New Mexico Human Services Department

Bill Richardson, Governor
Pamela S. Hyde, J.D., Secretary

Medical Assistance Division
PO Box 2348
Santa Fe, NM 87504-2348
Phone: (505) 827-3103

INTERDEPARTMENTAL MEMORANDUM
MAD-GI: 06-07
DATE: January 26, 2007

TO: ISD AND MAD STAFF

FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION
FREDRICK SANDOVAL, DIRECTOR, INCOME SUPPORT DIVISION

THROUGH: ROBERT D. BEARDSLEY, BUREAU CHIEF, CLIENT SERVICES BUREAU
REBECCA H. SCHWARZ, ADM/OPS MGR., CLIENT SERVICES BUREAU

BY: ABRAN GALLEGOS, CLIENT SERVICES BUREAU

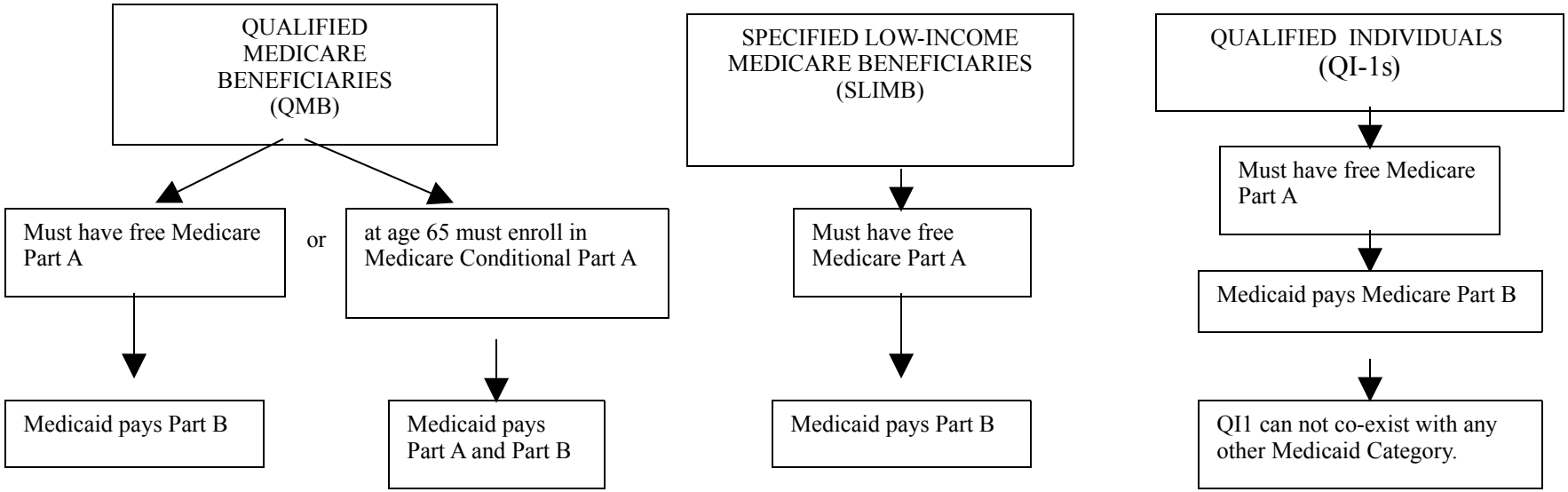
SUBJECT: DESK TOP POLICY & PROCEDURE GUIDELINES FOR THE MEDICARE SAVING PROGRAMS & MEDICAID EXTENSION

The Medical Assistance Division receives numerous inquiries regarding Medicare Savings Programs policies and state Buy-In of Medicare premiums. The attached information is being issued as desk references for easy and quick procedures and problem solving for ISD workers.

In the near future, MAD will provide these references and others, in protective sheet covers in a desk top handbook format. When this is done, we urge all ISD workers to use the handbook as a training tool for the Medicare Savings Programs.

Please address questions regarding this information to Jill Bowles at (505) 476-6824.

Attachments



If an individual is eligible for the ICM, Waiver, or WDI categories, and his/her income is less than the QMB/SLIMB standards, it is advantageous for HSD if the individual has dual eligibility with QMB/SLIMB. With dual eligibility, HSD receives the Federal match 3 to 1 of the State money for payment of Medicare Parts A and B.

