Department of Public Health and Human Services MEDICAL ASSISTANCE	Section: COVERAGE GROUPS Subject: SSI Cash Recipients

Supersedes: MA 201-1 (01/01/04)

References: 20 CFR 416.2101, .2111 and .2116; 42 CFR 435.120; ARM 37.82.101 and .901-.903

GENERAL RULE--An application filed with the Social Security Administration for Supplemental Security Income (SSI) is also an application for Montana Medicaid coverage.

An individual eligible under Section 1619 of the Social Security Act is considered an SSI cash recipient for Medicaid eligibility purposes.

An individual eligible for a State Supplemental Payment (SSP) is considered an SSI cash recipient for Medicaid eligibility purposes.

► The Department does not conduct an independent evaluation of income and resource eligibility before issuing regular Medicaid benefits to an SSI recipient. However, a separate full eligibility determination must be made before Medicare Savings Program benefits, nursing home coverage or waiver eligibility is granted to an SSI recipient.

► SSI recipients who are open for Medicaid also receive automatic buy-in for Medicare Part B premiums, regardless of whether they are also open for a Medicare Savings Program.

►DATE OF MEDICAID ELIGIBILITY

Medicaid coverage for SSI cash recipients may begin:

1. Up to three calendar months prior to the month of SSI application if the applicant has unpaid medical bills and met all eligibility criteria, including age or disability; or

2. The month prior to the client's receipt of SSI cash benefits. (This could be the month of the SSI application, or later.)

SSI cash payments may only begin as of the month following:

1. the month in which the application is filed,

   or if later,

2. the month in which the applicant first meets all eligibility criteria.

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NOTE: An application for SSI made to the Social Security Administration is also considered an application for Medicaid. However, because the process for disability determination through SSA can be a lengthy process, the OPA may not be notified of the eligibility for months or years. ► See the eligibility system processing manual for information on how to process eligibility in these cases.

Example: Clyde applied for SSI benefits on September 7. He was determined eligible for SSI benefits for September. SSI benefits were payable beginning October 1.

Based on the September 7 application date, Medicaid coverage could begin:

1) as early as June, if there were unpaid medical bills incurred during that time, and all Medicaid eligibility requirements were met (see "Retroactive Coverage" caption below); or
2) as late as September 1 (month of application).

►SSI ENDS

Medicaid coverage for SSI recipients ends:

1. effective the last day of the benefit month in which SSI payment ends; or
2. effective the last day of the benefit month in which SSI 1619b status ends.

NOTE: An individual's status as an SSI or 1619b recipient for Medicaid eligibility purposes ends even if the person's SSI 'record' remains open for a period of time after their payments or 1619b status end. SSI may still consider the individual to be "eligible" for SSI; however, note that these individuals are not "eligible" for an SSI payment because they have income exceeding program standards, are institutionalized, or have some other circumstance that causes them to not be eligible for payments or 1619b status.

An ex parte review must be attempted to determine whether the individual may continue to qualify for Medicaid under another coverage group or program.

►RETROACTIVE COVERAGE

An SSI recipient may request retroactive Medicaid coverage for up to three months prior to the month of his or her SSI application. This request must be made no later than 90 days from the date of the initial Medicaid approval notice. The request may be made by the recipient, the

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recipient's representative, or any other real party in interest (such as a provider from whom the recipient received services during the retroactive period). The request may be in the form of a declaration that the recipient had medical expenses incurred within the three months prior to the month of the SSI application.

► If a request for retroactive coverage is received later than 90 days after the date of the initial Medicaid approval notice based on receipt of SSI is sent, the request for retroactive coverage must be denied on an appropriate system notice, including appropriate legal cites.

When the OPA is notified timely that a newly opened SSI recipient had medical expenses anytime within the three months prior to the month of SSI application and they request Medicaid coverage for those three months, the eligibility case manager will contact Disability Determination Services (DDB) via form HCS-491 to request a determination of disability onset for the three months prior to the month of the SSI application.

If a Medicaid application is received for any applicant who states he/she has already applied for SSI and he/she does wish to apply for Medicaid coverage of the three months prior to the SSI application, the eligibility case manager should immediately send the completed HCS-491 to DDB. Do not wait for DDB to make an initial determination before sending the HCS-491.

► If the disability onset will allow retroactive eligibility, the OPA must make an eligibility determination based on all eligibility criteria for the retroactive months. This will include verifying that medical expenses exist in any retroactive month being processed and approved.

► Example: Clint, age 48, was diagnosed with a brain tumor on December 31. An SSI application was taken on his behalf on January 15. As a result of the diagnosis, Clint was determined to be disabled with a January 15 onset date. SSI cash benefits are payable beginning February.

When Clint receives his Medicaid eligibility notification letter, he contacts the OPA and explains that he had medical expenses beginning in August. He requests retroactive coverage.

The eligibility case manager explains to Clint that, based on his SSI application date of January 15, retroactive coverage can only be considered for the months of October, November and December. Proof of medical expenses is requested.

