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STATE RELATIONSHIP WITH SSI AND MEDICARE

SSI ELIGIBILITY

A. BACKGROUND Effective January 1, 1974, the SSI Program, the new Title XVI, replaced Titles I, X, XIV, and XVI in all states. Receipt of SSI did not give automatic Medicaid eligibility and the Social Security Administration (SSA) was allotted no general responsibilities for the administration of the Medicaid Programs. However, to simplify administration and avoid duplicate eligibility procedures, Section 1634 of the Social Security Act provides that the Secretary of Health and Human Services may enter into an agreement, upon a State's request, under which SSA determines Medicaid eligibility for aged, blind and disabled individuals on behalf of a State.

The 1634 Agreement signed between SSA and the Mississippi Medicaid Agency was effective July 1, 1981. Under this agreement, the SSI application is also an application for Medicaid. Eligibility for Medicaid begins with the first day of the month in which eligibility for SSI begins and continues for the same period of time in which the individual remains eligible for SSI payments.

B. SSI DETERMINATIONS OF MEDICAID ELIGIBILITY An SSI eligible is also eligible for Medicaid if the individual:

- Assigns rights to medical support and payments for medical care from any third party payor; and
- Provides third party liability (TPL) information; and
- Receives an SSI payment or is considered to be receiving an SSI payment for Medicaid purposes. Refer to Section A, "Individuals Receiving SSI," for the definition of "receiving an SSI payment."

C. SDX Medicaid NOTIFICATION Notification of SSI eligibility or ineligibility is transmitted to electronically through the State Data Exchange (SDX). The SDX transmits to the State assignment of rights information as well as accretions, deletions and changes in the Supplemental Security Record (SSR).

STATE RELATIONSHIP WITH SSI AND MEDICARE

SSI ELIGIBILITY

D. STATE NOTIFICATION PROCEDURES

SDX transmissions are submitted to Medicaid's fiscal agent who issues computer-generated notices in the following instances:

1. SSI Approvals

A "Notice of Approval and Retroactive Medicaid" is issued indicating the beginning date of Medicaid eligibility for SSI purposes and advises the client of the availability of retroactive Medicaid. A copy of this notice is shown on Page 2020.

A "Notice of Approval of Retroactive SSI-Related Medicaid" is issued whenever SDX transmits a "closed" period of SSI eligibility. This means the client is not currently SSI eligible but was eligible for one or more prior months. This notice indicates the beginning and ending date of SSI-related Medicaid eligibility and explains retroactive Medicaid coverage as well as coverage groups available for possible current Medicaid eligibility. A copy of this notice is shown on Page 2025.

2. SSI Denial

A "Notice of Denial and Retroactive Medicaid" is issued that explains possible Medicaid-only coverage groups and the availability of retroactive Medicaid. A copy of this notice is shown on Page 2030.

3. SSI Terminations

There are two separate SSI Notices of Termination for all SSI terminations due to factors other than excess income or resources, the "Notice of Termination of Medicaid" designated as RS-0-27-4 is issued. This notice explains possible Medicaid-only coverage groups and the availability of retroactive Medicaid and is issued with no attachment. A copy of this notice is shown on Page 2040.

The "Notice of SSI Termination of Medicaid" designated as RS-0-27-8 (shown on Page 2050) is issued to all SSI individuals terminated from SSI due to excess income or resources. An SSI Redetermination Form (DOM-300B) is attached to this notice with instructions for the client to complete and return to the appropriate Regional Office within 10 days in order to determine continuing Medicaid eligibility.

STATE RELATIONSHIP WITH SSI AND MEDICARE

SSI ELIGIBILITY

- 4. Medicaid Denial for Failure to Assign Rights** A "Notice of Denial of Medicaid" is issued that explains mandatory assignment of TPL and the individual's right to an appeal. A copy of this notice is shown on Page 2060.
- 5. Medicaid Termination for Failure to Assign Rights.** A "Notice of Termination of Medicaid" is issued that explains failure to cooperate in assigning TPL and the individual's right to an appeal. A copy of this is shown on Page 2070.
- 6. SSI Request for Medicaid Information** SSI-eligibles who are the beneficiary of a trust, as determined by SSI, are issued this notice. SSI/Medicaid eligibility will be discontinued until the State reviews the trust. A copy of this notice is shown on Page 2080. Policy is discussed in "Special Handling of SSI Cases".

