



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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Trenton, NJ 08625-0712

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Governor

JENNIFER VELEZ
Commissioner

KIM GUADAGNO
Lt. Governor

VALERIE HARR
Director

MEDICAID COMMUNICATION NO. 13-03 DATE: March 15, 2013

TO: County Welfare Agency Directors

SUBJECT: Continued Eligibility for Disabled Adult Children (DAC)

This is an update of Medicaid Communication 88-2

The Employment Opportunities for Disabled Americans Act (P.L. 99-643) provides protected Medicaid eligibility for Disabled Adult Children (DAC). DACs are persons who are eligible to collect SSI benefits from another person's account (typically a parent's account) and because of the DACs own disability or blindness are entitled to continue receiving the children's insurance benefits beyond the age of 18. In order to qualify for this special Medicaid eligibility population, an individual must:

- a) Be at least 18 years old;**
- b) Have become disabled or blind prior to turning age 22;**
- c) Have been receiving SSI benefits on the basis of blindness or disability; and,**
- d) Have lost SSI as a result of the receipt of child's insurance benefits from another person's Social Security account or as a result of an increase to those benefits on or after July 1, 1987.**

If an individual meets all the above criteria he/she will qualify for special eligibility consideration regardless of his/her age at the time he/she lost SSI eligibility. It is important to take note that in order to be eligible for continued Medicaid coverage the date of entitlement to the child's insurance benefits is a key factor. An individual whose entitlement to (or increase in) child's insurance benefits is prior to July 1, 1987 is **not** eligible for this special eligibility group.

Efforts shall be made by the County Welfare Agency (CWA) caseworker to verify the DAC status through the use of electronic databases such as but not limited to Social Security Online Query (SOLQ), which also can be accessed through the

DHS Online Verification for Eligibility (DOVE) system. Once on the SOLQ screen, the caseworker must scroll down to SSA TITLE II INFORMATION and look for Title II CAN/BIC. There must be a Social Security number displayed there followed by a “C” and a number, usually “01”. The next step is to scroll down to SSI TITLE XVI INFORMATION and look for Recipient type, which should be “DI” (Disabled Individual) and will also include the Disability Date. This will tell the caseworker that the person was disabled prior to turning age 22. Next, look at the unearned income; there are indicators as to the type of income received, date the income was first received, the amount of the income, and the claim number, which is the Social Security number of the parent. This claim number has a “C” and a number following it. The caseworker will also see that the current pay status code is “N01” (Non-Pay – Recipients countable income exceeds Title XVI payment amount and his/hers payment standard). If all of these indicators are present, then the person is a DAC. A copy of the SOLQ printout shall be retained in the case record. Attached to this Medicaid Communication is an example of a DAC case for your reference.

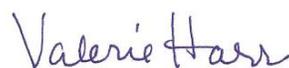
If the caseworker is not able to verify the DAC status, the applicant or legal representative may obtain documentation from the Social Security Administration indicating his/her status as a DAC. The applicant may be able to obtain this documentation through <http://www.ssa.gov/myaccount>. This website will guide the applicant in establishing an online account where they can download Social Security letters.

When determining eligibility for this population, the CWA is to disregard the dollar amount of the increase in child’s insurance benefits that have caused ineligibility for SSI. In cases when SSI benefits ceased because of the initial receipt of children’s insurance benefits, the full amount of that benefit shall be disregarded for Medicaid eligibility purposes. Any subsequent increase in the children’s insurance benefits shall also be disregarded, including Social Security cost-of-living increases. These cases shall be identified as Medicaid Only cases and coded accordingly.

This special eligibility consideration shall continue until the individual no longer qualifies as disabled or blind, or becomes ineligible for Medicaid because of other income or resources.

If you have any questions regarding this Medicaid Communication, please refer them to the Division’s Office of Eligibility Policy field service staff for your agency at 609-588-2556.

