## LTC Eligibility Processing Quick Reference Guide

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Documents to be submitted</th>
<th>ESA processing time</th>
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</table>
| Initial LTC Application     | No existing Medicaid, QMB-only, or community-based Medicaid only *(not in a long-term care program)* | 1. Integrated Application  
2. LTC Supplemental form  
3. Request for Action (1346)  
4. Level of Care (interRAI) | 45 days |
| Transitions (including Discharges) with an LOC ending >90 days | Someone who has existing LTC Medicaid eligibility / enrollment and is transitioning from one setting to another program (i.e., from EPDW to PACE, NF to EPD, etc.) | 1. Change of Circumstance  
50A/1210*  
2. Request for Action (1346)  
3. LTC Supplemental form | 15 days |
| Transitions (including Discharges) (LOC end date <90 days) | **LOC is expiring!**  
Someone who has existing LTC Medicaid eligibility / enrollment and is transitioning from one setting to another program (i.e., from EPDW to PACE, NF to EPD, etc.) | 1. Conversion Renewal 50B/315D*  
2. LTC Supplemental form  
3. Request for Action (1346)  
4. New LOC, including CSR for NF | 30 days |
| Renewals                    | Annual renewal cycle (i.e., based on that person's recertification date)                        | 1. Conversion Renewal 50B/315D*  
2. LTC Supplemental form  
3. New LOC, including CSR for NF | 30 days |

**Notes and tips:**
- To request an LOC assessment, submit an ePOF: [https://dhcf.dc.gov/node/1038702](https://dhcf.dc.gov/node/1038702)
- Converted cases use the 50A and 50B forms. Non-converted cases use the 1210 and 315D.