AGED, BLIND AND DISABLED MEDICAID MANUAL   MA-1100

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SSI MEDICAID – COUNTY DSS RESPONSIBILITY

MA-1100 SSI MEDICAID-COUNTY DSS RESPONSIBILITY

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I.   **COUNTY DSS RESPONSIBILITY FOR SSI APPROVALS**

This section provides instructions for situations in which the county dss may have interaction with SSI Medicaid recipients.

A. **SSI Approval with Pending Application in EIS**

1.   Each individual in a pending application in EIS who begins to receive SSI is identified to the county dss on the report: DHREJ SSI IND IN EIS PENDING APP. This report is generated in XPTR at the time of the SDX weekly update. The application remains on the report until it is dispositioned. Refer to EIS 4200 for additional information on the report.

2.   When SSI is approved, EIS creates an SSI Medicaid case for the individual and authorizes Medicaid effective the first month SSI is approved.

      a.   The pending application is not altered in any way.

      b.   The county dss must approve, deny, or withdraw its application.

      c.   Continue to follow application processing requirements in MA-2300, Initial Contact, through MA-2304, Processing the Application.

3.   Single Person Application

      a.   Continue to process the application beginning with the month of application (ongoing and retroactive) through the month prior to SSI Medicaid authorization.

      b.   If the individual has a deductible, recalculate the ongoing deductible based on the income in the months beginning with the month of application through the last month prior to SSI Medicaid authorization.

      c.   Use the DMA-5097/DMA-5097S, Request For Information, or the DMA-5099/DMA-5099S, Medicaid Application Pending For A Deductible, to notify the individual of the revised deductible.

      d.   If the application is approved for the period prior to SSI authorization, approve open/shut.

      e.   If the individual is ineligible for Medicaid prior to SSI Medicaid authorization, deny the application per MA-2304, Processing the Application.

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4.   Multiple Person Application (MAF, MIC, AAF)

   a.   Continue to process the application for the remaining individuals in the application.

   b.   Do not count the SSI individual's needs, income, or resources beginning with the month of SSI Medicaid authorization. Recalculate the deductible, if applicable.

   c.   Adjust the maintenance allowance for the remaining applicants effective the month the SSI individual's needs are deleted.

B. SSI Approval with Authorized Single Person Case in EIS

1.   Each individual in an authorized single person case in EIS (except HSF, SA, AAF payment type 5) who begins to receive SSI is identified to the county dss on the DHREJ SSI MED CREATED/MODIFIED Report. The message is: CAS TRM-EIS has created an SSI Medicaid case. This report is generated in XPTR each time EIS is modified as a result of an SSI approval. Refer to EIS 4200 for additional information on the report.

2.   When a single individual who is already authorized in EIS in any aid program/category is approved for SSI no further action is required.

3.   For a married individual whose spouse is receiving non-SSI Medicaid:

   a.   React to the change in 30 days.

   b.   Treat the spouse as a budget unit of one.

   c.   Delete the SSI individual's needs, income, and resources from the spouse's budget effective the month of SSI Medicaid authorization. Apply the Maintenance Allowance adjustment.

   d.   Refer to MA-2340, Change in Situation, for instructions on deleting a budget unit member.

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C. **SSI Approval With Authorized Multiple Person Case in EIS (MAF, MIC, AAF)**

1. Each individual in an authorized multiple person case in EIS who begins to receive SSI is identified to the county dss on the DHREJ SSI MED CREATED/MODIFIED Report. The message is: IND DEL-EIS has created an SSI Medicaid case. This report is generated in XPTR each time a case in EIS is modified as a result of an SSI approval. Refer to EIS 4200 for additional information on the report.

2. React to the non-SSI case within 30 days.

3. Delete the SSI individual's income from the ongoing non-SSI case effective the month of SSI Medicaid authorization.

4. Change the maintenance allowance to delete the SSI individual's need.

5. If the change causes the case to have a deductible, send a timely notice.

6. Refer to the Family and Children's Manual, MA-3410, Terminations and Deletions for instructions on deleting an assistance unit member.

D. **SSI Approval with Deductible Case in EIS (MAABD or MAF)**

1. An SSI approval for an individual in a single person MAABD or MAF case in deductible status in EIS is identified to the county dss on the DHREJ SSI MED CREATED/MODIFIED Report. The message is: CAS TRM-EIS has created an SSI Medicaid case. This report is generated in XPTR each time a case in EIS is modified as a result of an SSI approval. Refer to EIS 4200 for additional information on the report.

