NORFOLK DEPARTMENT OF HUMAN SERVICES

PRESENTERS
BENEFIT PROGRAMS SUPERVISORS
ARNDREER GILCHRIST
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NORFOLK DEPARTMENT OF HUMAN SERVICES

NORFOLK DEPARTMENT OF HUMAN SERVICES CONNECTS ELIGIBLE CITIZENS TO FEDERAL, STATE AND LOCAL RESOURCES FOR FOOD, HEALTHCARE, CHILDCARE, CASH ASSISTANCE, WORKFORCE DEVELOPMENT, AND ENERGY AND UTILITIES ASSISTANCE.
WHAT YOU NEED TO KNOW ABOUT DISABLED MEDICAID
MERRIAM-WEBSTER DEFINES DISABLED AS BEING IMPAIRED OR LIMITED BY A PHYSICAL, MENTAL, COGNITIVE, OR DEVELOPMENTAL CONDITION AFFECTED BY DISABILITY.
DMAS USES THE SAME “DISABLED” DEFINITION THAT THE SOCIAL SECURITY ADMINISTRATION (SSA) USES FOR THE FOLLOWING:

- DISABLED 18 AND OLDER
- DISABLED UNDER 18
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS) CONSIDERS YOU DISABLED IF:

18 OR OLDER

THE SSA DEFINES “BEING DISABLED” AS AN INDIVIDUAL’S INABILITY TO DO ANY SUBSTANTIAL GAINFUL ACTIVITY OR WORK BECAUSE OF A SEVERE MEDICALLY DETERMINABLE PHYSICAL OR MENTAL IMPAIRMENT OR COMBINATION OF IMPAIRMENTS.

THIS IMPAIRMENT(S) HAS LASTED OR IS EXPECTED TO LAST FOR A CONTINUOUS PERIOD OF NOT LESS THAN 12 MONTHS, OR THE IMPAIRMENT IS EXPECTED TO RESULT IN DEATH.
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS) CONSIDERS YOU DISABLED IF:

CHILD UNDER 18

THE SSA DEFINES “BEING DISABLED” AS HAVING A MEDICALLY DETERMINABLE PHYSICAL OR MENTAL IMPAIRMENT OR COMBINATION OF IMPAIRMENTS THAT CAUSES MARKED AND SEVERE FUNCTIONAL LIMITATIONS. THESE LIMITATIONS MUST HAVE LASTED OR BE EXPECTED TO LAST FOR A PERIOD OF NOT LESS THAN 12 MONTHS OR THE IMPAIRMENT IS EXPECTED TO RESULT IN DEATH.
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS) CONSIDERS YOU DISABLED IF:

CHILD UNDER 18 CONTINUED

HOWEVER, A CHILD CANNOT BE FOUND DISABLED IF, AT APPLICATION THE CHILD IS PERFORMING SUBSTANTIAL GAINFUL ACTIVITY OR WORK AND IS NOT CURRENTLY ENTITLED TO SUPPLEMENTAL SECURITY INCOME (SSI) BENEFITS.
MEDICAID COVERED GROUPS

- AGED (65 AND OLDER), BLIND, OR DISABLED INDIVIDUALS
- MEDICALLY NEEDY
- AUXILIARY GRANT (AG)
- MEDICAID WORKS PROGRAM
- HOSPICE
- PLAN FIRST – VIRGINIA’S FAMILY PLANNING SERVICES PROGRAM
- EMERGENCY SERVICES FOR NON-CITIZENS
MEDICARE COVERED GROUPS

INDIVIDUALS WHO ARE ELIGIBLE FOR **MEDICARE PART A** AND WHO MEET ONE OF THE FOLLOWING COVERED GROUPS MAY RECEIVE **LIMITED** MEDICAID COVERAGE. MEDICAID PAYS THE MEDICARE COSTS ON BEHALF OF THESE MEDICARE BENEFICIARIES AS INDICATED BELOW:

- QUALIFIED MEDICARE BENEFICIARIES (QMB)
- SPECIAL LOW-INCOME MEDICARE BENEFICIARIES (SLMB)
- QUALIFIED INDIVIDUALS (QI)
- QUALIFIED DISABLED AND WORKING INDIVIDUALS (QDWI)
CUSTOMERS CAN APPLY FOR DISABLED MEDICAL ASSISTANCE THREE (3) WAYS

• LOCAL DEPARTMENT OF HUMAN SERVICES/SOCIAL SERVICES IN PERSON
• ONLINE
  WWW.COMMONHELP.VIRGINIA.ORG
  WWW.COVERVA.ORG
• BY PHONE
  855-242-8282
  855-635-4370
APPLICATION PROCESS

