

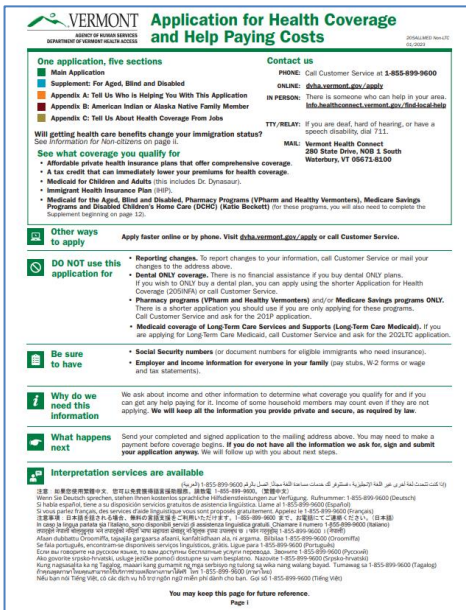
Disabled Children's Home (DCHC)– Katie Beckett

Completing the Application Fact Sheet

How do I apply for my child?

This fact sheet is about completing a paper application for your child.

To receive your paper application, call Green Mountain Care (Vermont Medicaid) Customer Support Center (Member Services) at 1-800-250-8427. Be specific and ask for the following application forms:



- Application for Health Coverage and Help Paying Cost, this is the 205ALLMED Non-LTC 1/2023
- Disability Report – Child (211C-CHILD – Revised 1/16
- Medicaid Disability Information Release Authorization (212D)
- Envelope for mailing

The 205ALLMED Non-LTC document can be downloaded on-line at the Department of Vermont Health Access website: [205ALLMED-Non LTC Application](https://www.vhac.vermont.gov/205ALLMED-Non-LTC-Application)

Your child's case manager, CSHN, and [Vermont Family Network](https://www.vermontfamilynetwork.org/) can also supply you with these documents.

You can also start the application process by applying on-line at <https://info.my.vermont.gov/>. Use the MABD button. You should be mailed the rest of the application needed documents.

NOTE: When applying for DCHC (Katie Beckett) your child will be screened for Dr. Dynasaur Medicaid. If found eligible, your child could receive Dr. Dynasaur while the DCHC application is being processed.

What information will I need?

For everyone in your household, collect:

- Social Security numbers – You are not required to put numbers for family members who do not need health coverage. It is helpful for processing if the parent/guardian supplies theirs.
- Employer and income information
- Information on insurance you get through your work if any.
- [DVHA Information for non-citizens](#)
- If you are a court appointed guardian, you will need to include a copy of the court guardianship document.

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For the child applying for DCHC, collect:

- Names, address and phone numbers of your child's medical providers, specialists, therapists, etc.
- Name, address and dates of hospitalizations, out-patient procedures & emergency room visits, tests and x-rays, and the referring physician
- Medications and the prescribing physician
- Name, address and phone number for childcare, early intervention staff, school, and special education staff
- Child's height and weight

NOTE: This information is used to fill out the Disability Social Report – Child (211-C) and is used to determine eligibility for this program.

Filling Out the Application for Your Child: Application for Health Coverage and Help Paying for Costs

Begin with the color-coded green main section of the 205ALLMED Non-LTC form.
Pages 1 to 11. Answer every question that is applicable.

Step 1: The person listed here will be the person who talks with Medicaid about this application and may have future conversations with Vermont Health Connect/Medicaid. It can be the person who files the income tax return and may list the child as a dependent.

Step 2: Complete step 2 pages for every person who is part of your household/family, even if that person has health coverage already. Start with yourself, then add other adults and children.

- **NOTE:** You will need to copy step 2 pages for needed family members person 3 and above to use. Just put the correct person number at the top of the pages.
- **NOTE:** Question 12a: For your child applying for DCHC, you will need to check yes for this question. This will prompt you to fill out the Supplement for Aged, Blind and Disabled for this child.
- **NOTE:** Question 16: Requesting retroactive Medicaid. Does your child have medical bills from the last three months? For requesting up to three months retroactive Medicaid, (3 months prior to when this application is received at the Application Document & Processing Center – Medicaid) include a 202A Retroactive Request form with your application.

