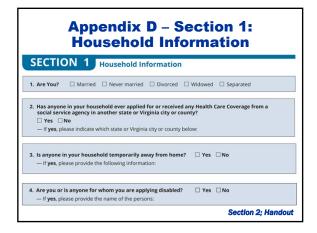




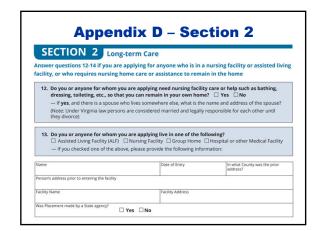
Appendix D — Required Supplement for Aged, Blind, or Disabled APPENDIX D Complete Appendix D if you are applying for Health Care Coverage for: • someone who has disabilities • someone age 65 years or over • all people, including children, in need of Long-term Care Services (nursing facility or community based care) • someone who is medically needy (has income greater than Medicaid limit and would like to be evaluated based on their income, resources and medical expenses) - Spenddown What is Appendix D is gathers additional information needed to determine your eligibility for Health Care Coverage. Appendix D is not a stand-alone application. You must also complete the Application for Health Coverage and Help Paying Costs and submit Appendix D with the application. If completing Appendix D for someone else, please answer the questions for that person.

Section 2: Handout

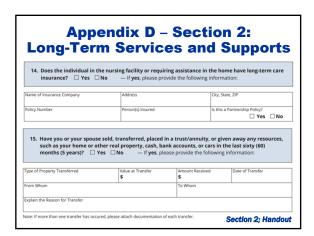


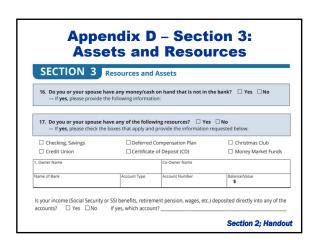


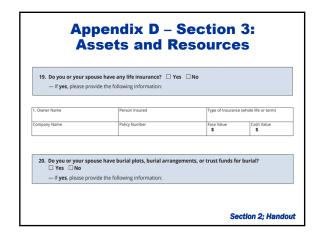
Appendix D – Section 1: Household Information 11. Have you or anyone for whom you are applying ever received SSI, disability benefits from the Social Security Administration or Auxiliary Grant payments? 12. Have you or anyone for whom you are applying ever received SSI, disability benefits from the Social Security Administration or Auxiliary Grant payments? 13. Have you or anyone for whom you are applying ever received SSI, disability benefits from the Social Social State of Social State In the Soc



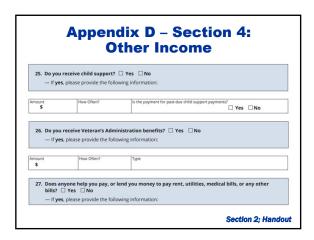
















What if the Case is **DENIED**?

- The applicant will get a *Notice of Action* from the state showing:
 - Reason for the denial, with a code section citation from the Medicaid manual.
- If someone meets the resource limit for a program, but is over the income limit, the person will also receive a notice of his/her Spenddown Amount and Budget Period.
- If the applicant doesn't agree/understand and if fewer than 10 business days have passed since the Notice of Action, s/he should contact the LDSS and ask to speak to the worker who denied the case. If an error is discovered, case decision can be revised on the spot.
- Applicant has the right to **Appeal** (written form submitted to DMAS) within 30 days of the *Notice of Action*.

Section 2