

Rhode Island Long Term Care Medicaid Application Documents Checklist

Applicant Name: _____ Date of Need: _____

Date of birth: _____ Social Security No: _____

HAVE NEED N/A DESCRIPTION

FINANCIAL FORMS REQUIRED – NURSING FACILITY TO ASSIST WITH COMPLETION OF FORMS			
Required for Long Term Care benefits consideration by the Rhode Island Long Term Care Services & Support (LTSS)			
			DHS-1: If using application form dated prior to April 2015
			DHS-2: Application – All pages must be completed, some questions may not apply to the applicant’s situation. Application must be signed/dated.
			DHS-25M: Authorization for disclosure/Use of health information. Must be signed/dated.
			DHS-25: Authorization to obtain/release confidential information-2 copies signed, 1 for SNF, 1 for responsible party. Must be signed/dated.
			DHS-SAV-1: Certification of Citizenship/Alienage. All applicants or representative must sign even if born in the USA.
			MA-89: Liens & Recovery Notice. This form must be signed even if the applicant has no assets. (for applicants 55 and older)
			CP-12: Home & Community Based Waiver-Notification of Recipient Choice
			RE-1: Race/Ethnicity form –OPTIONAL FORM
			HIPPA-1: Notice of Privacy Practices
			DHS-91: Bank information – the only needed information is the signature, date and social security number. Sign at least 3 copies for your worker.
			MA-400 Real Estate Notice – Intent to return home
			Applied Income worksheet. Determines approximate cost due from resident on a monthly basis. It is recommended this amount is paid to the nursing facility during the application process.
			MART AP-125: Medical Assistance Review Team for people with disability
MEDICAL INFORMATION TO BE OBTAINED BY NURSING FACILITY			
Required for Medical Approval by the Office of Medical Review (OMR)			
			MAPAS-1: FULL ID SCREEN
			Continuity of Care – If applicable, comes from the hospital
			AP-70.1: Social Workers Evaluation for Need of Care in SNF setting
			GW-OMR-PM-1: Medical Evaluation of Applicant for Level of Care
			Mini-mental and/or BIMS, if applicable
BACK UP DOCUMENTS NEEDED IN ORDER TO PROCESS APPLICATION SUCESSFULLY			
To be provided by the applicant and/or responsible party within 30 days of the need date for Medicaid			
			ID - Social Security Card
			ID - Required Proof of Citizenship/Immigration Status
			ID - Photo ID – Driver’s License, ID card from DMV, Passport
			Health Insurance Cards
			Power of Attorney, Durable Power of Attorney, Guardianship
			Health Insurance Premiums - Copy most recent bill/statement
			Divorce Decree/Legal Separation
			Death Certificate of Spouse
			INCOME - Verification of Railroad Retirement Benefits in writing
			INCOME - Pension/Annuity verifications, in writing, from your pension/annuity company verifying your current monthly benefit received less any deductions

		INCOME - Award Letters or proof of: Social Security, SSI, UCB, TDI, Worker's Compensation, etc.
		INCOME - Verification of all other GROSS income/wages. If you were working prior to becoming ill, please provide 1 month of pay stubs for all places of employment and proof of last date worked.
		INCOME – proof of income from any rental property owned
		ASSETS - Life Insurance Policy ALL pages
		ASSETS - Life Insurance/Annuity verification – in writing, from your life insurance or annuity company verifying the current face value/cash value/dividends for ALL policies owned by the applicant
		ASSETS - Pre-paid itemized, irrevocable funeral trust contract
		ASSETS – Trusts- Please provide copies of all trusts, addendums, and contents of the trust including transfers in and out of the trust. (trusts will be immediately submitted to LTSS Legal Dept for review)
		ASSETS - Automobile title and/or registration
		ASSETS - Automobile loan – total payoff and monthly payment amount
		ASSETS - Deeds - for all properties owned – including burial plots
		ASSETS – Reverse mortgage documents
		Bank statements for checking, savings, certificates of deposit, credit union accounts or stocks and bonds for the last 6 months. ALL accounts that have been opened or closed including the application month.
		6 months statements on ALL accounts including checking, savings, IRA, 401k, CD, money market accounts that have been opened or closed from the year 2006 to present regardless if they are still open or not. LTSS reserves the right to request up to 60 months.
		Treasury notes/Other notes
		Verification of any IRS liens, child support, alimony, attachments or other wage attachments
		Copy of living expenses outlined below if applicable:
		Rent/mortgage receipts
		<ul style="list-style-type: none"> • Copy of lease if renting • Most current electric/gas bill • Most current property tax bill • Most current water bill • Home owners insurance policy • TRANSFERS - Verification (paper trail) of any/all asset transfers within the last 60 months
		Public Assistance/MA/SNAP closing notice from another state

*****Please be advised** the current asset limit in the State of Rhode Island for an individual applying for Long Term Care benefits is \$4,000. Assets may not be given/gifted away in order to become eligible.

*****Please be advised** that a portion of the applicant's income may be due to the nursing home as his/her contribution to their care. Your business office can assist you with determining the approximate amount. It is recommended you pay this amount while the application is pending. This will assist in meeting asset eligibility requirements.

*****Please be advised** that you will be requested to explain any deposits or withdrawals over \$1,000 by way of paper trail including copies of cashed checks, correlating bank statements showing monies moved from one account to another and/or receipts for purchases and medical expenses. This will allow LTSS to determine whether or not you may be eligible for benefits and when.

Responsible Party Assisting with Application: _____

Relation to Applicant: _____ **Contact Number:** _____