STATE RELATIONSHIP WITH SSI AND MEDICARE

SSI ELIGIBILITY

**E. RETROACTIVE
MEDICAID FOR
SSI APPLICANT
COVERAGE OF
INTERIM MONTH(S)
BETWEEN THE
DATE OF SSI
APPLICATION &
SSI PAYMENT**

Medicaid eligibility for SSI applicants is possible as of the first day of the third month preceding the month an application for SSI is filed. A separate application is required for retroactive benefits and is filed with the Medicaid Regional Office that serves the county in which the SSI applicant lives. Retroactive benefits are possible regardless of whether the SSI application is approved or denied. There is no time limit established for applying for the retroactive SSI period.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) requires that SSI payments begin as of the first day of the month following the date SSI application is filed, or if later, the date the individual first meets all eligibility factors. If the individual meets the eligibility requirements for any MAO coverage group during the period of time between the date of application for SSI and the month the SSI payment begins, Medicaid coverage must be provided to the individual for this interim period of time. A separate application is required for determining eligibility for this interim period and is filed with the Medicaid Regional Office that serves the county where the SSI individual lives. There is no time limit established for applying for Medicaid for the interim months of missing SSI eligibility. The individual may apply at the time of application for SSI retroactive Medicaid benefits or at any given time.

**I. SDX
Verification**

The month of SSI application must be verified with SSA in order to establish the correct retroactive and interim or "missing" SSI month(s). The SDX verifies the application date for SSI and identifies any month(s) of non-payment for SSI between the month of application for SSI and the month the SSI payment begins. A copy of the SDX or SVES screen from MEDS will document the time period of possible coverage.

Note: The SSI Application month is usually shown as a Payment Status Code of "E02."

STATE RELATIONSHIP WITH SSI AND MEDICAID

SSI ELIGIBILITY

- | | |
|--|---|
| <p>2. Medicaid ID Number</p> | <p>The Medicaid ID number assigned for the retroactive determination of a SSI approved applicant will be the same number issued via SDX for ongoing eligibility purposes. The number assigned via SDX may be verified by inquiring into the Recipient Eligibility History File (REHF), viewing the SSI/Medicaid approval notice issued by the fiscal agent or by viewing the Medicaid Card issued to the SSI eligible. If the SSI application is denied, the Regional Office must assign the Medicaid ID number for the retroactive period via MEDS.</p> |
| <p>3. Incorrect Medicaid Beginning Date</p> | <p>The SSI beginning date of Medicaid eligibility as shown on the "Notice of Approval and Retroactive Medicaid" and/or and/or another source can be adjusted if in error. Verification of the correct beginning SSI/Medicaid eligibility date must be obtained from SSA and referred to the State Office for correction.</p> |
| <p>4. Budgeting</p> | <p>The budgeting procedure for retroactive applications is explained in Section G.</p> |
| <p>F. REPORTING CHANGES FOR SSI</p> | <p>SSI recipients must report all changes affecting SSI eligibility to their SSA District or Branch Office. This includes address changes since Medicaid Cards issued to the address shown on the SDX.</p> <p>When necessary, it is possible for the Medicaid Agency to notify the SSA District Office of changes that will affect SSI eligibility for an SSI recipient. Form DOM-319, Report or Referral to District or Branch Social Security Office, is used for reporting various changes. Refer to the instructions for the form for the appropriate use of DOM-319.</p> |
| <p>G. REPORTING NON-RECEIPT (OR DUPLICATE) MEDICAID CARDS</p> | <p>Questions or problems regarding non-receipt of a Medicaid card or receipt of duplicate cards should be referred to the Medicaid fiscal agent, communications unit.</p> <p>The telephone numbers are:</p> <p>Statewide Toll Free Number: 1-800-884-3222
 Jackson (local): (601) 960-9200</p> |

DIVISION OF MEDICAID

RB283

NOTICE OF APPROVAL AND RETROACTIVE MEDICAID

ID#:
SSN:
SSI APPLICATION DATE:
(taken from SDX)

The Division of Medicaid has been informed by the Social Security Administration that you are eligible for Supplemental Security Income (SSI). Individuals who are eligible for SSI are also eligible for Medicaid. Your eligibility for Medicaid begins (date)_____. You will receive a plastic Medicaid card soon. The card is good for each month you are eligible.

If you have medical bills in the three months prior to your application for SSI, **or for the month(s) between your application for SSI and the month your SSI payment began**, notify the regional office shown below and show them this letter to verify receipt of SSI/Medicaid. If you are found eligible for Medicaid during any of these months, some or all of your medical bills may be paid.

<p>Medicaid Regional Office</p> <p>Telephone Number</p>

Your eligibility for Medicaid will continue as long as you remain eligible for SSI. It is important that you notify your local Social Security Office in _____ (town) of any change in address or circumstances as soon as possible.

