Application Checklist for Facility Medicaid

Provide the following items for application processing.

- ☐ Application for Health Coverage and Help Paying Costs, *form 470-5170*
- ☐ Appendix A – Application for Health Coverage, *form 470-5433*
- ☐ Insurance Questionnaire, *form 470-2826* (if applicable)
- ☐ Copy of Medicare Card (if applicable)
- ☐ POA Documentation (if applicable)
- ☐ Resources upon Entering a Medical Facility, *form 470-2577* (if married and no prior attribution)
- ☐ Make entries in Pathtracker to generate an Electronic Case Activity Report
- ☐ Level of Care assessment to IME, *form 470-4393* - upload completed LOC to IMPA (Refer to informational letter 1734 for instructions on uploading to IMPA)
- ☐ Authorization for the Department to Release Information, *form 470-2115* (indicate the facility name or facility staff that DHS can discuss information with)
- ☐ Any available resource and income verifications that are currently available (these will be requested by a DHS worker if not provided with the application)
- ☐ VA release of information (if currently receiving benefits from the VA) **Please note, the Veteran's Administration will not accept this release if it is signed by the POA or another party. The release can only be signed by the client receiving the Veteran's benefits. If the spouse was the vet their name, Social Security number, and Veteran's number will need to be on page 2. The rest of page 2 will be completed by the VA.
- ☐ UME agreement, if applicable
- ☐ Discuss with client and their representative the importance of due dates and providing requested information. If any assistance or additional time is needed they should contact the DHS worker before any due date.

Note: All forms can be obtained on the DHS website at www.dhs.iowa.gov.