2. SSI Medicaid is authorized effective the month of approval for SSI, but not prior to January 1, 1995.

   a. Recompute the six month deductible based only on the income in the months in the certification period prior to SSI Medicaid authorization.

   b. Notify the individual of the revised deductible.

   c. If the revised deductible is met, authorize for the period of time prior to SSI Medicaid authorization.

3. If the SSI individual has a non-SSI spouse, review the spouse's case:

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    a. Treat the non-SSI spouse as a budget unit of one effective the month the SSI individual is authorized for SSI Medicaid. Apply Maintenance Allowance Adjustment.

    b. Follow MA-2340, Change In Situation, or Family and Children's Manual, MA-3410, Terminations and Deletions, for instructions to delete budget unit members.

  4. If the SSI recipient is in deductible status in a multiple person MAF case the message is: IND DEL-EIS has created an SSI Medicaid case.

    a. Recalculate the six month deductible based on the number of months the SSI individual was in the certification period.

    b. Delete the SSI individual from the budget unit effective the month of SSI Medicaid authorization.

    c. Notify the ongoing MAF case of the amount of the new deductible.

E. SSI Approval with MQB Case in EIS

  1. Each individual in an authorized MQB case in EIS who begins to receive SSI is identified to the county dss on the DHREJ SSI MED CREATED/MODIFIED Report. The message is: CAS TRM-EIS has created an SSI Medicaid case. This report is generated in XPTR each time an MQB case in EIS is terminated and a MAABD case is created as a result of an SSI approval. Refer to EIS 4200 for additional information on the report.

  2. If the MQB recipient was on a deductible, follow instructions in D. above, to recalculate the six month deductible for the SSI individual for the period prior to the SSI Medicaid authorization.

F. SSI Approval with Existing HSF Case

  1. When an authorized HSF recipient is approved for SSI, the SSI status is set to "Y". The case remains in HSF. This situation is not identified on the DHREJ SSI MED CREATED/MODIFIED Report.

  2. If the HSF case is in deductible status, the SSI status is set to "Y" and the case is automatically authorized effective the month of SSI approval. Individuals in HSF who go from deductible status to authorized are identified on the DHREJ SSI MED CREATED/MODIFIED Report. The message is: SSI MED-Non-SSI EIS cases that change to SSI Medicaid. Follow instructions in D., above to recompute the deductible for the time prior to SSI Medicaid authorization, if applicable.

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    3.   The county dss continues to be responsible for county custody and placement.

    4.   The county dss retains the capability to update address, county, district number, and county case number. The following fields cannot be updated:

        a. SSI status
        b. Certification thru
        c. RSDI Claim number
        d. First Name, Middle Initial, Last Name
        e. SSN
        f. Date of Birth
        g. Sex

G. SSI Approval With Existing SAA or SAD Case

    1.   When an individual in SAA or SAD is approved for SSI, the case remains in SAA or SAD.

    2.   EIS sets the SSI status to "Y". This prohibits the county dss from terminating Medicaid even when SAA or SAD terminates.

    3.   Refer to the Special Assistance Manual for further instructions for SA recipients.

H. SSI Approval with Existing AAF Case

    1.   Single Person Case

        a. For AAF (payment type 1, 2, S, or 4) the case is closed. An SSI Medicaid case is created for the individual.

        b. For AAF (payment type 5) case, EIS sets the SSI status to "Y." The case remains AAF. The individual will receive automatic Medicaid.

    2.   Multiple Person Case (All payment types)

        a. The SSI individual is deleted from the case. An SSI Medicaid case is created for the individual.

        b. The AAF case is not altered in any other way.

Refer to the Work First Manual for instructions for AAF cases.

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II. COUNTY DSS RESPONSIBILITY FOR RETROACTIVE SSI MEDICAID

This section applies ONLY to individuals requesting retroactive Medicaid based on an SSI date of application. Individuals can also apply for retroactive Medicaid based on the Medicaid date of application at the dss. Refer to MA-2301, Conducting A Face To Face Intake Interview, for procedures when accepting and processing non-SSI retroactive Medicaid applications.

A. Policy Rules

  1. The retroactive period for SSI Medicaid is the 1, 2, or 3 month period prior to the SSI month of application. This date is protected for any Medicaid coverage group.

  2. An individual cannot apply for retroactive SSI Medicaid until his SSI application is disposed.

  3. The a/r must apply for retroactive SSI Medicaid within 60 days (90 days with good cause) from the date of the SSI Medicaid approval or denial notice in order to protect the SSI retroactive period.

