

Medicaid Disability Determinations at Age 18

If you or your loved one has a developmental disability, is not receiving Supplemental Security Income (SSI), and has a Medicaid Waiver prior to age 18, then there will need to be a “disability determination” done before the 18th birthday to ensure there is no lapse in Medicaid Waiver services as the move from childhood to adult Medicaid occurs.

Is this New?

Historically, this process occurred at age 19 and was managed as people with Medicaid turned 18 and applied for Social Security benefits. However, a new Medicaid Transmittal in 2019 states that anyone with Long Term Care (i.e., Waiver) Medicaid must have a referral to Disability Determination Services (DDS) specifically for Medicaid eligibility purposes prior to their 18th birthday. The requirement is not new, but the referral process is new and is aimed at preventing any interruption in Waiver services.

What is a Medicaid Disability Determination?

A Medicaid disability determination is the name for the process through which DDS and the local Department of Social Services (DSS) determines if someone can be eligible for Medicaid as an adult with a disability. This process is not required for children receiving SSI.

How Do I Start the Process?

If you have Medicaid through a Medicaid Waiver prior to your 18th birthday, your eligibility worker at the Department of Social Services where you live should send you forms in the mail at least **90 days prior to your birthday** that you must complete and return within 10 calendar days. If you do not hear from your eligibility worker by 90 days prior to your 18th birthday, contact them directly.

The forms and instructions you should receive are:

1. The Disability Report- Adult (SSA-3368-BK), available at <https://www.ssa.gov/forms/ssa-3368-bk.pdf>
2. A signed, original Authorization to Disclose Information to the Social Security Administration forms (SSA-827), available at <http://www.socialsecurity.gov/online/ssa-827.pdf>
3. Return the forms. Notify the physicians you listed on the Disability Report- Adult that they may be contacted to confirm your disability status.

Relationship to Social Security Benefits

As you see in the links on the page before, the forms that must be filled out and submitted for the Medicaid disability determination are the same forms needed to apply for Social Security benefits AFTER the 18th birthday of the person with a disability. When you complete the forms for the disability determination, keep a copy and then just update and re-use them after the 18th birthday to apply for Social Security benefits.

Social Security will still require you to apply and go through a determination with them after an application is submitted. During that time, the determination made by Medicaid will rule. After Social Security's determination, their decision will dictate future eligibility. For a handout on Social Security applications, visit <https://thearcofnova.org/programs-services/library/#social-security>

What if I Need Help?

If you are in need of assistance with this process, you can ask for help. Here are some people who may be able to assist you.

1. Your Community Services Board Support Coordinator (if you have a DD Waiver)
2. Your CCC Plus Care Advocate (if you have Medicaid CCC Plus Managed Care)
3. Your local DSS Regional Consultant
 - a. Your DSS eligibility worker who always processes your Medicaid applications and renewals
 - b. Donald McBride in Northern Virginia, Donald.mcbride@dss.virginia.gov, 540 347-6326
 - c. DSS Regional Consultant Supervisor, Sherry Sinkler-Crawley, Sherry.Sinkler-Crawley@dss.virginia.gov, 804-726-7660