DIVISION OF MEDICAID

RB291

NOTICE OF APPROVAL OF RETROACTIVE SSI-RELATED MEDICAID

ID#:

SSN:

SSI APPLICATION DATE:

The Division of Medicaid has been informed by the Social Security Administration that you were eligible for Supplemental Security Income (SSI) in the past. Individuals who are eligible for SSI are also eligible for Medicaid. Your eligibility for SSI Medicaid begins (date) _____ and ends _____. You will not receive a Medicaid card for this prior period so you will need to show this notice to any providers of medical services, such as doctors or hospitals, if you have medical bills from this period of time. Your Medicaid ID# for this period is shown above.

If you have medical bills in the three months prior to your application for SSI, notify the regional office shown below and show them this letter to verify receipt of medical assistance. If you are found eligible for medical assistance during any of those three months, some or all of your medical bills may be paid.

Medicaid Regional Office

Telephone Number

Although you are no longer eligible for Medicaid as a recipient of SSI, you may continue to be eligible for Medicaid under one of the following groups if you have Medicare or you are disabled. Medicaid disability rules are the same as SSI and Social Security.

1. You have Part A Medicare Hospital Insurance and your income does not exceed \$917 for an individual/\$1217 for a couple. There is no resource test for this coverage. Medicaid will pay Medicare cost-sharing expenses only for this coverage group.
2. You have Part A Medicare your income does not exceed \$1220 for an individual/\$1625 for a couple. **Medicaid will pay your Medicare Part B premiums only under this coverage group.** There is no resource test for this coverage.
3. You are a disabled child age 18 or under and receiving medical care at home that would be provided in a medical institution.

4. You are in a nursing home or hospital for 31 consecutive days or longer and your total income is below \$1911 per month. Your resources must not exceed \$4000 for an individual.
5. You were terminated from SSI for one of the following reasons but would still be eligible for SSI if we disregard the income that made you ineligible such as:
 - a. a cost-of-living increase in Social Security.
 - b. entitlement to or an increase in Social Security disabled adult child benefits after July 1, 1987.
 - c. entitlement to Social Security widow(er) benefits for those between age 50-65 who are not eligible for Medicare.
6. You are disabled and working at least 40 hours per month. Your total monthly earned income is less than \$4399 for an individual and \$5899 for a couple and your total unearned income is less than \$1220 for an individual and \$1625 for a couple. Resources can not exceed \$24,000 for an individual and \$26,000 for a couple.
7. You are disabled and not eligible for Medicare. Your income must not exceed \$1220 for an individual/\$1625 for a couple. Your resources must not exceed \$4000 for an individual and \$6000 for a couple.
8. You are a pregnant woman.

If you believe that you may be eligible under one of the groups described above, you should contact:

Medicaid Regional Office Telephone Number
--

within thirty (30) days for a redetermination of eligibility.

DIVISION OF MEDICAID

RB284

NOTICE OF DENIAL AND RETROACTIVE MEDICAID

ID#:

SSN:

SSI APPLICATION DATE:

- I. In Mississippi, individuals who are eligible for Supplemental Security Income (SSI) are automatically eligible for Medicaid. However, the Division of Medicaid has been advised by the Social Security Administration that your application for SSI _____ (Date) has been denied. Therefore, you are not eligible for Medicaid as an SSI recipient.

If you disagree with the decision on your application for SSI and Medicaid, you should immediately contact your local Social Security Office as directed on the Supplemental Security Income notice of disapproved claim which you recently received. Your local Social Security Office is located in _____ (town).

If you have medical bills in one or more of the 3 months before you applied for SSI and you believe you would have been eligible for SSI at the time, you should apply for Medicaid at the Medicaid Regional Office listed at the end of this notice.

Although you are not eligible for Medicaid as a recipient of SSI, you may be eligible for Medicaid under one of the following Medicaid-only groups if you have Medicare or you are disabled. Medicaid disability rules are the same as SSI and Social Security.

1. You have Part A Medicare Hospital Insurance and your income does not exceed \$917 for an individual/\$1217 for a couple. There is no resource test for this coverage. Medicaid will pay Medicare cost-sharing expenses only for this coverage group.
2. You have Part A Medicare and your income does not exceed \$1220 for an individual/\$1625 for a couple. **Medicaid will pay your Medicare Part B premiums only under this coverage group.** There is no resource test for this coverage group.
3. You are a disabled child age 18 or under and receiving medical care at home that would be provided in a medical institution.
4. You are in a nursing home or hospital for 31 consecutive days or longer and your total income is below \$1911 per month. Your resources must not exceed \$4000 for an individual.