B. Establish Timely Application

  1. Verify that the request for retroactive Medicaid is within 60 days of the date of the SSI Medicaid disposition notice generated by EIS:

     a. View applicant's Medicaid approval or denial notice. The 60 day period begins with the Date Mailed on the Notice, or

     b. Verify the case create date on the case data (cd) screen in EIS. This is the date the Medicaid notice is mailed. The 60 day period begins with the date the Medicaid notice was mailed,

     or

     c. Verify via the on-line SDX the date of SSI denial. The 60 day period begins with the date of the first Saturday after the SSI denial. This is the date the Medicaid notice is mailed. (Use this method to establish the date of the notice only when the applicant cannot provide his SSI Medicaid denial notice).

  2. When more than 60 days but less than 90 days have elapsed, determine if good cause exists for failure to apply timely. Good cause is limited to:

     a. The applicant states he did not receive the SSI Medicaid notice; or

     b. The applicant dies; or

     c. The applicant is incapacitated, incompetent, or unconscious and there is no representative acting on his behalf; or

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      d. The applicant or spouse, child, or parent, or representative of applicant is hospitalized for an extended period of time.

    3.   **DO NOT TAKE AN APPLICATION FOR RETROACTIVE SSI MEDICAID WHEN THE REQUEST IS NOT TIMELY**.

C. Establish the Retroactive Period

    1.   The retroactive period is the 1, 2, or 3 month period prior to the SSI month of application.

    2.   Always use the date in the SSI Application Date field to verify the retroactive period. It is located on screen two of the on-line SDX.

D. Register a DSS-8124

    1.   The application date entered on the DSS-8124 is the date the retroactive application is signed at the county dss. This is a new application, not a reapplication.

    2.   Enter the exact first and last name, Social Security number, and birth date as listed on the SDX.

    IMPORTANT: EIS DATA MUST MATCH SDX DATA TO PREVENT FUTURE DISCREPANCIES.

    3.   Use the EIS individual ID number assigned to this individual.

    4.   The application must be MAA, MAD, or MAB.

    5.   On the retro date screen, place an S beside RSDI Or SSI Appeal Reversal/SSI APPL to indicate this is an SSI Retroactive application.

        NOTE: Using the date screen allows retro Medicaid to be authorized based on the SSI date of application and application processing time to be based on the date the DSS-8124 is signed.

    6.   Enter the SSI date of application beside ORIG DTE OF APPLI on the date screen. Refer to EIS 2400 for further instructions.

E. Determine Eligibility In the Retro Period

    1.   Evaluate eligibility using categorically needy criteria. When the individual does not meet categorically needy income and/or resources limits evaluate under any Medicaid program (Medically needy, MAF, MIC, etc.)

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    2.   If it is an MAD application and disability has not been established for the retroactive period, follow instructions in <u>MA-2525, Disability</u>. This is an MAD-Y application. Send the required information to Disability Determination Services (DDS).

    3.   If eligible under any Medicaid coverage group in the retro period, approve the application as open/shut. Refer to <u>EIS 4200</u> for instructions to authorize when eligibility is established under a Family and Children's coverage group.

    4.   Follow procedures in <u>MA-2395</u>, Corrective Actions and Responsibility For Errors, to request an override when the 365 day limit for filing claims has expired or less than 60 days remain before the time limit expires.

    5.   If the individual is not eligible in any Medicaid coverage group in the retro period, deny the application per <u>MA-2304</u>, Processing the Application.

III.   COUNTY DSS RESPONSIBILITY FOR SSI APPLICANTS WHO DIE PRIOR TO DISPOSITION

This section only applies to deceased individuals who applied for SSI prior to their death.

A. Policy Rules

    1.   The county dss can protect the SSI date of application for retroactive Medicaid and ongoing Medicaid when an SSI applicant dies before SSA establishes eligibility for SSI.

    2.   The representative must request Medicaid within 60 days (90 days with good cause) from the date of the SSI disposition notice.

B. Establish Timely Application

Follow instructions in II.B. to establish the application is timely.

C. Establish the Retroactive and Ongoing Period

    1.   The retroactive period is 1, 2, or 3 month period prior to the SSI month of application. Verify this date on screen two of the on-line SDX.

    2.   The ongoing period begins with the month of SSI application and continues through the month of death.

D. Register a DSS-8124

    1.   Enter the exact first and last name, social security number, and birth date as listed on the SDX or SSA record. This is a new application, not a reapplication.

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IMPORTANT: EIS DATA MUST MATCH SDX DATA.

2. If the deceased individual never applied for SSI, the application date entered on the DSS-8124 is the date the application is signed by the representative. Eligibility can be established no earlier than three calendar months prior to this date. Do not use the date screen when there is no SSI application date to protect.

