

**DISABILITY MEDICAID**  
For Disabled and Elderly Persons

**H-1700**

**H-1710 GENERAL INFORMATION**

Effective April 20, 2007, for dates of service beginning April 1, 2007, Medicaid of Louisiana implemented **Disability Medicaid (DM)** for individuals with disabilities and aged (65 or older) individuals who meet all eligibility requirements in the SSI Program. This option will enable applicants/enrollees that have income below the Federal Benefit Rate (FBR) and resources that meet SSI limits to have a *Disability Medicaid determination* made by Medicaid without first having a Supplemental Security Income (SSI) determination made by the Social Security Administration (SSA). Applicants that meet the disability criteria based on visual acuity (blindness) must be certified in the Disability "D" category (not in the "B" category).

**Note:**

Applicants alleging blindness or a disability based on visual impairment must be considered for Medicaid and certified in the Disability "D" category. An MEDT decision is required for these applicants.

**H-1720 DISABILITY DETERMINATIONS**

**Louisiana Medicaid can make a disability determination when *one (1) of the following occurs:***

1. The applicant applies for Disability Medicaid and either:
  - has not applied with SSA for SSI cash benefits, or
  - applies for Medicaid and has applied with SSA for SSI and has been found ineligible for reasons other than disability (excess income, alien status, transfer of assets, or inadequate or no medical information provided).
2. The applicant applies with both SSA (for SSI) and the state for Medicaid, but SSA has not made an SSI Disability determination.

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3. The applicant applies for **Disability Medicaid** and alleges a disabling condition different from or in addition to that considered by SSA in making a disability determination.
4. *The applicant applies for Disability Medicaid and 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.*
5. *The applicant applies for Disability Medicaid and more than twelve (12) months have passed since SSA denied disability. The applicant alleges his condition has changed or deteriorated since that SSA determination, and there is a new period of disability which meets the durational requirements of the act.*
6. *The applicant applies for Disability Medicaid:*
  - 1) and less than 12 months have passed since the last SSA determination denying disability.

*The applicant alleges:*

1. his condition has changed or deteriorated,
2. he has a new period of disability that meets the durational requirements,
3. he has applied to SSA for reconsideration or reopening but SSA refuses to consider the new allegations; **and/or**
4. he no longer meets the non-disability requirements for SSI, but may meet the state's non-disability requirements for Medicaid eligibility (Example: applicant is 'aged' with income below the FBR).

**H-1720 Continued**

**Louisiana Medicaid can not make a disability determination when an individual:**

1. Only applies with SSA, or
2. SSA has made a disability determination within 12 months on the same issues presented in the Medicaid application.

**H-1730 COVERAGE**

Beneficiaries of Disability Medicaid are eligible for the full range of Medicaid covered services.

**H-1740 ELIGIBILITY DETERMINATION PROCESS**

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

**H-1740.1 Determine Assistance/Benefit Unit**

The assistance/benefit unit consists of the applicant/enrollee or both members of a couple (legal or non-legal) if they meet the Disability Medicaid criteria **or if they are aged.**

**H-1740.2 Establish Categorical Requirement**

Establish categorical eligibility in the SSI program.

Eligibility must be determined in the aged, or disabled category.

**Note:**

BHSF Form MEDT shall be submitted for a disability determination for all applicants **alleging blindness or disability** who are not receiving Social Security disability benefits. Refer to E-200, Categories of Assistance.

**H-1740.3 Establish Non-Financial Eligibility**

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

- Assignment of Third Party Rights I-200
- Citizenship/Identity and Alienage (of Alien status) I-300
- Enumeration I-600
- Residence I-1900

**H-1740.4 Establish Need****A. Determine Composition of the Income/Resource Unit**

The income/resource unit consists of the:

- applicant/enrollee,
- applicant/enrollee and ineligible spouse 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.

**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-1630, Need – SSI – Related Resources, and to I-1420, Need – Deeming.

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 ineligible for **Disability Medicaid**.

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

Step 2. Subtract \$20 SSI disregard from unearned income.

**H-1740.4 Continued**

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.

**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.

**H-1740.4 Continued****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.***

**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.

**H-1740.4 Continued**

If the **income is greater than the current FBR for a couple**, the applicants/enrollees are **not eligible for Disability 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 Disability Medicaid**.

**H-1740.5 Eligibility Decision**

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

**H-1740.6 Certification Period**

The certification period shall not exceed twelve (12) months, including any retroactive coverage (up to three months).

**Note:**

***Children under age 19 should first be considered for C-related programs. Those ineligible for C-related coverage are most likely to be certified for Disability Medicaid only because they remain in the hospital after birth. Deeming is only applicable the month after they are discharged. Therefore, the certification period for children will be set for three (3) months and a review for changes (especially, discharge from the hospital) needs to be done. A new MEDT decision will be required at the end of the first year.***

**H-1740.7 Notice of Decision**

The eligibility decision notice (BHSF Form 18-SSI) shall be sent to the applicant.

**H-1750 SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINATIONS**

***Any subsequent SSA determination takes precedence over the Disability Medicaid determination.***

***SSA denial decision based on disability will require action to close the Disability Medicaid certification. Refer to G-1610.12, SSI Appeals, when the SSA decision has been appealed.***

***An SSA denial decision based on factors such as Income/Resources will require a review of Disability Medicaid certification for eligibility in any other Medicaid program.***

***An SSA approval for SSI will change the case type from Disability Medicaid to SSI Medicaid.***

***SSA approval for Social Security Disability benefits will require a review of Disability Medicaid certification for eligibility in any other Medicaid program.***