

INSTRUCTIONS

DHS 1100B (Rev. 04/14) SUPPLEMENTAL FORM FOR INDIVIDUALS APPLYING FOR COVERAGE ON A BASIS OTHER THAN MAGI AND/OR FOR THEIR REQUESTING LONG-TERM CARE SERVICES (Supplement to Form DHS 1100)

PURPOSE:

In addition to form DHS 1100, "Application for Health Coverage & Help Paying Costs," the DHS 1100B, "Supplemental Form for Individuals Applying for Coverage On a Basis Other Than MAGI and/or for Their Requesting Long-Term Care Services," shall be completed by individuals applying for coverage on a basis other than modified adjusted gross income (MAGI) and/or requesting long-term care (LTC) services.

GENERAL INSTRUCTIONS:

1. The DHS 1100B, "Supplemental Form for Individuals Applying for Coverage On A Basis Other Than MAGI and/or for Their Requesting Long-Term Care Services," shall be sent or given to the applicant/beneficiary:
 - a. Whose eligibility is determined on the basis of being aged (65 years or older), blind, or disabled.
 - b. Who is requesting LTC services.
 - c. Whose application indicated that he/she is blind or disabled and is not eligible to participate in the Adult Group (as the applicant is 19 years of age, but under age 65; not pregnant; not entitled to, or enrolled in, Medicare Parts A and/or B; not otherwise eligible for other Medicaid mandatory coverage; and has income not exceeding 133% of the Federal Poverty Level).

The EW shall fill in all applicable areas using information from the completed application or eligibility renewal form.

2. Upon receipt, the supplemental form shall be attached to form DHS 1100 application form, or the DHS 1100B-2 eligibility renewal form, and filed chronologically with the most recent information on the top.
3. An individual shall complete the supplemental form when applying for coverage on a basis other than MAGI and/or requesting LTC services. The applicant/beneficiary shall complete the supplemental form or if applicable, the community spouse. If the applicant/beneficiary and the community spouse is incapable of acting on his or her own behalf or is deceased, persons who may complete this form includes the applicant/beneficiary's guardian, conservator, or executor, or any other individual who knows of the applicant/beneficiary's financial and medical situation.
4. The supplemental form requests information that is required for an applicant/beneficiary whose eligibility is being determined on the basis of being aged (65 years or older), blind, or disabled and to comply with the eligibility requirements for LTC services.