3. When the individual applied for SSI, the SSI date of application is protected for Medicaid. Use the date screen and:

   a. Place an S beside RSDI Or SSI Appeal Reversal/SSI APPL.

   Note: Using the date screen allows Medicaid to be authorized based on the SSI date of application and application processing time to be based on the date the DSS-8124 is signed.

   b. Enter the SSI date of application beside ORIG DTE OF APPLI on the date screen. Refer to EIS 2400 for further instructions.

E. Determine Eligibility

1. Complete a full determination of eligibility. If the individual does not qualify as categorically needy, evaluate in any Medicaid coverage group.

2. If it is an MAD application and disability has not been established, follow instructions in MA-2525, Disability, to send required information to Disability Determination Services (DDS).

3. If eligible in any Medicaid coverage group, approve the application as open/shut through the month of death. Refer to EIS 4200 to authorize assistance when eligibility is established in a Family and Children's coverage group.

4. Follow procedures in MA-2395, Corrective Action and Responsibility for Errors, to request an override when the 365 day limit for filing claims has expired or less than 45 days remain before the time limit expires.

5. If the individual is not eligible in any coverage group, deny the application per MA-2304, Processing The Application.

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IV.   COUNTY DSS RESPONSIBILITY WHEN AN SSI RECIPIENT ENTERS LONG TERM CARE (LTC)

When an ongoing SSI recipient enters long term care (or psychiatric residential treatment facility (PRTF) if under 21), SSA continues to determine Medicaid eligibility. However, the recipient or his representative must contact the county dss and request payment for nursing home cost of care. Payment for nursing home cost of care is not an automatic benefit for SSI Medicaid recipients. In order to establish eligibility for cost of care, the county dss must consider the following:

- County of residence
- Patient Monthly Liability (PML)
- Level of Care (FL-2/MR-2) – Not applicable to PRTF (Refer to MA-2270, Long Term Care Need And Budgeting)
- Transfer of Resources – Not applicable to PRTF as transfer of resources sanctions apply only to nursing facility expenses, CAP waiver program, and in-home health services and supplies. See MA-2240, Transfer of Resources, for the definition of in-home health services and supplies.
- Community Spouse and dependents income allowance
- Community Spouse Resource Protection

Inpatient treatment in a psychiatric residential treatment facility (PRTF) is a covered service for individuals under 21. The claims are paid the same way as for a nursing facility. Admission to a PRTF is treated as an admission to a nursing facility for budgeting purposes.

Take the following steps to determine if an ongoing SSI Medicaid recipient is eligible for payment of cost of care:

A. Establish County of Residence

Refer to MA-2221, County Residence.

1.   If the recipient has established residence in another county, or the SDX shows the incorrect county of residence, refer the a/r to the correct county to request cost of care.

2.   If the recipient last lived in pla outside of North Carolina, the county of residence is the county where the a/r resides in the nursing facility.

3.   If there is a conflict in county residency, refer to MA-2221, County Residence.

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B. Establish a Case Record

When county residency has been established prepare a county case record. Include in the record all forms and documents identified in this section.

C. Establish Level of Care. (Refer to <u>MA-2270</u>, Long Term Care Need and Budgeting.)-Not applicable to PRTFs.

1. Request a completed FL-2/MR-2. Use the MR-2 to request the level of care for ICF-MR and CAP-MR/DD.

2. Send the FL-2 to the Claims Processing Contractor Prior Approval Unit and forward the MR-2 to the Murdock Center, Specialized Services, to obtain prior approval.

3. If the recipient does not have an approved FL-2/MR-2 for the correct level of care, do not authorize payment for cost of care.

D. Complete the Adult Medicaid Applications and Supplement B - LTC Budgeting

1. It is not necessary to complete sections already verified by SSI eligibility (i.e. citizenship, age, disability, etc.).

2. Evaluate for transfer of resources.

    Transfer of Assets reports are received by DMA from SSA and sent to the counties to evaluate an SSI individual for transfer of resources. SSA enters a payment status code of N04 to indicate excess resources, but not necessarily due to a transfer. Additional investigation may be necessary to ensure it was not a transfer that created a period of ineligibility. React to reports upon receipt. Refer to <u>MA-2240</u>, Transfer of Resources.

    a. If a non-allowable transfer has occurred, follow transfer of resources policy. Assign sanction, if appropriate.

    b. Do not authorize cost of care during sanction period.

