N839 S839 TRANSFER TO ANOTHER NURSING FACILITY

Because you have moved to a new nursing facility, the Medicaid

payment to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will end effective

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and payment to the new facility

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will begin effective

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, your monthly obligation for the cost of

care at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The

amount of the obligation remains the same each month unless you are

notified of any change. Notify your worker of any change in income

within 10 days of the change.

This action is based on KEESM Sections 8170, 8172.