

MEDICAID SYSTEM CHECK FORM

CONFIDENTIAL INFORMATION

Please ensure the security of this information.

This form is used for determining whether a waiver applicant shall complete the “*short*” or “*long*” Medicaid Application or the “*Intent to Apply for Waiver Services*” (OES 014) form. If a person is currently active in a specified coverage group that does not have an end date, they may complete the “short” version of the Medicaid Application form. If a person recently (within 6 months) applied for long term care services, they may complete the OES 014 Form.

To: Division of Recipient Eligibility Programs, DHMH Fax Number: (410) 333-5087 Date: _____

From: _____ Phone Number: _____

Email Address: _____ Fax Number: _____

Agency: _____

Name of Waiver	Applicant Name	Social Security Number	Date of Birth	Medicaid Number	For DREP Use Only			
					OES014 Form	Long Form	Short Form	Comments

DREP Determination: Based upon a search of the MMIS and CARES systems for coverage groups under the waiver program and recent long term care applications, the applicant must file the OES 014, the “Long” Form, or the “Short” Form as indicated above. These findings are unofficial and advisory only. When the Eligibility Determination Division (EDD) determines waiver eligibility, it may have different findings and require additional information and verifications. For the OES 014 Form, the date of the long term care application shall be entered in the comments box above.

DREP Representative Name: _____ Date: _____

Phone Number: _____ Email Address: _____

Intent to Apply for Waiver Services (OES 014) Form: This form is used for applicants who have already applied for LTC Medicaid and now intend to apply for waiver services within the six (6) month consideration period of the LTC application. Use the LTC application date noted in the comments box above.

“Short” Form: Complete the DHR/FIA 9709S (Revised 4/1/2013) for the waiver and submit all required documentation.

“Long” Form:

- For any person under 21 years of age, complete the DHR/FIA CARES 9708 for the waiver and submit all required documentation.
- For any person age 21 years or older, complete the DHR/FIA CARES 9709 (Revised 7/1/2011) for the waiver and submit all required documentation.