

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 **1st** 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. **The** Department depends upon SSA for the information needed to open, evaluate **and close** continuing eligibility for SSI Medicaid cases.

A **data** exchange between DHHR and SSA results in information used by the Worker to open the **SSI Medicaid benefit**.

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 **AG** 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.

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.

NOTE: When the individual falls within the QMB income range and qualifies for that coverage, he is not approved for SLIMB to obtain backdated premium payment.

2. Nursing Facility Services

Those eligible as QMB's are eligible to have their QMB coverage 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 coverage pays the Medicare co-insurance and/or deductibles related to nursing facility costs, without approving SSI-Related Medicaid to pay for nursing care services and without a client contribution for his cost of care. See Section 17.9, B for additional information.

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 QMB coverage only and, that, therefore, there is no client contribution toward his cost of care.

Specific Medicaid Requirements

NOTE: Payments for nursing facility services for QMB clients are subject to Estate Recovery. See Section 17.13. **The Long Term Care 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 **does** not affect the client's eligibility.

4. Changes To Buy-In Status

RAPIDS notifies the Buy-In Unit when the case is closed.

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

Income: 101%-120% 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 enrolled in Medicare, Part A. He must be entitled in any of the following 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.