

## 2137 - HOSPITAL

<b>POLICY STATEMENT</b>	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.
<b>BASIC CONSIDERATIONS</b>	<p>To be eligible under Hospital COA, the A/R must meet the following conditions:</p> <ul style="list-style-type: none"> <li>• The A/R is requesting Medicaid due to a stay in a Medicaid participating hospital.</li> <li>• The A/R meets the Length of Stay (LOS) and Level of Care (LOC) basic eligibility criteria.</li> <li>• The A/R meets all other basic and financial eligibility criteria.</li> </ul>
<b>PROCEDURES</b>	<p>Follow the steps below to determine ABD Medicaid eligibility under the Hospital COA.</p> <p><b>Step 1</b> Accept the A/R's Medicaid application.</p> <p><b>Step 2</b> Conduct a face-to-face interview.</p> <p><b>Step 3</b> Determine basic eligibility, including Length of Stay (LOS) and Level of Care (LOC). Refer to Chapter 2200, Basic Eligibility Criteria.</p> <p><b>Step 4</b> Determine financial eligibility.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Complete a Medicaid CAP budget to determine income eligibility. Refer to Section 2510, Medicaid CAP Budgeting.</li> </ul> <p><b>NOTE:</b> There is no patient liability or cost share under this COA.</p> <p><b>Step 5</b> Approve Medicaid on the system using the Hospital COA if the A/R meets all the above eligibility criteria.</p> <p><b>NOTE:</b> Do <b>not</b> 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.</p>

