16.6 CATEGORICALLY NEEDY, MANDATORY - FOR AGED, BLIND OR DISABLED

NOTE: No Categorically Needy coverage group is subject to a spenddown provision.

A. SSI RECIPIENTS (MSS)

Income: **SSI Payment Level** **Assets:** **$2,000 Individual**
$3,000 Couple

SSI is a public assistance program administered by the Social Security Administration (SSA), which provides cash benefits to eligible aged, disabled or blind individuals.

The Program began in January, 1974. As of the first day of that month, all individuals who were receiving state-administered Old Age Assistance (OAA), Aid to the Disabled (AD) and Aid to the Blind (AB) were converted to SSI. At the same time, SSA Offices began processing applications made directly to them.

The amendment to the Social Security Act which established SSI and subsequent rules and regulations gave the states some options regarding Medicaid coverage for SSI recipients.

West Virginia elected to cover all SSI recipients and to accept SSA's determination of eligibility for SSI as the sole eligibility determination for Medicaid. West Virginia is, then, referred to as a "1634 state" based on the section of the Social Security Act which allows this.

Consequently, there is no application or eligibility determination process for SSI Medicaid. Instead the Department depends upon SSA for the information needed to open and evaluate continuing eligibility for SSI Medicaid cases.

A tape exchange between DHHR and SSA results in information used by the Worker to open the case or add this benefit to an existing case.

NOTE: For SSI recipients who are children in foster care or whose adoptive families receive adoption assistance, refer to 16.5,B,2 and 3.

B. DEEMED SSI RECIPIENTS

The following coverage groups are required by law to be treated as SSI recipients for Medicaid purposes. Therefore, the information in item A, above, is also applicable to these cases.

1. Disabled Adult Children (DAC) (MP D)

Income: N/A **Assets: N/A**

An individual is eligible for Medicaid as a Disabled Adult Child when all of the following conditions are met:

- He is at least 18 years old.
- He became disabled or blind before reaching the age of 22.
- He was eligible for SSI based on disability or blindness.
- He lost SSI eligibility as a result of becoming entitled to or receiving an increase in child's insurance benefits on or after 7-01-87.

Eligibility is determined by SSA and communicated to the Department through data exchange. The client must not be required to apply for this coverage group.

2. Blind, Disabled - Substantial Gainful Activity (SGA) (MP G)

Income: N/A **Assets: N/A**

Persons who receive SSI due to a disabling impairment, but who also engage in substantial, gainful activity, are eligible for Medicaid even though their SSI payments may stop. Eligibility for this coverage group is determined by SSA.

There are no special procedures for this coverage group and the client is not required to apply for Medicaid.

3. Essential Spouses of SSI Recipients (MSS)

Income: N/A **Assets: N/A**

Under West Virginia's former OAA, AD, and AB Programs, spouses of the aged, disabled or blind person, who were not themselves aged, disabled or blind, were included in the benefit group as Essential Spouses.

When these cases were converted, the Essential Spouses were "grandfathered" into the SSI program. This means that the SSI check received by the eligible individual is based on the payment level of an eligible couple and is intended to meet the needs of husband and wife.

Essential Spouses are included in the SSI Medicaid case with their eligible spouses as long as they are included in the SSI payment.

Individuals continue to qualify as Essential Spouses until one of the following circumstances occurs:

- The eligible spouse becomes ineligible for SSI. Once the eligible spouse goes into a non-payment or terminated status, his spouse can never again qualify for SSI or Medicaid as an Essential Spouse of an SSI recipient.
- The eligible spouse and the Essential Spouse are no longer living together. The Essential Spouse becomes ineligible when SSA determines that the separation is not temporary or after 90 days, whichever occurs first. The Essential Spouse status cannot be regained if the couple begins living together again.
- The Essential Spouse becomes eligible for SSI in his own right.

Eligibility for this coverage group is determined by SSA. There are no special procedures for this coverage group and the client is not required to apply for Medicaid.

4. Pass-Throughs (MP C)

Income: SSI Payment Level   Assets: $2,000

Former SSI recipients who meet all of the following conditions are eligible for Medicaid:

- In August, 1972, the individual was entitled to RSDI benefits.

- The individual would currently be eligible for SSI except that the increase in RSDI benefits that occurred on July 1, 1972, under Public Law 92-336, raised his income over the limit allowed under the SSI Program.

The central Buy-In Unit in BMS is responsible for identifying Pass-Through cases and for taking action necessary to continue Medicaid coverage for them. Refer to Chapter 22 for a more complete explanation of the Buy-In Unit's responsibilities. However, there may be times when a Pass-Through case is not enrolled in Medicare. When this occurs, the Buy-In Unit notifies the Worker to refer the client to SSA for Medicare enrollment. The Worker accomplishes the referral using an SSA-1610 with the following notation in red in the top right hand corner of the form: "Referral for Medicare Enrollment - Buy-In."

It is possible that the Buy-In Unit will not identify a case that could be a Pass-Through case. When this happens, the Worker notifies the Buy-In Unit by memorandum.

