

Appendix D: ABD and/ or Long-Term Services and Supports

Section 2 and Handout

Appendix D – Required Supplement for Aged, Blind, or Disabled*

**Application for Health Coverage and Help Paying Costs
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 enrolled in or eligible for Medicare
- Someone interested in applying for Medicaid Works

What is Appendix D Used For?
Appendix D 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

SECTION 1 Household Information

1. Are You? Married Single Divorced Widowed Separated

2. Has anyone in your household ever applied for or received any Health Care Coverage from a social service agency in another state or Virginia city or county? Yes No
— If yes, please indicate which state or Virginia city or county below:
State or Virginia city or county: _____

3. Is anyone in your household temporarily away from home? Yes No

Name	Date Left mm/dd/yyyy
Reason for Leaving	
Where is the person currently staying?	Expected Return Date mm/dd/yyyy

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Appendix D – Section 2: Long-Term Services and Supports

14. Does the individual in the nursing facility or requiring assistance in the home have long-term care insurance? Yes No — If yes, please provide the following information:

Name of Insurance Company	Address	City, State, ZIP
Policy Number	Person(s) Insured	Is this a Partnership Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No

15. Have you or your spouse sold, transferred, placed in a trust/annuity, or given away any resources, such as your home or other real property, cash, bank accounts, or cars in the last sixty (60) months (5 years)? Yes No — If yes, please provide the following information:

Type of Property Transferred	Value at Transfer \$	Amount Received \$	Date of Transfer
From Whom	To Whom		
Explain the Reason for Transfer			

Note: If more than one transfer has occurred, please attach documentation of each transfer.

Section 2; Handout

Appendix D – Section 3: Assets and Resources

SECTION 3 Resources and Assets

16. Do you or your spouse have any money/cash on hand that is not in the bank? Yes No — If yes, please provide the following information:

Name	Amount \$
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17. Do you or your spouse have any of the following resources? Check the boxes that apply and provide the information requested below:

Checking, Savings Deferred Compensation Plan Christmas Club
 Credit Union Certificate of Deposit (CD) Money Market Funds
 Direct Express Card
 My spouse do not have any of these resources

1. Owner Name _____ Co-Owner Name _____

Name of Bank	Account Type	Account Number	Balance/Value \$
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Is your income (Social Security or SSI benefits, retirement pension, wages, etc.) deposited directly into any of the accounts? Yes No — If yes, which account?

Checking, Savings Deferred Compensation Plan Christmas Club
 Credit Union Certificate of Deposit (CD) Money Market Funds
 Direct Express Card

Section 2; Handout

Appendix D – Section 3: Assets and Resources

19. Do you or your spouse have any life insurance? Yes No — If yes, please provide the following information:

1. Owner Name	Person Insured	Type of Insurance (whole life or term)	
Company Name	Policy Number	Face Value \$	Cash Value \$

20. Do you or your spouse have burial plots, burial arrangements, or trust funds for burial? Yes No — If yes, please provide the following information:

Owner(s)	Item/Type	Value/Amount Owned \$
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Section 2; Handout

How Long Does it Take to Process an Application?



- ⌚ Maximum **45-calendar-day processing time** for most applicants
- ⌚ If a state Disability Determination Services (DDS) **disability determination** is needed, the processing time is extended to **90 calendar days**.
 - Local DSS will send applicant a *Notice of Action* letting him/her know that additional processing time is needed.
 - Expedited processing (as little as 7 days) is available for a **hospitalized** individual who needs both Medicaid and a DDS disability determination.

Section 2

How Are Updates Shared?

- ⌚ Application updates are typically sent via the mail. Be sure to tell your client to **OPEN MAIL from Cover Virginia, their local DSS office, or DMAS**.
- ⌚ Applicants can also **call Cover Virginia** to check on the status of their application.
- ⌚ The two types of correspondence an applicant is most likely to receive during this process.
 - They are first, a request for verification, often called a "verification checklist"
 - Second is the "Notice of Action"

Section 2

If More Information is Needed

- ⌚ If the local DSS needs more information to process the application, they will send a request for verification, often called a **Verification Checklist**.

Sample Request for Verification from Local DSS

<small>Location Name (FPO)</small>	<small>Commonwealth of Virginia (Processing Agency)</small>
<small>Location Mailing Address</small>	<small>Government Code (Phone Number)</small>
<small>Location Mailing Address</small>	
<small>Case Name</small>	<small>Letter Date (Letter Date)</small>
<small>Case Mailing Address</small>	<small>Case Number (Case Number)</small>
<small>Case Mailing Address</small>	
<small>Case Mailing Address</small>	

Why (Case Number) is getting this letter

We need more information to track our review for the following program(s) (Program(s))

Please give us the information requested by the above(s) listed on the following page. A checklist of the documents you can give us for proof is included. Keep your original documents and give us copies along with the checklist (you can help call (Phone Number)).

Ways to give us a copy of your documents:

<small>1. Online: go to Commonwealth.Virginia.gov and follow the website directions to upload a copy.</small>	<small>Your Commonwealth Assessment Commonwealth.Virginia.gov keeps all requested information about your family's application. You can choose to get letters like this online. Your Commonwealth Account is secure.</small>
<small>2. By Mail: Fax a copy to us at (Fax Number)</small>	<small>To create an account, go to Commonwealth.Virginia.gov and click "Check My Benefits." To use your case to your Commonwealth account using the information below, log in and select "Manage My Account."</small>
<small>3. By Mail: Send a copy to us at (Mailing Address)</small>	
<small>4. In person: Bring a copy to us at (Physical Address)</small>	<small>Case Number (Case Number) Client ID (Client ID)</small>

<small>Worker Name: (Case Worker Name)</small>	<small>Telephone Number: (Worker Phone Number)</small>	<small>For Free Legal Advice Call: 1-800-554-5245</small>
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Additional Information from Your Case Worker

Case #: (Case Number) Page 1 of 4 Correspondence #: (Corr. #)
L000 Request for Verification 2.03

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