How Medicaid Adjustments Help Cover Onsite Healthcare Services

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Hello and thank you for taking the time to learn more about care options for your loved one.

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We know this process can feel complex and sometimes overwhelming.

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Our goal is to make it simpler and easier for you to understand.

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That's where Aria Care Partners comes in.

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In simple terms, Aria Care Partners helps bring essential ancillary care directly to your loved one without increasing what they pay overall to the nursing home.

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With Aria Care Partners, essential dental, vision, hearing, and Podiatry services are provided directly to your loved one right inside the nursing home.

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This helps make care easier for both residents and their families.

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That means no need to coordinate transportation to outside appointments, fewer disruptions to daily routines for your loved one, and more convenient, consistent care delivered right where they live.

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At this point, many families have an important question.

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How is this actually paid for?

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The answer comes down to how Medicaid structures payment and how those existing funds can be used differently to support on site medical services like Aria's.

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If your loved 1 is on Medicaid, a portion of their monthly income already goes toward their care.

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That amount is called patient liability.

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A small portion is set aside for personal needs, and the rest goes to the nursing facility.

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Medicaid then covers the remaining cost of the care.

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When an Aria insurance policy is added, this does not create a new cost for the resident.

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It simply changes how that same money is used.

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Let's look at a simple example.

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Before enrolling in Aria, a resident contributes a portion of their income toward care, and Medicaid pays the remaining balance.

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After enrolling in Aria, the overall cost of care the resident pays remains exactly the same.

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What's different is how those existing dollars are allocated.

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In this example, $200 that would have gone directly toward the nursing home's patient liability is instead used for the Aria policy.

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Medicaid then increases its payment to the facility to make up the difference.

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The total amount the facility receives remains at $4000 before and after the resident is not paying more overall, and there is no additional financial burden being added for the facility.

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The same funds are simply being used in a way that helps provide access to dental, vision, hearing, and Podiatry care right where your loved one lives.

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That's why we describe it as a reallocation of existing funds rather than a new expense.

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Our goal is simple, to make essential care easier to access, more consistent, and less stressful for families.

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By bringing services directly on site, we help your loved one receive the care they need and deserve where they are without added financial burden.

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If you have questions, we're here to walk you through everything step by step.