• RECEIVED
• REVIEWED (NEEDED VERIFICATION(S) REQUESTED)
• EVALUATED
• APPROVED OR DENIED
ELIGIBILITY REQUIREMENTS

A SUBMITTED APPLICATION IS ASSIGNED TO A WORKER WHO WILL REVIEW IT AND VERIFY THAT ALL INFORMATION NEEDED IS RECEIVED:

• NON-FINANCIAL
• RESOURCES (ASSETS)
• INCOME
• APPENDIX D
• ADULT/CHILD DISABILITY REPORT
NON-FINANCIAL REQUIREMENTS

• SOCIAL SECURITY NUMBER
• VIRGINIA RESIDENCY
• UNITED STATES CITIZENSHIP/ IMMIGRATION STATUS
• IDENTITY
RESOURCES/ASSETS

ALL RESOURCES MUST BE REPORTED

- MONEY ON HAND
- CHECKING/SAVINGS ACCOUNT
- SAFE DEPOSIT BOX
- STOCKS/BONDS
- CERTIFICATES OF DEPOSIT
- TRUSTS
RESOURCES/ASSETS CONTINUED

• PRE-PAID BURIAL PLANS
• VEHICLES/BOATS
• LIFE INSURANCE POLICIES
• REAL PROPERTY
INCOME REQUIREMENTS

ALL INCOME RECEIVED MUST BE LISTED ON THE APPLICATION

- EARNED INCOME (WAGES AND SELF-EMPLOYMENT)
- UNEARNED INCOME (SOCIAL SECURITY, RETIREMENT PENSIONS, CERTAIN VETERAN’S BENEFITS, ALIMONY, ETC.)
<table>
<thead>
<tr>
<th>Group</th>
<th>1 month</th>
<th>3 months</th>
<th>6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$311.20</td>
<td>$933.90</td>
<td>$1,667.21</td>
</tr>
<tr>
<td>2</td>
<td>$396.20</td>
<td>$1,188.60</td>
<td>$2,377.24</td>
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**Income Limits Effective 01/01/18**

<table>
<thead>
<tr>
<th>Group</th>
<th>1 month</th>
<th>3 months</th>
<th>6 months</th>
<th>Long-Term Care</th>
<th>Resources</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>$933.90</td>
<td>$2,791.70</td>
<td>$5,383.40</td>
<td>360% LTC Acy</td>
<td>Special Resource Ltd: $24,720 (09/18)</td>
</tr>
<tr>
<td>2</td>
<td>$1,188.60</td>
<td>$3,565.80</td>
<td>$7,131.60</td>
<td>360% LTC Acy</td>
<td>Special Resource Ltd: $24,720 (09/18)</td>
</tr>
</tbody>
</table>

**ABD MEDICAID INCOME LIMITS**

**Note:** There was a 2% COLA for 2018
APPENDIX D

COMPLETE APPENDIX D IF APPLYING FOR MEDICAID COVERAGE FOR:

• DISABLED INDIVIDUAL
• 65 YEARS OR OVER
• ANY ADULT/CHILD IN NEED OF LONG-TERM CARE SERVICES (NURSING FACILITY OR COMMUNITY BASED CARE)
• APPENDIX D CONTINUED

• APPENDIX D GATHERS ADDITIONAL INFORMATION NEEDED TO DETERMINE MEDICAID ELIGIBILITY

• APPENDIX D IS NOT A STAND-ALONE APPLICATION

• THE APPLICANT MUST SUBMIT APPENDIX D ALONG WITH THE MEDICAID APPLICATION
PROCESSING TIME

• AN ELIGIBILITY DETERMINATION WILL BE MADE WITHIN 45 CALENDAR DAYS
• NOTICE OF APPROVAL OR DENIAL PROVIDED
• APPLICANT HAS A RIGHT TO FOLLOW THE APPEAL PROCESS IF THEY DO NOT AGREE WITH THE ELIGIBILITY DECISION MADE
DISABILITY DETERMINATION SERVICES (DDS)

DISABILITY DETERMINATION SERVICES, COMMONLY CALLED DDS, IS A STATE AGENCY THAT IS CONTRACTED BY THE SOCIAL SECURITY ADMINISTRATION (SSA) TO MAKE THE MEDICAL DECISION OF INDIVIDUALS APPLYING FOR SOCIAL SECURITY DISABILITY BENEFITS.

