

## 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/enrollees 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 enrollees 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/enrollee or both members of a couple (legal or non-legal) if they meet the Provisional Medicaid criteria.

#### **H-3340.2      Establish Categorical Requirement**

The applicant/enrollee must be aged (age 65 and older) or have a disability as defined by SSA.

#### **H-3340.3      Establish Non-Financial Eligibility**

Verify eligibility with regard to the following factors:

- Assignment of Third Party Right                      I-200
- Citizenship/Alien 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/enrollee,
- applicant/enrollee and ineligible spouse (is not disabled nor aged) living in the home,
- applicant/enrollee who is a minor and his parent(s) living in the home, or
- applicants/enrollees 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/enrollee 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 Types 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, Charts.

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

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

### C. Determine Need/Countable Income

#### Individual

If the applicant/enrollee is an individual with no spouse or with an ineligible spouse with no income, complete the following 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. Determine total gross earned income.

Step 4. Subtract any remainder of \$20 SSI disregard from gross earnings.

Step 5. Subtract earned income deduction from remaining gross earnings. Earned income deduction is \$65 and one half of remainder of earnings.

Step 6. Combine remainders from Step 2 and Step 5.

Step 7. Compare to FBR Income Standard for Individual. If income is greater than the individual limit, the applicant/enrollee is ineligible. Refer to Z-400.

Consider the individual for eligibility in Spend-down Medically Needy Program (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/enrollee is eligible. Refer to Z-400.

#### Ineligible Spouse Deeming

If there is an ineligible spouse with income, complete steps 1 through 7 listed above using only the applicant/enrollee's income. If the income is equal to or greater than the individual limit (Refer to

Z-400), the applicant/enrollee is ineligible and there is no deeming – consider MNP. If the applicant/enrollee's income is less than the individual income standard, apply deeming policy, I-1424.2.

### **Parent(s) to Child Deeming**

If the applicant enrollee is a minor child, apply I-1424.2, Need – Deeming. Any income deemed from the parent(s) is considered unearned income of the applicant/enrollee.

**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.

### **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. Determine total gross earned income of the couple.
- Step 4. Subtract any remainder of the \$20 SSI disregard from gross earnings.
- Step 5. 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 6. Combine the remainders in Step 2 and Step 5.
- Step 7. Compare total countable income to the current FBR for a couple. Refer to Z-400.

If the income is greater than the current FBR for a

couple, the applicants/enrollees are not eligible for Provisional Medicaid.

Consider eligibility in Spend-down MNP.

If the income is equal to or less than the current FBR for a couple, the applicants/enrollees 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, including any retroactive coverage (up to three months prior to date of Medicaid application).

**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 enrollee's application for other benefits, if any. Confirmed receipt of other benefits must be evaluated to determine effect on eligibility. See Provisional Medicaid Chapter in the Administrative Procedures Manual.

Retroactive medical eligibility shall be explored for the three months prior to the month of application. Refer to H-1800, Retroactive Medical Eligibility.

### **H-3340.7 Notice of Decision**

Send the notice of decision to the applicant/enrollee.

## **H-3350 SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINATIONS**

SSI determinations take precedence over the Provisional Medicaid 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.