South Carolina Department of Health and Human Services
MEDICAID ELIGIBILITY DETERMINATION CHECKLIST

Reset Form

Household Name: _____ **Type:** ☐ **Application** ☐ **Review** ☐ **Change**
Budget Group Number: _____ **Payment Category:** _____

ON FILE	NOT REQUIRED	NOT PROVIDED	ELIGIBILITY CRITERIA
			COMMON ELEMENTS
☐	☐	☐	Signed Application on File
☐	☐	☐	Social Security numbers for persons requesting Medicaid
☐	☐	☐	Citizenship/Identity for persons requesting Medicaid / SAVE
☐	☐	☐	Date of Birth
☐	☐	☐	SC Residency
☐	☐	☐	Relationship status for household members
☐	☐	☐	Proof of gross earned income / Tax returns for self-employment
☐	☐	☐	Cafeteria Plan
☐	☐	☐	Proof of gross unearned income / DHHS Form 1216
☐	☐	☐	Documentation of child/adult care expenses
☐	☐	☐	Referral for all other benefits (SSA, UCB, RRB, VA, etc)
☐	☐	☐	Interfaces checked (IEVS, BENDEX, SDX, CHIP, etc)
☐	☐	☐	Appropriate budget workbook completed
☐	☐	☐	Retroactive eligibility
☐	☐	☐	Power of Attorney, Guardianship, or Conservator Papers
☐	☐	☐	Medical Insurance Information / TPL – DHHS Form 3230, 931
☐	☐	☐	QMB Indicator
			FI RELATED
☐	☐	☐	Documentation of Pregnancy / Assumptive Determination
☐	☐	☐	Medical Support Referral - DHHS Form 2700
☐	☐	☐	School attendance – 18 year old
☐	☐	☐	Documentation of child support paid outside of the home
			SSI RELATED
☐	☐	☐	Disability Referral / MAO99 / Continuing Disability Review
☐	☐	☐	Bank, CD, or other financial account statements
☐	☐	☐	Homestead Property / Non-Homestead Property
☐	☐	☐	Vehicles / Mobile Home
☐	☐	☐	Life insurance policies
☐	☐	☐	Development of Burial Exclusion – DHHS Form 1766A
☐	☐	☐	Stocks and Bonds
☐	☐	☐	Resource trusts
			NURSING HOME / WAIVER / TEFRA / OPTIONAL STATE SUPPLEMENTATION
☐	☐	☐	Level of Care
☐	☐	☐	Protected income
☐	☐	☐	Notice of Cost of Care
☐	☐	☐	Proof of health insurance premium
☐	☐	☐	DHHS Form 181 / DHHS Form 118 or 118A / DHHS Form CRCF-01
☐	☐	☐	Five year look-back / Proof of assets sold, transferred, or given away
☐	☐	☐	Income Trust Approval / MEDS Indicator / Referral for Dissolution
☐	☐	☐	In-Home Care – DHHS Form 3291
			CLOSURE / DENIAL
☐	☐	☐	Ex-parte Determination
☐	☐	☐	Estate Recovery – DHHS Form 238 (Institutional Cases)

Eligibility criteria verified by _____ (Eligibility Worker)
Date of Eligibility Determination in MEDS March 6, 2012

SUMMARY OF INSTRUCTIONS REGARDING USE OF THE DHHS FORM 3313 (March 2012)

I. GENERAL INFORMATION

The DHHS FORM 3313, Medicaid Eligibility Determination Checklist, is utilized by the Medicaid eligibility worker who performs the Act On Decision (AOD) in MEDS.

The DHHS FORM 3313 should accompany all Medicaid eligibility determinations except for deemed infants.

II. DETAILED INSTRUCTIONS: The DHHS Form 3313 can be typed or handwritten.

The Medicaid eligibility worker must complete Identifying Information for the household and check the appropriate column for every eligibility criteria that is listed on the DHHS Form 3313. Completion of the DHHS Form 3313 serves as the eligibility worker's acknowledgement that all eligibility criteria have been verified before Act on Decision is completed in the Medicaid Eligibility Determination System (MEDS). A selection of one of the following is required:

- **On File:** Verification of the Eligibility Criteria has been met and is located in the case record.
- **Not Required:** The Eligibility Criteria is not necessary based on the payment category and/or case circumstances.
- **Not Provided:** The Eligibility Criteria is required. The information was requested but the applicant or beneficiary did not provide.

A. Identification of the Household

Identifying information regarding the household will be completed in its entirety by the Medicaid eligibility worker. Also indicate the type of action, whether processing an application, review or a change.

B. Common Elements

An entry is required for every criterion and is based upon the status of every household member who is requesting Medicaid assistance. Relationship status must be considered for all household members, regardless of whether or not the individual is applying for Medicaid.

C. FI Related

An entry is required for every criterion and is based upon criteria specific to FI Related categories. This section has to be completed only for FI related categories.

D. SSI Related

An entry is required for every criterion and is based upon criteria specific to SSI Related categories. This section has to be completed only for SSI related categories.

E. Nursing Home, Waiver, TEFRA, Optional State Supplementation (OSS)

An entry is required for every criterion and is based upon criteria specific to Institutional services, TEFRA and OSS. This section has to be completed only for individuals applying for or receiving Institutional services, TEFRA or OSS.

F. Closure / Denial

For all closures and denials, after completing Section A: Identification of the Household, an entry in Section F is required to indicate whether an ex-parte determination is required. For institutional categories, it must also be updated to indicate whether the estate recovery requirement was met, or is not applicable.

III. DISTRIBUTION OF THE DHHS FORM 3313

The DHHS Form 3313 is filed in the Medicaid case record.