

H-700 SSI RETROACTIVE MEDICAID**H-710 GENERAL INFORMATION**

Applicants for Supplemental Security Income (SSI) are asked by Social Security Administration (SSA) at the time of the application interview if they have unpaid medical bills incurred during the three months prior to the month of application. The response to this is indicated on the SSA interface information for both SSI certifications and rejections by "Y" (yes) and "N" (no).

Explore SSI Retroactive Medicaid for those applicants who indicate unpaid medical bills ("Y" indicator), whether the SSI application is approved or denied.

This program will provide retroactive Medicaid coverage to applicants/beneficiaries with income below the Federal Benefit Rate (FBR) and resources that meet SSI limits. ** If the applicant/beneficiary is not eligible for SSI in the retroactive period, explore current eligibility in all other Medicaid programs.

A disability determination may be made by Medicaid's Medical Eligibility Determination Team (MEDT) without having an SSI determination made by the SSA.

Refer to [Retroactive Medical Eligibility \(RME\) MEM H-1800](#) for more information.

H-711 NOTIFICATION OF APPLICANTS/BENEFICIARIES FOR SSI

** Upon the SSI approval or denial interface indicating that retroactive coverage was requested, the applicant/beneficiary is notified of their right to request Medicaid coverage for the three months prior to SSI application.

H-712 REQUEST ** FOR RETROACTIVE COVERAGE

The individual has ** **90** days from the date of the notice to request this retroactive coverage period.

The SSI Retroactive Medicaid Eligibility determination is separate from the determination for current and on-going eligibility, but the same application form is used.

Verify any questionable information that affects eligibility. Document in the case record how any questionable information was verified.

H-713 RETROACTIVE CERTIFICATION

** Individual(s) requesting retroactive medical benefits shall have had a medical service during at least one of the months for which RME is considered. (It is permissible to accept the applicant's verbal statement.)

The retroactive period may consist of any or all of the three months immediately prior to the month of SSI application. The months of retroactive eligibility do not have to be consecutive.

Example:

The beneficiary applied for SSI in June and is certified for SSI and Medicaid effective that month. The worker learns that the beneficiary had unpaid medical bills incurred in April. The beneficiary met all eligibility requirements for March and April, but ** was not income eligible for May. Certify the beneficiary for RME for March and April. Consider eligibility in Medically Needy Program (MNP) for May.

Note:

Continuous eligibility begins in the month of application rather than the first month of eligibility. See [H-1900 Twelve Months Continuous Eligibility](#) for more information.

H-714 DENIAL FOR SSI BECAUSE OF DISABILITY

If SSA denied an application because SSI disability was not met, explore the possibility that disability existed for the year immediately preceding the SSI application date.

If the applicant states that disability was continuous throughout the 12 months prior to SSI application, submit ** ***an MEDT package*** for a disability decision for the three month period of potential retroactive eligibility.

If the applicant states there was no disability during this one-year period, explore Magi-Related programs. If not eligible for any Medicaid program, deny the application for retroactive coverage.

H-715 INCOME REJECTIONS

Explore retroactive eligibility in MNP for an individual who was not eligible for SSI Retroactive Medicaid because of income.

H-716 RESERVED**H-721 ELIGIBILITY DETERMINATION PROCESS**

Determine eligibility for each month in the retroactive period by applying the following criteria. The elements have been listed in the most logical order, but work on all steps simultaneously.

H-721.1 Determine Assistance/Benefit Unit

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

H-721.2 Establish Categorical Requirement

Verify that the applicant/beneficiary was:

- Aged,
- Blind, or
- Disabled.

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

H-721.3 Establish Non-Financial Eligibility

Verify eligibility for the applicant/beneficiary 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-721.4 Establish Need**A. Determine Composition of the Income/Resource Unit**

The income/resource unit consists of the:

- Applicant/beneficiary.
- Applicant/beneficiary and ineligible spouse (spouse is not disabled nor aged) living in the home,
- Applicant/beneficiary who is a minor and their 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 SSI Retroactive 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 SSI Retroactive Medicaid.

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

Complete the following budget steps:

Step 1. Determine total countable unearned income.

Note:

In-kind support and maintenance (ISM) is counted for the SSI Retroactive 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 9 listed above using only the applicant/beneficiary's income. If the income is 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/beneficiary's income is less than the individual income standard, apply [I-1424.2 Income Deeming Procedures](#)

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 total 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 SSI Retroactive 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 SSI Retroactive Medicaid.

H-721.5 **Eligibility Determination Process**

Evaluate all categorical and eligibility requirements and verification received to make the eligibility decision for each month.

H-721.6 Certification Period

The certification period is one, two, or three months, depending on the month(s) of eligibility.

H-721.7 Notice of Decision

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