Step 3: It is important to answer all these questions about your family's health coverage.

- **NOTE:** To find out if your job-based plan meets the minimum value standard, ask your HR staff.

Step 4: Household Special Circumstances. If anyone on this application experienced specific life changes in the past 60 days, be sure to check the corresponding box.

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Step 5: Future Eligibility. Authorization for use of electronic data sources to re-determine your eligibility. You have the option to choose up to 5 years.

Step 6: Only for American Indian or Alaska Native family members

Step 7: Only if anyone is applying for Incarcerated family members.

Step 8: Mailing address for Vermont Health Connect

Step 9: Signature and date. **IMPORTANT!** Your application will be returned if not signed and dated.

Page 11, under the red banner toward the bottom of the page that says, "Is any of the following true for you or someone on your application? If so, you may not be done." There is this highlighted question: **Will you fill out the Supplement for Aged, Blind and Disabled?** You will check the yes box.

SUPPLEMENT For Aged, Blind and Disabled

Pages 12 to 16. This section is color coded blue. Answer every question as it **relates only to your child.**

Step 1: Information About You. Question 1: **Your child's name** goes here. Check the DCHC box.

Step 2: Resources - Answer all the questions about **your child's** resources. **DO NOT INCLUDE FAMILY RESOURCES.**

Step 3: Additional Income - Answer all the questions about **your child's** additional income. (NOT FAMILY INCOME)

- **NOTE:** Question 4: Be sure to answer this with the age of your child and who is paying the daily living expenses. Example: I am three years old. My parents pay my daily living expenses.

Step 4: Expenses -

- Question 1: Write down any medical expenses for your child that are not covered by insurance. These would include pain relievers, diapers, vitamins, hearing aid batteries, personal care attendants, nurses, etc.
- Question 2 pertains to your child's work-related expenses. You would check the No box if your child does not work.

Step 5: Sign the Supplement: The first red **X** space is where a parent/guardian would sign on the child's behalf. Please write parent or guardian beside your name and date. If your child is 18 years of age and does not have a guardian, they should sign here. **Don't forget to date!**

Information and Authorization for Verification of Resources does not apply to unmarried children.

APPENDIXES

APPENDIX A – Page 17, Coded Orange: Tell Us Who is Helping You with This Application

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Complete the top half of this form to choose an Authorized Representative. An Authorized Representative is someone who helped you with the application, or someone you would like to speak with Vermont Health Connect/Medicaid with, or for you. A parent of an 18-year-old without guardianship, who is assisting with this application, should have a conversation with their child and ask to have their name and information here.

You can choose an Alternate Reporter if you would like someone to get a copy of the notices about your application and coverage the same time as you do. Example: An 18-year-old without guardianship could put his parents' information here.

Appendix B – Page 18, Coded Brown: American Indian or Alaska Native Family Member

Complete this section only if you, or someone in your household:

- Is an American Indian or Alaskan Native
- Has received services from the Indian Health Service (HIS)

Appendix C – Page 19, Coded Olive: Tell Us About Health Coverage from Jobs

Only fill out this section if someone in your household is eligible for health coverage from a job – even if they do not accept that health coverage.

You can ask the Human Resource staff from your job(s) to help with this appendix.

Disability Social Report – Child (211C-CHILD)

In this document you are reporting and **answering for your child**. Be sure to take time to fill this out comprehensively.

- Section 1: There is a designated place for **your child's name (A.) and your name (C.)**. Complete questions D through I as appropriate.
- Section 2 Contact Information-Assistance with This Claim: If someone is assisting you with this form, put their name and contact information down under *Name of Contact*.
- Sections 3 through 6 – It is important to be concise, detailed, and complete in answering the questions in these medical record sections. You can always attach extra pages, documents, or evaluations, as appropriate.
- Section 7 is for information about the different agencies that work with your child and family. Some examples of listings are WIC, Children's Integrated Services and Children with Special Health Needs.
- Section 8 questions about your child's education and testing. Be specific and attach a current Individualized Education Plan (IEP) or 504 plan. If there was outside of school testing done, document, and attach the reports.

