

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.