5. You once received SSI and were terminated for one of the following reasons but would still be eligible for SSI if we disregard the income that made you ineligible such as:
 - a. a cost-of-living increase in Social Security.
 - b. entitlement to or an increase in Social Security disabled adult child benefits after July 1, 1987.
 - c. entitlement to Social Security widow(er) benefits for those between age 50 - 65 who are not eligible for Medicare.
6. You are disabled and working at least 40 hours per month. Your total monthly earned income is less than \$4399 for an individual and \$5899 for a couple and your total unearned income is less than \$1220 for an individual and \$1625 for a couple. Resources can not exceed \$24,000 for an individual and \$26,000 for a couple.
7. You are disabled and not eligible for Medicare. Your income must not exceed \$1220 for an individual/\$1625 for a couple. Your resources must not exceed \$4000 for an individual and \$6000 for a couple.
8. You are a pregnant woman.

If you believe that you are eligible under one of the groups described above, you should contact:

Medicaid Regional Office Telephone Number
--

or present this letter of denial to that office.

DIVISION OF MEDICAID

RB290

NOTICE OF TERMINATION OF MEDICAID

ID#:

SSN:

- I. The Division of Medicaid has been notified by the Social Security Administration that your Supplemental Security Income (SSI) payment has been terminated or suspended. Since the receipt of SSI was the basis of your entitlement to Medicaid, your Medicaid benefits will be terminated effective _____ (Date).

If you disagree with the decision made to terminate your SSI check and Medicaid, you should immediately contact your local Social Security Office in _____ (town) as directed in the Supplemental Security Income notice of change which you recently received.

- II. **Although you are no longer eligible for Medicaid as a recipient of SSI, you may continue to be eligible for Medicaid under one of the following groups if you have Medicare or you are disabled. Medicaid disability rules are the same as SSI and Social Security.**

1. You have Part A Medicare Hospital Insurance and your income does not exceed \$917 for an individual/\$1217 for a couple. There is no resource test for this coverage. Medicaid will pay Medicare cost-sharing expenses only for this coverage group.
2. You have Part A Medicare and your income does not exceed \$1220 for an individual/\$1625 for a couple. **Medicaid will pay your Medicare Part B premiums only under this coverage group.** There is no resource test for this coverage group.
3. You are a disabled child age 18 or under and receiving medical care at home that would be provided in a medical institution.
4. You are in a nursing home or hospital for 31 consecutive days or longer and your total income is below \$1911 per month. Your resources must not exceed \$4000 for an individual.

5. You were terminated from SSI for one of the following reasons but would still be eligible for SSI if we disregard the income that made you ineligible such as:
 - a. a cost-of-living increase in Social Security.
 - b. entitlement to or an increase in Social Security disabled adult child benefits after July 1, 1987.
 - c. entitlement to Social Security widow(er) benefits for those between age 50 - 65 who are not eligible for Medicare.
6. You are disabled and working at least 40 hours per month. Your total monthly earned income is less than \$4399 for an individual and \$5899 for a couple and your total unearned income is less than \$1220 for an individual and \$1625 for a couple. Resources can not exceed \$24,000 for an individual and \$26,000 for a couple.
7. You are disabled and not eligible for Medicare. Your income must not exceed \$1220 for an individual/\$1625 for a couple. Your resources must not exceed \$4,000 for an individual and \$6,000 for a couple.
8. You are a pregnant woman.

If you believe that you may be eligible under one of the groups described above, you should contact::

Medicaid Regional Office Telephone Number
--

within thirty (30) days for a redetermination of your eligibility.

DIVISION OF MEDICAID

RB293
Sent with SSI
Redetermination
Form Attached

NOTICE OF TERMINATION OF MEDICAID

CLIENT'S NAME/ADDRESS:

ID#:

SSN:

- I. The Division of Medicaid has been notified by the Social Security Administration that your Supplemental Security Income (SSI) payment has been terminated or suspended. Since the receipt of SSI was the basis of your entitlement to Medicaid, your Medicaid benefits will be terminated effective _____ (Date).

If you disagree with the decision made to terminate your SSI check and Medicaid, you should immediately contact your local Social Security Office in _____ (town) as directed in the Supplemental Security Income notice of change which you recently received.

- II. Although you are no longer eligible for Medicaid as a recipient of SSI, you may continue to be eligible for Medicaid under one of the following groups if:
1. You have Part A Medicare Hospital Insurance and your income does not exceed \$917 for an individual/\$1217 for a couple. There is no resource test for this coverage. Medicaid will pay Medicare cost-sharing expenses only for this coverage group.
 2. You have Part A Medicare and your income does not exceed \$1220 for an individual/\$1625 for a couple. **Medicaid will pay your Medicare Part B premiums only under this coverage group.** There is no resource test for this coverage group.
 3. You are a disabled child age 18 or under and receiving medical care at home that would be provided in a medical institution.
 4. You are in a nursing home or hospital for 31 consecutive days or longer and your total income is below \$1911 per month. Your resources must not exceed \$4000 for an individual.

