Hospital Transitions: Facility Medicaid Checklist

**The Process**

- ☐ Patient registers for your department. Validate that the system has active Insurance Cards, Demographic Information, Current Address, POA/Living Will, Next of Kin (with active Phone Number)
- ☐ Trigger made to Case Management/Social Work/other professional for financial interview
  - □ Private pay
  - □ Community Medicaid (current Medicaid beneficiary) – Will not need to fill out a new application, however an MILTC-63 Supplemental Application may be required. Patient will have to be prepared to pay a monthly share of cost to the facility if their stay is not covered by Medicare or their Managed Care Provider.
  - □ Medicare Replacement
  - □ New Admission to SNF or ALF
  - □ Social Determinant Cues
- ☐ Financial Interview/Discharge Planning
- ☐ Provide Medicaid Long Term Care Documentation Guide
- ☐ Signed application completed and sent to DHHS (MILTC-64 or electronic form)
  - □ Complete Designation of Authorized Representative (MLTC-35) form and/or Eligibility Release of Information (MLTC-EA-34) form for patient (POA, next of kin, etc.) and current/future healthcare institution (Hospital, SNF, ALF)
  - □ Make copies of supplemental information and send to DHHS
- ☐ Patient will be pending after application is processed
- ☐ DHHS staff reviews the case, a letter is mailed to the patient with a request for additional information
- ☐ After all information is received application determination is made.
- ☐ Patient has 90 days from the date of the application to provide all information required for determination to be made.

**Eligibility**

- ☐ Single Individual
  - □ May have up to **$4,000** in countable assets including vehicles, financial accounts, and life insurance cash values.
- ☐ Married Couple (Under spousal impoverishment regulations the resource standard is higher for the spouse remaining at home.)
  - □ Under Spousal Impoverishment Protection Law most assets are considered joint assets regardless of whose name they are placed.
  - □ The spouse at home is entitled to keep a portion of all assets within the program guidelines. The current year’s Spousal Impoverishment reserved amount minimum and maximum can be found at [477-000-012](#). The minimum and maximum amounts for prior years can be found at [477-000-029](#).
    - ○ Minimum: At least: **$27,480** in 2022
    - ○ Maximum: up to **$137,400** in 2022
    - ○ The year is based on the first time either spouse received institutionalized care for 30 consecutive days or more.
  - □ The spouse at home may be able to keep a portion of the institutionalized spouse’s monthly income. The current maximum can be found at [477-000-012](#).
    - ○ Expenses such as rent, mortgage and utilities are considered. If verified, these expenses may enable the spouse at home to keep more of the nursing home spouse’s income.

**Share of Cost**

- ☐ Share of Cost is calculated by taking the monthly income of the individual minus allowable medical insurance premiums/allowable expenses minus **$60** personal allowance. The remainder must be paid to the facility.