

NURSING FACILITY SERVICES

NOTE: SSI, Deemed SSI and full coverage Medicaid Recipients who need Medicaid payment for long term care services must complete the DFA-LTC-5 application form at the initial application and the annual redetermination. The recipient must disclose information about annuities, trusts and other potential resources and transfers. See Section 17.10 and 11.4 for the policy regarding treatment of annuities. Evaluation of other potential resources is required only for Medicaid coverage groups that require an asset test.

MAGI Medicaid coverage groups – Adult Group, Parents/Caretaker Relatives, Pregnant Women, and Children Under Age 19 – do not require an asset test and should not have an asset test applied prior to receiving LTC services. MAGI Medicaid coverage groups only need evaluated for annuities, trusts and transfers.

SSI and Deemed SSI recipients were determined asset eligible for Medicaid by the Social Security Administration, and only need evaluated for annuities, trusts and transfers.

Failure to complete, sign and return the DFA-LTC-5 within 30 days of the date sent to the recipient and/or authorized representative results in denial of payment for nursing facility, AD, TBI or I/DD Waiver Services and ICF/MR. LTC payment is not approved until the DFA-LTC-5 form is completed, signed and returned to the local office. When the DFA-LTC-5 form is not returned at the annual redetermination, the LTC payment is closed with adverse action notice.