1.13   SSI RECIPIENTS

A.   APPROVALS FROM DATA EXCHANGE

NOTE: When the SSI approved individual is an adult member of a WV WORKS AG, he must be removed after proper notice. When the SSI approved individual is a child in an active WV WORKS AG, he remains in the AG. However, his portion of the WV WORKS check must be reported to SSA as income, using form ES-AP-19. See Section 2.17,D.

When data exchange information indicates that a person is approved for SSI, the Worker receives a RAPIDS alert. See the RAPIDS User Guide and Section 3.3,B.

B.   APPROVALS AT THE REQUEST OF THE BMS MEDICARE BUY-IN UNIT

When the Worker fails to open an SSI Medicaid case for an individual listed on data exchange, and the person is a recipient of SSI and Medicare, Part B, the Buy-In Unit requests that a case be opened. The Worker must open the **SSI Medicaid AG** at the request of the Buy-In Unit, unless he knows that the client is not living in the State.

C.   APPROVALS FROM THE SOCIAL SECURITY STATE ONLINE QUERY (SOLQ)

The Worker may use information found in SOLQ to open SSI Medicaid. See item M below to determine the beginning date of eligibility.

D.   OTHER APPROVALS

When the client has been approved for SSI and needs medical coverage, but has not appeared on the data exchange, the Worker may use a written **or verbal** referral from SSA, which contains the necessary information to approve the **AG.** When the client requests this method, his request must be honored. **When SSA provides the referral to the DFA Economic Services Policy Unit, the information is sent to the local office by GroupWise.**

When an SSI recipient moves to West Virginia from another state, the Worker must verify SSI eligibility with SSA and must notify the former state of residence that a case is open in West Virginia. See Chapter 8.

Some states make a supplemental payment to SSI recipients. Receipt of the state supplement qualifies them for Medicaid in these states. However, such payments from other states do not qualify a client for SSI Medicaid in West Virginia. Therefore, receipt of SSI Medicaid in another state does not always automatically result in eligibility in West Virginia.

If the client is not eligible for SSI Medicaid the Worker must evaluate the client for all other Medicaid coverage groups and make a recording on CMCC.

E.   ESTABLISHING THE DATE OF APPLICATION

The date of application is the first day of the month which shows on data exchange as the Medicaid effective date, or the date given on the SSA referral or by the BMS Buy-In Unit.

F.   WHO MUST BE INTERVIEWED

No interview is required.

G.   WHO MUST SIGN

No signature is required.

H.   DUE DATE OF ADDITIONAL INFORMATION

All information is on data exchange, or is provided by SSA or the Buy-In Unit.

I.   AGENCY TIME LIMITS

The Worker must enter the SDX information for approval within 45 days of the date on which the client first appears on data exchange, or the referral from SSA or the BMS Buy-In Unit.

J.   AGENCY DELAYS

Data system entry must be made immediately upon discovery of the overdue entry.

K.   PAYEE

The SSI recipient is the payee, unless the use of a substitute payee is justified.

L.   REPAYMENT AND PENALTIES

This does not apply to SSI Medicaid cases.

M.   BEGINNING DATE OF ELIGIBILITY

SSI Medicaid eligibility begins with the first month for which an SSI payment is made. This is either the month after the month of application for SSI or the month following the month in which SSI eligibility is

established. If the individual has past medical bills, his eligibility begins up to 3 months prior to the month of the first SSI payment. Past medical bills are indicated on the SDX file and the Medicaid effective date on data exchange reflects this for backdated Medicaid coverage.

The beginning date of eligibility is based on the age of the individual. The date is determined by the following.

- **Age 21 or over - The beginning date of eligibility is the Medicaid effective date on data exchange.**

- **Under age 21 – For individuals with a Medicaid effective date of 3/1/07 or after, the beginning date of eligibility is the month prior to the month of the Medicaid effective date on data exchange. For individuals with a Medicaid effective date prior to 3/1/07, the beginning date of eligibility is the Medicaid effective date on data exchange.**

When documentation, other than data exchange, is used to approve the Medicaid **AG,** the beginning date of Medicaid eligibility is established as follows:

- If the document used for verification gives the beginning date of SSI **payment,** but does not indicate if any back medical bills exist, the client must be questioned about any unpaid medical bills incurred during the 3 months prior to that date. If he has unpaid bills, coverage is backdated to the earliest of the 3 months in which the bills were incurred. If he has no unpaid bills, the first day of the month **the** SSI **payment** began is his Medicaid eligibility date.

- If the document used for verification does not give the beginning **payment** date for SSI, the Medicaid eligibility date is no more than 3 months prior to the month in which his receipt of **an** SSI **payment** is verified. If he has unpaid bills, coverage is backdated to the earliest of the 3 months. If the client has unpaid medical bills incurred more than 3 months prior to the date of verification, the approval must be delayed until his name appears on data exchange.

N. REDETERMINATION SCHEDULE

There is no redetermination of SSI Medicaid eligibility.

O. EXPEDITED PROCESSING

There is no expedited process for SSI Medicaid.

P.   CLIENT NOTIFICATION

Client notification is accomplished by the data system, when the case is properly coded. The notification includes the beginning date of eligibility.

Q.   DATA SYSTEM ACTION

Data system action is required to approve an SSI Medicaid **AG.**

R.   REDETERMINATION VARIATIONS

There is no redetermination of SSI Medicaid.

S.   THE BENEFIT

The SSI recipient is the only individual who appears on the medical card. See Chapter 16.

1.   Retroactive Benefits

The first medical card generated by the data system shows the coverage begin date entered in ANBR, and eligibility through the end of the current month.

2.   Ongoing Benefits

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.

3.   Ending Date Of Eligibility

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