3. If the recipient has a community spouse, determine spousal and dependent family member allowance.

4. Establish that reserve is within allowable limits. If countable assets exceed the reserve limit for one and cannot be reduced by the burial exclusion, do not authorize cost of care. (If resources have not been reported to SSA, use the <u>DMA-5049</u>, Referral to Local Social Security Office, to advise SSA.)

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5.   Determine PML per <u>MA-2270</u>, Long Term Care Need and Budgeting.

    a. The PML is "0" for the month of entry.

    b. Do not count the SSI payment when determining the PML.

E. Individual Ineligible for Cost of Care

If the individual is ineligible for payment of cost of care due to inappropriate level of care, transfer of assets sanction, or excess reserve, send a <u>DSS-8109</u>/DSS-8109S, Notice of Benefits Denied or Withdrawn, to deny payment for cost of care.

F. Individual Eligible for Cost of Care

When it is established the recipient is eligible for payment of cost of care, take the following steps:

1.   Update the following fields in EIS:
    a. County Number
    b. District # and Worker #
    c. Address
    d. Maintenance Allowance
    e. Earned Income, Unearned *i*ncome, Total Countable Income
    f. PML
    g. Medicaid Effective Date
    h. Living Arrangement Code

2.   Complete and send the <u>DMA-5016</u>, Notification of Eligibility for Medicaid/Amount and Effective Date of Patient's Liability, to the facility. Ensure the PML reported to the facility agrees with the PML in EIS.

3.   Send a <u>DSS-8110</u>/<u>DSS-8110S</u>, Notice of Change in Benefits, to notify the recipient he is eligible for payment of cost of care. Also use the DSS-8110/DSS-8110S, Notice of Change in Benefits, to:

    a. Advise him that if his SSI terminates, his cost of care will also terminate.

    b. Instruct him to notify the dss of any change in living arrangement or if his SSI terminates.

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G. Review

As long as the recipient continues to receive SSI, the county dss does not have to redetermine eligibility. If the dss learns of a change that might affect eligibility for cost of care or the PML, treat as a change in situation. If the change affects eligibility for SSI, use the DMA-5049, Referral to Local Social Security Office, to report the information to SSA. Examples of when the dss must react to an SSI recipient in LTC: individual leaves the facility, changes level of care, COLA increase, change in income other than SSI, or a countable asset is discovered that was not previously considered.

H. SSI Recipient in LTC Returns to PLA

If an SSI recipient leaves LTC and returns to a private living arrangement, change the living arrangement code in EIS to reflect pla living arrangement. EIS will use the county and address on the SDX.

I. SSI Recipient in LTC Transfers to Domiciliary Facility

If an SSI recipient in LTC transfers to a domiciliary care facility, refer to the Special Assistance Manual to authorize the SA payment.

V. COUNTY DSS RESPONSIBILITY WHEN SSI TERMINATES FOR INDIVIDUALS IN LTC

When SSI terminates due to the recipient entering long term care, the county dss will often have established eligibility for LTC before the SSI payment terminates according to procedures in IV. above. In that case follow procedures in V.A., below. If eligibility for LTC has not been established, follow procedures in V.B., below.

A. SSI Terminates - Eligibility for LTC Already Established

Take the following steps if the procedures in IV. above have been followed and LTC eligibility has been previously established within the past 6 months:

1. Contact the recipient or representative to determine whether there has been a change in income or assets. If there has been a change, reverify. Also verify status of the homesite and explain estate recovery provisions.

2. Review the Adult Medicaid Applications. The recipient or the representative does not have to sign the application form.

3. Begin the "ex parte" redetermination according to procedures in MA-1000, VII, SSI Medicaid-Automated Process.

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4.   If the individual remains eligible:

a. The certification period begins the current processing month in EIS.

Example: Review completed September 27. The ongoing EIS month is November. The certification period is November 1 through April 30.

b. Adjust the PML if necessary.

5.   Follow EIS instructions to post eligibility.

6.   If there has been a change which makes the recipient ineligible, terminate the case.

B. SSI Terminates - Eligibility for LTC Not Established

There may be some situations in which the county does not know a recipient has entered LTC until the "ex parte" redetermination has begun.

If eligibility for payment of cost of care has never been established,

1.   Follow procedures in MA-2230, Financial Resources, MA-2231, Community Spouse Resource Protection, MA-2240, Transfer of Resources, and MA-2270, Long Term Care Need and Budgeting, to establish financial eligibility for cost of care and patient liability.

2.   Until it is determined that the recipient is eligible for nursing home cost of care and a PML is established the recipient may receive Medicaid continuation for PLA only (according to MA-1000, VII, SSI Medicaid-Automated Process.)

