



Obtaining Eligibility for Long Term Supports and Services for Adults in New Hampshire

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Important Note

This guide is for information only. It is not legal advice.

Why This Guide Exists

This guide is for adults with developmental disabilities and the people who support them. It explains how to obtain eligibility for Medicaid-funded long-term supports and services. It walks you through the forms step by step and points out common mistakes to avoid.

Even if the individual already has Medicaid, you must still apply separately to become eligible for long-term supports and services.

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Area Agency Eligibility and Medicaid Eligibility

Area Agency Eligibility and Medicaid Eligibility are separate things.

- Area Agencies do not determine Medicaid Eligibility. You can do an intake with your Area Agency, however, to determine eligibility for case management. Among other things, case management can help you apply for Medicaid Eligibility with the state.
- Medicaid Eligibility, the subject of this document, is determined by the state. If you are eligible for Area Agency case management, it is recommended you work with your case manager to apply for Medicaid Eligibility.

Need Help?

Your case manager at your local Area Agency can:

- Explain which forms you need to submit to the state.
- Review your forms, paperwork, and proofs.
- Help you renew Medicaid eligibility each year (called “redetermination”).
- Explain Medicaid letters and notices.
- Help if your Medicaid goes down by mistake.
- Connect you with DHHS and local resources.

Call or email your Area Agency case manager if you need help at any point.

Definitions

Medicaid is a joint program between the Federal and State governments to fund health and social services. The first step to receiving services is to obtain Medicaid eligibility, which is the subject of this document. Some of the common acronyms you will encounter are as follows:

- **LTSS (Long-Term Supports and Services)**: Helps people with disabilities live at home, in the community, or in special care settings.
- **HCBS (Home and Community Based Services)**: A program authorized by Section 1915(c) of the Social Security Act that allows states to use Medicaid funds to provide LTSS in a person's home or community instead of a nursing facility or hospital. Before receiving HCBS, one must obtain Medicaid Eligibility (the subject of this document).
- **HC-CSD (Home Care for Children with Severe Disabilities)**: Also known as Katie Beckett. Designed for children from birth to 19 with severe disabilities who would otherwise need institutional care. This program only considers the assets and income of the individual and does not take the family income into eligibility determination.
- **APTD (Aid to the Permanently and Totally Disabled)**: Main Medicaid pathway for adults with developmental disabilities.
- **MEAD (Medical Assistance for Employed Adults with Disabilities)**: Lets people with disabilities keep Medicaid even if their income/resources are higher.
- **MOAD (Medical Assistance for Employed Older Adults with Disabilities)**: Same as MEAD but for older adults.

This document covers obtaining Medicaid eligibility for APTD (adults). HC-CSD does not apply and is covered in a document for children.

Note that MEAD and MOAD do not replace APTD. Instead, they are incentives to continue working without losing eligibility for APTD.

Who Does What?

The following are the primary organizations and what they do:

- **BFA** (Bureau of Family Assistance): Reviews your money situation (income, assets).
- **DDU** (Disability Determination Unit): Reviews your health and disability information.
- **Area Agency**: Helps plan and coordinate your services after you are deemed eligible.

Think of it this way:

- **BFA** = Determines financial eligibility
- **DDU** = Determines disability eligibility
- **Area Agency** = Service planner and coordinator

Quick Steps

When applying for Medicaid eligibility, the individual must demonstrate financial eligibility to the BFA and disability eligibility to the DDU. Your area agency service coordinator is always available to help you fill out and review the forms.

Financial Eligibility

- Fill out [BFA Form 800 - Application for Assistance](#).
- Sign and date BFA Form 800 (Section J) and BFA Form 811S (Statements of Understanding).
- If the individual has one or more jobs, ask their employers to complete [BFA Form 756 – Employment Verification](#)
- If the individual lives with family or don't have bills in their name, fill out [BFA Form 768 – Shared Shelter Arrangements](#)
- (Optional) If the individual wants someone else to help with their case, fill out [BFA Form 778 – Authorized Representative Declaration](#).