For an individual who qualifies for the ICM, Waiver, or WDI categories and whose income is more than the QMB/SLIMB standards, the payment of the Medicare premium Part B is paid with all state funds.

Medicare
Part A = Hospital Insurance
Part B = Medical Insurance

If individuals receive Medicare **and** Social Security or Rail Road Retirement, and are also on SSI/Medicaid, dual eligibility with QMB/SLIMB is ***not*** necessary.

If individuals 65 and over are **not** eligible for Social Security, Rail Road Retirement or Medicare Part A and are receiving SSI/Medicaid, they may enroll in Medicare "Conditional Part-A". Once enrolled in "Conditional Part-A", they can apply for QMB. This group of SSI individuals **should be** dually eligible with QMB if they meet all other eligibility requirements. The SDX will show their Medicare claim number ends with M.

Created by Medical Assistance Division
Updated: 11/06

APPLICATIONS

For Categories 040, 045 and 043, individuals can use the MAD 327 – Medicaid Application for QMB, SLIMB, QI1, and WDI.

Some individuals apply for Food Stamp benefits by completing the ISD 100 Application for Assistance. An eligibility determination for Categories 040, 045, and 043 can be made with information on the ISD 100.

Qualified Medicare Beneficiaries (QMB) Category 040

Approval of a QMB Category 040 entitles an individual for New Mexico Medicaid to pay for Medicare premiums, deductibles and coinsurances for Medicare covered services only. Vision and dental services are not covered.

- The individual must have Medicare Part A.
- If the individual has Medicare Part B, approval of the QMB case starts the process for New Mexico Medicaid to pay for the Part B premium (This is referred to as the State Buy-In).
- Pursuant to policy, an individual does not need to be enrolled in Medicare Part B to be eligible for QMB. So Medicaid will not pay for the Part B premium (unless the individual enrolls for Part B with the SSA during the open enrollment period).
- If an individual does not have Medicare Part B, Medicaid will pay co-insurances and deductibles on Part A services only.

Approximately three months after QMB approval, the Buy-In will become effective. This is because of the time it takes for data exchange between HSD and Centers for Medicare and Medicaid Services (CMS/SSA) Social Security Administration. SSA will send individuals a refund check for the retroactive months of Buy-In.

Registering a QMB Case on ISD2

- Register a QMB case only.
- If ISD2 denies QMB due to excess income, re-register the QMB and in function A, change the category to SLIMB, Category 045. This prevents having to re-enter all the eligibility information for the Category 045.
- Check the SDX for (SSI) eligibility. If the applicant has SSI eligibility and the Medicare claim does not reflect a suffix "M", a Category 040 is not needed. The client is automatically eligible for Buy-In.*
- Verify that the applicant's name on the Medicare and Social Security cards match. (The Medicare card is not an eligibility requirement.) To assure correct and timely implementation of the Buy-In, the name and claim number on an applicant's Medicare card are the correct ones.
- If the names do not match on both the Medicare and Social Security cards, the applicant needs to contact the SSA office and select one name for both IDs and provide the name to the ISD worker.
- A case should always only have one member on the MACL screen.
- If the client has a spouse, note the spouse on the MADM screen **only**, as Type of Deemer 1.
- On the UEI1 screen, the client's Social Security or Railroad Retirement benefit amount should be in the OASDI field, and the Medicare Claim Number should be noted in the Claim Number field.
- The same Medicare Claim Number on the UEI1 screen should be on the FMM1 screen, and the proper code on the Part A Status field should be noted (refer to PF2 screen).
- When State Buy-In becomes effective, a STT 1161 with an effective date will appear on the FMM1 screen as an initial accretion. During a PR, check for STT code 41, which is a continuous buy-in code.
- Pursuant to policy, eligibility begins the month after the month the case is approved. There is no retroactive coverage for QMB.

When State Buy-In Does Not Yet Appear Effective

If clients call after three months and advise that their Social Security or Railroad benefit still reflects the deduction of the Part B premium amount, review ISD2 and the case record as follows:

- Verify information on the FMM1 screen.
- If a 2161 appears in the STT field, it also generates action item code 288 on the ACTI screen to correct Medicare Claim Number, Name, Sex or Date of Birth fields.
- Refer to code descriptions on F2 screen.
- Make changes on ISD2 as necessary to reflect correct information.
- Submit a MAD061 to MAD with correct information. MAD will process a manual submission to correct the client's data as noted by the worker.