3.   If the recipient is eligible for cost of care follow EIS instructions to post eligibility.

4.   If the recipient is eligible for Medicaid but ineligible for nursing home cost of care for any reason, follow policy in MA-2270, Long Term Care Need and Budgeting, for PLA budgeting procedures.

VI.   COMMUNITY ALTERNATIVES PROGRAM (CAP

A. SSI Medicaid recipients are eligible for services offered under the Community Alternatives Programs. SSA continues to determine Medicaid eligibility. However, the county dss is responsible for establishing eligibility for CAP. County responsibilities include:

1.   Level of Care (FL-2/MR-2) in the record,

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    2.   Plan of Care (The county dss or CAP lead agency) in the record,

    3.   Complete a DMA-5008, to evaluate for transfer of resources. Refer to MA-2240, Transfer of Resources.

        a. If a non-allowable transfer has occurred, follow transfer of assets policy. Assign sanction, if appropriate.

        b. Do not authorize cost of care during sanction period.

    4.   Assess Community Spouse Resource Protection (CSRP), if applicable.

B. Continue to follow all rules and procedures in MA-2280, Community Alternatives Programs Medicaid Eligibility, to authorize CAP coverage for an individual who is already eligible for Medicaid. In addition, consider the following information for SSI recipients who are also eligible for CAP.

    1.   Deductible

        SSI Medicaid recipients do not have a deductible under CAP.

    2.   EIS

        a. The SDX will continue to control all elements in EIS for SSI recipients who are eligible for CAP except for the CAP indicator and effective date.

        b. The county dss is responsible for:

            (1)   Entering in EIS the CAP indicator and effective date.

            (2)   Terminating CAP coverage in EIS.

    3.   Refer to EIS 3101 for instructions on posting CAP.

VII.   **IN-HOME HEALTH SERVICES AND SUPPLIES**

When an ongoing SSI recipient receives assistance with in-home health services and supplies, the county dss will be notified by the recipient, provider, or Medicaid claims contractor that a transfer of resources evaluation is needed. The dss is responsible for establishing eligibility by completing a transfer of resources evaluation. Refer to MA-2240, Transfer of Resources, for procedures.

A request for a transfer of resources evaluation is considered a change in situation that must be reviewed promptly. Refer to MA-2340, Change In Situation, for procedures.

Take the following steps to determine if an ongoing SSI Medicaid recipient is eligible for in-home health services and supplies:

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    A. Establish the County of Residence

        Refer to <u>MA-2221,</u> County Residence.

        1.   If the recipient has established residence in another county, or the SDX shows the incorrect county of residence, the county dss in which the report appears must contact the county of residence immediately to advise them that a transfer of resources evaluation is needed.

                  Within 5 workdays, the first county must send a copy of the report to the county of residence who must complete the evaluation. The individual will remain on the first county's report until the transfer of assets evaluation indicator has been updated even if the county of residence is changed in EIS.

        2.   If there is a conflict in county residency, refer to MA-2221, County Residence.

    B. Establish a Case Record

        Within 5 workdays of being notified of the need for the evaluation, the county of residence must contact the recipient verbally or in writing to determine if a non-allowable transfer has occurred.

        In addition, send a <u>DMA-5049</u>, Referral to Local Social Security Office, to notify SSI of the correct county of residence.

        1.   If the recipient states there have been no transfers and the investigation does not prove otherwise, document the case record and update the Assets Transfer Tracking Screen to indicate that there is no transfer of resources sanction. Refer to <u>MA-2240</u>, Transfer of Resources, and <u>EIS-3900</u>, Assets Transfer Tracking Screen, for procedures.

        2.   If the recipient states that a non-allowable transfer has occurred, follow transfer of resources policy. Update the Assets Transfer Tracking Screen and assign sanction, if appropriate, following timely notice. Refer to MA-2240, Transfer of Resources, and EIS-3900<u>,</u> Assets Transfer Tracking Screen, for procedures.

        3.   If the recipient fails or refuses to respond to the request for information regarding transfer of resources, complete the EIS Assets Transfer Tracking Screen and impose an indefinite sanction following timely notice. Refer to MA-2240, Transfer of Resources, and EIS-3900, Assets Transfer Tracking Screen, for procedures.

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C. Individual Eligible for In-Home Health Services and Supplies

When it is established that the recipient is eligible for payment of in-home health services and supplies, send the recipient a manual approval notice to continue assistance with these services.

D. Individual Ineligible for In-Home Health Services and Supplies

1.   If the individual is ineligible for assistance with in-home health services and supplies due to a transfer of resources sanction, send the recipient a manual DSS-8110/DSS-8110S, Notice of Change In Benefits, to terminate assistance with these services. Refer to MA-2240, Transfer of Resources, for procedures.

