

**2205 – AGED, BLIND, DISABLED REQUIREMENT FOR ABD MEDICAID**

<b>POLICY STATMENT</b>	To be eligible for ABD Medicaid, the applicant/recipient (A/R) must be determined to be aged, blind or disabled.
<b>BASIC CONSIDERATIONS</b>	Verify that the A/R is aged if the A/R alleges to be 65 or older.  Verify blindness or disability in all other situations.

**PROCEDURES****Aged**

Verify that the A/R is aged by use of one of the following:

- birth certificate
- baptismal record
- SSA record that shows date of birth, e.g.
  - BENDEX/SDX
  - Medicare card issued prior to 1/74
  - Any written verification from SSA
- any State issued ID card or Driver's License

**OR**

Two documents over 5 year old which record the same month and year

**OR**

Three reliable documents indicating the same year of birth.

NOTE: Consider the age requirement met if the A/R is 65 on the first day of the month.

NOTE: If the A/R turns 65 during a month, approve as aged for that month, but process the case on or after the A/R's 65<sup>th</sup> birthday.

If the A/R is not aged, verify whether the A/R is blind or disabled.

**Blindness or Disability**

Verify blindness or disability using one of the following sources:

- Prima facie evidence
- Disability Adjudication Section (DAS)
- State Medicaid Eligibility Unit (SMEU)

NOTE: Form DMA-6 is not verification of disability.

**Prima Facie Verification**

Prima facie evidence includes receipt of the following benefits:

- RSDI disability benefits
- Railroad Retirement disability benefits
- Medicare
- For SSI approvals only, the SDX disability/blind date verified when disability began.

**PROCEDURES  
(cont.)****Prima Facie Evidence  
(cont.)**

If no prima facie evidence exists, verify disability or blindness by means of a disability decision from DAS or SMEU.

**EXCEPTION:** Receipt of Medicare as a result of a kidney transplant, renal failure or dialysis is **not** prima facie evidence of disability. The Medicare number will have a **T** as the Beneficiary Identification Code (BIC).

**When to Request  
DAS Verification**

Request the results of a disability determination from DAS when no prima facie evidence exists for any of the applicable months prior to an approved SSI application.

**NOTE:** DAS usually determines the disability onset date, including months prior to an approved SSI application. If available, check SDX on approved SSI recipients to verify the disability onset date. If the onset date given covers the prior months disability is requested for, this onset date is prima facie evidence of disability and **no** SMEU decision is required. If current SDX information is not available, send a Form 71 to DAS for any months prior to an approved SSI application and only use SMEU procedures in situations where DAS indicates that they did not establish disability for those months. DAS does not complete disability determinations for months prior to denied applications. Use SMEU procedures for these situations.

**How to Request  
DAS Verification**

Send Form 71 to DAS.

Review the decision when Form 71 is returned by DAS.

Use the following chart to determine how to use a DAS decision to verify blindness/disability.

CHART 2205.1 – VERIFYING BLINDNESS OR DISABILITY WITH A DAS DECISION	
IF DAS	THEN
determines the A/R is disabled or blind in any of the months requested	the disability requirement is met for these months.  Proceed to other eligibility criteria.
determines the A/R is not blind or disabled in any of the months requested	deny the application for these months.
indicates a determination has not been made for any of the months requested	obtain a SMEU decision for these months.

**PROCEDURES****(cont.)****When to Request  
SMEU Verification**

Request a decision from SMEU when there is no prima facie evidence of blindness or disability, there is no pending SSI application or a determination was not rendered by DAS for the prior months.

**How to Request  
SMEU Verification**

Follow the steps below to request a SMEU disability decision to verify blindness or disability.

**Step 1**

The EW completes Form 188 Social Data Report in detail.

**Step 2**

Obtain any of the following medical information applicable to the A/R:

- Form DMA-6, if available
- Form 115, Report of Eye examination
- Hospital records, including discharge summary if available
- Physician's medical records
- Psychiatric and/or psychological examination reports
- Current therapy notes (speech, occupational or physical)
- X-ray and laboratory reports
- Death Certificate

**NOTE:** The above list is not all-inclusive. If medical information is not available and/or is incomplete, have Form 181-1, State Medical Information, completed by an examining physician. Complete Form 375, Authorization for Payment/Request for Record, if the county DFCS authorizes payment of the fee for the medical exam.