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The eligibility case manager immediately sends a completed HCS-491 to DDB to inquire about earlier onset. DDB notifies the eligibility case manager, via HCS-491, that disability onset is adjusted to November 5. Because all eligibility criteria (i.e., disability) were not met until November, there are only two retroactive coverage months available. Medicaid coverage is effective January 1 (as the SSI application month), but may be determined by the OPA for November and December, based on evaluation of all eligibility criteria. October retroactive coverage is denied.

ADDITIONAL CRITERIA FOR MEDICAID ►COVERAGE

As a condition of receiving Montana Medicaid coverage, SSI cash recipients:

1. Must cooperate with all third party liability requirements as outlined in Sections 305-1, 305-2 and 305-3, as well as cooperate with requirements on behalf of all household members for whom the SSI recipient is responsible, including requirements of other types of Medicaid coverage provided to the other household members.

2. Who are requesting **nursing home** services,

   a. must complete a 'Resource Assessment' if married;
   b. may be asked to complete a Medicaid redetermination form (HCS-463); and

   c. have asset transfers made within the look back period evaluated.

► **NOTE:** Completion of a 'Resource Assessment' will ensure the applicant's community spouse receives the appropriate resource maintenance allowance.

3. Who are requesting **Home and Community Based Waiver** services, may be asked to complete a Medicaid redetermination form (HCS-463), cooperate with a resource assessment, if married, and have asset transfers made within the look back period evaluated.

►GOLDBERG KELLY

If a person appeals the termination of his/her SSI payments within 10 days of notification of the SSI termination, he/she may continue to receive SSI payments at the previous rate during the appeal process. Goldberg Kelly continuation is similar to the continuation of benefits during a fair hearing in the Medicaid program. Individuals receiving SSI as a result of a

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Goldberg Kelly continuation continue to receive Medicaid as an SSI recipient as long as the SSI payments continue.

AUTHORIZING MEDICAID COVERAGE
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Montana Medicaid coverage will be authorized when:

1. Eligibility information is transferred via computer from the Social Security Administration (SSA) to DPHHS; or

2. An award letter or evidence of SSI financial eligibility is presented to the county office.

Although SSI cash payments are delayed for one month, Medicaid eligibility will begin the month prior to the month of the initial SSI cash benefit because all eligibility criteria must be met in the month prior to the month of the initial SSI cash benefit payment. Additionally, from the date of the SSI application, up to three months retroactive Medicaid coverage is available, if all eligibility criteria including disability are met in each month (see "Retroactive Coverage" caption earlier in this section).

PROCEDURE: **COMPUTER MATCH**

Responsibility	ACTION
Social Security Administration	1. Establish applicant's non-financial and financial eligibility for SSI cash payments.
	2. Collect health insurance information and an assignment of rights statement from the applicant.
	3. Provide DPHHS with a computer tape listing new SSI cash recipients.
DPHHS Eligibilty System	4. Generate an alert for new SSI cash recipients to the appropriate county office.
Eligibility Case Manager	5. Authorize Medicaid for SSI cash recipient. (Assume health insurance information and the assignment of rights statement were collected by SSA.) **NOTE**: When information is provided via computer match, SSI cash recipients may choose to not contact the local office.
►	6. Print SOLQ and include in the eligibility case file to verify the individual's citizenship, eligible alien status and identity.

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7. When eligibility months extend into the past, notify recipient that providers from whom they received covered services during the past months should contact the eligibility case manager to obtain HCS-455 "Provider Information Memo". See "HCS-455" in section MA 103-1.

► 8. Send approval notice, and change reporting notice to recipient.

9. Send the recipient HPS-165 "Your New Handbook" and HPS-400 "Notice of Use of Protected Health Information."

PROCEDURE: **AWARD LETTER**

Responsibility	ACTION
Social Security Administration	1. Establish applicant's financial and non-financial eligibility for SSI cash payments.
	2. Collect health insurance information and an Assignment of Rights Statement from the applicant.
	3. Provide the applicant with an award letter.
Recipient	4. Present a current award letter or evidence of SSI financial eligibility to the eligibility case manager at the local Office of Public Assistance.
Eligibility Case Manager	5. Present client with Form HCS-461, "Assignment of Rights Statement" for a signature.
	6. Request information regarding: a. health insurance; and b. asset transfers, if appropriate.
Recipient	7. Sign form HCS-461, "Assignment of Rights Statement" and return to OPA. **NOTE**: An assignment of rights statement is a Medicaid eligibility requirement, not an SSI eligibility requirement.
Eligibility Case Manager	8. Authorize Medicaid for the SSI recipient.

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► **NOTE:** Include a copy of the award letter or evidence of SSI financial eligibility, a printout from SOLQ showing the individual is a US citizen or eligibility alien (this also verifies identity), the assignment of rights statement, health insurance, and asset transfer information in the case file.

9. Send approval notice, and change reporting notice to recipient.

10. Send the recipient HPS-165 "Your New Handbook" and HPS-400 "Notice of Use of Protected Health Information."

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