
Long Term Care

If a face-to-face interview is requested by the client or their authorized representative, the appointment must be scheduled within 10 calendar days of the date of the contact. The appointment may be scheduled after 10 calendar days only at the request of the client or his representative. Case management agencies who chose to represent clients have been instructed by BMS to request an application within 7 days of the date the medical approval is received.

SSI and Deemed SSI recipients must complete the DFA-LTC-5 to evaluate for trusts, transfers, or annuities. All other applicants must apply with either the DFA-2, DFA-SLA-1, DFA-SLA-S1 or **DFA-MA-1** and meet all eligibility requirements for waiver services. If the client is the only one listed in an open Medicaid case they may complete the supplemental application DFA-SLA-S1 to gather the appropriate asset information. The DHS2-FRM must be presented for SSI, Deemed SSI, and all other coverage group individuals to complete ADW eligibility determination. See Chapter 17.12.

The beginning date of Medicaid eligibility is the later of the following:

- The first day of the month of application; or
- The first day of the month in which the individual is eligible for payment of ADW services after a transfer of resources penalty expires. See Chapter 17.25.

NOTE: When the applicant's eligibility for, or enrollment in, this program is pending, due to the lack of a waiver slot or other reason, he must not be refused the right to apply due to his pending status for the ADW group, but must be evaluated for any or all DFA programs.

3. Completing the Asset Assessment at the individual's or authorized representative's request.
4. Instructing the individual that ADW services will only be paid on or after the ADW approval date.

B. REDETERMINATION PROCESS

A redetermination of eligibility is completed once a year; a face-to-face interview is not required. Medical necessity must be verified annually at redetermination with a letter or document from the UMC stating they continue to be eligible. Once the redetermination is complete, the same criteria and procedures used for applications is used. Medicaid eligibility is established and the medical eligibility for services is monitored by BMS.

The Worker receives an alert in RAPIDS when a redetermination is due.