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- Section 9 is about work history. If your child is not old enough to work, just check question A as no – the rest of the questions are not applicable.
- Section 10 provides additional room for information that may not fit in the other sections. You can write here anything that you want them to know about your child.
- Bottom of page 11: **You (or child over age 18 without a guardian) will need to sign and date here.** Witnesses are only required if someone signs/marks with an X.
- Section 11 was made to be filled out by an Economic Services Division worker. Do not worry about this section. Leave it blank.

Medicaid Disability Information Release Authorization Form (212D) – 1 copy

- Read the entire form so that you understand and agree to the disclosures from the types of sources listed.
- Sign and fill out the contact information at the bottom of the form. There is a place for a parent or guardian to sign, date, and a corresponding box to check.
- **If your child is age 14 or older, they must sign and date this document on the line provided.**
- Witnesses are required only if this authorization has been signed by an X.

You could include the following with your application. These documents can help speed up the process and help determine if your child is eligible.

When trying to prove eligibility or needed benefits, it is essential that you document your parent's view of a "day in the life" of your child. This can be difficult as you will be focusing on your child's challenges NOT strengths, only you see him 24/7. Your knowledge is critical to this application. Things to include are:

- Documentation of his daily living skills, such as eating, sleeping, and dressing.
- Your child's functioning compared to his peers.
- Detailed observations of behaviors and reactions and age-related skills.
- Be sure to note, ABA, social skills training, AND all the speech and language, occupational and physical therapies that you incorporate into your child's daily routines.
- There is an age-specific child function report document to use instead of writing a letter. The child function report asks questions on most of the above suggestions and puts them in a format that is easy to document. There is plenty of extra space to write clarifying information about your child and to include anything else you want the reviewers to know. Disability Determination Services (DDS) will often send this report to you to fill out to get more information about your child for the review. You can use the SSA child function reports linked below for this purpose. Include this form with your 205ALLMED application document package when you mail.

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SSA-3376-BK	Function Report - Child Age 1 to 3rd Birthday
SSA-3377-BK	Function Report - Child Age 3 to 6th Birthday
SSA-3378-BK	Function Report - Child Age 6 to 12th Birthday
SSA-3379-BK	Function Report - Child Age 12 to 18th Birthday
SSA-3373-BK	Function Report - Adult

- Copies of your child's medical records that document your child's disability.
- Attach copies of the IEP, One Plan or 504 Plan.
- Obtain reports from service providers about your child's disability. A letter written by your child's pediatrician is helpful. The pediatrician is the leader of your child's health care team and, along with you, provides your child with a medical home. You could ask your pediatrician to write a letter that outlines the diagnosis, prognosis, specialists, services, and level of care your child needs. The doctor should include how your child's impairment affects his functioning compared to that of other children the same age. The doctor can attach documents/office visit notes in lieu of inclusion in the letter.

BEFORE YOU MAIL!

This application takes time and effort to fill out. Make a copy of the application and the paperwork you are sending with it for your records.

Who can help me?

[Green Mountain Care Customer Support Center/Member Services](#)

This call center can help you with your questions around Medicaid applications, benefits, coverage, insurance, and providers. 1-800-250-8427

[Assistor Program](#)

An Assistor is a person trained to educate and provide enrollment assistance to individuals and families through the Department of Vermont Health Access.

[Find an Assistor by County](#)

[Vermont Family Network \(VFN\)](#)

The mission of Vermont Family Network is to empower and support all Vermont children, youth, and families, especially those with disabilities or special health needs. VFN is Vermont's designated Family- to-Family Health Information Center.

1-800-800-4005

[Children with Special Health Needs \(CSHN\): AHS.VDHCSHNConsultation@vermont.gov](mailto:AHS.VDHCSHNConsultation@vermont.gov)