1512 Willow Lawn Drive, Suite 100, Richmond, VA 23230 www.dLCV.org

T:800-552-3962 F:804-662-7431

MEDICAID ELIGIBILITY OVERVIEW

Virginia Medicaid provides medical benefits coverage for people who meet certain requirements. This guide covers the basics of applying for Medicaid. The entire eligibility determination process usually takes 45-90 days.

WHERE DO I APPLY?

You can apply:

- online at www.commonhelp.virginia.gov or www.healthcare.gov
- over the phone by calling the Cover Virginia Call Center at 1-855-242-8282 (TDD: 1-888-221-1590) or the Virginia Department of Social Services Enterprise Call Center at 1-855-635-4370
- or by submitting a paper application at your local Department of Social Services office. You can find your nearest DSS office online at www.dss.virginia.gov/localagency

WHO IS ELIGBLE FOR MEDICAID?

To be eligible for Medicaid in Virginia you must:

- be a legal United States citizen
- be a Virginia resident
- meet the standards set by a "covered group" under Medicaid
- have a monthly income that is less than the Medicaid monthly income limits
- have assets and resources that are below the maximum allowed asset and resource limit for Medicaid

WHAT ARE COVERED GROUPS?

"Covered groups" are special categories of individuals who may be considered for Medicaid coverage. Medicaid's most common covered groups are Families and Children (F&C) and Aged, Blind and Disabled (ABD), but there are also covered groups for Pregnant Women, Foster Children, and more. Each group has its own standards for eligibility under that group. More information on covered groups can be found online at www.dss.virginia.gov/benefit/medical_assistance/ and www.coverva.org/medicaid/.

WHAT ARE INCOME AND ASSET/RESOURCE LIMITS?

The income and asset limits change every year and can be different if you qualify under a covered group. Detailed, up-to-date information about income and asset limits can be found by contacting Cover Virginia by phone at 1-855-242-8282 or online at www.coverva.org/programs/. If you do not meet the income and asset limits, you may still be eligible after a period of time if you meet the requirements of one of the covered

groups and you spend enough on medical bills over time to meet the income limits. This is called a "Medicaid spenddown."

WHAT INFORMATION DO I NEED TO APPLY?

When applying for Medicaid benefits, you will be asked to provide specific documentation. It is a good idea to make sure you can locate physical copies of the following documents:

- Proof of your full legal name, date of birth, Social Security Number, Virginia residency, and citizenship or immigration status.
- Most recent federal tax filing information (if available).
- Proof of monthly income for all members of your household.
- Proof of other taxable income for all members of your household, like unemployment benefits, Social Security benefits, pensions, retirement income, rental income, alimony, and any others.
- · Proof of any current health insurance
- Additional forms will be necessary if you are applying for
 - o more than two people in your household
 - adults over age 19 with disabilities, adults aged 65 or over, and for all people who need long term care services,
 - someone who is medically needy and would like to have spenddown considered
 - o someone who needs help with things like bathing, dressing, walking or using the bathroom, but wants to live at home with supports.

HOW LONG DOES ELIGIBILTY LAST?

Eligibility for Medicaid coverage must be renewed every twelve months.

WHAT ARE MY RIGHTS TO APPEAL IF I AM DENIED ELIGIBILITY?

You have the right to appeal any decision or action about eligibility and coverage related to Medicaid programs. To appeal, you must notify the Department of Medical Assistance Services (DMAS) in writing about the action you disagree with. You only have 30 days to file this appeal once you get notice of the action you disagree with. You can use the form from DMAS or you can write your own letter, as long as it contains the same information. The DMAS appeal form can be found online at www.dmas.virginia.gov/files/links/9/Client%20Appeal%20Request%20Form.pdf.

After you file your appeal, DMAS will contact you with the date, time and location of the appeal hearing. Usually, DMAS schedules these appeals by phone, but you have the right to an in-person hearing if you request one. If you disagree with the Hearing Officer's decision, you can file an appeal with your local Circuit Court.

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This publication was prepared with 100% federal funding. This information should not be interpreted as legal advice.