

WHAT IS APTD?

You have applied to the New Hampshire Department of Health and Human Services for financial and/or medical assistance (Medicaid) as a disabled adult under the APTD Program (Aid to the Permanently and Totally Disabled).

We have special rules about who qualifies for this assistance. In order to find out if you qualify for this help, we must first get information about your situation from you and from others. We then have to compare this information to our rules.

WHAT DO I HAVE TO DO TO GET APTD FINANCIAL/MEDICAL ASSISTANCE?

You, or someone acting for you, must first fill out an application form, a release of information form, and another form called a “Non-Medical Evaluation of Disability” form. It is important to fill out these forms completely and accurately. You need to give us all the medical information which you think will show that you have a disability. You also need to tell us how this disability prevents you from working. Your family services specialist may ask you to supply additional information if needed to show your disability.

CAN SOMEONE HELP ME TO APPLY?

If your disability prevents you from being able to do what we ask of you, you may have someone else help you. This person is called an authorized representative and can be anyone including a friend, a family member, a case manager, or a social worker. We will let both you and your authorized representative know what you need to do to help us make a decision about your disability.

Your family services specialist can also help you. When in doubt about something to do with the APTD process, ask your family services specialist. Ask your family services specialist for help if you:

- need an authorized representative
- need more time to supply us with information
- are unable to do what we have asked you to do
- want to appeal a decision we have made

WHO DECIDES IF I AM DISABLED?

When you fill out the “Non-Medical Evaluation of Disability” form and give it to your family services specialist, the family services specialist sends the form to a Medicaid medical review team in Concord. The medical review team looks at your “Non-Medical Evaluation of Disability” form and sends for any medical information that they need to decide if you are disabled. They may send for information from hospitals, doctor’s notes of vocational information. They may write to your doctors for more information. They may ask you to see more doctors or have more tests. Someone from NH Medicaid will help you to set up these appointments if this is necessary.

WHAT CAN I DO TO HELP?

The more information we have, and the sooner we get it, the faster a decision will be made.

If you have copies of any of your hospital records, medical records, or vocational rehabilitation records, give copies to your family services specialist when you apply.

Let us know where to look for more information. Tell us if you are applying for help from another agency like Social Security or Vocational Rehabilitation. They may have information that we don't have, but that would help us to make a decision about your disability.

You can get information to the medical review team by giving copies of the information to your family services specialist. Your family services specialist will send it to Concord. You may also call the Disability Determination Unit at 1-800-852-3345, extension 4445, and explain where the medical review team can get additional information.

WHEN WILL YOU TELL ME IF I QUALIFY FOR APTD?

NH Medicaid should make a decision on your case within 90 days of the date you apply. It may take longer if you do not return forms promptly, if requested medical information is delayed, or if more tests are needed to decide if you are disabled. If you have not received a decision within 90 days, you may call the Disability Determination Unit at 1-800-852-3345, extension 4445, and ask what is causing the delay and what you might do to help speed up the process.

CAN I BE DENIED APTD FOR NOT DOING WHAT I WAS ASKED TO DO?

If you do not return the "Non-Medical Evaluation of Disability" form on time, or if you do not cooperate with us in getting the information that we need, your application may be denied for these reasons. To prevent this from happening, let your family services specialist know if you are having trouble doing what we ask you to do. There may be reasons that you cannot return the form on time. Let your family services specialist know. If we agree that you had a good reason for not returning the form on time, you may not be denied benefits because of this. Remember—you must tell your family services specialist about the problems you are having in getting forms or information back to us.

WHAT CAN I DO IF I AM DENIED BENEFITS?

If you are denied benefits, you may appeal the decision. Your family services specialist can tell you how to do this. You may also apply again at any time and start the whole process over again. If you decide to make a new application, however, you may lose some benefits by starting over.

YOU HAVE THE RIGHT TO APPEAL ANY DECISION WE MAKE