Louisiana

MEDICAID LTC ELIGIBILITY DETERMINATION

Client/AR has their physician complete ***BHSF Form 90-L*** then enters nursing facility or HCBS

OR

Client enters nursing facility or HCBS then has ***BHSF Form 90-L*** completed by physician

Client/AR contacts Medicaid to file Medicaid LTC (financial) application, ***BHSF Form 1-L***

BHSF Form 148 **(**Noticification of Admission) completed by provider

Medicaid Medical Certification

Health Standards **or** BCSS determines Medical eligibility and issues ***BHSF Form 142***

Medicaid Financial Eligibility Determination

Timeframes: 45 days or 90 days if medical certification ***(BHSF Form 142)*** needed from Health Standards or BCSS

Eligibility Factors Considered:

*Louisiana resident
*U.S. Citizen or Qualified Alien
*has or will apply for SSN
*For 2004, countable income below $1,692 for an individual ($3,384 for an eligible couple)
Note: for nursing facility only, an individual who is otherwise eligible may be able to spend down excess income using the facility fee
*has countable assets below $2,000 for an individual; $3000 for an eligible couple, or $94,760 under spousal impoverishment provisions for 2004 for an individual with a spouse residing in the community who does not receive long term care services
*meets one of the established Medicaid eligibility groups:
disabled,
age 65 or older
blind or disabled as defined by SSA,
under age 19, or
pregnant
*30 days continuous stay, if applicable
*transfers of resources for less than fair market value within 36 months of Medicaid application or 60 months if trust involved.

Notice of Decision
For nursing facility, ***BHSF Form 18-LTC*** issued to client/AR &facility
OR
for HCBS, ***BHSF 18-W*** issued to client/AR, BCSS & Case Management Agency and/or ADHC agency

BCSS issues ***BHSF Form 51-NH*** to Case Management Agency/ADHC Agency & SRI
(for service authorization)