5. You were terminated from SSI for one of the following reasons but would still be eligible for SSI if we disregard the income that made you ineligible such as:
 - a. a cost-of-living increase in Social Security.
 - b. entitlement to or an increase in Social Security disabled adult child benefits after July 1, 1987.
 - c. entitlement to Social Security widow(er) benefits for those between age 50 - 65 who are not eligible for Medicare.
6. You are disabled and working at least 40 hours per month. Your total monthly earned income is less than \$4399 for an individual and \$5899 for a couple and your total unearned income is less than \$1220 for an individual and \$1625 for a couple. Resources can not exceed \$24,000 for an individual and \$26,000 for a couple.
7. You are disabled and not eligible for Medicare. Your income must not exceed \$1220 for an individual/\$1625 for a couple. Your resources must not exceed \$4,000 for an individual and \$6,000 for a couple.
8. You are a pregnant woman.

If you believe that you may be eligible under one of the groups described above, you should contact:

Medicaid Regional Office Telephone Number
--

within ten (10) days for a redetermination of your eligibility.

FOR AGED AND DISABLED ONLY

If you believe that you would continue to be eligible for Medicaid under one of the Medicaid groups described above, complete the attached SSI Redetermination Form and take or mail it in to the Medicaid Regional Office shown above within 10 days.

DIVISION OF MEDICAID

RB285

NOTICE OF DENIAL OF MEDICAID

ID#:

SSN:

SSI APPLICATION DATE:

In Mississippi, individuals who are eligible for Supplemental Security Income (SSI) are automatically eligible for Medicaid. However, the Division of Medicaid has been advised by the Social Security Administration that you failed to assign your third party medical payments, and your Medicaid coverage has been denied.

If you disagree with the decision to deny your Medicaid based on the above cited reason, you may notify us immediately in writing to request a hearing in this matter.

Per Federal (P.L. 98-39, Section 2367) and State laws, it is now mandatory that you assign your third party medical payments (medical insurance) to the Medicaid agency in order to be eligible for Medicaid benefits.

Eligibility Division
Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201-1399

DIVISION OF MEDICAID

RB287

NOTICE OF TERMINATION OF MEDICAID

ID#:

SSN:

- I. The Medicaid State Agency has been notified by the Social Security Administration that you failed to cooperate in assigning your Third Party medical payments to the Medicaid Agency. Therefore, your Medicaid benefits will be terminated effective_____.

If you disagree with the decision made to terminate your Medicaid based on the above-cited reason, you may notify us in writing to request a hearing in this matter. We must be notified within ten (10) days of the date of this notice, in order for your Medicaid benefits to continue through the hearing process.

- II. Per Federal (P.L. 98-39; Section 2367) and State laws, it is now mandatory that you assign your third party medical payments (medical insurance) to the Medicaid Agency in order to remain eligible for Medicaid benefits.

Eligibility Division
Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201-1399

Date of Notice

DIVISION OF MEDICAID

RB289

REQUEST FOR MEDICAID INFORMATION

(Recipient's Name)
(Recipient's Address)

ID#:
SSN:
SSI Application Date:

Section 1902(K) of the Social Security Act establishes the Medicaid Qualifying Trust provision that makes certain trust agreements a countable resource for Medicaid purposes but not for SSI purposes.

The Division of Medicaid has been notified by the Social Security Administration that you are the beneficiary of a trust agreement or similar legal device. You cannot be eligible for Medicaid until we review your trust agreement (or conservatorship papers or similar legal papers) to determine whether you have resources or income available to you that may affect your eligibility for Medicaid.

Please mail or take all trust documents to the following Medicaid Regional Office:

(Medicaid Regional Address/Telephone Number)

After we have reviewed your trust, you will be notified of your eligibility for Medicaid. If you have questions, you may contact Medicaid at 1-800-421-2408, and ask for the Eligibility Division.

STATE RELATIONSHIP WITH SSI AND MEDICARE

EMERGENCY MEDICAID CARD CERTIFICATION

- A. PURPOSE/
PROCEDURE**
- SSI approvals are transmitted to Medicaid's fiscal agent on a weekly basis and approval notices and Medicaid Cards are issued accordingly. A new SSI approval will usually appear on SDX within two to three weeks after the SSI approval has been processed by SSA. If emergency medical assistance is needed, the local Social Security Office can expedite the issuance of a Medicaid Card via the Emergency Medicaid Card Certification procedure which is processed by the State Office, Eligibility Division. Before this procedure can be initiated, the Social Security Office must certify to the Eligibility Division that the individual is SSI eligible and in need of emergency medical services which cannot be obtained without the Medicaid Card.
- 1. Emergency
Form**
- The Social Security Office must also provide all the necessary identifying information needed to issue a Medicaid Card. A form for this purpose has been provided to all local Social Security Offices.
- 2. Retroactive
Medicaid**
- When an individual is certified through the emergency certification process, he may still request a SSI retro determination and a determination of eligibility for the interim month(s) between the month of SSI application and the month the SSI payment begins through the Regional Office. The 3-month period for the retroactive determination will be the three months prior to the date of the SSI application. The date of the SSI application as verified by SSA is the determining date to use in establishing the 3-month period for an SSI eligible. The interim months are determined as the missing months of an SSI payment beginning with the month of SSI application and the month the SSI payment starts.
- It is not possible for the "interim" months to be covered via the Emergency process because SSI eligibility for these interim month(s) is not verified.