Questions/Answers

Q. How do I handle a QMB case when the FMM1 screen on ISD2 shows a 1751 terminate code/state initiated, case closed?

A. If a worker has manually closed the case for failure to recertify, returned mail, or other reason, other than death, HSD sends the Buy-In termination of Medicare Part B to the Centers for Medicare and Medicaid Services. When the worker recertifies and reinstates the case, it does not automatically reactivate the buy-in. That is why the 1751 code appears. When a worker recertifies/reinstates a case, a MAD 061 also needs to be sent to the Medical Assistance Division.

Q. A QMB case was closed in error and subsequently reinstated. What needs to be done to prevent SSA from deducting the Medicare premium from the client's Social Security check? If this is not possible, how can we make sure the state starts paying the premium as soon as possible?

A. Once the case closed the state will terminate paying the Medicare Part B premium. When MAD staff works the monthly Buy-In report, if they note a closure for a client who is currently active on ISD2, they change the closure code to ongoing status. If the closure and the reinstatement occur just days apart, often times the ongoing status code overrides the closure code. However, it is always advisable to send the MAD061 to MAD when the case is reinstated.

Q. How do I handle an inquiry from a client for whom I approved a QMB case who advised that his/her Social Security benefit still reflects the deduction of the Part B premium?

A. Review the client case record and ISD2, especially if ISD2 shows a reject code of 2161 on the FMM1. This is an indication that it is a mismatched record. Verify the Medicare Claim Number, name, date of birth, and sex. The name on ISD2 should match the name on the Medicare card for Buy-In purposes. Correct ISD2 and submit a MAD061 to MAD.

Q. How far in advance can an individual apply for QMB prior to her/his Medicare effective date?

A. An individual should apply in the month before the Medicare effective month. This is to comport with QMB Policy 8.240.400.9 "to be eligible for QMB, an applicant/recipient must be covered by Medicare Part A" and Policy 623 "Eligibility begins the month after the month the case is approved." And, if an individual applies too early prior to their Medicare becoming effective, the caseworker has to keep the case pending and/or deny due to no Medicare.

Q. A QMB case was approved several months ago, and the client advised that the SSA is still deducting the Medicare Part B premium from her benefit check. ISD2 FMM1 screen shows Status code 41 (ON-GOING ITEM CODE/STATE RESPONSIBILITY)

	- - B U Y I N D A T A - - -		
STT	EFF MMYY	PREMIUM AMOUNT	MEDICARE NUMBER
41	1205	88.50	123456789A

A. With a benefit eff date of 1205, we cannot determine if the client was on Buy-In and then terminated. Because the FMM1 screen shows that the state is paying the premium, the problem appears to exist between SSA and CMS (Centers for Medicare and Medicaid Services). When this type of problem is encountered, submit a MAD 061 to the Medical Assistance Division

Q. A QMB case is approved, and the client advises that the SSA is not deducting an amount for the Medicare Part B premium. How does this happen?

A. Sometimes individuals lose NM Medicaid eligibility under a Medicare Savings category and the state does not stop paying the Medicare Part B premium due to glitches in the data exchange among HSD, CMS and SSA. Other times, the client moved from one state to another, and the state where the client has eligibility for a Medicare Savings program prior to the move, is still paying the premium, even though the SSA shows the current state of residence.

* If an individual receives SSA/SSI and the state has not begun to pay for the Medicare Part B premium, workers need to send a MAD 061 to the Medical Assistance Division.

QMB Policy/Procedures 12/2006

Qualified Medicare Beneficiaries (QMB)
Category 040
Conditional Part A

The only time that ISD should register a QMB case for an SSI recipient is when the recipient **reaches the age of 65 and does not have Medicare Part A.** Some non-SSI recipients, who reach the age of 65 and receive other federal benefits, such as VA or Civil Service, do not have Medicare Part A. Individuals who do not have Medicare Part A can apply for "Conditional Part A-QMB". Under this entitlement, New Mexico Medicaid will pay both Medicare Part A and B premiums and deductibles and coinsurances for Medicare covered services only. Payment of the Medicare Part A and B premiums is referred to as the State Buy-In.

