

**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 enrollees diagnosed as, or suspected of, being infected with Tuberculosis (TB). \*\*

These enrollees 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 (FQHC) services. TB-infected enrollees 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/enrollee 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.

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Eligibility for individuals with TB will be determined using Modified Adjusted Gross Income (MAGI)-based income standards. This group includes individuals with income less than or equal to 160 percent of the Federal Poverty Level (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/enrollee.

**H-1620.2 Establish Categorical Requirement**

Verification must be provided that the applicant/enrollee has been

diagnosed as, or is suspected of, being infected with TB, 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 enrollee is suspected to have active TB, while awaiting TB cultures results.

Requests 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/Alien 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 limit, the applicant/enrollee 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 certification period may be effective no earlier than three (3) months prior to the application date, provided the individual is

otherwise eligible. The months of retroactive coverage are not included in the twelve (12) month certification period. The twelve (12) month certification period begins with the month of application.

Retroactive medical eligibility (RME) shall be explored for the three (3) months prior to the month of application. Refer to [H-1800, Retroactive Medical Eligibility](#).

#### **H-1620.7 Notice of Decision**

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