Disability Eligibility

- Fill out [DDU Form 177 - Non-Medical Evaluation of Disability](#)
- Fill out a separate [DDU Form 900 - Authorization for Release of Medical Records and Information](#) for each doctor, clinic, hospital or facility listed in DDU Form 177.

Gather Proof

- Copy of the individual's birth certificate, photo ID, and Social Security Card
- Copy of bill that verifies the individual's address (i.e., lease, rent, utilities), or a completed [BFA Form 768 – Shared Shelter Arrangements](#) if there are no bills in the individual's name
- Copy of insurance card front and back if receiving health insurance other than Medicaid
- SSA or SSI payment proof if the individual is receiving SSA or SSI
- Copies of any trust, life insurance policies, or burial contracts in the individual's name
- Copies of bank statements, stocks/bonds, any other resources in the individual's name (e.g., PayPal, Venmo, or Cryptocurrency) over the **past 5 years**; this includes statements for any accounts opened, closed, and currently open in the individual's name.
- Copies of any pay stubs the individual received for the past 4 weeks
- Copy of auto registration if the individual owns a vehicle
- Copies of Guardianship and/or Power of Attorney paperwork
- Copies of education plans, such as IEP, 504 plan, behavior plans, etc., that may still apply to the individual

Make Copies and Submit

- Make copies of all paperwork and submit the copies to your [local NH DHHS Office](#).

Applying for Medicaid Eligibility

BFA Form 800 (Financial Eligibility)

[BFA Form 800 - Application for Assistance](#) demonstrates the individual's financial eligibility.

When filling out the form, assume the simple rule of a "Household of 1". For example, when the form asks for "all" people in the household, only list information for the individual (a "Household of 1"), regardless if they are also living with family.

Tips

- Work with your area agency service coordinator to make sure you fill out the forms correctly. Not doing so can lead to unnecessary delays.
- Writing "Long Term Care – HCBC – DD" (for Developmental Disabilities) or "Long Term Care – HCBC – ABD" (for Acquired Brain Disorders) on the top of the form can help the BFA staff quickly understand why you are submitting the application.
- Writing "Applying for MEAD" or "Applying for MOAD" in a blank area of Section C, can remind the BFA staff to consider your eligibility for MEAD or MOAD.
- Writing the individual's name and social security number on the bottom of each page can help the BFA keep the paperwork together.

Section A - Who You Are and Where You Live

- Select "Own home" if the individual is living with a family member.
- List the best contact information for the individual.
- If physical mail goes elsewhere (e.g., P.O. Box), list that in "Mailing Address."
- If the individual truly has no email, check "I do not have an E-Mail address."
- If the individual already has Medicare, mark Yes and you'll provide the Medicare number/card later.
- Briefly state what you're applying for and why, in disability terms, not just "need insurance." For example, this may be "Applying for Medical Assistance (APTD). My autism prevents sustained work; I need coverage for home and community-based care and medications."
- If a parent/guardian/caregiver or Authorized Representative (AR) completes the form, put their name, address, phone under Information Supplier. You can also file [BFA Form 778 – Authorized Representative \(AR\) Declaration](#) to make an AR official.

Section B - Who Lives with You (Household List)

- The form asks you to list ALL the people living with you. You are filling out the form as a "Household of 1," however, so the only person to list is the individual in row 1. Leave all other rows blank.

Section C - What You Are Applying For

- Unless necessary, avoid checking “All Programs” because it can delay processing and/or lead to a rejection.
- Check “Medical Assistance”.
- Check “Home and Community-Based Care (HCBC)” to indicate you’re seeking a waiver.
- Check which HCBC program you are applying for. This will typically be either “Developmental Disability” or “Acquired Brain Disorder”.
- If you also intend to be eligible for MEAD or MOAD, write “Applying for MEAD” or “Applying for MOAD” in a blank area on Section C to help raise awareness to the BFA staff reviewing the form. In addition, you should attach a short letter to the application stating you would want MEAD or MOAD.

