

SSI RETROACTIVE MEDICAID**H-700****H-710 GENERAL INFORMATION**

Applicants for SSI are asked at SSI application if they have unpaid medical bills incurred during the three months prior to the month of application. The response is indicated on the computer notice for both SSI certifications and rejections by "Y" (yes) and "N" (no).

Explore SSI Retroactive Medicaid for those applicants who indicate unpaid medical bills ("Y" indicator), whether the SSI application is approved or denied.

Determine SSI Retroactive Medicaid by using SSI requirements for SSI payment, including the categorical requirements of age, disability or blindness. Refer to E-0000, Category *. ***Eligibility is established if it is determined that the individual would have received an SSI benefit if he/she applied, i.e. consider the individual an SSI enrollee.*** If the applicant/beneficiary is not eligible for SSI ***in the retroactive period***, explore current eligibility in all other Medicaid programs.

H-711 NOTIFICATION OF APPLICANTS/ENROLLEES FOR SSI**SSI Approvals**

Upon receipt of the computer notice of SSI certification with a "Y" indicator, notify the individual of his current Medicaid eligibility and of his right to apply for Medicaid coverage for the three months prior to the month of SSI application.

SSI Denials

**** Information Services** notifies SSI applicants by Form SSD 523RD of their right to apply for Retroactive Medicaid benefits for the three months prior to SSI application.

H-712 APPLICATION FOR RETROACTIVE COVERAGE

The individual has ** **90** days from the date of the notice to apply for retroactive coverage.

Use the appropriate application form to obtain information.

H-713 RETROACTIVE CERTIFICATION

If the individual was eligible in the retroactive period, certify on **MEDS**.

If the SSI enrollee is eligible for retroactive coverage, make the appropriate changes to ** **start date** on ** **MEDS** to indicate the retroactive coverage.

If the SSI enrollee is eligible for only one or two of the three months, and is not eligible for the month immediately preceding the first month of regular Medicaid coverage, follow the instructions for certification for a prior period.

Example:

The individual applied for SSI in June, and was certified for SSI and Medicaid effective June. He had unpaid medical bills incurred in April. He met all eligibility requirements for March and April, but he is not income eligible for May. Certify for March and April using prior period procedure, rather than by changing the ** **start** date on ** **MEDS**. Consider MNP for May.

H-714 DENIAL FOR SSI BECAUSE OF DISABILITY

If SSA denied an application because SSI disability was not met, explore the possibility that disability existed for the year immediately preceding the SSI application date. Refer to Z-0000, Charts.

H-714 **Continued**

- If the applicant states that he was disabled continuously throughout the 12 months prior to SSI application, submit **** *an MEDT package*** for a disability decision for the three month period of potential retroactive eligibility.
- If the applicant states that he was not disabled during this one-year period, reject the application for retroactive coverage because disability is not met.

H-715 **INCOME REJECTIONS**

Explore retroactive eligibility in MNP for an individual who was not eligible for SSI Retroactive Medicaid because of income.

H-716 **RESERVED**

H-721 ELIGIBILITY DETERMINATION PROCESS

Determine eligibility for each month in the retroactive period by applying the following criteria. The elements have been listed in the most logical order, but work on all steps simultaneously.

H-721.1 Determine Assistance/Benefit Unit

The assistance/benefit unit consists of the applicant/*enrollee*.

H-721.2 Establish Categorical Requirement

Verify that the applicant/*enrollee* was:

- aged,
- blind, or
- disabled.

Refer to E-0000, Category.

H-721.3 Establish Non-Financial Eligibility

Verify eligibility for the applicant/*enrollee* with regard to the following factors:

- | | |
|------------------------------------|--------|
| • Assignment of Third Party Rights | I-200 |
| • Citizenship/Alien Status | I-300 |
| • Enumeration | I-600 |
| • Residence | I-1900 |

H-721.4 Establish Need**A. Determine Composition of the Income/Resource Unit**

The income/resource unit consists of the:

- applicant/*enrollee*,
- applicant/*enrollee* and ineligible spouse living in the home,
- minor applicant/*enrollee* and his ***legal or natural*** parent(s) living in the home, or
- applicants/*enrollees* who are a couple.

NOTE: Do not deem stepparent income to a child.

B. Determine Need/Countable Resources

Determine total countable resources of the members of the income/resource unit including resources deemed from the parents of a minor applicant/*enrollee*. Refer to I-1630, Need - SSI-Related Resources and I-1420, Need - Deeming.

Compare the countable resources to the SSI resource limit for the number in the income/resource unit. Refer to Z-900, Charts.

If resources are greater than the limit, the applicant/*enrollee* is ineligible for Retroactive Medicaid.

If resources are equal to or less than the limit, the applicant/*enrollee* is resource eligible for Retroactive Medicaid.

H-721.4 Continued

C. Determine Need/Countable Income

Individual

If the applicant/*enrollee* is an individual with no spouse or with an ineligible spouse with no income, **** complete the following steps:**

- Step 1. Determine total unearned income.**
- Step 2. Subtract \$20 SSI disregard from unearned income.**
- Step 3. Determine total gross earned income.**
- Step 4. Subtract any remainder of \$20 SSI disregard from gross earnings.**
- Step 5. Subtract earned income deduction from remaining gross earnings. Earned income deduction is \$65 and one half of remainder of earnings.**
- Step 6. Combine remainders from Step 2 and Step 5.**
- Step 7. Compare to Income Standard for Individual. If income is greater than the individual limit, the applicant/enrollee is ineligible.**

Ineligible Spouse Deeming

If there is an ineligible spouse with income, complete **** steps 1 through 7 above** using only the applicant/*enrollee's* income. ***If the income is greater than the individual limit, the applicant/enrollee is ineligible and there is no deeming. Consider MNP.*** If the applicant/*enrollee's* income is equal to or less than the **** individual income standard** for one, apply deeming policy, I-1424.2. ******

H-721.4 Continued

Parent(s) To Child Deeming

If the applicant/*enrollee* is a minor child, apply deeming policy **I-1424.2**. Any income deemed from the parent(s) is considered unearned income of the applicant/*enrollee*.

Couple

If both members of a couple are potentially eligible, **** complete the following steps:**

- Step 1. **** Combine all unearned income *of the couple*.**
- Step 2. Subtract one \$20 SSI disregard **** from the total unearned income determined in Step 1.**
- Step 3. **** *Combine all earned income of the couple.***
- Step 4. Subtract any remainder of the \$20 SSI disregard from gross earnings.
- Step 5. **** *If there is earned income, subtract one earned income deduction from remaining gross earnings. The earned income deduction is \$65 and one half of the remainder of the earnings.***
- Step 6. Combine the remainders in Step 2 and Step 5.
- Step 7. Compare total countable income to the current FBR for **** a couple.**

If the income is greater than the current FBR for **** a couple**, the applicants/*enrollees* **** are** not eligible for Retroactive Medicaid. Consider eligibility in MNP.

If the income is equal to or less than the current FBR for **** a couple**, the applicants/*enrollees* are eligible for Retroactive Medicaid.

H-721.5 Eligibility Decision

Evaluate all categorical and eligibility requirements and verification received to make the eligibility decision for each month.

H-721.6 Certification Period

Certify for one, two, or three months.

H-721.7 Notice of Decision

Send the appropriate notice of decision to the applicant/*enrollee*.