POLICY: It is the policy of the Division that all individuals applying for services from the Division will apply for Medicaid benefits when it appears that individuals meet basic screening requirements.

PURPOSE: The purpose of this policy is to ensure that all public mental health and developmental services that are eligible for reimbursement through Medicaid funds are claimed and to provide staff with basic screening requirements to make appropriate referrals for application to Medicaid.

SCOPE: Mental Health and Developmental Services agencies. (Lakes Crossing Forensic Facility and Substance Abuse Prevention Treatment Agency are excluded.)

PROCEDURE:

I. Urgent or emergent services will not be delayed or denied as a result of failure to apply for benefits.

II. MHDS agency staff will assess each individual applying for services using the Basic Medicaid Screening Tool.

III. MHDS agencies will provide the following information to individuals seeking service:

   A. Where and how to apply

   B. The need to apply within 30 days of seeking MHDS services

   C. Failure to apply may result in a delay or denial of MHDS services.

IV. Each agency will develop a procedure to ensure that individuals seeking services have applied for benefits in accordance with the Basic Medicaid Screening Tool.

Harold Cook

ADMINISTRATOR

ATTACHMENT:

A: Basic Medicaid Screening Tool

EFFECTIVE DATE: 09/16/2011
REVISED / REVIEWED DATE: N/A
SUPERSEDES: # N/A
APPROVED BY MHDS ADMINISTRATOR: 08/25/2011
APPROVED BY MHDS COMMISSION: 09/16/2011

ATTACHMENT - A

Basic Medicaid Screening Tool

If a client <u>does not</u> have Medicaid, complete the following checklist.

(If the client answers YES to any of these questions, refer the client to Nevada Welfare to apply for Medicaid.)

Does the individual receive Supplemental Security Income (SSI)?	☐Yes	☐No
Is the individual below age 19 and household with dependents at or below poverty level with less than $2000 resources?	☐Yes	☐No
Is the individual at least 65 years of age and the household is at or below poverty level with less than $2000 resources?	☐Yes	☐No
Does the individual have Medicare coverage and household at or below 133% of poverty level?	☐Yes	☐No
Is the individual under 65 years old and blind or disabled and at or below 133% poverty level?	☐Yes	☐No
Does the individual have a qualifying child in their household (newborn to 18 and the child must be in school)?	☐Yes	☐No
Is the client pregnant with income at or below poverty level?	☐Yes	☐No
Is the client a non-citizen and has/will be receiving emergency services?	☐Yes	☐No

Note: If the individual has recently been approved for Medicaid and has received services in the past 3 months, they may be eligible for payment of these services. Please refer them to Nevada Welfare to apply for Prior Medical Coverage.