DDS ALSO MAKES THE MEDICAL DECISION FOR MEDICAID IN THE COMMONWEALTH OF VIRGINIA.
## ADULT/CHILD DISABILITY REPORT

### ADULT DISABILITY REPORT

**Social Security Administration**

**ADULT**

**Name:**

**Sex:**

**Date of Birth:**

**Social Security Number:**

**Date of Claim:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Telephone Number:**

**Alternate Telephone Number:**

**Relationship to Child:**

**Relationship to Adult:**

**Date of Claim Review:**

**Description of Disability:**

**Reason for Claim:**

**Medical Evidence:**

**Attorney for Adult:**

**Signature:**

**Date:**

---

### CHILD DISABILITY REPORT

**Social Security Administration**

**CHILD**

**Name:**

**Sex:**

**Date of Birth:**

**Social Security Number:**

**Date of Claim:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Telephone Number:**

**Alternate Telephone Number:**

**Relationship to Child:**

**Relationship to Adult:**

**Date of Claim Review:**

**Description of Disability:**

**Reason for Claim:**

**Medical Evidence:**

**Attorney for Adult:**

**Signature:**

**Date:**

---

### ADDITIONAL INFORMATION

**Child:**

**Date of Birth:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Telephone Number:**

**Alternate Telephone Number:**

**Relationship to Child:**

**Relationship to Adult:**

**Date of Claim Review:**

**Description of Disability:**

**Reason for Claim:**

**Medical Evidence:**

**Attorney for Adult:**

**Signature:**

**Date:**

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### Additional Forms

**Form S-500**

**Form S-501**

**Form S-502**

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[Image of Social Security disability forms]
DISABILITY DETERMINATION SERVICES (DDS) TIMEFRAME

• DDS DISABILITY DETERMINATION MADE WITHIN 90 CALENDAR DAYS

• IF THE DISABILITY DETERMINATION TAKES LONGER THAN 90 DAYS DDS WILL NOTIFY THE APPLICANT

• THE LOCAL DEPARTMENT OF SOCIAL SERVICES DOES NOT DETERMINE WHETHER OR NOT AN INDIVIDUAL MEETS THE DISABILITY REQUIREMENTS
DISABILITY DETERMINATION SERVICES (DDS)

TIMEFRAME

• DDS DETERMINES WHETHER OR NOT AN INDIVIDUAL IS DISABLED AS DEFINED BY SSA BY EVALUATING A SERIES OF FACTORS IN SEQUENTIAL ORDER

• DEPARTMENT OF MEDICAL ASSISTANCE SERVICES IS DIRECTED TO ADOPT ANY SSA DECISION(S) MADE WITHIN THE PAST 12 MONTHS. IF AN APPLICANT ALLEGES A CONDITION THAT IS NEW OR IN ADDITION TO CONDITION(S) ALREADY CONSIDERED BY SSA, A DDS REFERRAL IS MADE
LONG-TERM CARE (LTC) MEDICAID

TO BE ELIGIBLE FOR MEDICAID PAYMENT OF LONG-TERM CARE, AN INDIVIDUAL MUST BE ELIGIBLE FOR MEDICAID.

• LTC IS CONSIDERED FULL MEDICAID COVERAGE
• COPAYMENT DEPENDS ON GROSS INCOME
• THE MEDICAID NON-FINANCIAL ELIGIBILITY REQUIREMENTS APPLY TO ALL MEDICAID APPLICANTS AND RECIPIENTS
• HAVE TO MEET RESOURCE GUIDELINES
LONG-TERM CARE (LTC) MEDICAID

• LTC SERVICES INCLUDES COVERAGE FOR INDIVIDUALS IN NURSING FACILITIES AS WELL AS INDIVIDUALS SEEKING COMMUNITY BASED CARE (CBC)

• PRE-ADMISSION SCREENING

• MEETING LEVEL-OF-CARE REQUIREMENTS SUCH AS BATHING, CLOTHING, FEEDING ETC. IN ORDER TO RECEIVE WAIVER SERVICES
LONG-TERM CARE (LTC) MEDICAID

• FEDERAL REQUIREMENT THAT THE INDIVIDUAL BE AT RISK OF INSTITUTIONALIZATION WITHIN 30 DAYS IF WAIVER SERVICES ARE NOT PROVIDED

• APPLICATION PROCESS IS WITHIN 45 DAYS

CONTACT LOCAL DEPARTMENT OF HUMAN SERVICES/SOCIAL SERVICES FOR DETAILS IF MEDICAID LONG-TERM CARE SERVICES ARE NEEDED.
LONG-TERM CARE (LTC) SERVICES

HOME AND COMMUNITY-BASED WAIVERS

VIRGINIA PROVIDES A VARIETY OF SERVICES (SUCH AS PERSONAL CARE) UNDER HOME AND COMMUNITY-BASED WAIVERS TO SPECIFICALLY TARGETED INDIVIDUALS.