STATE RELATIONSHIP WITH SSI AND MEDICARE

EMERGENCY MEDICAID CARD CERTIFICATION

- 3. Notice of Approval** In instances where a Medicaid Card will not be issued through the use of the emergency procedure, the Eligibility Division will issue a Notice of Approval specifying the month(s) of eligibility, the month of SSI application, the Medicaid ID number assigned and that retroactive benefits are available. The Regional Office will receive a copy of the notice.
- B. SYSTEMS LIMITATIONS CASES** The emergency certification procedure through the State Office Eligibility Division may also be used when an individual is determined eligible for a prior period but is not ongoing SSI eligible and due to systems limitations Medicaid eligibility cannot be established.
- 1. Presumptive Disability** Presumptive disability decisions by SSI are allowed up to 6 months of SSI/Medicaid eligibility while awaiting a final DDS decision. These approvals do not always appear on the SDX so it is usually necessary for SSA to prepare an Emergency Form to establish Medicaid eligibility.
- 2. Death of SSI Applicant** When an SSI approval is rendered after the death of the applicant, it is usually necessary for SSA to submit an Emergency Form in order to establish Medicaid eligibility for the period of SSI eligibility. Refer to the "Special Handling of SSI Cases" for eligibility determinations for SSI applicants who die prior to an SSI decision.
- 3. ALJ Reversal** In instances of an ALJ reversal of an SSI denial or termination through the SSI hearing process, it is usually necessary for SSA to submit an Emergency Form to establish Medicaid eligibility for a prior period of SSI eligibility.
- 4. Other Limitations** In any instance of a systems limitations case whereby SSI eligibility will not appear on SDX for a reason other

than one cited above, the only mechanism in place for Medicaid eligibility to be established for a period of SSI eligibility is via the Emergency Certification process.

STATE RELATIONSHIP WITH SSI AND MEDICARE

SPECIAL HANDLING OF SSI CASES

A. ELIGIBILITY DETERMINATIONS FOR DECEASED APPLICANTS

In cases where the SSI applicant dies before the eligibility decision is rendered on the SSI application, the following-procedure is followed in order for the deceased applicant to establish Medicaid eligibility.

1. Disability Applications

Currently, SSA is required to complete all disability applications, establishing Medicaid eligibility via the Emergency Medicaid Card Certification procedure which is handled through the State Office. Therefore, the Regional Offices will not handle SSI disability applications for deceased applicants unless a retroactive application is filed, whereby the Regional Office would determine eligibility under ongoing policy.

2. Aged or Blind Applications

SSA is not required to complete the SSI application on an aged or blind applicant who dies prior to the eligibility decision. Of course, if SSA has already determined all factors of eligibility, request SSA to establish Medicaid eligibility by preparing an Emergency Medicaid Card Certification. However, if SSA does not have sufficient information in the SSI record to make a decision, Medicaid eligibility can be established only by the filing of a MAO application. Handle a deceased SSI applicant as a retroactive application and determine eligibility from the month of application for SSI to the month of death as well as determine retroactive eligibility for the 3 months prior to the month of application for SSI if requested by the applicant's representative.

B. POTENTIAL SSI ELIGIBLES IN A TITLE XIX FACILITY

Usually, an individual with income less than the FBR for an individual in a Title XIX institution is referred to SSI for application and handling. However, SSI cannot consider someone in a public institution eligible unless substantial Medicaid payments (more than 50% of the cost of care) are to be made for the individual. If the institution is receiving or will receive more than 50% of the cost of care from a source other than Medicaid, the individual is not eligible for SSI benefits.

STATE RELATIONSHIP WITH SSI AND MEDICARE

SPECIAL HANDLING OF SSI CASES

If SSI will not complete or accept an SSI application on an institutionalized individual due to the substantial Medicaid payment provision, a MAO application must be processed instead. An application for MAO cannot be refused because an individual appears to be SSI eligible in an institution.

