

## *Frequently Asked Questions About Eligibility & the Application Process*

**Q:** *What Medical Assistance programs are available?*

**A:** Virginia offers two Medical Assistance programs: the Medicaid Program and the Family Access to Medical Insurance Security Plan (FAMIS). Medicaid covers children under age 19 years, parents and caretakers of dependent children, pregnant women, blind or disabled individuals, and adults age 65 years and over. FAMIS covers children under age 19 and pregnant women, through the FAMIS MOMS program.

Medicaid and FAMIS have different financial and non-financial eligibility requirements. To be eligible for Medicaid or FAMIS, you must meet the financial and non-financial eligibility conditions for that program. Your application is a request for Medical Assistance. Your eligibility will be determined for all appropriate Medical Assistance programs, based on your age, income, financial resources, and other information.

**Q:** *Can I qualify for a Medical Assistance program?*

**A:** You may complete a short [eligibility screening](#) online right now. The screening will tell you if it is likely that you could be eligible. The only way to know for certain if you are eligible is to submit an application to the local department of social services office serving the city or county in which you live.

**Q:** *How do I apply for Medical Assistance?*

**A:** To apply, complete the application form below that best fits your need and submit it to the [local department of social services](#) office serving the city or county in which you live.

- If you are applying only for an adult, complete the [Application for Adult Medical Assistance](#).
- If you are applying only for a child or a pregnant woman, complete the [Health Insurance Application for Children and Pregnant Women](#).
- If you are applying for Medical Assistance for both an adult and a child, or if you are applying for Medical Assistance and any other benefit program, complete the [Application for Benefits](#).
- If you receive Supplemental Security Income (SSI) and would like to be covered by Medicaid, complete the [Application/Redetermination for Medicaid for SSI Recipients](#).

**Q:** *To complete my application, what information will I be asked to provide?*

**A:** You will need to provide certain information when you apply. You will only be asked for information needed to determine your eligibility. If you cannot send in some or all of the information with your application, you do not need to wait to apply. A checklist will be sent to you that tells you what information is needed.

- You will need to provide proof of your income.

- You may need to provide proof of your resources, such as bank accounts, stocks, certificates of deposit (CDs), real property that you do not live on, and motor vehicles. Parents, children, and pregnant women do not have to provide resource information.
- By federal law, documentation of U.S. citizenship and identity must be obtained for Medicaid applicants and recipients who declare they are United States (U.S.) citizens. Certain groups of people do not have to prove their U.S. citizenship or identity. These groups are:
  - People currently receiving Supplemental Security Income (SSI)
  - People who receive Social Security benefits on the basis of a disability
  - People entitled or receiving Medicare
  - Children in foster care or who are classified as Title IV-E Adoption Assistance
  - Children born in the United States to mothers who were covered by Medicaid at the time of the birth

You will be enrolled in Medicaid if you meet all other Medicaid eligibility requirements. You may be required to show your local Department of Social Services (DSS) worker a document that proves you are a U.S. citizen and a photo identification card or document that identifies you at the time of your annual renewal (12 months after Medicaid coverage began.) Your local social service agency may be able to conduct a data match with the Social Security Administration (SSA) to verify your claim of U.S. citizenship. If the data match process is not available or if the SSA cannot verify your claim of U.S. citizenship, you will need to provide verification of your citizenship and identity.

- If you are not a United States citizen, you must show proof of your immigration status. This proof is usually the document you received from the U.S. Citizenship and Immigration Services when you entered the United States or your immigration status changed.

If you were not lawfully admitted into the United States, you may apply for Medical Assistance. However, if you meet all other Medicaid eligibility requirements, you will only be eligible for Medicaid coverage of emergency services or for services related to giving birth (labor and delivery).

- You must provide your Social Security Number (SSN). You do not need to provide your Social Security card if you are sure of your number.
- If you have Medicare or other health insurance, you will need to provide information about your coverage, such as your policy or member number.

**Q:** *How long does it take for my application to be processed?*

**A:** For most people, your application should be processed within 45 calendar days of the date you apply. If you are pregnant, your application should be processed within 10 work days, if the eligibility worker has all of your required information. If you are referred to Disability Determination Services for a disability determination, your application will be processed within 90 calendar days, or as soon as possible after your disability determination is complete if the disability

determination takes more than 90 days.

In most cases, medical services received during three months prior to the month you applied can be covered (if you are eligible). You will receive a written notice telling you whether or not you are eligible. If you are eligible, the notice will include the date your coverage will begin.

**Q:** *If I don't agree with the decision regarding my application, what action can I take?*

**A:** You will be sent a written notice telling you whether or not you are eligible. If you are not eligible, the notice will include the reason(s). If you do not understand the reason, you may call the eligibility worker for more information. It is your right to appeal any decision on your Medical Assistance application or your Medical Assistance coverage. Information about [how to file an appeal](#) is always included on any notice you receive. The appeal must be in writing. You may use the Appeal Request Form or send a letter to the Department of Medical Assistance Services asking for an appeal.

**Q:** *My grandmother needs long-term care in a nursing facility or in the home. Besides completing an application for Medical Assistance, what other steps are necessary? Can I apply for her?*

**A:** You may also need to call the local department of social services to ask for a pre-admission screening. A pre-admission screening is needed unless the person has already been admitted to a nursing facility. A social worker and registered nurse will visit the person and complete an assessment to determine if nursing home or home-based care is medically necessary. If the person is currently in the hospital, the hospital staff can usually complete the pre-admission screening. More information about [Medicaid-covered Long-term Care services](#) is available on the Department of Medical Assistance Services' Web site.

You can complete an application form on behalf of someone else. The applicant must sign the application, even if the form is filled out by another person, unless the application is filed and signed by the applicant's legal guardian, conservator, attorney in fact (person who has the power of attorney), or authorized representative.

**Q:** *Who do I contact about applying for Medicaid or to check on the status of my application?*

**A:** For questions about applying for Medicaid, please call your [local department of social services](#) office and ask to speak with a Medical Assistance eligibility worker. If you have already applied, ask to speak with the eligibility worker who has been assigned to your case.

**Q:** *What help is available if I don't qualify for any of Virginia's Medical Assistance programs?*

**A:** The Virginia Department of Social Services has published a brochure, Finding Affordable Health Care in Virginia, that contains information about the many healthcare resources available throughout the State. Many of these programs have income limits that are higher than the Medical Assistance limits or are able

to charge based on what the person can afford to pay.

The 2-1-1 VIRGINIA Information and Referral Service is available 24 hours per day. Simply dial "2-1-1" on your telephone to be connected to a trained operator in your area. You may also visit the [2-1-1 VIRGINIA Web site](#) and complete your own on-line search.