Approximately three months after a Conditional Part A-QMB approval, the Buy-In will become effective. This is because of the time it takes for data exchange between HSD and Centers for Medicare and Medicaid Services (CMS/SSA) Social Security Administration. SSA will send individuals a refund check for the retroactive months of Buy-In for Part B only.

Registering a QMB Conditional Part A Case on ISD2

- A Conditional Part A is identified by the suffix "M" following the Medicare Claim Number.
- The "M" is verified on the SDX and the applicant's Medicare card.
- Verify that the applicant's name on the Medicare and Social Security cards match. (The Medicare card is not an eligibility requirement.) To assure correct and timely implementation of the Buy-In, the name and claim number on an applicant's Medicare card are the correct ones.)
- If the names do not match on both the Medicare and Social Security cards, the applicant needs to contact the SSA office and select one name for both IDs and provide the name to the ISD worker.
- A case should always only have one member on the MACL screen.
- If the client has a spouse, note the spouse on the MADM screen **only**, as Type of Deemer 1.
- On the UEI1 screen, enter the client's SSI, VA or Civil Service benefit amount and enter the Medicare Claim Number in the Claim Number field.
- The same Medicare Claim Number on the UEI1 screen should be on the FMM1 screen, and the code on the Part A Status field should be noted as "2" (refer to PF2 screen).
- When State Buy-In becomes effective **for Part B**, a STT 1161 with an effective date will appear on the FMM1 screen. During a PR, check for STT code 41, which is a continuous buy-in code. There is no information on ISD2 to verify Buy-In of Part A.
- Pursuant to policy, eligibility begins the month after the month the case is approved. There is no retroactive coverage for Conditional Part A-QMB).

When State Buy-In Does Not Yet Appear Effective

If clients call after three months and advise that their SSI benefits still reflect the deduction of the Part B premium amount, review ISD2 and case record as follows:

- Verify information on the FMM1 screen.
- If a 2161 appears in the STT field, it also generates action item code 288 on the ACTI screen to correct Medicare Claim Number, Name, Sex or Date of Birth.
- Refer to code descriptions on F2 screen.
- Make changes on ISD2 as necessary to reflect correct information.
- Submit a MAD061 to MAD with the correct information. MAD will process a manual submission to correct the client's data as noted by the worker.

Questions/Answers

Q. When individuals have SSI eligibility on the SDX, does a QMB case need to be registered on ISD2?

A. If individuals receive Social Security or Railroad Retirement and are on SSI/Medicaid, QMB eligibility is not necessary. The state should automatically pick up the buy-in of the Medicare Part B premium. If an individual receives SSA/SSI and the state has not begun to pay for the Medicare Part B premium, workers need to send a MAD 061 to the Medical Assistance Division.

The only time that ISD should register a QMB case for an SSI recipient is when the recipient does not have Medicare Part "A". The application is for "Conditional Part A-QMB". Under this eligibility, the state will pay both Medicare Part A and B premiums.

Q. An individual is receiving SSI and is only eligible for Part B. Does the client need eligibility under a QMB for her prescriptions?

A. The individual needs to be considered for Conditional Part A under QMB and noted accordingly on the FMM1 screen. Under Conditional Part A, the state will pay both Medicare Part A and Part B premiums. The individual is eligible for Medicare Part D (prescription) if he/she has either Part A or B or both.

QMB Policy/Procedures – Conditional Part A 12/2006

SPECIFIED LOW INCOME MEDICARE BENEFICIARIES/QUALIFIED INDIVIDUALS 1 Category 045

Approval of a SLIMB/QI1 Category 045 entitles individuals for New Mexico Medicaid to pay for their Medicare Part B premium only.

- If individuals do not have Medicare Part B, they must enroll with the Social Security Administration during the open-enrollment period before New Mexico can start paying.
- The individual must have free Medicare Part A.
- Approval of SLIMB/QI1starts the process for New Mexico Medicaid to pay for the Part B premium (This is referred to as the State Buy-In).

Approximately three months after SLIMB/QI1, the Buy-In will become effective. This is because of the time it takes for data exchange between HSD and Centers for Medicare and Medicaid Services (CMS/SSA) Social Security Administration. SSA will send individuals a refund check for the retroactive months of Buy-In.