5. **Pickle Amendment Coverage (PAC) (MP W)**

Income: SSI Payment Level **Assets: $2,000**

An individual is eligible for Medicaid coverage under the Pickle Amendment if all of the following conditions are met:

- The individual is receiving RSDI benefits.
- He was eligible for and receiving SSI but became ineligible for SSI after April, 1977.
- He would still be eligible for SSI if the RSDI COLA's, paid after the last month the client was eligible for and received SSI and RSDI together, were deducted from his current RSDI benefits. The last month both benefits were received together must have been after April, 1977.

When determining the COLA's to be deducted, include the increases received by the individual and his financially-responsible spouse or parent. The procedure used to determine this requirement is detailed in Chapter 10.

6. Disabled Widows and Widowers (MP T)

Income: N/A **Assets: $2,000**

A widow or widower who loses SSI benefits when RSDI benefits begin is eligible for Medicaid when all of the following conditions are met:

- The client is a widow or widower who is at least age 50, but not age 65.
- He is no longer eligible to receive SSI benefits due to receipt of RSDI.
- He is receiving RSDI as an eligible widow/widower or is receiving any other type of RSDI benefits, but is also otherwise eligible for widow/widower benefits.
- He would be eligible for SSI benefits were it not for the receipt of RSDI.
- He received SSI benefits in the month prior to the first month of RSDI benefits.
- He is not entitled to Medicare, Part A.

The widow/widower remains eligible until entitled to Medicare, Part A. Eligibility is determined by SSA and communicated to the Department through data exchange. The client must not be required to apply for this coverage group. The Worker's only eligibility responsibility is to verify entitlement to Medicare, Part A.

NOTE: The Worker may discover other widows/widowers in his caseload that are categorically eligible but who do not meet the requirements listed above. These are widows/widowers who lost SSI eligibility due to changes in the SSA reduction formula as part of the Social Security Amendments of 1983. Intake for this second group of widows/widowers ended 7-1-88. These individuals are eligible as long they reside in West Virginia.

7. Drug Addicts and Alcoholics (DA&A) (MP R)

Income: SSI Payment Level **Assets: $2,000**

Drug addicts and alcoholics who meet the following conditions are eligible for Medicaid.

- They were found by SSA to be disabled and drug addiction or alcoholism was material to the disability determination.

- They would be eligible for SSI except that they are suspended due to non-compliance with the treatment requirements or for the mandatory period for demonstrating compliance;

or

their SSI benefits were terminated due to the 36-month limit for SSI benefits provided under the SSI drug addiction and alcoholism provisions.

Potential eligibility is determined by SSA and communicated to the Department through data exchange. The client must not be required to apply for this coverage group.

C. QUALIFIED MEDICARE BENEFICIARIES (QMB) (QMB)

Income: 100% FPL **Assets: $4,000 Individual**
$6,000 Couple

An individual or couple (spouses) is eligible for limited* Medicaid coverage when all of the following conditions are met:

- The individual must be eligible, not just enrolled, for Medicare, Part A, in any of three 3 ways:
  - By being age 64 years, 9 months old or older; or
  - By having been totally and continuously disabled and receiving RSDI or Railroad Retirement benefits for 24 months or longer; or
  - By having end stage renal disease.
- The individual or couple must meet the income test detailed in Chapter 10.

  NOTE: RSDI COLA's are disregarded in determining income eligibility through March of the year they become effective.
- The individual or couple must meet the asset test detailed in Chapter 11.

* Medicaid coverage is limited to payment of the Medicare, Part A and Part B premium amounts and payment of all Medicare co-insurance and deductibles, including those related to nursing facility services. The Buy-In Unit accomplishes payment of the Medicare premium. Refer to Chapter 22 for details of how this is accomplished.

1. Medicaid Card Issuance

   A different Medicaid card is issued to individuals or couples who are eligible for QMB coverage only. These cards have a printed message that identifies the coverage limits. If the QMB client is dually eligible for QMB and another Medicaid coverage group which receives full Medicaid coverage, 2 separate medical cards are issued.

   The beginning date of QMB eligibility is the month following the month the application is approved. When QMB eligibility ends, it ends effective the month following the month in which ineligibility occurs, or when possible according to the end of the advance notice period.

   The usual 3-month period for backdating eligibility does not apply to QMB's.

2. Nursing Facility Services

   Those eligible as QMB's are eligible to have their QMB medical card pay the Medicare deductible and/or co-insurance for nursing facility services.

   If the client applies for Medicaid nursing facility services as described in Chapter 17 and is found eligible, he is treated as a dual eligible. However, if the client does not apply for Medicaid nursing facility services or is not eligible for them, his QMB eligibility pays the Medicare co-insurance and/or deductibles related to nursing facility costs, without opening a separate nursing facility case and without a client contribution for his cost of care.

   To facilitate payment for such services, the Worker must notify the Long-Term Care (LTC) Unit in the Bureau for Medical Services (BMS), by memorandum, that the QMB client is in a nursing facility, when it is known. The memorandum prompts the LTC Unit to generate a billing form to the nursing facility to pay for the covered services. The memorandum must contain the following information: client's name,

case number, name of nursing facility, date client entered, date QMB eligibility began, the fact that the client has a QMB case only and, that, therefore, there is no client contribution toward his cost of care.

