

**2053 - RETROACTIVE MEDICAID****POLICY STATEMENT**

Retroactive Medicaid provides Medicaid coverage for eligible individuals for the following time periods:

- Three months prior to the month of application for Medicaid, Family Medicaid or Supplemental Security Income (SSI).
  - Intervening months - the month of application through the of case disposition for ABD, Family Medicaid or SSI.
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**BASIC  
CONSIDERATIONS**

Retroactive months include **prior months** and **intervening months**.

**Intervening Months**

**Intervening months** are defined as any of the following:

- the month of a Medicaid application through the month of a disposition
- the month of a SSI application through the month of a disposition

**Prior Months**

**Prior months** are defined as any of the following:

- the three months prior to the month of a Medicaid application (ABD or Family Medicaid) filed with DFCS
- the three months prior to the month of SSI application for SSI approvals and denials

**NOTE:** For DFCS to determine eligibility on a SSI intervening month, the SSI must be denied for a financial or non-financial reason other than failure to meet disability.

Eligibility can be determined for each retroactive/intervening month under any ABD or Family Medicaid class of assistance, regardless of the ongoing disposition of the application.

Potential eligibility for Medicaid for all retroactive/intervening months is protected indefinitely for all Medicaid COAs including SSI. Medicaid can be approved at any time for any retroactive month if all eligibility criteria are met.

**BASIC  
CONSIDERATIONS  
(cont.)**

DFCS does not have to make a determination on the same prior month(s) more than once if the initial determination was a financial denial (over income, over resources, etc.) or a basic eligibility denial (citizenship/alienage, residency, disability, etc.).

**EXCEPTION:** For retroactive/intervening months, the following criteria are not required:

- enumeration
- application for other benefits
- cooperation with CSE.

Eligibility may be reconsidered for any month in which the denial was for a procedural reason (i.e. failure to provide verification, lack of information, failure to appear for an interview, etc.)

The A/R does not have to be re-interviewed or sign forms that were





**PROCEDURES****Retroactive Months**

Follow the steps below to determine retroactive Medicaid eligibility.

**Step 1**

Conduct a face-to-face interview with the A/R unless previously interviewed.

**EXCEPTION:** Medicaid applicants may be interviewed by trained non-DFCS staff if the application is filed at the health department, a disproportionate share or public hospital or federally funded health center.

If the A/R is deceased, conduct the interview with a personal representative (PR) acting on their behalf. This person should be knowledgeable about the A/R's circumstances.

**Step 2**

Determine the AU and BG for each month. Refer to Chapter 2600, Assistance Units, for Family Medicaid.

For ABD Medicaid, determine financial responsibility for each month. Refer to Chapter 2500, ABD Financial Responsibility and Budgeting.

**Step 3**

Determine for which month(s) retroactive Medicaid is being requested and establish a class of assistance (COA) for each month. Refer to Chapter 2100, Medicaid Classes of Assistance.

**Step 4**

Establish basic eligibility criteria for each month. Refer to Chapter 2200, Basic Eligibility Criteria.

If the A/R applies for prior months as a disabled individual, disability must be verified for each prior month. Refer to Section 2205, ABD Requirements.

**Step 5**

Determine financial eligibility for each month. Refer to Chapters 2500, ABD Financial Responsibility and Budgeting and 2650, Family Medicaid Budgeting.

- Use actual income and expenses for prior months.
- Use anticipated income and expenses for intervening months if actual income is not available.

If multiple, non-financial changes occur in a retroactive month, use the circumstances on any day of the month that is most advantageous to the AU in determining eligibility.

**PROCEDURES****(cont.)****Step 6**

Budget each prior month separately using the budgeting procedures for the COA chosen for that month.

**Step 7**

Approve Medicaid on the system under the appropriate COA if the A/R meets all eligibility criteria. Document eligibility determination.

