



# Division of Developmental Disabilities Medicaid Eligibility for the CCW

2014	Supplemental Security Income (SSI)	Medicaid Only-Community Care Waiver (CCW)
<b>Overview</b>	Federal income supplement program designed to help people who are "aged, blind, and/or disabled" who have little/no income. SSI provides monthly cash payment to meet basic needs for food, clothing, and shelter.	Special program that provides State Plan Medicaid in addition to home and community based services identified in the CCW to eligible individuals with developmental disabilities who have little/no income. Enrollment into the program is based on availability of a funded slot.
<b>Eligibility Criteria</b>	<ul style="list-style-type: none"> <li>• Aged (65+); blind; or disabled; &amp;</li> <li>• Limited income and resources (<i>The 2014 monthly income limit is \$752.25 &amp; resource limit is \$2000</i>); &amp;</li> <li>• U.S. citizen or national, or in one of certain categories of aliens; &amp;</li> <li>• Resident of one of the 50 States; D.C. Northern Mariana Islands; &amp;</li> <li>• Not absent from the country for 30 consecutive days or more.</li> </ul> <p>You may obtain your current benefit information, award letters, etc. or make changes to your contact information by going to the My Social Security website: <a href="http://www.ssa.gov/myaccount/">http://www.ssa.gov/myaccount/</a></p>	<ul style="list-style-type: none"> <li>• Meet functional criteria for Division of Developmental Disabilities (DDD) services; &amp;</li> <li>• Meet clinical criteria for ICF/ID level of care; &amp;</li> <li>• Determined to be in need of, and use, a monthly waiver service; &amp;</li> <li>• Determined to be blind or disabled by either the Social Security Administration (SSA) or the Division of Medical Assistance and Health Services (DMAHS); &amp;</li> <li>• Resident of New Jersey; &amp;</li> <li>• U.S. citizen or qualified alien (<i>Most immigrants who arrived after August 22, 1996 will be barred from Medicaid for five years from receipt of a Green Card</i>); &amp;</li> <li>• Limited income and resources (<i>The 2014 monthly income limit is \$2,163 &amp; resource limit is \$2000</i>).</li> </ul>
<b>Application Process</b>	<p>Made through local Social Security offices. To locate an office, go to: <a href="https://secure.ssa.gov/apps6z/FOLO/fo001.jsp">https://secure.ssa.gov/apps6z/FOLO/fo001.jsp</a></p> <p>It is recommended to call your local office first to see if an appointment is needed.</p>	<p>Initial contact made through your DDD Case Manager who makes the referral to initiate Medicaid financial application. The DDD/Regional CCW staff assists applicants to complete the Medicaid financial packet and is responsible for the submission of the completed packet to the Institutional Services Section (ISS) of Medicaid for eligibility determination.</p> <p>To locate your DDD Case Manager, please call your Regional Office found at: <a href="http://www.state.nj.us/humanservices/ddd/staff/cso/index.html">http://www.state.nj.us/humanservices/ddd/staff/cso/index.html</a></p>
<b>Required Documents</b>	<ul style="list-style-type: none"> <li>• Proof of age;</li> <li>• Proof of citizenship;</li> <li>• Social Security card or record of SSN;</li> <li>• Documentation related to income &amp; resources (<i>Copies of your checking account(s), savings account(s), trust(s) including life insurance and special needs, annuities, payroll slips, burial fund records, and other information about your income and the things you own. Be sure to include the account numbers for all documents.</i>);</li> <li>• Names, addresses, and phone numbers of doctors, hospitals and clinics that you have been to, if applying because you are disabled or blind.</li> </ul> <p>For a more complete list, go to: <a href="http://www.ssa.gov/pubs/EN-05-11000.pdf">http://www.ssa.gov/pubs/EN-05-11000.pdf</a></p>	<ul style="list-style-type: none"> <li>• Proof of age;</li> <li>• Proof of citizenship;</li> <li>• Proof of identity;</li> <li>• Proof of marital status (if married);</li> <li>• Documentation related to Power of Attorney/Third Party Signator/Guardianship (if applicable);</li> <li>• Documentation related to income &amp; resources (<i>Copies of your checking account(s), savings account(s), trust(s) including life insurance and special needs, annuities, payroll slips, burial fund records, and other information about your income and the things you own. Be sure to include the account numbers for all documents.</i>).</li> </ul>
<b>Additional Information</b>	<p><a href="http://www.socialsecurity.gov/ssi/text-eligibility-ussi.htm">http://www.socialsecurity.gov/ssi/text-eligibility-ussi.htm</a></p> <p>1-800-772-1213</p>	<p><a href="http://www.state.nj.us/humanservices/ddd/services/ccw/index.html">http://www.state.nj.us/humanservices/ddd/services/ccw/index.html</a></p> <p>1-800-832-9173</p> <p>See document: <i>Applying for Medicaid Only-CCW Check List.</i></p>