202C LTC

Choices for Care
Long-Term Care Medicaid
Interview Appointment Notice

District Office Address/Business Card

We have received your Choices for Care Long-Term Care Medicaid (CFC LTC) application. The Economic Services Division (ESD) will determine your financial eligibility. A nurse from the Department of Aging and Independent Living (DAIL) will contact you to complete a clinical assessment. This clinical and financial information will determine if you are eligible.

A phone interview will be done. Please read this notice and follow the instructions carefully before the phone interview. The interview for your financial determination is your time to present your situation and to ask questions.

It is not necessary for the person applying to do the interview. A spouse, other family member, legal guardian or an authorized representative may do the interview on the applicant's behalf.

I will call you at _____, at _____
Phone number Time

on Friday _____, _____.
Day Date

If you are not able to keep this appointment, please contact me by phone or in writing immediately to make another interview appointment. If you want me to call a different phone number, please let me know.

☐ Thank you for calling to reschedule your phone interview. Your appointment has been rescheduled for_____, Friday _____, _____.
Time Day Date

Please see the back of this notice for a list of items I need to determine your financial eligibility.

_____ _____ _____
Benefits Programs Specialist Date Phone number

To find out if you are eligible for long-term care Medicaid, we need the following items that apply for you and your spouse:

- ☐ Power of attorney or legal guardianship documents
- ☐ Private health insurance cards (copy of both sides)
- ☐ Health insurance premium amounts
- ☐ Federal tax returns filed in the last 60 months (please include all forms and schedules)
- ☐ Current bank and credit union statements of all accounts owned and co-owned
- ☐ Current balance for your nursing home account
- ☐ Current retirement accounts statements
- ☐ Current burial accounts statements
- ☐ Current stocks, bonds, mutual funds statements
- ☐ Face and cash value of life insurance policies (current annual statement)
- ☐ Gross monthly income from all sources including VA, Railroad Retirement, pensions, annuities, etc.
- ☐ Property tax bills and property transfer tax returns for any property that was sold, traded, given away, or had names added to the deed within the last 60 months.
- ☐ Life estate deeds
- ☐ Trusts (including appendices, schedules, annual accountings, and amendments for the last 5 years)
- ☐ Promissory notes
- ☐ Mortgage notes and mortgage deeds
- ☐ Current annuities statements (Federal law requires the State to become a remainder beneficiary under an annuity or similar financial instrument when the State provides long-term care medical assistance.)

If you want to find out if your spouse can keep some of your monthly income (allocation), please provide:

- ☐ Spouse’s gross monthly income
- ☐ Mortgage
- ☐ Property tax bill
- ☐ Condo fees
- ☐ Lot Rent
- ☐ Rent
- ☐ Room and/or board