
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).

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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.

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- 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".

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**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."

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2. Medicaid ID Number 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.

3. Incorrect Medicaid Beginning Date 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.

4. Budgeting The budgeting procedure for retroactive applications is explained in Section G.

F. REPORTING CHANGES FOR SSI 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.

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.

G. REPORTING NON-RECEIPT (OR DUPLICATE) MEDICAID CARDS 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.

The telephone numbers are:

Statewide Toll Free Number: 1-800-884-3222
Jackson (local): (601) 960-9200