

**Garvey Manor Nursing Home**  
**Short term rehabilitation or Long term care**  
**Pre-approval application for admission**

Print full name of applicant \_\_\_\_\_  
and Responsible Party: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

The purpose of this inquiry is to ensure eligibility for Medical Assistance (Medicaid) should you require services from Garvey Manor and need assistance paying. Garvey Manor cannot guarantee care and services unless a payment source is assured. Garvey Manor will assist you in applying for Medical Assistance if needed.

THE DEFICIT REDUCTION ACT  
(DRA) OF 2005 SUMMARY

The Deficit Reduction Act of 2005 (DRA) restricts Medical Assistance (Medicaid) eligibility based on the Medicaid Asset Transfer Laws. These include:

- The Medicaid application process requires the applicant to disclose a five-year financial history accounting for the use gifting, sale, and transfer of assets. While these activities may be legal, they can be considered 'inappropriate use of funds' by the Department of Human Services and thus result in an applicant being ineligible for Medicaid benefits.
- When a Medicaid application is filed for a person residing in a nursing home and an inappropriate asset transfer, gifting, undervalue sale activity is discovered, there will be a denial of benefits, resulting in a 'penalty period of ineligibility'. The penalty period commences when the individual, residing in a nursing home, would otherwise be eligible for Medicaid benefits, except for the inappropriate asset transfer/gifting/sale.
- Having equity in a home exceeding \$500,000 automatically makes a person ineligible for Medicaid benefits. Title transfer or undervalue sale of a home results in ineligibility.

Garvey Manor cannot provide care and services unless a payment source is assured. This includes the potential that a resident may require Medicaid benefits sometime in the future, if not at the time of admission to the nursing home. We require disclosure of gifting, asset transfer, undervalue sale, or the like prior to admission. When a person is admitted to Garvey Manor or Our Lady of the Alleghenies Residence, the applicant/responsible party signs a contract with Garvey Manor guaranteeing no activities that will affect Medicaid eligibility have already taken place or will take place in the future. The disclosure form below validates the contract. If you have questions about the DRA, asset shielding, or Medicaid eligibility please contact the Business Office.

**THIS SECTION MUST BE COMPLETED:**

Fully disclose asset transfers, gifting (over \$500 per month total), undervalue asset sales that occurred in the last five years. (Include value and date of the transaction - verification may be requested prior to admission.)

Gifting Cash: \_\_\_\_\_ Sale or Transfer of Real Estate: \_\_\_\_\_

Transfer of Bank Accounts /CD's/IRA/Stocks/Bonds/Trust Fund: \_\_\_\_\_

Annuity/ Ownership of Insurance Policy: \_\_\_\_\_ Other \_\_\_\_\_

\*If there has been no asset transfer/gifting/undervalue asset sale within the last five years initial here \_\_\_\_\_

Garvey Manor is required by CMS (Centers for Medicare and Medicaid Services) to complete a screening (PA-PASRR Level One) on all applicants prior to admitting, to determine if a mental illness, an intellectual disability or related condition exists.

**SERIOUS MENTAL ILLNESS (please note this is not an all-inclusive list)**

**CIRCLE ALL THAT APPLY:** Schizophrenia, Schizoaffective Disorder, Delusional Disorder, Psychotic Disorder, Personality Disorder, Panic or other Severe Anxiety Disorder, General Anxiety , Bipolar Disorder, Depressive Disorder (note if general or major) Other \_\_\_\_\_

Treatment in an acute psychiatric hospital at least once in past 2 years:  No

Yes - Name of hospital and date(s): \_\_\_\_\_

Reason: \_\_\_\_\_

Suicide attempt or ideation within the past 2 years:  No

Yes – Date(s) and explain/note if documented by a psychiatrist or physician: \_\_\_\_\_

Any other information regarding mental health history/treatment: \_\_\_\_\_

Substance Related Disorder Documented by a Physician within the past 2 years:  No  Yes, \_\_\_\_\_

**INTELLECTUAL DISABILITY:**

Does the applicant have current evidence of an Intellectual Disability or Intellectual Disability Diagnosis (mild, moderate, severe or Profound)?  No  Yes – List diagnosis (es) or evidence: \_\_\_\_\_

Did this condition occur prior to age 18?  No  Yes  Cannot determine

**OTHER RELATED CONDITIONS (please note this is not an all-inclusive list)**

**PLEASE CIRCLE ANY THAT APPLY:** Arthritis, Juvenile Rheumatoid Arthritis, Cerebral Palsy, Autism, Epilepsy Seizure Disorder, Tourette’s Syndrome, Meningitis, Encephalitis, Hydrocephalus, Huntingdon’s Chorea, Multiple Sclerosis Parkinson’s Disease, Muscular Dystrophy, Polio, Spina Bifida, Anoxic Brain Damage, Blindness and deafness Paraplegia or quadriplegia, Head injuries (gunshot wound, or other spinal injuries)

Other conditions \_\_\_\_\_

Was the condition(s) diagnosed prior to age of 22? No Yes

Name of applicant: \_\_\_\_\_

I have reviewed the questions and none apply to the applicant \_\_\_\_\_

Initial

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Date