EACH WAIVER PROVIDES SPECIALIZED SERVICES TO HELP ELIGIBLE INDIVIDUALS REMAIN IN THEIR COMMUNITIES. THESE INDIVIDUALS RECEIVE ACUTE AND PRIMARY MEDICAL SERVICES FROM A MCO AND WAIVER SERVICES (AND THE RELATED TRANSPORTATION) THROUGH THE FEE-FOR-SERVICE PROGRAM. THE WAIVERS ARE:
HOME AND COMMUNITY-BASED WAIVERS CONTINUED

ELDERLY OR DISABLED WITH CONSUMER DIRECTION (EDCD) WAIVER

PROVIDES SUPPORTS IN THE COMMUNITY FOR INDIVIDUALS WHO ARE ELDERLY OR HAVE A DISABILITY. INDIVIDUALS MAY CHOOSE TO RECEIVE AGENCY-DIRECTED SERVICES, CONSUMER-DIRECTED SERVICES OR A COMBINATION OF THE TWO AS LONG AS IT IS MEDICALLY APPROPRIATE AND DUPLICATE SERVICES ARE NOT PROVIDED.
LONG-TERM CARE (LTC) SERVICES

HOME AND COMMUNITY-BASED WAIVERS CONTINUED

INDIVIDUAL AND FAMILY DEVELOPMENTAL DISABILITY (DD) SUPPORT WAIVER

PROVIDES SUPPORTS IN THE COMMUNITY RATHER THAN IN AN INTERMEDIATE CARE FACILITY. THE DD WAIVER SERVES INDIVIDUALS 6 YEARS OF AGE AND OLDER WHO HAVE A RELATED CONDITION AND DO NOT HAVE A DIAGNOSIS OF INTELLECTUAL DISABILITY, AND WHO:
LONG-TERM CARE (LTC) SERVICES

HOME AND COMMUNITY-BASED WAIVERS CONTINUED

INDIVIDUAL AND FAMILY DEVELOPMENTAL DISABILITY (DD) SUPPORT WAIVER

• MEET THE INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH/INTELLIGENCE DISABILITIES LEVEL OF CARE CRITERIA

• ARE DETERMINED TO BE AT IMMINENT RISK OF PLACEMENT

• ARE DETERMINED THAT COMMUNITY-BASED CARE SERVICES UNDER THE WAIVER ARE THE CRITICAL SERVICES THAT ENABLE THE INDIVIDUAL TO REMAIN AT HOME RATHER THAN BEING PLACED IN AN IMMEDIATE CARE FACILITY
LONG-TERM CARE (LTC) SERVICES

WAIVERS CONTINUED

INTELLECTUAL DISABILITY (ID) WAIVER

PROVIDES SUPPORTS IN THE COMMUNITY RATHER THAN IN AN IMMEDIATE CARE FACILITY FOR INDIVIDUALS WHO ARE UP TO 6 YEARS OF AGE WHO ARE AT DEVELOPMENTAL RISK AND INDIVIDUALS AGE 6 AND OLDER WHO HAVE AN INTELLECTUAL DISABILITY.
LONG-TERM CARE (LTC) SERVICES

WAIVERS CONTINUED

TECHNOLOGY ASSISTED (TECH) WAIVER

PROVIDES CARE IN THE COMMUNITY FOR INDIVIDUALS WHO ARE DEPENDENT UPON TECHNOLOGICAL SUPPORT AND REQUIRE SUBSTANTIAL, ONGOING NURSING CARE.
LONG-TERM CARE (LTC) SERVICES

WAIVERS CONTINUED

DAY SUPPORT (DS) WAIVER FOR INDIVIDUALS WITH INTELLECTUAL DISABILITY (ID)

PROVIDES HOME AND COMMUNITY-BASED SERVICES TO INDIVIDUALS WITH INTELLECTUAL DISABILITIES WHO HAVE BEEN DETERMINED TO REQUIRE THE LEVEL OF CARE PROVIDED IN AN ICF/IID AND ARE ON THE WAITING LIST FOR THE ID WAIVER.
ALZHEIMER’S ASSISTED LIVING (AAL) WAIVER

IS AVAILABLE ONLY TO INDIVIDUALS WHO LIVE IN A LICENSED ASSISTED LIVING FACILITY, ARE AUXILIARY GRANT (AG) RECIPIENTS, AND HAVE A DIAGNOSIS OF ALZHEIMER’S DISEASE OR A RELATED DEMENTIA WITH NO DIAGNOSIS OF MENTAL ILLNESS OR INTELLECTUAL DISABILITY.
QUESTIONS & ANSWERS

BENEFIT PROGRAMS SUPERVISORS
ARNDREER GILCHRIST
BRI’ANNE GREEN
DON WIGGS