**C. SSI ELIGIBLES
IN A TITLE XIX
FACILITY**

Individuals who receive SSI while institutionalized are divided into two categories:

1. SSI Only

These are individuals who remain SSI eligible while institutionalized who receive an SSI payment based on their "D" living arrangement. The handling of SSI only cases by the Regional Office is explained in Section I, Institutionalization.

2. SSI to MAO

These are individuals whose income exceeds the institutional SSI FBR (LA-D) who must apply for MAO in order for Medicaid to continue. Although these individuals have SSI eligibility upon entry into the facility their SSI eligibility will not continue. The handling of SSI to MAO cases is explained in Section I, Institutionalization.

**D. SSI RECIPIENT
MOVES OUT
OF STATE**

When a SSI recipient moves out of Mississippi, he/she may continue to receive a Mississippi Medicaid Card for several months after actually moving out of state. This is due to time lapses in processing SSI actions and receipt of SDX reports from SSA and the requirement for advance notice before the closure of Mississippi Medicaid. The termination notice is issued to the Mississippi address and if the client has not left a forwarding address with the Post Office, it will be returned to the Medicaid fiscal agent. The client must call the fiscal agent and provide the new address to obtain the card.

STATE RELATIONSHIP WITH SSI AND MEDICARE

SPECIAL HANDLING OF SSI CASES

When the SSI recipient moves from Mississippi to another state which covers all SSI recipients, the SDX information reporting the change of address is transmitted to both states simultaneously with the former state terminating and the new state approving Medicaid automatically.

When the SSI recipient moves from Mississippi to another state which does not automatically cover all SSI recipients, it is necessary that the recipient make application for Medicaid in that state. In some instances those states will request verification of termination of Mississippi Medicaid before approving in the new state. Request for this verification should be referred to the Eligibility Division of the State Office.

**E. SSI COVERAGE OF
CERTAIN DISABLED
CHILDREN
LIVING-AT-HOME**

Section 8010 of Public Law 101-239 amended the Social Security Act to waive the SSI income and resource deeming rules for severely disabled children who were eligible for SSI benefits while in a medical institution, and who qualify for the Home and Community Based Services Program, and who would not be eligible for SSI under the parental deeming rules. These children are eligible to receive a \$30 SSI payment as if they were institutionalized. This provision of federal law is effective June 1, 1990.

There is no direct Division of Medicaid involvement with these children; however, if a disabled child applies with the Regional Office for Medicaid at-home, a referral to SSI may be appropriate if the child has been SSI eligible in an institution and is returning home.

STATE RELATIONSHIP WITH SSI AND MEDICARE

SPECIAL HANDLING OF SSI CASES

**F. SSI TRANSFER
OF RESOURCES
FOR MEDICAID
PURPOSES**

Transfer for less than fair market value authorized after June 1988 do not affect SSI eligibility. However, since transfers could result in Medicaid ineligibility for nursing home services, SSI must notify the State Medicaid agency of any transfers by an SSI recipient made known to SSI. This notification is required in the event the recipient enters a nursing home whereby the Medicaid transfer penalty could apply.

SSI will notify the Medicaid State Office of any known transfers. This information will be forwarded to the appropriate Regional Office for future reference if a nursing home application is filed within 36 months from the date of the transfer.

**G. TRUSTS - SSI
ELIGIBLES**

When SSI discovers a trust or similar legal device which is not a resource for SSI purposes but may affect Medicaid eligibility, the trust must be referred to the State for a Medicaid determination.

SSI will identify SSI recipients who are the beneficiary of a possible trust by an indicator on the SDX. When this code appears, a notice entitled "Request for Medicaid Information" will be generated by the fiscal agent. While this code appears on the SDX, the SSI eligible will not be eligible for Medicaid.

The notice instructs the individual to take all legal documents pertaining to the trust to the Regional Office shown on the notice. When the Regional Office receives any such documents, they should be forwarded to the State Office Eligibility Division for review along with the copy of the "Request for Medicaid Information." If the letter to the recipient is not available, the Regional Office must obtain identifying information on the SSI recipient and include this with the trust.

STATE RELATIONSHIP WITH SSI AND MEDICARE

RELATIONSHIP BETWEEN MEDICAID AND MEDICARE

A. MEDICARE

Medicare is a health insurance program under Social Security which is generally available for the following groups:

- Persons age 65 or older.
- Disabled persons who have been entitled to Social Security disability benefits or Railroad disability benefits for at least two consecutive years.
- Persons insured under Social Security or the Railroad Retirement System who need dialysis treatments or a kidney transplant because of permanent kidney failure.

Medicare is divided into two parts -- hospital insurance (Part A) and medical insurance (Part B).

- The hospital insurance, Part A, helps pay for inpatient hospital care and for certain follow-up care after release from the hospital.
- The medical insurance, Part B, helps pay for doctor's services, out-patient hospital services, and many other medical items and services not covered under hospital insurance.

