

2101 – ABD MEDICAID CLASSES OF ASSISTANCE OVERVIEW

POLICY STATEMENT	An individual must meet the requirements specified under a particular class of assistance (COA) in order to be determined eligible for ABD Medicaid.
BASIC CONSIDERATIONS	<p>ABD Medicaid COAs are divided into the following two types:</p> <ul style="list-style-type: none"> • FBR (Federal Benefit Rate) – COAs that use the SSI FBR determine income eligibility. • Non FBR – COAs that use an income limit other than the FBR determine income eligibility. <p>The FBR COAs consist of the following:</p> <ul style="list-style-type: none"> • SSI Medicaid • Pickle (PL 94-566) • Disabled Adult Child (PL 99-643) • Disabled Widow(er) Age 50-64 • Widow(er) 60-64 (PL 100-203) • Widow(er) 1983 (PL 99-272) • Protected Medicaid 1972 (PL 92-603) • Former SSI Disabled Child <p>The Non-FBR COAs consist of the following:</p> <ul style="list-style-type: none"> • Community Care Services Program (CCSP) • Mental Retardation Waiver Program (MRWP) • Deeming Waiver (Katie Beckett) • Hospice • Hospital • Independent Care Waiver Program (ICWP) • Model Waiver Program • Laurens County Head Injury Waiver • Nursing Home • Qualified Medicare Beneficiary (QMB) • Specified Low-Income Medicare Beneficiaries • Qualifying Individuals 1 • Qualifying Individuals 2 • Qualified Disabled Working Individuals (QDWI) • ABD Medically Needy (AMN)

**BASIC
CONSIDERATIONS
(cont.)**

Refer to Chapter 2050, Application Processing, for a discussion of other Medicaid coverage, including the following:

- Emergency Medical Assistance, Section 2054
- Retroactive Medicaid, including three months prior and intervening months, Section 2053
- Sponsored Aliens, Section 2055

NOTE: QMB eligibility for persons receiving SSI only (no RSDI or RR income) is discussed in Section 2143, Qualified Medicare Beneficiaries.

PROCEDURES

Follow the steps below to determine ABD Medicaid eligibility under a specific COA.

Step 1 Accept the individual's ABD Medicaid application and register the application on the system.

Step 2 Screen each A/R to determine potential SSI eligibility, Family Medicaid and/or TANF eligibility.

- Refer to Chapter 2500, ABD Financial Responsibility and Budgeting, to determine the correct SSI trial budget to complete (Individual, Couple or Spouse to Spouse Deeming).
- Use the FBR as the income limit when completing the SSI tri budget.

Step 3 Refer the A/R to the appropriate worker if the A/R appears to be eligible for Family Medicaid and/or TANF and wishes to file an application for either.

NOTE: The A/R's application for assistance is protected.

Refer the A/R to SSA to file an SSI application if his/her Federal Countable Income (FCI) is less than the appropriate Federal Benefit Rate (FBR) unless one of the following situations exist:

- The A/R requests coverage for any of the 3 months prior to the SSI or ABD Medicaid Application Month.
- The A/R is ineligible due to the deemed income or resources of his/her spouse or parents.

**PROCEDURES
(cont.)**

**Step 3
(cont.)**

- The A/R dies prior to applying for SSI.
- The A/R is ineligible for Family Medicaid/SSI due to excess resources.
- The A/R has Medicare or other insurance that is expected to pay (or pays) more than 50% of medical expenses, and the A/R is in a public or private hospital or nursing home.

NOTE: A potentially eligible SSI applicant may not elect to receive ABD Medicaid instead of SSI.

EXCEPTION: An A/R may elect to receive QMB when potentially eligible for SSI without applying for SSI.

I