



Medicaid Eligibility & DDD Frequently Asked Questions (FAQs)

1. Why do I need to have Medicaid in order to receive Division-funded services?

The Division's Eligibility Determination regulation, N.J.A.C. 10:46 (Division Circular #3) changed effective January 22, 2013. These regulatory changes – which require, among other things, that all individuals receiving services must become eligible for Medicaid - are necessary to ensure that the State can maximize the receipt of federal revenues. This important reform will enhance the available community supports for individuals with intellectual and other developmental disabilities throughout the state, resulting in meaningful system improvements for all.

2. If I am not currently receiving Medicaid, how soon do I need to become Medicaid eligible in order to receive Division-funded services?

Individuals who are new to the Division will be required to have Medicaid eligibility before they can begin receiving any services from the Division.

According to the regulations, individuals already receiving Division-funded services will have to become Medicaid eligible before receiving any new services and have 60 days from the date that the regulation went into effect to become Medicaid eligible in order to ensure the continuation of services.

As the regulations have recently gone into effect, and are expected to impact a large number of individuals who are already receiving Division-funded services, the Division is providing extensions to this deadline during this initial “clean-up” phase as outlined below.

3. How are individuals who are not Medicaid eligible and are already receiving services being notified?

The Division is currently reviewing all service recipients to identify those individuals who are not Medicaid eligible. Each identified individual has or will receive a letter from the Division explaining that he/she must become Medicaid eligible. This letter also includes fact sheets on where and how to apply for Medicaid.

4. What happens after March 23, 2013 if I am not a Medicaid recipient?

If an individual is working to obtain Medicaid eligibility, but is experiencing delays from the Division or State or County Medicaid offices, the Division will extend the deadline to allow the individual to complete the process. Individuals who are working through the Medicaid eligibility process and require this type of extension should keep the Division apprised of their progress through the Medicaid application process by contacting the Division's Helpdesk email at DDD.MediElighelpdesk@dhs.state.nj.us.

If an individual has been determined *ineligible* for Medicaid, the Division will be looking at the reason the individual is not eligible and making policy decisions about possible service extensions based upon these reasons. Anyone who has been found ineligible should fill out the Medicaid Eligibility Troubleshooting Form. No services will end without clear communication to the individual and notification of the right to appeal.

5. What if I have had an appointment with Medicaid and started the application process, but I am not determined eligible by March 23, 2013?

The individual or guardian must notify and update the Division regarding the status of their Medicaid application and where they are in the process. Individuals who are currently receiving residential,

day, or self-directed day services will be able to continue to receive these services through June 30, 2013 pending a determination of Medicaid eligibility. All ongoing family support services will also be continued through June 30, 2013. Continuation of a family support service after that time will be dependent on a regional review of the service and the status of an individual's Medicaid eligibility at the time of the review. These reviews will be completed during April – June 2013.

6. What if I do not want to receive Medicaid and choose not to complete the Medicaid application or provide the required documents to complete the determination?

Individuals who choose not to become Medicaid recipient will be ineligible to receive Division-funded services as of March 23, 2013 or at the time the case is identified. Please let us know if you wish to disenroll from Division-funded services by contacting the Division's Helpdesk email at DDD.MediElighelpdesk@dhs.state.nj.us.

7. What should I do if I receive a letter stating that I need to start receiving Medicaid?

Follow the directions to become Medicaid eligible as outlined in the letter. If you need further clarification or have questions, please contact your Division Regional Office and ask to speak with your Case Manager. Questions can also be directed to the Division through the Helpdesk email, DDD.MediElighelpdesk@dhs.state.nj.us or by calling 609-631-6505.

8. What if I received a letter but I am already a Medicaid recipient?

You may have received the letter in error. Please email your Medicaid number and effective date to DDD.MediElighelpdesk@dhs.state.nj.us or call 609-631-6505.

9. If I haven't already received a letter, does that mean I am eligible for Medicaid?

No. The Division is identifying individuals via the services they currently receive and mailing letters in phases. If you have not received a letter, that does not necessarily mean you are eligible for Medicaid or will not get a letter in the future. If you are not sure whether you are Medicaid eligible or not, please contact N.J. Medicaid at 800-356-1561.

10. I am turning 21 years old soon and will need Division-funded services. Do I need to become a Medicaid recipient?

Yes, anyone in need of Division-funded services must have Medicaid before they can receive any Division-funded service. Review the information on the Division's website regarding [Medicaid eligibility and the Supports Program](#) and follow the necessary steps to become Medicaid eligible. You can also contact your [DDD Regional Office](#) for assistance with this process.