Section D - Demographics

- Ethnicity/Race questions are optional and do not affect eligibility. Answer if you wish, selecting one ethnicity and any races that apply.

“AGENCY USE ONLY” box

- Skip. This section of the form is for DHHS staff.

Section E - Income

- The form asks for information for all income for everyone in your home. You are filling out the form as a “Household of 1”, so only supply information for the individual.
- If the individual is not employed, enter “N/A” for the wages amount.
- If the individual is employed, enter both the wages amount and frequency the employer issues paychecks. Entering the wrong frequency can miscalculate eligibility.
- If the individual is employed, have all employers complete [BFA Form 756 – Employment Verification](#) and attach the completed form(s) to the application as proof.
- If you are not yet receiving SSI/SSDI, enter \$0 (attach any SSA letters if pending).

Section F - Assets

- The form asks for information for all assets for everyone in your home. You are filling out the form as a “Household of 1”, however, so only supply information for assets owned by the individual.
- LTSS services require a 5 lookback, so you need to supply proof from the past 5 years. This includes statements for any accounts opened, closed, and currently open in the individual’s name.
- List trust and life insurance information only if they are in the individual’s name.
- Make sure to include PayPal balances, Venmo balances, Cryptocurrency, etc., under “Other Assets”.
- List \$0 on any lines where the individual does not have any assets.
- Not disclosing transfers (gifts, house deeds, etc.) can affect eligibility.

Section G - Your Expenses

- You are filling out the form as a “Household of 1”, so only supply information for expenses that the individual pays.
- Enter the correct frequency amounts (monthly or yearly).
- **Rent/Mortgage:**
 - Monthly amount the individual pays (their share). If applicable, [BFA Form 768 – Shared Shelter Arrangements](#) can be used as proof of payment for rent.
- **Taxes:**
 - Yearly property taxes (if the individual pays property taxes).
- **Dependent Care:**
 - Child/adult day care the individual pays for (not what insurance pays).
- **Medical Expenses:**
 - Out-of-pocket costs for the individual (premiums, co-pays, recurring prescriptions).
- **Cost of Doing Business:**
 - For self-employment only.
- **Fuel Assistance:**
 - Mark Yes/No whether the individual received more than \$20 in fuel aid in the last 12 months.

Section H - Yes/No Questions

- You are filling out the form as a “Household of 1”, so answer from the perspective of the individual.
- Answer “Y” to question #4: “Is anyone in your household blind or disabled?”

Section I - Extra questions (skip only if SNAP-only)

- Question 2 lets you backdate Medicaid up to 3 months if eligible. This is worth answering Yes if you have recent unpaid bills.
- If the individual is on someone else’s insurance (e.g., a younger adult still covered under their parent’s insurance plan), answer “Y” to question #5 and provide the insurance information.

Section J - Signatures

- Make sure to sign and date.
- Only the individual, their legal guardian, or their Authorized Representative (AR) can sign on the “Applicant Signature” line.
- If someone helped the individual fill out the form, make sure they print their name and sign on the “Person Helping the Applicant” line as well as list their relationship to the individual.

BFA-811S - Statements of Understanding

BFA Form 811S - Statements of Understanding is included with BSA Form 800.

- You must fill out and sign BSA Form 811S.
- Initialize every line. If a line does not apply to your application (e.g., you are not applying for cash assistance or SNAP), you can choose to write “N/A” rather than initializing it.
- Do not leave any lines blank.
- Make sure to sign and date.
 - Only the individual, their legal guardian, or their Authorized Representative (AR) can sign on the “Applicant Signature” line.
 - If someone helped the individual fill out the form, make sure they print their name and sign on the “Person Helping the Applicant” line as well as list their relationship to the individual.