Sincerely,



Valerie Harr
Director

VH:s

c: Jennifer Velez, Commissioner
Department of Human Services

Dawn Apgar, Deputy Commissioner
Division of Developmental Disabilities

Lowell Arye, Deputy Commissioner
Aging and Community Services

Lynn Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services

Joseph Amoroso, Director
Division of Disability Services

Kathleen M. Mason, Director
Division of Aging Services

Jeanette Page-Hawkins, Director
Division of Family Development

Allison Blake, Commissioner
Department of Children and Families

Mary E. O'Dowd, Commissioner
Department of Health

NJ Department of Human Services

DOVE

User Name:

Social Security Administration

Search Criteria

SSN: 123-45-6789 **Last Name:** SMITH **First Name:** JOANNA **DOB:** 01/01/1981
Case #: 0920123456 **Person #:** 01

SSA VERIFICATION

Verification Code: V

Verification Information SSNs/DOB

Title II Status: Y **Record Type/Code:** 4

Title XVI Status: Y **Error Condition Code:**

SSA TITLE II INFORMATION:

SSN: 123-45-6789

Last Name: SMITH **First Name:** JOANNA **MI:** M

Date of Birth: 01/01/1981 **Sex:** F

Title II CAN/BIC: 987654321 C01 **State/County Code:** 31/230

Address: PHYLLIS SMITH FOR
JOANNA M SMITH
123 FAKE ST
BAYONNE NJ
07002-1533

Proof of Age Indicator: B **Medicare Indicator:**
Welfare Agency Code: 310 **Category of Assistance Code:** D
Person's Own SSN 123-45-6789

Initial Ent Date: 03/2012 **Current Date:** 03/2012 **Suspense Term Date:**
Disability Onset Date: 10/01/1999 **Date of Death:**
LAF Code: C **Net Monthly Benefit:** 1241.00 **Direct Deposit:** C

Payment History

Date:	Amount:	Type:
12/2012	1241.00	C
03/2012	1220.00	C

XREF Entitlement Num/BIC: XREF Entitlement Code:

Dual Entitlement Num/BIC:

Black Lung Code: Amount: 0.00 RR Indicator:

**Medicare part A Ind: Option: Start:
Stop: Premium: 0.00**

**Medicare part B Ind: Option: Start:
Stop: Premium: 0.00**

HI Buy Ind: Code: Start: Stop:

SMI Buy Ind: Code: Start: Stop:

SSI TITLE XVI INFORMATION:

SSN: 123-45-6789

Last Name: SMITH **First Name:** JOANNA **MI:** M

Other Name: **Date of Birth:** 01/01/1981 **Sex:** F **Marital Status:** SINGLE

Race: UNDETERMINED **Person's Own SSN:** 123-45-6789 **SSN Correction:**

Multiple SSN:

Mailing Address: PHYLL SMITH
123 FAKE ST
BAYONNE NJ
07002-1533

Residence Address:

Phone:

Recipient Type: DI **Rec Establish Date:** 10/18/1999 **Application Date:** 10/01/1999

Death Date: **Death Sourced Code:**

Disability Date: 10/01/1999 **Denial Date:** **Denial Code:**

UNEARNED INCOME:

TYPE:	VER:	START:	STOP:	AMOUNT:	FREQ:	CLAIM/ID NO:
A	2	01/2013		1241.00	C	987654321 C12

Payment Date: 03/01/2013
Current SSI Amount: 0.00 **Previous SSI Amount:** 0.00
Current State Amount: 0.00 **Previous State Amount:** 0.00

Current Pay Status Code: N01

Current Pay Eff Date: 09/2012 **Direct Deposit Ind:** C

Payment History:

DATE:	SSI AMT:	STATE AMOUNT:
09/01/2012	0.00	0.00
01/01/2012	698.00	31.25
06/01/2009	674.00	31.25
05/10/2009	250.00	0.00
01/01/2009	674.00	31.25
01/01/2008	637.00	31.25
01/01/2007	623.00	31.25
01/01/2006	603.00	31.25

Deemed Income Amt: 0.00 **Earned Income Net:** 0.00
Earned Income Wage: 0.00 **Earned Income Self Employ:** 0.00
Unearned Income Net: 1221.00

Rep Payee Ind: Y **Rep Payee Selection Date:** 04/27/2001 **Payee Code:** MTH
3rd Party Ins Ind: Y

Interim Reimbursement Code: **State/County Reimbursement:**
Curr Fed Liv Arr Code: A **State Liv Arr Code:** B
Curr State Cnty Jurisdiction Code: 31/230

Medical Elig Code: R **Medicaid Test Ind:**
Federal Elig Code: N **Conditional Payment:**
Mandatory Elig Code: N
Optional State Elig Code: N