The following information is given as a guideline only. To determine Medicaid eligibility, an application must be filed with the local department of social services.

Individuals who are age 65 or older, or blind, or mentally or physically disabled, who have been confined to state correctional facilities and are being released from incarceration may, as part of pre-release planning, apply for Medicaid to help pay health care expenses. Your Case Management Counselor will assist you with applying for Medicaid at the Department of Social Services office in the locality where you were living before you entered the corrections system. A Medicaid application may be mailed, and a face-to-face interview is not required. To be eligible for Medicaid, you must meet certain requirements, including, but not limited to the following:

- You must be a resident of Virginia;
- You must be a citizen of the United States or an alien eligible for Medicaid coverage;
- You must have a Social Security Number or show proof of application for a Social Security Number;
- You must apply for all benefits to which you are entitled, including reinstatement of any benefits you received prior to your incarceration;
- You must meet a Medicaid covered group, such as Aged (65 and older), Blind or Disabled. If you think you are disabled, but have not been determined to be disabled by the Social Security Administration, a disability determination will be required. Your Case Management Counselor will help you complete the required forms that can be mailed along with your Medicaid application; and
- You must meet the Medicaid resource and income requirements for your covered group.

The local Department of Social Services must process your application within 45 days (or 90 days if a disability determination is needed) from the date it is received. Medicaid coverage is not available to individuals who are incarcerated. If you are determined eligible for Medicaid, coverage will begin once you are discharged from the correctional facility.

If you have questions about applying for Medicaid and the services you will need after release, talk with your Case Management Counselor.

d032-03-0647-00-eng (7/03)
MEDICAID FACT SHEET # 5 - MEDICAID AND PRE-RELEASE PLANNING

FORM NUMBER - d032-03-0647-00-eng

PURPOSE OF FORM - The local agency workers may distribute this form to provide customers with basic policy information regarding coverage for incarcerated individuals who will be released.

NUMBER OF COPIES - One

DISPOSITION OF FORM - One per inquirer.

INSTRUCTIONS FOR PREPARATION OF FORM - The form does not require the addition of any information by the eligibility worker.