Registering a SLIMB/QI1 Case on ISD2

- Always register a QMB case first.
- If ISD2 denies QMB due to excess income, re-register the QMB and in function A, change the category to SLIMB, Category 045. This prevents having to re-enter all the eligibility information for the Category 045.
- Verify that the applicant's name on the Medicare and Social Security cards match. (The Medicare card is not an eligibility requirement.) To assure correct and timely implementation of the Buy-In, the name and claim number on an applicant's Medicare card are the correct ones.
- If the names do not match on both the Medicare and Social Security cards, the applicant needs to contact the SSA office and select one name for both IDs and provide the name to the ISD worker.
- A case should always only have one member on the MACL screen.
- If the client has a spouse, note the spouse on the MADM screen **only**, as Type of Deemer 1.
- On the UEI1 screen, the client's Social Security or Railroad Retirement benefit amount should be in the OASDI field, and the Medicare Claim Number should be noted in the Claim Number field.
- The same Medicare Claim Number on the UEI1 screen should be on the FMM1 screen, and the proper code on the Part A Status field should be noted (refer to PF2 screen).
- If an applicant's countable income exceeds the standard for SLIMB, ISD2 automatically determines eligibility for QI1.
- QI1 cannot co-exist with any other Medicaid categories, pursuant to policy.
- If an individual has any other active category, and the worker registers a SLIMB, but ISD2 determines the individual eligible for QI1 because of the income, the worker must manually deny the QI1 during the G function.
- When State Buy-In becomes effective, a STT 1161 with an effective date will appear on the FMM1 screen as an initial accretion. During a PR, check for STT code 41, which is a continuous buy-in code.
- Pursuant to policy, eligibility begins the month the case is approved. Up to three months of retroactive eligibility can be furnished.

When State Buy-In Does Not Yet Appear Effective

If clients call after three months and advise that their Social Security or Railroad benefit still reflects the deduction of the Part B premium amount, review ISD2 and the case record as follows:

- Verify information on the FMM1 screen.
- If a 2161 appears in the STT field, it also generates action item code 288 on the ACTI screen to correct Medicare Claim Number, Name, Sex or Date of Birth fields.
- Refer to code descriptions on F2 screen.
- Make changes on ISD2 as necessary to reflect correct information.

- Submit a MAD061 to MAD with correct information. MAD will process a manual submission to correct the client's data as noted by the worker.

Questions/Answers

Q. How do I handle a SLIMB/QI1 case when the FMM1 screen on ISD2 shows a 1751 terminate code/state initiated, case closed?

A. If a worker has manually closed the case for failure to recertify, returned mail, or other reason, other than death, HSD sends in Buy-In termination of the Medicare Part B to the Centers for Medicare and Medicaid Services. When the worker recertifies and reinstates the case, it does not automatically reactivate the buy-in. That is why the 1751 code appears. When a worker recertifies/reinstates a case, a MAD 061 also needs to be sent to the Medical Assistance Division.

Q. A SLIMB/QI1 case was closed in error and subsequently reinstated. What needs to be done to prevent SSA from deducting the Medicare premium from the client's SS check? If this is not possible, how can we make sure the state starts paying the premium as soon as possible?

A. Once the case closed the state will terminate paying the Medicare Part B premium. When MAD staff works the monthly Buy-In report, if they note a closure for a client who is currently active on ISD2, they change the closure code to ongoing status. If the closure and the reinstatement occur just days apart, often times the ongoing status code overrides the closure code. However, it is always advisable to send the MAD061 to MAD when the case is reinstated.

Q. How do I handle an inquiry from a client for whom I approved a SLIMB case who advised that his/her Social Security benefit still reflects the deduction of the Part B premium?

A. Review the client case record and ISD2, especially if ISD2 shows a reject code of 2161 on the FMM1. This is an indication that it is a mismatched record. Verify the Medicare Claim Number, name, date of birth, and sex. The name on ISD2 should match the name on the Medicare card for Buy-In purposes. Correct ISD2 and submit a MAD061 to MAD.

Q. A Current SLIMB case has been active for several years. During a recent recertification, a worker determined that the client was eligible for QMB. The client advised that enormous medical bills for deductibles and co-pays had been paid out-of-pocket. Can ISD approve the 040 retrospectively as agency error?

