

H-1600 TUBERCULOSIS (TB) INFECTED

H-1610 GENERAL INFORMATION

Section 13603 of the Omnibus Budget Reconciliation Act (OBRA) of 1993 allows States the option to provide Medicaid benefits to eligible ****beneficiaries** diagnosed as, or suspected of, being infected with Tuberculosis (TB). The effective date of the optional TB provisions program is August 1, 1995.

These beneficiaries are only eligible for TB-related services, not the full range of Medicaid covered services. Coverage is restricted to outpatient medical services directly related to the diagnosis, confirmation and treatment of TB, including physician, pharmacy, laboratory, X-ray, Rural Health Clinic, and Federally Qualified Health Center services. TB-infected beneficiaries are eligible for directly observed therapy services for TB treatment from the Office of Public Health (OPH). They are not eligible for coverage of inpatient hospital services, nursing facility services, or room and board.

An applicant/beneficiary diagnosed as, or suspected of, being infected with TB, may be eligible for Medicaid services under the TB-infected program if not otherwise eligible for Medicaid.

Eligibility for individuals with TB will be determined using Modified Adjusted Gross Income (MAGI)-based income standards. This group included individuals with income less than or equal to 160 percent of the Federal Poverty Level (FPL) (155 percent plus 5 percent disregard).

H-1620 ELIGIBILITY DETERMINATION PROCESS

Determine eligibility by applying the following criteria. The elements are listed in the most logical order, but all steps should be performed simultaneously.

H-1620.1 DETERMINE ASSISTANCE UNIT

The assistance unit consists of the applicant/beneficiary.

H-1620.2 ESTABLISH CATEGORICAL REQUIREMENT

Verification must be provided that the applicant/beneficiary has been diagnosed as, or is suspected of, being infected with Tuberculosis, as determined by the Medical Eligibility Determination Team (MEDT). Request an MEDT disability decision with supporting medical documentation of the primary diagnosis. If a TB-infected diagnosis has not been rendered by the treating medical provider, the MEDT package must include a signed and dated statement from the medical provider indicating that the beneficiary is suspected to have active TB, while awaiting TB cultures results.

Request for a determination of TB-infected shall be clearly indicated on the MEDT request by checking the box labeled "TB-infected".

H-1620.3 ESTABLISH NON-FINANCIAL ELIGIBILITY

Verify eligibility for each member of the assistance unit with regard to the following factors:

- [Assignment of Third Party Rights](#) I-200
- [Citizenship/Identity and Qualified Non-Citizen Status](#) I-300
- [Enumeration](#) I-600
- [Residence](#) I-1900

H-1620.4 ESTABLISH NEED

Need/Countable Income is based on MAGI methodology and shall be determined by applying criteria found in [I-1550 MAGI Determinations](#).

If income is equal to or greater than the individual 160% FPL limit (155% plus 5% disregard), the applicant/beneficiary is ineligible. Qualified Medicare Beneficiary (QMB) and Spend-Down Medically Needy (MNP) provisions do not apply to the TB-infected category.

H-1620.5 ELIGIBILITY DECISION

Evaluate all eligibility requirements and verification received to make the eligibility decision.

H-1620.6 CERTIFICATION PERIOD

The twelve (12) month certification period begins with the month of application. Retroactive medical eligibility (RME) may be explored for the three (3) months prior to the month of application. Refer to [H-1800 Retroactive Medical Eligibility \(RME\)](#). The months of retroactive coverage are not included in the twelve (12) month certification period.

H-1620.7 NOTICE OF DECISION

Send the appropriate notice of decision to the applicant/beneficiary.