasonable share of the cost is countable. The costs must be paid by you and not by Medicaid (including Family Care, Partnership, PACE, or IRIS), Medicare, private health insurance, another public program, or any other third party.
\$	The cost of medical and community transportation for yourself, with the exception of transportation that is purely for recreational or diversional purposes, and which is paid by you and not by Medicaid (including Family Care, Partnership, PACE, or IRIS), Medicare, private health insurance, another public program, or any other third party. The service must be denied by the program for your purchase to be countable.
\$	Subtotal

The cost of any other item or service coverable by Medicaid (including by Family Care, Partnership, PACE or IRIS), but you were denied by the program for, or purchased because the item or service is covered in an amount, duration, or scope less than requested, when paid by yourself and not by Medicare, private health insurance, another public program, or any other third party.

\$	Description:
\$	Description:
\$	Description:
\$	Description:
\$	Description:

OTHER MEDICAL OR REMEDIAL EXPENSES NOT COVERED ABOVE

\$	Description:
\$	Description:
\$	Description:
\$	Description:

\$	TOTAL MONTHLY MEDICAL AND REMEDIAL EXPENSES
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STEP 3: Sign and date the form. The ADRC counselor, care manager, or IRIS consultant who helped you fill out this form must also provide his or her signature and date. That staff person will share the information with your local agency that determines your cost share.

I hereby certify that the information given is accurate to the best of my knowledge. I understand that I may be required to present records and documents to support the figures given.

SIGNATURE – Member/Participant	Date Signed
SIGNATURE – Staff	Date Signed

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MEDICAL AND REMEDIAL EXPENSES THAT CANNOT BE COUNTED

The following items or services are not countable as medical and remedial expense deductions for reducing a cost share:

1. Unpaid bills previously used to meet a deductible for getting Medicaid.
2. Bills for the cost of institutional care received during a Medicaid divestment penalty period.
3. Bills representing a patient liability amount or a cost share incurred, but not paid, for a prior period of Medicaid-covered institutional care or enrollment in Family Care, IRIS, or a legacy waiver program.
4. Medical bills that will be paid by a legally liable third party, such as Medicare, Medicaid, or private health insurance.
5. Bills that were previously allowed as a medical and remedial expense and used to reduce a Family Care, IRIS, or legacy waiver program cost share or nursing home patient liability amount.
6. Expenses that are not verified.
7. Expenses for medical and remedial services received by another person, even if the applicant or member is legally responsible for the expense.
8. Premiums for a life insurance policy, except that premiums for a long-term care rider to the policy may be counted as a health insurance premium expense.
9. Vehicle-related costs, except for a countable vehicle modification. Not countable are: vehicle loan payments; insurance costs; operating, maintenance and repair expenses; fees for registration, license, title, etc.
10. Housing or room and board expenses, unless one of the specific exceptions for member-paid home modifications or exceptional energy or food costs apply.
11. Donations the person makes, including at group dining sites.
12. Expenses for items or services that promote general health or well-being or would have been incurred for non-remedial or non-medical reasons.
13. Expenses for which there is neither evidence nor a reasonable basis for concluding the remedial effect will occur.
14. Health insurance premiums, including for Medicare or other public or private health insurance. (NOTE: Health insurance premiums are separately deducted from income in calculating cost share. Therefore they are not counted in the category of medical and remedial expenses.) However, any health insurance premiums that are not separately deducted are a countable medical and remedial expense.