

INSTRUCTIONS
DHS 1148 (Rev. 09/2020)

MEDICAID ELIGIBILITY FOR LONG-TERM CARE (LTC) SERVICES

PURPOSE:

An Authorized Medicaid Provider such as the Medicaid Managed Care Health Plans, Nursing or Hospital Facilities, Case Management Agencies (CMA) or Targeted Case Managers (TCM), shall use the DHS 1148, "Medicaid Eligibility for Long-Term Care (LTC) Services" form for a Medicaid applicant of beneficiary requesting Long-Term Care (LTC) services.

GENERAL INSTRUCTIONS:

An Authorized Medicaid Provider shall complete and route this form to MQD. MQD shall review the information submitted on this form and determine applicant/beneficiary eligibility for LTC services. If an individual is determined eligible for LTC services, MQD shall transfer information on this form into the Kauhale On-Line Eligibility Assistance (KOLEA) system.

SECTION 1: AUTHORIZED MEDICAID PROVIDER AND MED-QUEST DIVISION

All requested information in Section 1 must be completed by the Authorized Medicaid Provider as applicable.

SECTION 2: APPLICANT/BENEFICIARY INFORMATION (completed by Authorized Medicaid provider)

All requested information in Section 2 must be completed by the Authorized Medicaid Provider as applicable.

SECTION 3: NEW ADMISSION OF LONG-TERM-CARE (LTC) SERVICES REQUEST (completed by Authorized Medicaid provider)

Approved LTC: The DHS 1147, DHS 1150 or DHS 1150C must be selected as evidence that Level of Care was approved in addition to the Start and End Date of Level of Care approval.

For section **3.A.-3. F**, please select which type of LTC placement applicant/beneficiary is requesting and complete the placement contact information. The Authorized Medicaid Provider must complete the "Date of Admission" Note: If the date of admission is delayed or changed the Authorized Medicaid Provider will need to resubmit the DHS 1148 and in this section they will select the "Revised" box and complete "Date of Admission" with the new date.

Living Setting:

HCBS Program Enrollment and GHP Codes	Living Setting
<ul style="list-style-type: none">• Home and Community Based Services (HCBS 299)• Going Home Plus (Aged 131, Disabled 132, I/DD-403)• Intellectual/Developmental Disability Waiver (I/DD-404)	<ul style="list-style-type: none">• HO-Home and Community Based Services in a Private Home, Assisted Living Facility (ALF)• D1-Domiciliary Level I- Community Care Foster Family Home (CCFFH) or Adult Residential Care Home (E-ARCH)• D2-Domiciliary Level II- E-ARCH only

SECTION 4: EXISTING LTC BENEFICIARY CHANGE REQUEST (completed by Authorized Medicaid provider)

If there are any changes in applicant/beneficiary LTC request, the Authorized Medicaid Provider shall complete all information requested in Section 4.

SECTION 5: STATUS CHANGE OF LTC BENEFICIARY

MQD eligibility staff shall complete all information in Section 5 requested as appropriate and inform the Authorized Medicaid Provider/requesting party of the applicant/beneficiary LTC services determination. Once Completed MQD Eligibility Staff shall print their name, sign, and date the completed form.

If you have additional questions regarding the completion of this form, please email amanuel@dhs.hawaii.gov or call (808) 692-8109.

FILING/DISTRIBUTION INSTRUCTIONS:

MQD shall complete the DHS 1148 and shall:

- 1) Send the response/referral to the referring party; and
- 2) File/scan a copy in the case record and update form information as appropriate to LTC section in KOLEA.