



804D

## Dual Medicare / Vermont Medicaid Short-Term Rehab

Complete this form if the individual is **active** Medicare **and** Vermont Medicaid. Do not complete if individual is active in Choices for Care.

Individual Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Provider #: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**A. Dual Medicare / Vermont Medicaid Rehab** (If stay is **not** covered by Medicare, use form **804** or **804C**)

- ☐ Follows Medicare standards, including 3-day qualifying hospital stay. Medicare standards found at:  
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c08pdf.pdf>
- ☐ Vermont Medicaid co-pay covers days 21 – 100 of the Medicare stay.
- ☐ Medicare is *always* the primary payor for individuals with both Medicare and Medicaid.
- ☐ Private long-term care insurance must be billed prior to Vermont Medicaid.

**B. Long-Term Care** (Coverage for stay exceeding Medicare co-insurance – 100 days)

- ☐ Must apply for Choices for Care Long-Term Care Medicaid:  
<https://dvha.vermont.gov/members/long-term-care>
- ☐ Must meet clinical and financial eligibility criteria.

**C. Admission** (Submit completed form within **10 days** of Medicare/Medicaid end date)

Admission date to nursing facility or hospital swing bed: \_\_\_\_\_

Requested Medicaid co-pay start date: \_\_\_\_\_

Last date Medicaid coverage needed: \_\_\_\_\_

Reason for end of Medicaid coverage:

- ☐ Discharged Date: \_\_\_\_\_ ☐ Deceased Date: \_\_\_\_\_
- ☐ No longer meets coverage criteria ☐ Other: \_\_\_\_\_

Name of Person Completing Form (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Send this form to:** Department of Vermont Health Access  
Application & Document Processing Center  
280 State Drive, Waterbury, VT 05671-1500  
Fax: 802-241-0514

**Document Uploader:**  
[VT Agency of Human Services Document Uploader](#)  
<https://dvha.vermont.gov/members/vermont-medicaid-programs/medicaid/medicaid-aged-blind-or-disabled-mabd/instructions-0>