1.22 SSI-RELATED MEDICAID, AGED, BLIND AND DISABLED

A. APPLICATION FORMS

An OFS-2 is used.

A reapplication is treated as any other application except in some situations when a new form is not required. See Section 1.3.

B. COMPLETE APPLICATION

The application is complete when the client or his representative signs an OFS-2 or OFS-5 which contains, at a minimum, the client's name and address.

C. DATE OF APPLICATION

The date that the client or his representative signs the OFS-2 or OFS-5 which contains, at a minimum, his name and address.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents the printing of the OFS-2, Form OFS-5 must be signed by the applicant, attached and filed in the case record with the subsequently printed OFS-2. The OFS-RR-1 must also be completed and signed. He must not be required to return to the office to sign the OFS-2 when the OFS-5 has been signed. For clients who reapply within 60 days of the previous application which was denied due solely to failure to meet spenddown, the date of application is the date the client requests reconsideration. No OFS-2 is required when the requirements in Section 1.3 are met.

D. INTERVIEW REQUIRED

A face-to-face interview is required.

E. WHO MUST BE INTERVIEWED

The interview is conducted with the applicant and his spouse, if any, with whom he resides, regardless of whether or not the spouse is also an applicant.

The interview is conducted with the applicant alone, if the spouse cannot be present because:

- He is hospitalized; or
- He is incarcerated; or
- He is employed and his working hours preclude being present for an interview during the Department's normal working hours; or

- He is physically/mentally unable to participate in the interview, and this is established by a written or verbal statement of a physician, social worker, attorney or other responsible person.

A representative may make the application on behalf of the individual, if it is established that he is physically/mentally unable to participate in the interview.

If the applicant is living with a spouse, the spouse may either serve as the representative or join the representative in the interview, unless he is physically/mentally unable to participate.

When the applicant is a child under the age of 18, the application is made by parent(s) or legal guardian of the child.

F. WHO MUST SIGN

The application must be signed by the individual(s) who is interviewed.

When the applicant is a child under age 18, the parent(s) or legal guardian must sign.

G. CONTENT OF THE INTERVIEW

In addition to the interview requirements in Section 1.2, the following must be discussed in the interview:

- That an aged individual may have his eligibility determined as a blind or disabled individual if he wishes.

- The spenddown process

- The MRT process, if applicable

- That when a couple applies, one spouse may be approved, when eligible, while the application for the other spouse remains pending.

- Relationship with QMB/SLIMB. See Section 1.15.

H. DUE DATE OF ADDITIONAL INFORMATION

Additional information is due 30 days from the date of application.

I. AGENCY TIME LIMITS

1. Application Processing Limits

NOTE: When an applicant, age 65 or over, wishes to have his eligibility evaluated as a blind or disabled person and the process of establishing disability or blindness will result in a delay, his application is approved based on age. If at a later date his blindness of disability is established, the deprivation factor is changed.

- SSI Age-Related Medicaid: Data system action to approve, deny or withdraw the application must be taken within 30 days of the date of application.

- SSI Blind-Related Medicaid: Data system action to approve, deny or withdraw the application must be taken within 60 days of the date of application.

- SSI Disability-Related Medicaid: Data system action to approve, deny or withdraw the application must be taken within 90 days of the date of application.

2. MRT Time Limits

To ensure that the 90-day processing limit is met for MRT cases, the following time limits apply to the MRT process:

REQUIRED ACTION	TIME LIMIT
Interview client and request medical records and reports	By the 7th calendar day after application
Follow-up request(s) for medical records or reports	By 30 days after initial request, and each 30 days thereafter
Submission to MRT	By 7 days after medical records/reports received.
Receipt of file and logged in by MRT	By 2 days after receipt by MRT
Initial review by MRT staff	By 7th day after receipt

Physician's initial review	By 14th day after receipt
Additional medical information requested, if required, by physician	By 7th day after initial physician review
Physician's final review	By 7th day after receipt of additional medical information
Final decision and completion of ES-RT-3	By 7th day after final physician's review
File returned to county office	By 3rd day after final review decision
Notice to the client	By 7th day after receipt of final decision at county office

NOTE: The 90-day processing time limit concludes with the date client notification is mailed, not the date of the data system action.

J. AGENCY DELAYS

If the Department failed to request necessary verification, the Worker must immediately send a verification checklist or form ES-6 and ES-6A, if applicable, to the client and note that the application is being held pending. When the information is received, benefits are retroactive to the date eligibility would have been established had the Department acted in a timely manner.