Due to the complexity of the Medicare program, individuals with specific questions on their eligibility for Medicare should be referred to the Social Security Administration.

B. MEDICAID

The Medicaid program coordinates some benefits with Medicare as follows:

- On Part A, the Medicaid program can pay the hospital deductible and Medicare co-insurance for skilled nursing care. Medicaid will also pay Part A premiums for certain recipients, as outlined in the following discussion of Buy-In.

STATE RELATIONSHIP WITH SSI AND MEDICARE

RELATIONSHIP BETWEEN MEDICAID AND MEDICARE

- On Part B, the Medicaid program can pay the deductible and the 20% co-insurance if the provider of service is willing to file for both Medicare and Medicaid. Medicaid can also pay for the monthly Medicare premium, as outlined in the following discussion of Buy-In.

C. BUY-IN

The Medicaid State Agency has contracted with the Social Security Administration to pay the premiums for coverage under Part B Medicare for Medicaid recipients who are eligible for Part B and the premiums for Part A for certain Medicaid recipients. This arrangement is called the Buy-In. To carry out the terms of this agreement, the Medicaid State Agency must:

- Transmit monthly to the Social Security Administration a listing of the Medicaid eligibles who qualify for Parts A and B.
- Enroll monthly all Medicaid recipients who qualify for Parts A and B as newly approved applicants are added to the assistance rolls.

I. Securing Information Buy-In

Information for the Buy-In is secured at the same time that the individual's eligibility for Medicaid is determined. The worker will:

- Photocopy the individual's Medicare card for the case record. When this information is entered into MEDS, be sure that the individual's name and Social Security claim number are identical to the information on the Medicare card.

STATE RELATIONSHIP WITH SSI AND MEDICARE

RELATIONSHIP BETWEEN MEDICAID AND MEDICARE

- For the client who does not have a Medicare card, ask that he apply for Medicare at the District Office of SSA and follow up on his enrollment. If the individual has Part B only, the Medicaid Agency will automatically enroll the individual in Part A if the individual is dually eligible as a QMB.

**2. Buy-In
Coverage
Beginning
Date**

The Social Security Administration has set rules governing the beginning date for Buy-In as follows:

- For money-payment recipients (SSI or AFDC), the buy-in coverage period for Part B begins with the month reported by the State agency as the date the individual is eligible for both Medicare and cash assistance.
- For Medicaid-only recipients who are not dually eligible as QMB, buy-in coverage for part B begins the first day of the month after the month in which the State agency determines the individual eligible. For example, an MAO applicant approved during the month of November will have a buy-in effective date of December 1. The exception to this rule is that buy-in coverage is continuous for an individual who loses eligibility for cash assistance but whose Medicaid eligibility continues without interruption.
- For SLMB's (Specified Low-Income Medicare Beneficiaries), buy-in coverage for Part B begins with the first month of Medicaid eligibility.

STATE RELATIONSHIP WITH SSI AND MEDICARE

RELATIONSHIP BETWEEN MEDICAID AND MEDICARE

- For QMB's (Qualified Medicare Beneficiaries) and those determined dually eligible, buy-in for Parts A and B are effective with the month after the month in which the individual is determined to be a QMB or a dually eligible recipient. For example, a QMB approved during the month of November will have a buy-in effective date of December 1.

3. Buy-In Coverage
and/or
Ending Date

Buy-In coverage terminates on the last day of the month which a recipient is no longer eligible for Medicaid

Medicare. When SSA is notified by Medicaid that a recipient is no longer eligible for Medicaid, SSA will continue Parts A and B Medicare coverage and either begin deducting the monthly premiums from the recipient's Social Security check or send a notice of premiums due if the recipient does not receive Social Security.

Buy-In problems should be referred to the State Office for clearance on how to handle.

STATE RELATIONSHIP WITH SSI AND MEDICARE
SPECIAL HANDLING OF SSI CASES

If the trust or similar legal device results in the SSI eligible not being eligible for Medicaid, the individual will be so notified. If the trust does not result in ineligibility for Medicaid, the State Office will notify the appropriate SSA Office to change the indicator on the SDX so as to allow Medicaid eligibility retroactive to the appropriate begin date.

**H. 12 MONTHS
CONTINUOUS
ELIGIBILITY**

The Balanced Budget Act of 1997, P.L. 105-33, gives states the option to provide continuous eligibility to children under age 19 as follows:

1. After eligibility for Medicaid is determined or redetermined, eligibility will continue for 12 months regardless of changes in circumstances. The only exceptions to the 12 months of continuous eligibility would be
 - child reaches age 19
 - child moves out of state or is admitted to a public institution
 - child dies
 - family requests voluntary closure