

H-3300 PROVISIONAL MEDICAID**H-3310 GENERAL INFORMATION**

Effective February 9, 2014, for dates of service beginning February 1, 2014, Louisiana Medicaid implemented the Provisional Medicaid (PM) program for individuals with disabilities or age 65 and older. Coverage may not begin prior to February 1, 2014.

This program will provide Medicaid coverage to applicants/beneficiaries with income below the Federal Benefit Rate (FBR) and resources that meet SSI limits. A disability determination may be made by Medicaid's Medical Eligibility Determination Team (MEDT) without first having an SSI determination made by the SSA.

Note:

A decision by the MEDT is also required for applicants alleging blindness or a disability based on visual impairment. These applicants must be certified in the Disability "D" category and not in the Blind "B" category.

H-3320 DISABILITY DETERMINATIONS

An applicant who alleges a disabling condition shall have a disability determination made by MEDT when any of the following circumstances exist:

1. The applicant has applied for Medicaid and has not applied to SSA for SSI cash benefits.
2. The applicant has applied for Medicaid and SSI benefits and is found ineligible for SSI for a reason that does not apply to Medicaid (i.e. lawful permanent resident without 40 quarters of work history and other alien status, incarceration, resident of a state mental hospital/IMD, or transfer of assets).
3. The applicant has applied both for Medicaid and to SSA for SSI, and SSA has not made an SSI disability determination.
4. The applicant has applied for Medicaid and:
 - claims a disabling condition different from, or in addition to,

that considered by SSA in making its determination, or

- claims that his or her condition has deteriorated and it has been more than 12 months since the most recent SSA disability denial
- SSA has denied the application based on disability in the last twelve (12) months and the applicant provides documentation that the SSA decision has been timely appealed.

H-3330 COVERAGE

Provisional Medicaid beneficiaries receive the full range of Medicaid covered services.

H-3340 ELIGIBILITY DETERMINATION PROCESS

Determine eligibility by applying the following criteria. Elements have been listed in the most logical order, but work on all steps simultaneously.

H-3340.1 Determine Assistance Unit

The assistance unit includes the applicant/beneficiary or both members of a couple (legal or non-legal) if they meet the Provisional Medicaid criteria.

H-3340.2 Establish Categorical Requirement

Verify that the applicant/beneficiary is:

- Aged;
- Blind; or
- Disabled.

Refer to [E-0000 Category](#).

H-3340.3 Establish Non-Financial Eligibility

Verify eligibility 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-3340.4 Establish Need**A. Determine Composition of the Income/Resource Unit**

The income/resource unit consists of the:

- Applicant/beneficiary,
- Applicant/beneficiary and ineligible spouse (is not disabled nor aged) living in the home,
- Applicant/beneficiary who is a minor and his parent(s) living in the home, or
- Applicants/beneficiaries who are a couple (both are disabled or aged)

B. Determine Need/Countable Resources

Determine total countable resources of the members of the resource unit, including resources deemed from the parents of an applicant/beneficiary who is a minor. Refer to [I-1420, Need-Deeming](#), and to [I-1630 Need-SSI Related Resources](#).

Note:

The cash surrender value (CSV) of life insurance is counted if the face value of all policies that can accumulate CSV is greater than \$1,500.

The maximum burial fund exclusion for Provisional Medicaid is \$1,500.

For more information, see [I-1634 Type of Resources](#) (SSI-Related).

Compare the countable resources to the SSI resource limit for the number of persons in the resource unit. Refer to [Z-900 Resource Limits by Program](#) .

If resources are greater than the limit, the applicant/beneficiary is resource ineligible for Provisional Medicaid.

If resources are equal to or less than the limit, the applicant/beneficiary is resource eligible for Provisional Medicaid.

C. Determine Need/Countable Income

Individual

If the applicant/beneficiary is an individual with no spouse or with an ineligible spouse with no income, go to Step 1.

Parent(s) to Child Deeming

If the applicant beneficiary is a minor child, apply deeming [policy I-1424.2, Need – Deeming](#). Any income deemed from the parent(s) is considered unearned income of the applicant/beneficiary in the individual steps. Go to Step 1.

Note:

If there is more than one eligible child in the household, divide the income deemed from the parent's equally among them.