11. What if I lost my Medicaid coverage due to a parent's retirement or death benefit?

You may be eligible for the Disabled Adult Child (DAC) status. You will need to apply for this designation through the Social Security Administration (SSA) and request a "*Benefit Award Letter for a person with a developmental disability receiving Social Security benefits as a Disabled Adult Child or Disabled Dependent Child for an individual who received SSI in the past.*" Refer to the [Disabled Adult Child \(DAC\) fact sheet](#) on the Division website for additional information.

12. What if I am not eligible for the DAC status because I receive my parent's Social Security Disability Insurance (SSDI) benefits, but never received my own Supplemental Security Income (SSI)?

The Division is aware of this issue and will be working with Medicaid to resolve it. In the meantime, there will be no interruption in services for individuals in this specific situation through at least June 30, 2013. However, individuals should ensure that other factors that may impact Medicaid eligibility (assets, income, etc.) are resolved during this time.

13. What if my assets are above the allowable Medicaid limit?

The allowable limit for assets/resources is different depending on how an individual applies for Medicaid. Additional information about the various Medicaid programs and the resource limits for these programs is available on the Division's [Medicaid eligibility](#) section of the

website. Individuals with substantial assets that exceed the Medicaid limits will need to pay privately for their services until they are able to obtain Medicaid eligibility. These individuals should begin to make arrangements with their providers to pay privately for their services. Individuals who are ineligible for Medicaid because their assets are above the allowable Medicaid limit should fill out the Division's "[Medicaid Eligibility Troubleshooting Form](#)" so the Division can continue to track these issues, make appropriate decisions, and communicate with individuals regarding any impact to their services. Individuals may also want to consult an attorney or financial planner to discuss various options, such as Special Needs Trusts. Any individuals who are in this category who are also in a Division-funded residential setting should make payment toward the lien that the Division takes out on residential consumers. If you are in this category, please send an email to: DDD.C2Cmailbox@dhs.state.nj.us and you will receive additional information about the lien and the way it can be paid back.

14. What if my income is above the allowable Medicaid limit?

The allowable limit for income is different depending on how an individual applies for Medicaid. Additional information about the various Medicaid programs and the income limits for these programs is available on the Division's [Medicaid eligibility](#) section of the website. Individuals with monthly income that substantially exceeds the Medicaid limits will need to pay privately for their services until they are able to obtain Medicaid eligibility. These individuals should begin to make arrangements with their providers to pay privately for their services. Individuals who are ineligible for Medicaid because their income is above the allowable Medicaid limit should fill out the Division's "Medicaid Eligibility Troubleshooting Form" so the Division can continue to track these issues, make appropriate decisions, and communicate with individuals regarding any impact to their services. As discussed previously, some individuals whose income exceeds the allowable limits may qualify for DAC status (See FAQ #s 11 & 12).

15. Can I apply for Medicaid if I also have private insurance?

Yes, Medicaid would be the payer of last resort and is still needed in order to receive Division-funded services.

16. What if I am receiving services under the Self Determination program and am not currently Medicaid eligible?

The Division is working with individuals and their family members who are currently participating in Self-Determination. If you have not already, you will be contacted by someone from the Division of Disability Services (DDS) who will assist you through the Medicaid process.

17. Will my family support services end if I am not receiving Medicaid?

Continuation of all Division-funded services is contingent upon having Medicaid coverage. However, due to the high volume of work associated with ensuring that all individuals currently in Division-funded services are Medicaid eligible, ongoing family support services will be automatically continued through June 30, 2013. In order to receive a family support service after June 30, 2013, an individual will have to be Medicaid eligible. Renewal of all ongoing family support services are dependent on a regional review of the service and the status of an individual's Medicaid eligibility at the time of the review. These reviews will be completed during April – June 2013.

18. I read that I need to show a personal identification card as part of the Medicaid application process. Where can I obtain one?

Along with traditional forms of personal identification (U.S. Passport, New Jersey Driver's License, etc.) it is also possible to obtain a Non-driver identification card from the Motor Vehicle Commission. Be prepared to bring other forms of identification (proof of residency, etc.) and pay any applicable service fee. To get more information about these forms of identification please view the listed website: <http://www.state.nj.us/mvc/Licenses/NonDriverID.htm>.