

2137 - HOSPITAL

POLICY STATEMENT	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	<p>To be eligible under Hospital COA, the A/R must meet the following conditions:</p> <ul style="list-style-type: none"> • 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	<p>Follow the steps below to determine ABD Medicaid eligibility under the Hospital COA.</p> <p>Step 1 Accept the A/R's Medicaid application.</p> <p>Step 2 Obtain information required to complete the eligibility determination.</p> <p>Step 3 Determine basic eligibility, including Length of Stay (LOS) and Level of Care (LOC). Refer to Chapter 2200, Basic Eligibility Criteria.</p> <p>Step 4 Determine financial eligibility.</p> <ul style="list-style-type: none"> • 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. <p>NOTE: There is no patient liability or cost share under this COA.</p> <p>Step 5 Approve Medicaid under the Hospital COA if the A/R meets all the above eligibility criteria.</p> <p>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.</p>