2.   Medicaid assistance continues for other covered services.

E. Assets Transfer Tracking Screen

When the transfer of resources evaluation is completed, update the evaluation indicator and/or sanction period in EIS. Refer to MA-2240, Transfer of Resources and EIS-3900, Assets Transfer Tracking Screen, for procedures.

VIII. EMERGENCY CERTIFICATION FOR MEDICAID

A. There may be some instances when an SSI recipient needs a Medicaid card before EIS can automatically issue a card. This may occur when:

1.   A newly approved SSI recipient has not received Medicaid due to SSA lag time in updating the SDX or between receipt of SDX and processing of this data by EIS.

2.   An SSI recipient recently established residency in North Carolina and is not yet on North Carolina's SDX.

3.   The SDX does not verify eligibility due to a problem with the SSA system.

B. Procedures

When an individual requests emergency Medicaid:

1.   Document an emergency situation exists.

    a. An emergency situation exists when there is an immediate medical need that cannot be met without a current Medicaid card. For example, an individual needs heart medication and the pharmacist will not fill the prescription without a Medicaid card.

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    b. When an individual has a Medicaid card from another state, verify if the provider will accept the other state's Medicaid. If not, initiate emergency card procedures.

  2. Establish SSI eligibility. SSI eligibility can be established by verifying the individual is on the SDX Exception List, on-line SDX, SOLQ, or by the emergency certification.

    a. First, verify whether the individual is on the exception list because data in EIS did not match with data on the SDX. In this situation, do not issue an emergency card. Work the exception report and the card is issued automatically by EIS in the nightly cycle.

    b. If the case is not on the exception list, view the on-line SDX. When the individual is on the SDX in current pay status (CO1), SSI eligibility is established.

    c. Counties may use SOLQ to verify SSI for emergency Medicaid. Using SOLQ should eliminate the need most often for using the DMA-5050, Emergency Certification for Medicaid.

    d. When the individual is not on the exception list, the on-line SDX, or SOLQ, the DMA-5050, Emergency Certification for Medicaid, must be completed by SSA to establish SSI eligibility and North Carolina residence.

    e. The DMA-5050, Emergency Certification for Medicaid, may be initiated by DSS or SSA. The completed form:

      (1) Verifies that the individual is eligible for SSI in the current month, and

      (2) Verifies the individual is a North Carolina resident, and

      (3) Provides all the necessary identifying information needed to issue a Medicaid card.

  3. When SSI eligibility has been established via the SDX, SOLQ, or the Emergency Certification form:

    a. Enter an administrative DSS-8124 (unsigned and untracked). Mark ADMINISTRATIVE.

    b. Use exact Social Security number, last name, first name, and date of birth as the SSA record. This ensures the same EIS Individual ID is used when the SSI Medicaid case is created.

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      c. The system will set the SSI status to "N".

      d. Approve open/shut for the current month only.

      e. Retain the DMA-5050, Emergency Certification for Medicaid, indefinitely.

IX.   COUNTY DSS RESPONSIBILITY FOR AN SSI CHILD IN HSF

    A. SSI Child Receiving in HSF

      1.   A child who receives SSI can be in HSF. This allows the county dss to continue to update certain data elements in EIS. This is necessary because children in dss custody may have an address and county number on the SDX other than the Medicaid county of residence. Also, this allows the State to identify children in dss custody for federal reporting purposes.

      2.   The county dss updates all fields in EIS except the following:

          a. Certification Period
          b. RSDI Claim Number
          c. First Name, Middle Initial, Last Name
          d. SSN
          e. Date of Birth
          f. Sex

        NOTE: When there is a conflict between SSA records and dss records for one of the above elements and it causes a problem, use the DMA-5049, Referral to Local Social Security Office to report the conflict. For example, an error in the date of birth or name may cause claims to deny.

      3.   When the SSI status is "Y" in an HSF case, Medicaid cannot be terminated by the county dss.

      4.   The county dss continues to have placement responsibility for the SSI child.

    B. SSI Child in HSF is No Longer in County Custody

      1.   When an SSI child who is in HSF is no longer in county custody, he must be taken out of HSF.

      2.   As long as he receives SSI his Medicaid cannot be terminated.

      3.   Enter a DSS-8125 to transfer the HSF case to MAABD. Refer to EIS 4200 for instructions.

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C. SSI Medicaid Child Enters County Custody

1. When an SSI recipient who is receiving Medicaid under MAABD enters county custody, the county dss can transfer the child to HSF.