BFA Form 756 - Employment Verification

[BFA Form 756 – Employment Verification](#) is for verifying current employment and any changes to employment for the past 4 consecutive weeks. The forms are to be filled out and returned by the employer only.

BFA Form 768 - Shared Shelter Arrangements

[BFA Form 768 – Shared Shelter Arrangements](#) can be used by individuals who are not listed on a lease or mortgage and/or do not have any utility bills in their name. An example may be an individual living with family members or roommates and paying them rent or utilities.

BFA Form 778 - Authorized Representative (Optional)

[BFA Form 778 – Authorized Representative Declaration](#) is used when you want to allow an organization or someone else – called your Authorized Representative (AR) – to act on your behalf with NH Department of Health and Human Services (DHHS). The AR can help with your applications, paperwork, interviews, benefit delivery, and more.

Typically, you will declare the individual’s guardian and their area agency as the individual’s Authorized Representative. You must fill out a separate BFA Form 778 for each AR you declare.

- If the AR is an organization, such as Gateways Community Services, put the name of the organization as the name of the AR and enter “N/A” for the date of birth.
- List your Relationship to the AR (e.g., friend, sibling, area agency)
- Typically, you check all boxes except the ones related to EBT.
- It is advised that you check “Other” and write “Exchange Medicaid info with DHHS including filing applications for other benefits.”
- Both the individual and the AR must sign and date the form.

DDU Form 177 (Disability Eligibility)

[DDU Form 177 - Non-Medical Evaluation of Disability](#) describes your daily life, work history, and how your disability limits you.

- All questions must be answered. Use “N/A” instead of leaving blanks.
- The individual’s name and contact information should match what you used for BFA Form 800.
- Check Yes/No if you’ve applied for SSDI or SSI. If yes, give the month/year and check the status (pending, approved, denied, or scheduled for evaluation).
- List all medical/mental conditions (physical, emotional, learning, etc.) that limit your work. Be specific (e.g., “Autism”, “Stage II breast cancer,” “Severe depression,” “Chronic back pain”).
- If not working, give last day worked and why you stopped (e.g., “Couldn’t stand more than 30 minutes due to back pain”).
- Be complete about your medical treatment for the past two years, including doctors office visits, hospitals (including emergency room visits), clinics, mental health agencies, schools, and other health care facilities. You must also complete Form 900 for each provider so DHHS can request your records.
- In the section starting with “Please add any additional comments you think would help us”, it can help to remind the DDU staff of the high level needs, such as “Need to access long term supports and services to get and keep a job, obtain residential support, and pay providers.” Then, also provide simple plain language to describe how your condition impairs your ability to perform work or services. You can attach additional paper as needed.
- Sign and date the form as was done with BFA Form 800.

Tip: if the individual had an IEP while in school, consider adding wording from it to the additional comments if it still applies.

DDU Form 900 - Authorization for Release of Medical Records and Information

For each doctor, clinic, hospital or facility you list on DDU Form 177, you must also fill out a separate [DDU Form 900 - Authorization for Release of Medical Records and Information](#).

Make sure to sign and date. If a guardian, durable power of attorney (DPOA), or AR filled out the form, you must also include paperwork that supports that person’s role.

Gather Proof

You need to provide supporting documentation – known as proof – for the information you've provided on all the forms. This documentation includes the following:

- Copy of the individual's birth certificate, photo ID, and Social Security Card
- Copy of bill that verifies the individual's address (i.e., lease, rent, utilities), or a completed [BFA Form 768 – Shared Shelter Arrangements](#) if there are no bills in the individual's name
- Copy of insurance card front and back if receiving health insurance other than Medicaid
- SSA or SSI payment proof if the individual is receiving SSA or SSI
- Copies of any trust, life insurance policies, or burial contracts in the individual's name
- Copies of bank statements, stocks/bonds, any other resources in the individual's name (e.g., PayPal, Venmo, or Cryptocurrency) over the **past 5 years**; this includes statements for any accounts opened, closed, and currently open in the individual's name.
- Copies of any pay stubs the individual received for the past 4 weeks
- Copy of auto registration if the individual owns a vehicle
- Copies of Guardianship and/or Power of Attorney paperwork
- Copies of education plans, such as IEP, 504 plan, behavior plans, etc., that may still apply to the individual