NOTE: Payments for nursing facility services for QMB clients are subject to Estate Recovery. See Section 17.13. Form OFS-LTC-4, addendum to the Rights and Responsibilities form, must be signed by the client or representative when the Worker is aware that the QMB client is receiving payment for these services.

3. Reimbursement of Medicare Premium Amount

   Once the Buy-In Unit includes the QMB client in the State Buy-in process and, thus, begins the State's payment of the client's Medicare premium to SSA, SSA refunds all of the Medicare premiums withheld during the time that the State should have paid the premium.

   Such reimbursement to the client do not affect the client's eligibility.

4. The Worker's Responsibilities Toward the Buy-In Unit

   When the QMB client loses QMB eligibility, the Worker must notify the Supervisor, Buy-In Unit, BMS, of the effective date of termination or removal of the QMB coverage from a dually-eligible case.

D. SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLIMB) (SLMB)

Income: **110% FPL Prior to 1-01-95**   **Assets:** **$4,000 Individual**

120% FPL Beginning 1-01-95   **$6,000 Couple**

An individual or couple (spouses) is eligible for limited* Medicaid coverage when all of the following conditions are met:

- The individual must be eligible, not just enrolled, for Medicare, Part A, in any of three ways:
  - By being age 64 years, 9 months old or older; or

- By having been totally and continuously disabled and receiving RSDI or Railroad Retirement benefits for 24 months or longer; or

- By having end stage renal disease

- The individual or couple must meet the income test detailed in Chapter 10.

  NOTE: RSDI COLA's are disregarded in determining income eligibility through March of the year in which they are effective.

- The individual or couple must meet the asset test detailed in Chapter 11.

* Medicaid coverage is limited to payment of the Medicare, Part B, premium.

1. Medical Card Issuance

No medical card is issued to those whose sole Medicaid coverage group is SLIMB. The Buy-In Unit is responsible for buying-in to Medicare, Part B, for the client.

The beginning date of SLIMB eligibility may be backdated up to 3 months prior to the month of application, provided all eligibility requirements were met. When SLIMB eligibility ends, it ends effective the month following the month in which ineligibility occurs or whenever the advance notice period ends.

2. Nursing Facility Services

Eligibility for SLIMB alone does not cover the Medicare co-insurance and/or deductibles associated with nursing facility services. However, the client may be dually eligible for SLIMB and Medicaid nursing facility services as described in Chapter 17.

3. Reimbursement of Medicare Premium Amount

The information in Section C,3 above also applies to SLIMB cases.

4. The Worker's Responsibility Toward the Buy-In Unit

The information in Section C,4 above also applies to SLIMB cases.

E. QUALIFIED DISABLED WORKING INDIVIDUALS (QDWI) (QDWI)

Income: 200% FPL **Assets: $4,000**

An individual is eligible for limited* Medicaid Coverage when all of the following conditions are met:

- He is under age 65.
- He is disabled and no longer entitled to Social Security disability benefits and Medicare because he is employed full-time and his earnings exceed the SSA limits. Disability is established by verification of the reason for RSDI and Medicare termination.
- He is eligible to purchase Medicare, Part A, as determined by SSA.
- His income meets the limits detailed in Chapter 10.
- His assets meet the limit detailed in Chapter 11.
- He is not eligible under any other Medicaid coverage group.

* Medicaid coverage is limited to payment of the Medicare, Part A, premium.

The Buy-In Unit is responsible for payment of the Medicare, Part A, premium amount. To begin this process the Worker must forward to the Supervisor, Buy-In Unit, BMS, the following items:

- A copy of the application with "QDWI" written at the top of the form. A copy must be retained in the case record.
- A copy of the Medicare termination notice. The original must be retained in the case record.
- A copy of the client's Medicare card, whether or not Medicare entitlement has expired. A copy must also be retained for the case record.

Once the Buy-In Unit completes the buy-in process and the client is accepted by SSA, SSA will notify the individual that the State is now paying his Medicare premium.

F. ILLEGAL ALIENS - EMERGENCY COVERAGE (MIIS, MIIR, MIIU)

Income:	AFDC/U or SSI Payment Level	Assets:	$1,000 AFDC/U $2,000 SSI

An alien who is not otherwise eligible for Medicaid (Refer to Chapter 18) is eligible when all of the following conditions are met.

- The alien must meet the income, asset and deprivation considerations (except for alien status) of either AFDC Medicaid (MIIR or MIIU) or SSI (MIIS).

- He must be diagnosed as having a severe medical condition that could reasonably be expected to result in one of the following conditions, without immediate medical attention:

  - Serious jeopardy to the alien's health
  - Serious impairment to bodily functions
  - Impaired or abnormal functioning of any body part or organ

  Such medical conditions include emergency labor and delivery. In judging sufficient severity, severe pain must be considered.

Applications from or on behalf of these aliens must be made within 30 days of the need for emergency medical care.