Exception:

Deeming of income or resources is not applicable to newborns who have never been discharged from the hospital and are expected to remain in the hospital for more than 30 days. Deeming is only applicable the month after the newborn is discharged. Refer to [I-1422, When Deeming is Not Applicable](#) and [G-1620, Simplified Disability Decisions for Infants](#).

Note:

Consider eligibility for children under age 19 in a MAGI Child group before Provisional Medicaid.

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Complete the following budget steps:

Step 1. Determine total countable unearned income.

NOTE:

In-kind support and maintenance (ISM) is counted for the Provisional Medicaid program. (For more information on ISM, see [I-1534 Types of Income - SSI Related](#)).

- Step 2. Subtract \$20 SSI disregard from unearned income.
- Step 3. The remainder is the countable unearned income.
- Step 4. Determine total gross earned income.
- Step 5. Subtract any remainder of \$20 SSI disregard from gross earnings.
- Step 6. Subtract earned income deduction from remaining gross earnings. Earned income deduction is \$65 and one-half of remainder of earnings.
- Step 7. The remainder is the countable earned income.
- Step 8. Combine remainders from Step 3 and Step 7.
- Step 9. Compare to Federal Benefit Rate (FBR) Income Standard for Individual. If income is greater than the individual limit, the applicant/beneficiary is ineligible. Refer to [Z-400 Federal Benefit Rate \(FBR\)](#).

Consider the individual for eligibility in [H-1030 Spend-Down Medically Needy - SSI related](#) (MNP).

Note:

Do not count ISM in determining eligibility for MNP (See [I-1534 Types of Income \(SSI Related\)](#)).

Compare to FBR Income Standard for Individual. If income is equal to or less than the individual limit, the applicant/beneficiary is eligible. Refer to [Z-400 Federal Benefit Rate \(FBR\)](#).

Ineligible Spouse Deeming

If there is an ineligible spouse with income, complete steps 1 through 7 listed above using only the applicant's/beneficiary's income. If the income is equal to or greater than the individual limit (Refer to [Z-400 Federal Benefit Rate \(FBR\)](#)), the

applicant/beneficiary is ineligible and there is no deeming – consider MNP. If the applicant's/beneficiary's income is less than the individual income standard, apply [I-1424.2 Income Deeming Procedures](#)

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Couple

If both members of a couple are potentially eligible, complete the following steps:

- Step 1. Determine total unearned income of the couple.
- Step 2. Subtract one \$20 SSI disregard from the unearned income.
- Step 3. The remainder is the countable unearned income.
- Step 4. Determine total gross earned income of the couple.
- Step 5. Subtract any remainder of the \$20 SSI disregard from gross earnings.
- Step 6. Subtract one earned income deduction from the remaining gross earnings of the income unit. The earned income deduction is \$65 and one-half of the remainder of the earnings.
- Step 7. The remainder is the countable earned income.
- Step 8. Combine the remainders in Step 3 and Step 7.
- Step 9. Compare total countable income to the current FBR for a couple. Refer to [Z-400 Federal Benefit Rate \(FBR\)](#).

If the income is greater than the current FBR for a couple, the applicants/beneficiaries are not eligible for Provisional Medicaid.

Consider eligibility in [H-1030 Spend-Down Medically Needy - SSI related](#).

If the income is equal to or less than the current FBR for a couple, the applicants/beneficiaries are income

eligible for Provisional Medicaid.

H-3340.5 Eligibility Decision

Evaluate all eligibility requirements and verifications received to make the eligibility decision to either reject/close, certify, or extend eligibility.

H-3340.6 Certification Period

The certification period shall not exceed twelve months, not including any retroactive coverage. Retroactive medical eligibility shall be explored for the three months prior to the month of application. Refer to [H-1800 Retroactive Medicaid Eligibility \(RME\)](#).

NOTE:

Applicants will be required to apply for any annuity, pension, retirement, and disability benefits (not including SSI) for which they are entitled to. A review is to be conducted every six months to determine the status of the beneficiary's application for other benefits, if any. Confirmed receipt of other benefits must be evaluated to determine effect on eligibility.

H-3340.7 Notice of Decision

Send the notice of decision to the applicant/beneficiary.

H-3350 SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINATIONS

SSI determinations take precedence over the MEDT determination. An SSI denial decision will require action to determine if it applies to Medicaid and if so, a review for eligibility in any other Medicaid program prior to taking action to close the Provisional Medicaid certification. Refer to [G-1610.12 SSI Appeals](#), when the SSA decision has been appealed.