

## Post Waitlist Release Eligibility Determination: Process and Timeline

### *Notice of Waitlist Release*

When the state has funding to enroll new people in the Medicaid Long-Term Care (LTC) Home and Community Based Services program, the Department of Elder Affairs (DOEA) sends local Aging and Disability Resource Center (ADRC) offices a list of who to contact about possible enrollment.

The local ADRCs then contact those individuals on their respective lists. After confirming the person still needs and wants long-term care services, the ADRC sends a written notice called a “waitlist release.” This notice (also in the materials) includes information on the enrollment process and the instructions and timeframes for completing eligibility.

### *Clinical and Financial Eligibility*

Eligibility for the program is then determined after being “released from the waitlist.” There are 2 main parts to eligibility: clinical and financial. The clinical eligibility is determined by the local CARES program (Comprehensive Assessment and Review for Long-Term Care Services) and financial eligibility is determined by the Department of Children and Families (DCF).

### *Clinical Eligibility*

After release from the waitlist, applicants must have their physician, or other licensed healthcare provider familiar with their needs, fill out what is referred to as the “3008” form and send it to the ADRC within 30 days. After the ADRC receives the completed form, they will contact the CARES office and request a Level of Care (LOC) determination. Currently, due to the pandemic, the 3008 is not required.

The CARES team will then meet with the applicant and complete a comprehensive evaluation. Prior to the pandemic, this evaluation is done in a face-to-face meeting with a licensed healthcare provider. However, due to COVID, the CARES evaluation is done by phone--not in person.

For those applicants who meet the nursing home level of care requirement, the CARES team assigns the applicant into one of three (3) levels:

Level of care 1: applicants residing in or who must be placed in a nursing facility.

Level of care 2: applicants at imminent risk of nursing home placement, as shown by the need for the constant availability of routine medical and nursing treatment and care, and who require extensive health-related care and services because of mental or physical incapacitation.

Level of care 3: applicants at imminent risk of nursing home placement, as shown by the need for the constant availability of routine medical and nursing treatment and care, who have a limited need for health-related care and services and are mildly medically or physically incapacitated.

### ***Financial Eligibility***

Once Level of Care is determined, the application is sent to DCF to determine [financial eligibility](#). In 2020, the income limit for an individual is \$2,349 per month and \$2,000 in assets. For a couple the income limit is \$4,698 per month and \$3,000 in assets.

The applicant has 35 days from the date of waitlist notification to submit the Medicaid application through DCF's online [ACCESS portal](#).