

## OTHER ELIGIBILITY REQUIREMENTS

### NEW APPLICATION

Medicaid applicants have the option of applying for:

1. Community Coverage without Long-Term Care which includes all Medicaid covered services except nursing facility services and community based long-term care services. Medicaid applicants who are not seeking coverage of long-term care services may attest to the amount of their resources rather than provide proof. (See **RESOURCES DOCUMENTATION REQUIREMENTS**)
2. Community Coverage with Community-Based Long-Term Care which includes all Medicaid covered care and services except nursing facility services. (See **RESOURCES DOCUMENTATION REQUIREMENTS**) Medicaid applicants electing to apply for this coverage must provide proof of their current resources.
3. Medicaid coverage of all covered care and services which includes nursing facility services. Medicaid applicants electing to apply for this coverage must provide documentation of resources for prior periods in accordance with transfer of resource policies. (See **RESOURCES TRANSFER OF ASSETS ALL CATEGORIES**)

Local districts must inform Medicaid applicants of the available coverage options and may require the applicant to sign a "Request for Medicaid Coverage" or an approved local equivalent, indicating the coverage choice an applicant made.

It is important that the applicant understand the eligibility determination process, including the effect that the documentation of resources options have on the services s/he may receive. The applicant must also understand that it is his/her responsibility to keep the district informed of any change in his/her income and/or resources and the need for a service which s/he does not have coverage.

If a recipient who attested to his/her resources subsequently requests coverage for long-term care services, the date of the request shall be treated as the date of the new application for