A. It is highly unlikely that providers are willing to reimburse the client for out-of-pocket expenses. Providers have to do this before they can submit retrospective claims. Providers do not like to chance denial on retrospective claims. And, there is a two year filing limit for this late billing. Another problem is that QMB cannot be approved retroactively on ISD2, pursuant to policy. The entire process would be a manual one.

To avoid this for future cases, it is advisable to register the Category 040 only. If the 040 denies, re-register a 040 and in Function A, change to Category 045.

Q. A SLIMB/QI1 case was approved several months ago, and the client advised that the SSA is still deducting the Medicare Part B premium from her benefit check. ISD2 FMM1 screen shows Status code 41 (ON-GOING ITEM CODE/STATE RESPONSIBILITY)

	- - B U Y I N D A T A - - -		
STT	EFF MMYY	PREMIUM AMOUNT	MEDICARE NUMBER
41	1205	88.50	123456789A

A. With a benefit eff date of 1205, we cannot determine if the client was on Buy-In and then terminated. Because the FMM1 screen shows that the state is paying the premium, the problem appears to exist between SSA and CMS (Centers for Medicare and Medicaid Services). When this type of problem is encountered, submit a MAD 061 to the Medical Assistance Division.

Q. A SLIMB/QI1 case is approved, and the client advises that the SSA is not deducting an amount for the Medicare Part B premium. How does this happen?

A. Sometimes individuals lose NM Medicaid eligibility under a Medicare Savings category and the state does not stop paying the Medicare Part B premium due to glitches in the data exchange among HSD, CMS and SSA. Other times, the client moved from one state to another, and the state where the client has eligibility for a Medicare Savings program prior to the move, is still paying the premium, even though the SSA shows the current state of residence.

SLIMB-QI1 Policy/Procedures 12/2006

Working Disabled Individuals (WDI)
Category 043

The Working Disabled Individuals (WDI) program provides full Medicaid benefits to two groups of individuals.

1. Individuals who lose Supplemental Security Income (SSI) due to the initial receipt of Social Security Disability Insurance (SSDI) and within the 24 month waiting period before Medicare entitlement.
    - These individuals are referred to as **Medigap**.
2. Individuals with a disability, meet the Social Security Administration's (SSA) disability criteria, are employed, and meet SSA's qualifying quarter definition.
    - These individuals are referred to as the **Working Disabled**.

Medigap Group

- When individuals lose SSI due to initial receipt of SSDI, the Social Security Administration (SSA) sends them a letter.
- When the SSA notifies HSD of these individual's loss of SSI, the Medical Assistance Division sends the Medicaid Termination for SSI Recipients (MAD 324) advising them to apply for other Medicaid programs.
- These individuals have already been determined disabled by the SSA. The disability determination entitles them to SSDI. The SSA is responsible for future PRs regarding the disability.
- **These individuals do not have Medicare yet.** If they have Medicare, they do not qualify as a **Medigap**.
- When these individuals start receiving Medicare, they are no longer eligible as a **Medigap**.

Registering a Medigap on ISD2

- If the applicant has letters from SSA and MAD advising of the SSI loss, verify the reason for loss of SSI.
- Verify the SSI termination on the SDX.
- If applicant lost SSI due to initial receipt of SSDI, the SDX should not reflect a Medicare Claim Number.
- The receipt of SSDI must be due to the applicant's own disability and work history.
- Code the Type field with a "G" on the MACL; this identifies the Medigap group.
- A category 043 should always only have one member on the MACL.
- If the applicant has a spouse, list the spouse on the MADM screen **only**, as Type of Deemer 1.
- Code the Employment Indicator field with a "G" on the MAMS screen; this also identifies the Medigap group.
- Code the DIS1 Disability Data fields and the DIS2 SSI Stat field as appropriate.
- Retroactive eligibility is available for three months prior to the month of application. Code the eligible retroactive months on the FMM3 with the value 1.
- If the individual starts receiving Medicare prior to the 12 month recertification period, the worker should reassess the case to determine if the individual is working. **If the individual is not working**, close the case, because the individual does not meet program policy requirements as a Medigap.
- **If the individual is working**, eligibility can continue under Category 043 as a Working Individual.

