

LDSS NAME
LETTERHEAD

Date _____

Long-Term Care Documentation Requirement Checklist

Case Name: _____ Representative Name: _____
Address: _____ Due Date: _____
_____ Case Number: _____

On _____, you requested Medicaid coverage of long-term care services. In order for us to determine your eligibility for long-term care services, including up to three months prior to the month of your request, your worker must receive the following information checked below no later than the above due date. Failure to submit the information may result in the denial of Medical Assistance coverage for long-term care services. If you cannot obtain these items by the above due date, you must contact your worker to request a brief extension. Verification of your attempt to obtain these documents may be required prior to granting an extension.

You are requesting we (re)determine your eligibility for undue hardship for Medicaid coverage of nursing facility services. Undue hardship exists when you meet all other eligibility requirements, and are not able to obtain appropriate medical care such that your health or life is in danger or the application of the transfer penalty period would deprive you of food, clothing, shelter or other necessities of life. You must provide proof of how you meet undue hardship.

Complete, sign and return the enclosed "Long-Term Care Change In Need Resource Checklist." You must provide proof of the value of each resource checked "Yes" for the period _____ to _____.

Document all checks and withdrawals over \$ _____

Copies of your income tax returns (including 1099s and all schedules and forms) for the year(s) _____

Additional documentation: _____

Social Welfare Examiner

Phone Number