



LTC Eligibility Processing Quick Reference Guide



Type	Description	Documents to be submitted	ESA processing time
Initial LTC Application	No existing Medicaid, QMB-only, or community-based Medicaid only (<i>not</i> in a long-term care program)	<ol style="list-style-type: none"> 1. Integrated Application 2. LTC Supplemental form 3. Request for Action (1346) 4. Level of Care (interRAI) 	45 days
Transitions (including <u>Discharges</u>) with an LOC ending >90 days	Someone who has existing LTC Medicaid eligibility / enrollment and is transitioning from one setting to another program (i.e., from EPDW to PACE, NF to EPD, etc.)	<ol style="list-style-type: none"> 1. Change of Circumstance 50A/1210* 2. Request for Action (1346) 3. LTC Supplemental form 	15 days
Transitions (including <u>Discharges</u>) (LOC end date <90 days)	LOC is expiring! Someone who has existing LTC Medicaid eligibility / enrollment and is transitioning from one setting to another program (i.e., from EPDW to PACE, NF to EPD, etc.)	<ol style="list-style-type: none"> 1. Conversion Renewal 50B/315D* 2. LTC Supplemental form 3. Request for Action (1346) 4. New LOC, including CSR for NF 	30 days
Renewals	Annual renewal cycle (i.e., based on that person's recertification date)	<ol style="list-style-type: none"> 1. Conversion Renewal 50B/315D* 2. LTC Supplemental form 3. New LOC, including CSR for NF 	30 days

Notes and tips:

- To request an LOC assessment, submit an ePOF: <https://dhcf.dc.gov/node/1038702>
- Converted cases use the 50A and 50B forms. Non-converted cases use the 1210 and 315D.