Joe Lombardo
Governor

Richard Whitley, MS
Director

DEPARTMENT OF HUMAN SERVICES

DIVISION OF SOCIAL SERVICES

Helping people. It's who we are and what we do.

Robert H. Thompson
Administrator

☐ MEDICAID

Date: _____
Case Name: _____
Case ID: _____

Medical Assistance for the Aged, Blind and Disabled (MAABD) ADDENDUM

Please complete the following questions so your application for medical assistance can be evaluated properly.

Have you or your spouse been in a hospital, nursing home or other medical institution during the past 3 months? ☐ Yes ☐ No

If yes, who: _____ What Months? _____

Are you or your spouse currently in a hospital, nursing home or other medical facility? ☐ Yes ☐ No

If yes, who: _____ Date Entered: _____ Date Left: _____

Facility Name/Address: _____

Have you or your spouse been injured in an accident? ☐ Yes ☐ No Who: _____ When: _____

If you or your spouse resides in a medical facility, regardless of medical condition, do you intend to return home? ☐ Yes ☐ No

Please check the box for all resources you or a member of your household have:

- ☐ None
- ☐ Burial Funds/Plans
- ☐ Business Checking Accounts
- ☐ Business Equipment/Inventory
- ☐ Cash on hand
- ☐ Certificates of Deposit (CD)
- ☐ Checking Accounts
- ☐ Christmas Club
- ☐ Credit Union Accounts
- ☐ Other
- ☐ Individual Indian Money Accounts (IIM)
- ☐ Individual Retirement Accounts (IRA)
- ☐ Keogh Accounts (401K)
- ☐ Land/Mineral Rights
- ☐ Life Estates/Life Leases
- ☐ Life Insurance Policies
- ☐ Livestock/Horses
- ☐ Mining Claims
- ☐ Available Trust Funds
- ☐ Other Account Types
- ☐ Other Houses, Land or Buildings
- ☐ Promissory Notes or Contracts
- ☐ Safe Deposit Box
- ☐ Savings Accounts
- ☐ Savings Bonds
- ☐ Stocks/Bonds
- ☐ A Home You Own Unavailable
- ☐ Trust Funds

If you have checked any boxes above, please provide details below.

Owner(s)	Resource Type	Account/Policy #	Value	Amount Owed

Are any of the resources listed above designated for burial? ☐ Yes ☐ No Which one?

List all cars, trucks, recreational vehicles, trailers, etc. you own or are purchasing. Include vehicles that are not currently running.

Owner(s)	Year, Make and Model	Value	Registered?	Owner(s)	Year, Make and Model	Value	Registered?

Has anyone transferred, sold, traded or given away money, vehicles, property or other resources, closed any bank accounts or purchased annuities in the last 60 months? ☐ Yes ☐ No

If yes, list date: _____ What was given: _____ Value: _____ Total Sale Price: _____

Have you or your spouse executed a trust, annuity, court order and/or purchased a promissory note, loan or life estate?

☐ Yes ☐ No If yes, attach a copy(ies) of the document(s) with this application.

Be aware that by virtue of the provisions of medical assistance for institutional care, amenities purchased on or after February 8, 2006 must name the State of Nevada as remainder beneficiary.

INCOME INFORMATION

Do you or your spouse receive income from any source? ☐ Yes ☐ No

Person	Frequency	Amount

SPOUSE INFORMATION

Please complete the following about your current and all previous spouses, <u>even if you are separated, but not divorced.</u> If a spouse is deceased, all possible information must still be completed. Please use a separate page if there are more than 3 spouses.

Spouse Name:		
Address:		
Social Security #:	Date of Birth:	
Are you divorced? ☐ Yes ☐ No Date of Divorce:	Are you separated? ☐ Yes ☐ No Date separated:	Are you widowed? ☐ Yes ☐ No Date Widowed:
Employer Name/Address:	Medical Insurance Information:	Are you covered? ☐ Yes ☐ No
Railroad, federal or local government employee? ☐ Yes ☐ No Railroad or government Claim #:		Years employed:
Veteran? ☐ Yes ☐ No	Claim #:	

Spouse Name:		
Address:		
Social Security #:	Date of Birth:	
Are you divorced? ☐ Yes ☐ No Date of Divorce:	Are you separated? ☐ Yes ☐ No Date separated:	Are you widowed? ☐ Yes ☐ No Date Widowed:
Employer Name/Address:	Medical Insurance Information:	Are you covered? ☐ Yes ☐ No
Railroad, federal or local government employee? ☐ Yes ☐ No Railroad or government Claim #:		Years employed:
Veteran? ☐ Yes ☐ No	Claim #:	

Spouse Name:		
Address:		
Social Security #:	Date of Birth:	
Are you divorced? ☐ Yes ☐ No Date of Divorce:	Are you separated? ☐ Yes ☐ No Date separated:	Are you widowed? ☐ Yes ☐ No Date Widowed:
Employer Name/Address:	Medical Insurance Information:	Are you covered? ☐ Yes ☐ No
Railroad, federal or local government employee? ☐ Yes ☐ No Railroad or government Claim #:		Years employed:
Veteran? ☐ Yes ☐ No	Claim #:	

Health Plan Selection / Managed Care Organization Preference

Families who live in urban Washoe County or urban Clark County are covered by a managed care organization (MCO). You are being asked to choose one of the following health plans. If you do not select a preference, you will be assigned a plan randomly. Your choice does not guarantee enrollment into the Nevada Medicaid or Nevada Check Up programs. If you or any family members are already enrolled in one of the current MCOs, you might not be able to switch at this time. Enrolled families will receive a member handbook explaining their benefits.

Which Managed Care Option Would You Like?	Available Region	Contact Phone	Website *(Visit for more information)*
☐ **Anthem Blue Cross and Blue Shield Healthcare Solutions**	Urban Clark Urban Washoe	1-844-396-2329	mss.anthem.com/nevada-medicaid/home.html
☐ **Health Plan of Nevada**	Urban Clark	1-800-962-8074	myHPNmedicaid.com/Member
☐ **Molina Healthcare**	Urban Clark Urban Washoe	1-844-327-7136	meetmolina.com/nv-medicaid
☐ **SilverSummit Healthplan**	Urban Clark Urban Washoe	1-844-366-2880	silversummithealthplan.com

☐ **No Preference**
(Note: If you do not choose a Managed Care option, you will be randomly assigned to one by Medicaid)

For more information on the different MCO plans, visit https://dhcfp.nv.gov/Members/BLU/MCOMain/.If you need to find a provider, visit https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx, and search for a provider or you can call one of the local Medicaid district offices below:

Statewide Toll Free	TTY	Carson City	Reno	Las Vegas	Elko
(800) 992-0900	(800) 326-6888	(775) 684-3651	(775) 687-1900	(702) 668-4200	(775) 753-1191

In order to assist us in processing your application timely, please provide verification of any income and resources you have listed on this form. Provide copies of the most current bank statement for all accounts, value of life insurance policies, and vehicle registration.

Applicant Signature	Print Name	Date	Telephone Number

Spouse Signature	Print Name	Date	Telephone Number

For Office Use Only

- Telephone call to applicant (Date): _____
- Copy of form mailed to applicant (Date): _____