If the Department simply failed to act promptly on the information already received, benefits are retroactive to the date eligibility would have been established had the Department acted in a timely manner.

For these cases, timely processing may mean acting faster than the maximum allowable time. If an application has not been acted on within a reasonable period of time and the delay is not due to factors beyond the control of the Department, the client is eligible to receive direct reimbursement for out-of-pocket medical expenses. See Chapter 2.

K. PAYEE

The recipient is the payee. Couples may decide who is the payee.

L. REPAYMENT AND PENALTIES

This does not apply to SSI-Related Medicaid.

M. BEGINNING DATE OF ELIGIBILITY

1. Non-Spenddown

The beginning date of eligibility is the first day of the month of the POC. This date may be backdated up to 3 months prior to the month of application, when all eligibility requirements were met, and the client has medical expenses for which he seeks payment.

2. Spenddown

The date of eligibility is the day on which the client incurs medical expenses which bring the spenddown amount to $0.

NOTE: Although eligibility begins on the date that medical bills bring the spenddown amount to $0, expenses incurred on that date which are used to meet the spenddown, as indicated by the Worker on form ES-MS-1, are not paid by Medicaid.

N. REDETERMINATION SCHEDULE

1. Non-Spenddown

Non-Spenddown **AG's** are redetermined in the 6th month of the POC. The 6-month period begins with the month of application. The date **of** the next redetermination is **automatically** coded in the data system.

2. Spenddown

Spenddown **AG's** are not redetermined and are closed at the end of the 6th month of the POC. The client must reapply for a new POC. The last month of the 6-month POC is coded in the data system.

O. EXPEDITED PROCESSING

There is no expedited processing requirement.

P. CLIENT NOTIFICATION

See Chapter 6.

Q. DATA SYSTEM ACTION

Each application requires data system action to approve, deny or withdraw. See the RAPIDS User Guide.

R. REDETERMINATION VARIATIONS

The redetermination process is the same as the application process with the following exceptions:

1. Non-Spenddown

a. The Redetermination List

SSI-Related Medicaid **AG's** are redetermined every 6 months in the last month of the current POC. The data system alerts the Worker when a redetermination is due and sends a letter to the client.

b. The Date of the Redetermination

The Worker, after receipt of the above, is responsible for scheduling the redetermination so that it is completed prior to or during the month in which it is due.

c. Scheduling the Redetermination

An appointment letter is generated by RAPIDS to notify the client of the redetermination and the date the interview is scheduled.

d. Completion of the Redetermination

When the redetermination is completed and the **AG** remains eligible, the new POC begins the month immediately following the month of the redetermination. The new beginning POC is automatically coded in the data system.

2. Spenddown

a. The Redetermination List

There is no **redetermination** list.

b. The Date of the Redetermination

Applicants may come into the office at any time to reapply for a new POC.

c. Scheduling the Redetermination

These **AG's** are not scheduled for a redetermination. The client must apply for a new POC.

d. Client Notification

Spenddown **AG's** receive a computer-generated letter at the end of the 5th month of the POC. This letter informs the client that his eligibility will end at the end of the following month and that he must reapply for Medicaid coverage.

S. THE BENEFIT

A medical card is issued for each eligible individual or couple.

1. Non-Spenddown

a. Retroactive Benefits

The first medical card generated by the data system shows retroactive eligibility, and eligibility through the end of the current month.

b. Ongoing Eligibility

The ongoing medical card shows the eligibility dates for the current month. A new card is issued monthly which shows that month's eligibility dates.

c. Ending Date of Eligibility

The ending date of eligibility is the last day of the month of the effective month of closure.

2. Spenddown

A medical card is issued only when the medical bills entered in the data system brings the spenddown amount to $0. All eligible individuals who are included in the **AG** which meets spenddown appear on the medical card.

NOTE: Although eligibility begins on the date that medical bills bring the spenddown amount to $0, expenses incurred on that date which are used to meet the spenddown, as indicated by the Worker on screen AGTM, are not paid by Medicaid.

a. Retroactive Benefits

The first medical card generated by the data system shows retroactive eligibility, based on the date the spenddown amount computes to $0, and eligibility through the end of the current month.

b. Ongoing Benefits

The ongoing medical card shows the eligibility dates for the current month. A new card is issued monthly which shows the month's eligibility dates.

c. Ending Date of Eligibility

The ending date of eligibility is the last day of the effective month of closure. The spenddown **AG** automatically closes on the last day of the POC.