Make Copies and Submit

- Ask your Area Agency service coordinator to review your paperwork.
- Make copies of all paperwork. This includes the BFA and DDU forms you filled out as well as all of your proofs.
- Bring the copies to your [local NH DHHS Office](#).

NH Medicaid will review your case when they receive the form and decide if you are eligible. Before making a decision, they may interview you and ask for more documents. You will get a Notice of Decision letter stating if you are eligible or denied. If denied, the notice will explain your right to appeal.

If you are deemed eligible, work with your Area Agency to develop a service plan.

Yearly Redetermination

Medicaid checks your eligibility every year. This is known as “[Redetermination](#).”

All paperwork is due on the 15th day of your redetermination month. Your redetermination month is generally 12 months after your initial enrollment. It is your responsibility to be sure of your redetermination month:

1. **Watch for Mail:** NH DHHS should send you a [pink notice](#) about 60 days before your redetermination is due, then a [yellow notice](#) approximately 30 days before the due date, and finally a [blue renewal reminder](#) on the 5th day of your redetermination month.
2. **Check Your NH EASY Account:** You can also find this information by logging into your account on the NH EASY portal.

What to Do When You Receive a Notice

- **Follow the Instructions:** the yellow notice will contain instructions on how to complete your renewal and what information you need to provide.
- **Act Promptly:** To avoid losing your coverage, it is important to act immediately on the instructions on the notice.

BFA Form 800R (Continued Eligibility)

Typically, you will submit a completed [BFA Form 800R - Application for Continued Eligibility For Financial, Medical, Child Care, and SNAP Benefits](#). As with BFA Form 800, you will fill out BFA Form 800R assuming a “Household of 1”:

- Only list the individual in Section 2.
- Only provide job and income information for the individual in Section 3.
- Only provide asset information for the individual in Section 4. Make sure to include any changes, including bank accounts, PayPal balances, Venmo balances, and so on.
- Only provide health insurance for the individual in Section 5.
- Only provide the individual’s expense information in Section 6.
- Do not provide information about family members on pages 2 and 3.
- Complete Section 9.
- Make sure to sign and date
 - Only the individual, their legal guardian, or their Authorized Representative (AR) can sign on the “Applicant Signature” line.
 - If someone helped the individual fill out the form, make sure they print their name and sign on the “Person Helping the Applicant” line as well as list their relationship to the individual.
- Attach all proofs listed in the Checklist of Required Proof on the second page of the form. As with BFA Form 800, these will typically be for address, job and income, assets, medical coverage, and expenses and must be current.

Gather Proof

You need to provide supporting documentation – known as proof – for the information you've provided on [BFA Form 800R](#). See page 2 of [BFA Form 800R](#) for a checklist of proof needed, remembering this is to be done from the perspective of the individual: what they have for assets, what they earn for income, what they pay for expenses, etc.

Make Copies and Submit

- Ask your Area Agency service coordinator to review your paperwork.
- Make copies of all paperwork, including BFA Form 800R and your proofs.

Bring the copies to your [local NH DHHS Office](#).

NH Medicaid will review your case when they receive the form and decide if the individual is still eligible. NH Medicaid may also ask for more documents before making a decision, so it is important to submit the form as early as possible – all information, including any additional information requested is due on the 15th of the redetermination month.

You will get a Notice of Decision letter stating if the individual is still eligible or denied. If denied, the notice will explain your right to appeal.