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MEDICAID ELIGIBILITY  
FORMS AND INSTRUCTIONS

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DOM-318 - EXCHANGE OF INFORMATION BETWEEN MEDICAID REGIONAL  
OFFICE AND VA/DHS/SSA

**PURPOSE & USE**

This form is used in conjunction with the Spousal Impoverishment income provision whereby an Institutionalized Spouse (IS) allocates monthly income to a Community Spouse (CS). If either spouse receives a VA Pension, SSI Benefits and/or AFDC or Food Stamps, this form is used to communicate with the Jackson VA Regional Office, the Social Security Administration and the Department of Human Services County Offices concerning cash assistance benefits that may be affected due to a CS allocation. The form is to be initiated by the Medicaid Regional Office after the CS allocation has been determined and agreed to by all concerned parties, i.e., the IS, the CS and/or their designated representatives.

If the IS makes money available to the CS, the appropriate agency must be informed. If cash assistance benefits (not Food Stamps) are affected for either spouse, the appropriate agency will complete the bottom portion of DOM-318 and return it to the Medicaid Regional Office with the adjusted benefits information specified.

Approval of a nursing home case is not to be delayed pending return of this form. When the completed form is returned by the VA/SSA or DHS, appropriate corrective action will be necessary to adjust Medicaid Income and/or the CS allocation amount.

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INSTRUCTIONS

Prepare an original and 2 copies. The original and one copy will be mailed to the appropriate agency as follows:

For VA Purposes - VA requests that the Medicaid Regional Office send this form to the VARO in Jackson (100 W. Capitol, Jackson, MS 39269 ATTN: Adjudication Division). The form should be sent on a one-time basis only after the initial determination of a VA Pensioner's Medicaid Income and CS allocation. After Medicaid reports this income information once to VA, it is the veteran's responsibility to report any subsequent changes to VA.

For SSA Purposes - If a CS is SSI eligible and opts to retain SSI eligibility, the form should be sent to SSA to report the initial amount of the CS allocation and any subsequent changes. If the CS opts to receive an allocation amount that will cause SSI to terminate, the form will be sent only once.

For DHS Purposes - If a CS receives AFDC and opts to retain AFDC eligibility, send the form to report any allocation amount and subsequent changes. If the CS receives food stamps, advise the appropriate county DHS office of the allocation amount and any subsequent changes.

The top portion of the form is to be completed by the Medicaid Regional Office. Enter the IS/CS identifying information and the amount of the IS Medicaid Income (after the CS allocation has been deducted) and the amount of the CS monthly allocation.

The worker will sign and date the form in the space provided.

The appropriate agency (VA, SSA or DHS) will complete the bottom portion of the form after benefits have been adjusted.

EXCHANGE OF INFORMATION BETWEEN MEDICAID RO AND VA/SSA/DHS

TO: \_\_\_\_\_ FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The income information listed below involves a married couple whereby one spouse is in a nursing home and the other spouse is at home. This is being sent to you because one or both of the individuals named below have been identified as receiving benefits from your agency. If this information has any impact on the amount of cash assistance paid by your agency, please return this form to the Medicaid Regional Office named above after completing the bottom portion of this form.

Name of Spouse in Nursing Home \_\_\_\_\_

Name of Nursing Home \_\_\_\_\_

SSN: \_\_\_\_\_ Benefit Claim No. \_\_\_\_\_

Amount of Income Payable to Nursing Home \$ \_\_\_\_\_ Effective Date \_\_\_\_\_

Name of Community Spouse \_\_\_\_\_

SSN: \_\_\_\_\_ Benefit Claim No. \_\_\_\_\_

Income Allocated From Nursing Home  
Spouse to Community Spouse \$ \_\_\_\_\_ Effective Date \_\_\_\_\_

Signature of Worker \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED BY VA/SSA/DHS - As a result of the income information shown above, cash assistance will be adjusted as follows:

Name of Spouse \_\_\_\_\_

Adjusted Benefit \$ \_\_\_\_\_ Effective Date \_\_\_\_\_

Type of Benefit \_\_\_\_\_

Signature of Worker \_\_\_\_\_ Date \_\_\_\_\_