2. Enter a DSS-8125 to transfer the MAABD case to HSF. Refer to EIS 4200 for instructions.

X. NON-ELIGIBILITY RELATED MEDICAID PROCEDURES

A. Returned Cards

1. Undeliverable Medicaid cards will be returned to the county dss. It is recommended that the cards be filed in one place. If a recipient reports he did not receive his Medicaid card, research the file. The card can be given to him personally or mailed to him. Follow instructions in MA-2380, Medicaid Identification Card.

2. Advise the recipient that Medicaid cards are not forwarded. Instruct the individual to report any change in address to SSA to ensure the Medicaid address is corrected.

3. Retain returned ID cards for 3 months. If they have not been claimed they may be shredded. Refer to shredding instructions in MA-2380, Medicaid Identification Card.

B. Replacement Cards

If an SSI Medicaid recipient reports he lost his Medicaid card or did not receive it, the county dss can order a replacement Medicaid card. Follow procedures in MA-2380, Medicaid Identification Card, to issue the card.

C. Transportation Services

SSI Medicaid recipients are eligible for Medicaid transportation services. The Medicaid approval notice instructs the SSI recipient to contact the county dss if he needs transportation to medical care.

An SSI recipient may apply for transportation in person or by phone. When an SSI Medicaid recipient requests transportation assistance, follow instructions in MA-2910, Medicaid Transportation.

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(X.)

D. Community Care of North Carolina/Carolina Access (CCNC/CA)

SSI Medicaid recipients are required to participate in Community Care of North Carolina/Carolina Access (CCNC/CA) unless they also receive Medicare. CCNC/CA participation is optional for Medicare beneficiaries.

1. New SSI Medicaid recipients will have an exempt code automatically assigned by EIS. These exempt codes will be:

   a. 9900010 for SSI Medicaid recipients who are required to participate in the program, or

   b. 9900011 for SSI Medicaid recipients who have Medicare and for whom participation is optional.

2. The SSI Medicaid approval notice gives a brief explanation of CCNC/CA and instructions to contact the county dss within 30 days to choose a primary care provider.

3. When the recipient contacts the dss by phone or in person, an Income Maintenance Caseworker is responsible for providing program education and a list of participating primary care providers from which to make a choice. The State CCNC/CA office provides educational materials for the counties to use.

4. When a mandatory recipient does not contact the dss within 30 days, the county assigns a primary care provider. The dss will notify each individual by letter of his provider and to explain the program and the correct way to access medical care. It is extremely critical that dss educate SSI recipients about the proper use of program policies and procedures.

5. In order to identify and track SSI Medicaid recipients, an SSI EXEMPT Report (for exempt codes 9900010 & 9900011) is generated monthly and mailed to each CCNC/CA county. Refer to EIS 4200 for additional information on the report.

6. It is strongly recommended that each Community Care of North Carolina/Carolina Access county maintain a list of mandatory SSI Medicaid participants in Community Care of North Carolina/Carolina Access. Document on the list:

   a. That a duplicate Medicaid card was ordered following a request.

   b. Any request for change of primary care provider by the recipient and date this request is made.

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    c. Any request by the primary care provider that a patient be disenrolled with that practice.

    If there are any questions about Community Care of North Carolina/Carolina Access (CCNC/CA), please call your Medicaid Program Representative.

E. IV-D Referral

1.   Caretakers of SSI children must cooperate with IV-D to establish medical support agreements when the following applies:

    a. The caretaker is applying for or receiving Medicaid for herself in any aid program/category except MPW (see <u>MA-2375,</u> Procedures for Child Support Enforcement), and

    b. The child meets the criteria listed in MA-2375, Procedures for Child Support Enforcement.

2.   Caretakers of SSI children who are not applying for or receiving Medicaid for themselves may choose to cooperate with Child Support. The approval notice for SSI Medicaid instructs the recipient to contact IV-D if there is a child lacking parental support due to absence of one or both parents.

3.   EIS will notify IV-D of the new SSI Medicaid case when a child lacking parental support due to absence of one or both parents:

    a. Is approved for SSI Medicaid, and

    b. Previously had an automated referral to IV-D completed. This continues the link between IV-D and EIS which allows automatic updates between the two systems.

4.   Individuals in a pending application or active case in EIS who are already referred to IV-D when approved for SSI may continue to use IV-D services. EIS will continue to send automatic updates to IV-D for these cases if the SSI Medicaid case is created with the same EIS Individual ID. New SSI Medicaid approvals, including individuals who have never been active in EIS, may also use IV-D services.