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 permits this.

NOTE: SSI recipients include individuals who are otherwise eligible to receive a payment, but do not because of a repayment.

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. Therefore, SSI Medicaid eligibility ends when SSI ends in most situations. See Section 2.11 for exceptions and closure procedures.

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.

NOTE: Trust provisions apply to SSI Medicaid and must be explored prior to SSI Medicaid approval and at redetermination, including when an SSI recipient enters a nursing facility.

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.

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 Individual**
$3,000 Couple

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

- He was eligible for and received RSDI and SSI concurrently, i.e., at the same time, for at least one month after April 1977.

  NOTE: The individual who received SSI, and was found retroactively eligible for RSDI for a month in which SSI was received, is considered to have received SSI and RSDI concurrently. RSDI payments are received the month following the month of entitlement. For example, the RSDI entitlement for December is received in January.

- He lost SSI for any reason, but would currently be eligible if the total amount of all RSDI COLA's since the loss of SSI were deducted from his RSDI. This includes a COLA which results in the loss of SSI.

- The individual currently receives RSDI benefits

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 is detailed in Section 10,I5,C.

EXAMPLE: Ms. A, age 55 and single, has assets of less than $2,000. She receives RSDI of $800 a month in 2004. In order to qualify for SSI-Related Medicaid, she must meet a spenddown. She first applied for RSDI and SSI in October 1985. She was approved for SSI and was paid SSI for October 1985 through December 1986. She received her first RSDI check in December 1986 which resulted in the loss of SSI payments in December 1986. In 2004, the Worker screens Ms. A for PAC. Her RSDI benefit of $800 is multiplied by .596, the amount for 1986 found in Appendix E for Method 1. Her countable RSDI income for PAC is $476, which is less than the current SSI amount of $564, and she qualifies for PAC.

EXAMPLE: In 2004, Mrs. B lives with her husband, Sam B. He is 75 years old and receives RSDI of $575. He never received SSI. Mrs. B is 70 years old and receives $450 RSDI. The couple's total combined monthly income is $1025, which exceeds the current SSI amount of $846 for a couple, even after the $20 disregard. Mrs. B received both RSDI and SSI until she married Sam in 1991. Her SSI was terminated after the marriage due to excessive income for a couple. To determine potential PAC eligibility, the combined RSDI income of $1025 is multiplied by .722, the amount for 1991 found in Appendix E for Method 1. Their combined countable RSDI amount is $740, which is less than the current SSI amount for a couple of $846. Mrs. B qualifies for PAC coverage. Her husband is not PAC eligible because he did not receive SSI.

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)

Income: 100% FPL **Assets:** $7,070 **Individual**
$10,620 **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 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 until the new FPL limits 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.

Individuals who meet all other QMB, SLIMB and QI-1 eligibility requirements, but who are not yet enrolled in Part B, must be referred to the BMS Medicare Buy-In Unit by sending an electronic message to Medicare Buy-In at dhhrmedicarebuyin@wv.gov. The message must contain the applicant's name, address, date of birth and Social Security Number. The Buy-In Unit contacts Social Security to facilitate enrollment. This avoids any late enrollment penalty which may apply to the individual and permits enrollment outside the yearly open enrollment period.

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.

EXCEPTION: See Section 1.15 for situations in which backdating applies.

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, C 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.

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

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

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

Income: 101%-120% FPL **Assets: $7,080 Individual**
10,620 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 until the new FPL limits 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 B, premium.

Individuals who meet all other QMB, SLIMB and QI-1 eligibility requirements, but who are not yet enrolled in Part B, must be referred to the BMS Medicare Buy-In Unit by sending an electronic message to Medicare Buy-In at dhhrmedicarebuyin@wv.gov. The message must contain the applicant's name, address, date of birth and Social Security Number. The Buy-In Unit contacts Social Security to facilitate enrollment. This avoids any late enrollment penalty which may apply to the individual and permits enrollment outside the yearly open enrollment period.

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.

   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

   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. Changes In Buy-In Status

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

E. QUALIFIED INDIVIDUAL (QI-1) (QIA)

Income: 121 to 134% FPL **Assets: $7,080 Individual**
$10,620 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 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 until the new FPL limits become effective.
- The individual or couple must meet the asset test detailed in Chapter 11.
- The individual or couple must not be eligible for any full coverage Medicaid group.

* Medicaid coverage is limited to payment of the Medicare, Part B, premium. The Buy-In Unit accomplishes payment of the Medicare premium. Refer to Chapter 22 for details of how this is accomplished.

Individuals who meet all other QMB, SLIMB and QI-1 eligibility requirements, but who are not yet enrolled in Part B, must be referred to the BMS Medicare Buy-In Unit by sending an electronic message to Medicare Buy-In at dhhrmedicarebuyin@wv.gov. The message must contain the applicant's name, address, date of birth and Social Security Number. The Buy-In Unit contacts Social Security to facilitate enrollment. This avoids any late enrollment penalty which may apply to the individual and permits enrollment outside the yearly open enrollment period.

1. Medicaid Card Issuance

   No Medical Card is issued to those whose sole Medicaid coverage group is QI-1. The Buy-In Unit is responsible for buying-in to Medicare, Part B, for the client.

   Eligibility may be backdated up to 3 months prior to the month of application. However, under no circumstances, may eligibility be backdated prior to January of the calendar year of application. When QI-1 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.

2. Nursing Facility Services

   Nursing facility services are not covered under QI-1.

3. Reimbursement Of Medicare Premium Amount

   Once the Buy-In Unit includes the QI-1 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. Changes In Buy-In Status

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

F. QUALIFIED DISABLED WORKING INDIVIDUALS (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.

G. INELIGIBLE/ILLEGAL ALIENS - EMERGENCY COVERAGE (MIIS, MIIR, MIIU)

Income: **Income limit of the Medicaid group for which the alien is applying**

Assets: **Asset limit of the Medicaid group for which the alien is applying.**

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

- The alien must meet the income, asset and non-financial considerations (except for alien status) of any full coverage Medicaid group, with the exception of the Long Term Care groups.

- 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.

Individuals who apply based on disability must be approved by MRT, unless they receive a statutory disability benefit. See Chapter 12.

DUE TO DELETION OF MANUAL MATERIAL

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