Working Disabled Group

- This group receives earnings from employment, and may be receiving Social Security or Social Security Disability Insurance (SSDI) benefits.
- This group needs to meet the SSA's disability criteria without regard to substantial gainful activity (SGA). This decision is made by the Disability Determination Unit (DDU).
- If an individual is receiving SSDI, a disability determination has already been made.
- If a disability determination has not been made:
    - The applicant must provide all current/relevant medical records, lab results, etc. from all necessary medical providers to ISD.
    - The worker should ask applicant to sign three blank Authorization to Release or Obtain Health Information (MAD 093s). This will allow DDU to request/obtain additional records, if necessary.

- After the applicant provides all medical records to ISD, the worker completes the Disability Determination Services Request (MAD 299) and sends it with the signed blank MAD 093s, and all the medical records to:

  NM Division of Vocational Rehabilitation
  Attn: Medicaid Adjudication Program
  435 St. Michael's Drive, Suite D
  Santa Fe, NM 87505

  - ***It is very important to complete the MAD 299 per instructions on the back of the form. This ensures a timely disability determination.***
- Once the DDU receives **all** necessary information, a determination must be made within ten business days.
- The DDU will return the MAD 299 with the determination to the respective ISD Field Office. If the determination is in favor of the applicant, continue the eligibility process.
- If determined disabled, the DDU will note the date for a follow up disability determination. The worker will have to submit a new MAD 299 and current relevant medical records on that date.
- The applicant must also meet policy's qualifying quarter eligibility factor, as outlined in policy. (This amount changes in January of each year).
- If the applicant is self-employed, enter business related expenses on the EI1 screen.
- Code the Type field with a "W" on the MACL; this identifies the working disabled group.
- A Category 043 should always only have one member on the MACL.
- If the individual has a spouse, list the spouse on the MADM screen **only**, as Type of Deemer 1.
- Code the Employment Indicator field with a "W" on the MAMS screen; this also identifies the working disabled group.
- Code the MAMS field if the individual has "work related expenses".
- Code the DIS1 Disability Data fields and the DIS2 SSI Stat field as appropriate.
- Retroactive eligibility is available for three months prior to the month application. . Code the eligible retroactive months on the FMM3 with the value 1.
- The working disabled can be enrolled in Medicare, and eligibility under Category 043 entitles them to State Buy-In of the Part B premium.

Important:
If an individual is not eligible for Category 043 as a Medigap or Working Individual, code an "N" on the MAMS screen Employment Indicator field. This will prompt ISD2 to issue a Notice of Denial.

If an individual is not eligible for Category 043 as a Medigap, because of being enrolled in Medicare, and not eligible as a Working Disabled because of non-employment, register the individual for QMB, SLIMB/QI1.

The Department partners with the NM Division of Vocational Rehabilitation (DVR) for a variety of services to disabled individuals, such as benefit planning/advisement and employment assistance. Applicants/recipients can call DVR at 1-800-318-1469 for assistance.

The WDI program is required to provide a Personal Care Option (PCO) to all recipients. Applicants/recipients can call 1-866-363-3310 to inquire/apply for PCO services, such as transportation, meal preparation, personal hygiene, and other services that are particularly beneficial to individuals with disabilities and interested in returning to the workforce.

WDI Policy/Procedures 12/2006

Disabled Adult Child (DAC)

- Individuals who lose SSI as a result of entitlement to or receipt of an increase in Title II (Social Security) benefits from a parent are eligible for Medicaid Extension (COE 003 or 004 on ISD2).
- A DAC's Title II benefits are awarded from the account(s) of the individual's parent(s).
- The suffix "C" and a number following the Medicare claim number identifies a DAC, i.e., C1, C2.
- The Social Security Administration identifies the DAC systematically and notifies the Department.
- The Medical Assistance Division sends ISD offices a letter with the report of the weekly DAC cases.
- Pursuant to policy 8.201.400.10 C., Title II DAC benefit is disregarded in determining eligibility.

Registering a DAC on ISD2

- Approve the case effective the month after the SSI termination, as verified on the SDX.
- The OASDI field on ISD2's UEI1 screen should not reflect the individual's income.
- The case can show a verification remark to note the disregarded income for Medicaid Extension eligibility.
- If the individual qualifies for the Food Stamp program, the UEI1 screen should reflect the Title II benefit for the FS allotment, coded FS only.

Additional information provided in MAD-GI 05-03.

DAC Policy/Procedures 12/2006