

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES MEDICAID POLICY MANUAL			
	Chapter:	2100	Effective Date:	February 2020
	Policy Title:	Hospital		
Policy Number:	2137	Previous Policy Update:	MT 10	

REQUIREMENTS

The Hospital Class of Assistance (COA) provides Medicaid for individuals who are hospitalized for at least 30 consecutive days. The period of confinement may include a combination of days in either a Medicaid participating or non-Medicaid participating institution.

BASIC CONSIDERATIONS

To be eligible under Hospital COA, the A/R must meet the following conditions:

- The A/R requests Medicaid due to a stay in a Medicaid participating hospital.
- The A/R meets the Length of Stay (LOS) and Level of Care (LOC) basic eligibility criteria.
- The A/R meets all other basic and financial eligibility criteria.

PROCEDURES

Follow the steps below to determine ABD Medicaid eligibility under the Hospital COA.

- Step 1** Accept the A/R's Medicaid application.
- Step 2** Obtain information required to complete the eligibility determination.
- Step 3** Determine basic eligibility, including Length of Stay (LOS) and Level of Care (LOC). Refer to Chapter 2200, Basic Eligibility Criteria.
- Step 4** Determine financial eligibility.
- Refer to Chapter 2500, ABD Financial Responsibility and Budgeting for procedures on whose resources to consider and the resource limit to use in determining resource eligibility.
 - Complete a Medicaid CAP budget to determine income eligibility. Refer to Section 2510, Medicaid CAP Budgeting.

NOTE: There is no patient liability or cost share under this COA.

PROCEDURES (cont.)

Step 5 Approve Medicaid under the Hospital COA if the A/R meets all the above eligibility criteria.

NOTE: Do **not** approve Medicaid under the Hospital COA for any month in which the A/R was not hospitalized for at least one day of the month.