

The Application Process

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Ways to Apply

- ☛ There is one streamlined application for all of Virginia's Medicaid/FAMIS programs.
- ☛ The application can be completed **by phone, online, or on paper.**
 - Cover Virginia (855) 242-8282
 - CommonHelp: <https://www.commonhelp.virginia.gov/>
 - Paper Application
- ☛ **ALL applications for ABD Medicaid, including the Medicare Savings Programs, are evaluated at the local Department of Social Services (LDSS)**

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Apply by Phone at the Cover Virginia Call Center (855) 242-8282

- ☛ Open 8am – 7pm weekdays; 9am – 12pm Saturdays.
- ☛ English/Spanish Customer Service Representatives (CSRs) and access to language line.
- ☛ Applicant completes the application with a CSR, and “signs” it by agreeing to *Rights & Responsibilities* and attesting that all information s/he provided is true.
 - The call is recorded.
 - Applicant gets an application Tracking Number (“**T-Number**”).
 - Application date is date of telephonic signature.
 - Look out for follow-up mail (including requests for additional documentation) from local DSS.



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Apply by Phone at the Enterprise Customer Service Center (855) 635-4370

- ☎ Open 7am – 6pm weekdays
- ☎ Accepts telephonic applications for **multiple benefits**:
 - Supplemental Nutrition Assistance Program (SNAP)
 - Temporary Assistance for Needy Families (TANF)
 - Energy Assistance Program (EAP)
 - Medical Assistance (MA)
- ☎ Responds to basic inquiries about case status, or benefits

*Note: Virginians can reach both the Cover Virginia Call Center **and** the Enterprise Customer Service Center (as well as other state call centers) by calling the Virginia ONEBenefits Line at 833-522-5582 (833-5CALLVA).*

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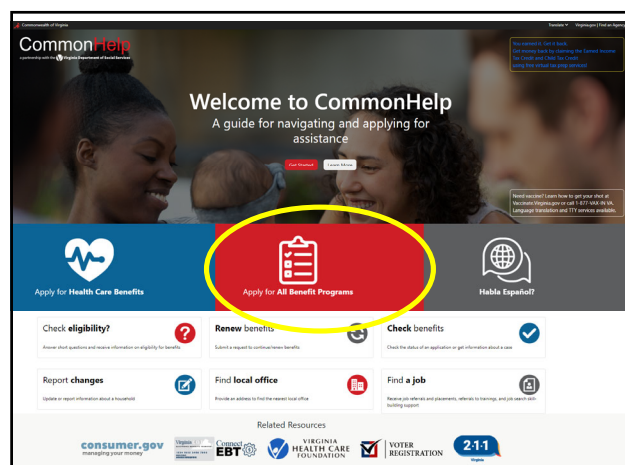
Apply Online with



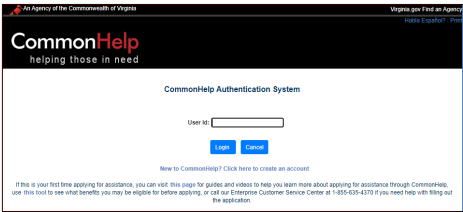
- ☎ <https://commonhelp.virginia.gov/>
- ☎ Available **24/7**
- ☎ Offers the option to apply for **Health Care only**, or for **All Benefit Programs**
 - “Apply for Health Care Benefits” assesses for the Families & Children categories only (NOT ABD).
 - Individuals **who want to be assessed for ABD eligibility from the outset** need to go through the “Apply for All Benefit Programs” option on CommonHelp!

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- ☛ Create **user name** and **password**.
- ☛ Choose and answer **security questions**.
- ☛ Application takes **≥1 hr** to complete.
- ☛ Applicant **can partially complete, save and come back** to complete and submit it, for up to 60 days.
- ☛ Application date is the date on which applicant agrees to **Rights & Responsibilities** (electronically "signs"), and gets a **T-Number**.

T-Number = successfully submitted!

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Apply Online with CommonHelp

HELPING THOSE IN NEED

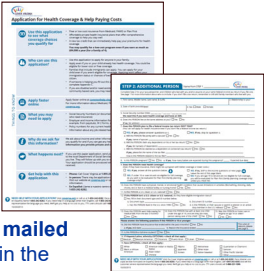
- ☛ If additional information is needed to process the application, the applicant's Local Department of Social Services (LDSS) will send a request for verifications.
- ☛ Once a determination is made, LDSS will send a *Notice of Action* (approval or denial).
- ☛ An applicant can also **manage** his/her case here
 - **Associate my Case:** Links CommonHelp account with existing case (*Note: Very helpful to have Case ID to link*).
 - **Report My Changes:** address, income, person moving in or out of the household, etc.
 - **Renew My Coverage:** Allows applicant to complete annual renewal online.

Section 2 and Section 5

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Apply with the Paper Application

- ☛ Applicants can also use Virginia's **paper application**.
- ☛ It has:
 - **6 Steps**,
 - **6 Appendixes**, and a
 - **Supplement** that needs to be completed if there are more than 2 household members.
- ☛ The paper application can be **mailed** or **dropped off** at **local DSS** in the locality where an applicant lives.



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Paper Application: “Who can Use” and Step 2, Question #9



Who can use this application?

- Use this application to apply for anyone in your family.
- Apply even if you or your child already has health coverage. You could be eligible for lower-cost or free coverage.
- Families that include immigrants can apply. You can apply for your child even if you aren't eligible for coverage. Applying won't affect your immigration status or chances of becoming a permanent resident or citizen.
- If someone is helping you fill out this application, or you are applying for someone other than a spouse or family member under age 21, an authorized representative form (Appendix C) must be completed.
- Complete Appendix F if you are applying for health coverage for someone in need of nursing facility or community-based care, who is between the ages of 19 and 64 and who is not eligible for or enrolled in Medicaid.
- If you are age 65 or older or disabled or any age and need assistance with nursing facility or community based care, you need to complete Appendix D.

9. Do you need help with everyday things like bathing, dressing, walking or using the bathroom to live safely in your home? **OR** Has a doctor or nurse told you that you have a physical disability or long term disease, mental or emotional illness, or addiction problem?
 Yes ☐ No ☐ If you are 65 or older **OR** have Medicare, please complete Appendix D.

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Appendices

- ☞ A – Health Coverage from Jobs
- ☞ B – American Indian or Alaska Native Family Member
- ☞ C – Assistance with Completing this Application
- ☞ D – Aged (65+); Blind/Disabled; in need of Long Term Care Services (Children 0-18/adults 65+)
- ☞ E – Medically Needy Spenddown
- ☞ F – Nursing Facility or Community-Based Care (age 19-64, not eligible for or enrolled in Medicare)

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Appendix C – Assistance with Completing this Application

- ☞ The **top section** is for an applicant to designate someone else to act on his/her behalf with regard to this application and ultimate enrollment into Medicaid or FAMIS.
- ☞ The **middle section** is the section that most “helper agencies” will complete to get permission to follow up on the application with the entity processing it.
- ☞ **Bottom section** is for Certified Application Counselors, Navigators, and insurance brokers who assist with applications

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