

## 1.22 SSI-RELATED MEDICAID, AGED, BLIND AND DISABLED

### A. APPLICATION FORMS

A DFA-2, or Single-Streamlined Application (SLA) 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 a DFA-2, DFA-5 or SLA which contains, at a minimum, the client's name and address.

### C. DATE OF APPLICATION

The date of application is the date the applicant submits a DFA-2, or SLA, in person, by fax or other electronic transmission or by mail or the Marketplace, which contains, at a minimum, his name and address and signature. When the application is submitted by mail or fax, the date of application is the date that the form with the name, address and signature is received in the local office.

**NOTE:** When a faxed copy or other electronic transmission of an application is received that contains a minimum of the applicant's name, address and signature, it is considered an original application and no additional signature is required.

**NOTE:** When the applicant has completed the interactive interview, and there is a technical failure that prevents the printing of the DFA-2, Form DFA-5 must be signed by the applicant, attached and filed in the case record with the subsequently printed DFA-2. The DFA-RR-1 must also be completed when the DFA-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 DFA-2 is required when the requirements in Section 1.3 are met.

### D. INTERVIEW REQUIRED

No interview is required.

**E. WHO MUST BE INTERVIEWED**

An interview is not routinely required, but when an interview is conducted, the following person(s) must be interviewed:

the applicant; 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 applicant, the spouse or the representative.

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

## G. CONTENT OF THE INTERVIEW

Although no interview is required, when an interview is conducted, the interview requirements in Section 1.2 are applicable. In addition, the following must be discussed with the applicant when an interview is not conducted:

- That an aged individual may have his eligibility determined as a blind or disabled individual if he wishes.
- The spenddown process.
- The specific months which will constitute the Period of Consideration (POC) based on the 6 month POC that will most benefit the client. The beginning date of eligibility may be backdated up to 3 months prior to the month of application when all eligibility requirements are met and the client has medical expenses for which he seeks payment.
- 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 or 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
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 DFA-6 and DFA-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**

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.

**1. Non-Spenddown**

The beginning date of eligibility is the first day of the month of the POC.

**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 RAPIDS screen AGTM 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 redetermination. The client must reapply for a new POC.

d. Client Notification

Spenddown AGs are mailed a computer-generated letter at adverse action notice deadline the 6<sup>th</sup> month of the POC. This letter informs the client that his eligibility will end on the last day of the month and that he must reapply for Medicaid coverage.

S. THE BENEFIT

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

1. Initial Benefit

a. Ongoing Benefits

Effective April 2015 the Medicaid card issuance process will change from a monthly to a yearly issuance. The Medicaid card will not include any date parameters since eligibility may terminate.

Each January, beginning with the 2016 issuance, Medicaid recipients will receive one Medicaid card per case.

In situations where retroactive eligibility is established, the Medicaid card will be validated appropriately for each back-dated month.

b.. Ending Date of Eligibility

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

2. Spenddown (Assistance Groups)

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**Application/Redetermination Process**

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- a. 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 are not paid by Medicaid.
- b. 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.