**Step 3**

Attach all medical information and Social Data to Form 245, SMEU Cover Letter, and submit to the following address:

State Medicaid Eligibility Unit  
Division of Family and Children Services  
Two Peachtree Street, NW, Suite 21.467  
Atlanta, GA 30303

**Step 4**

Review the report on SMEU Decision of Approval/Denial when received back in the county office.

**PROCEDURES****(cont.)**

Use the following chart to determine how to use a SMEU decision to verify disability or blindness:

<b>CHART 2205.2 – vERIFYING BLINDNESS OR DISABILITY WITH A SMEU DECISION</b>	
<b>IF SMEU determines the A/R is</b>	<b>THEN</b>
disabled or blind for any of the months requested	the ABD requirement is met for these months. Proceed to other eligibility criteria.
not disabled or blind for any of the months requested	the ABD requirement is <b>not</b> met for these months. Deny the application for these months.

Use the following chart to determine when to begin verification of blindness or disability with the DAS procedures and when to begin with the SMEU procedures:

<b>CHART 2205.3 – WHEN TO USE das VS. SMEU PROCEDURES</b>	
<b>IF the AR</b>	<b>THEN</b>
has an approved SSI application <b>AND</b> applies for Medicaid for any of the months immediately prior to the month of the SSI application	follow the DAS procedures, if onset date is not available from current SDX information.
has a pending SSI application <b>and</b> applies for Medicaid for any of the months immediately prior to the SSI application	deny the application pending the decision from SSA using the appropriate system code to indicate SSI pending and refer the A/R to SSA, if appropriate.
is potentially eligible for SSI and RSDI and has not applied <b>AND</b> requests Medicaid for any of the months immediately prior to the current month	deny the application pending the decision from SSA using the appropriate system code to indicate financially eligible for SSI and refer the applicant to SSA to apply for SSI and RSDI.
is financially ineligible for SSI for all of the months for which Medicaid is requested <b>AND</b> has a RSDI application pending (five month waiting period only)	follow the SMEU procedures.

**PROCEDURES****(cont.)**

<b>CHART 2205.3 – WHEN TO USE DAS VS. SMEU PROCEDURES</b>	
<b>If the A/R</b>	<b>THEN</b>
is deceased <b>AND</b> has never filed an application for SSI <b>AND</b> the surviving spouse or another individual requests Medicaid to cover unpaid medical bills	follow the SMEU procedures.
has a pending SSI application <b>AND</b> dies prior to SSA's approval of the SSI <b>AND</b> the surviving spouse requests Medicaid to cover any unpaid medical bills	follow the DAS procedures.  NOTE: DAS is responsible for completing disability determinations for SSI applicants who die prior to the completion of the SSI application only when they have a surviving spouse.
has a pending SSI application <b>AND</b> dies prior to SSA's approval of the SSI with no surviving spouse <b>AND</b> the A/R's personal representative requests Medicaid to cover unpaid medical bills	follow SMEU procedures.
has a denied SSI application <b>AND</b> requests Medicaid for any of the 3 months prior to the SSI application	follow SMEU procedures.
SSI application is denied due to failure to meet the disability criteria <b>AND</b> the A/R requests Medicaid ongoing through DFCS	deny the application and refer the applicant to SSA to reapply for SSI or request a reconsideration of the SSI decision.

**Verification** | File the disability verification obtained through prima facie evidence or from DAS or SMEU in the case record.

**Documentation** | Document the method of verification.

**SPECIAL  
CONSIDERATIONS**

When SSA makes a determination of **not** disabled for either RSDI or SSI, this ruling is in effect for 12 months. However, if the A/R alleges a worsening of his/her condition or if a different disabling condition has occurred, DFCS may conduct a review of the disability **if** the A/R is now financially ineligible for SSI and has applied for benefits through DFCS.

- Follow SMEU procedures to verify disability.  
It is important to submit medical evidence that substantiates the worsening and/or different condition alleged.
- Document the applicant's allegation of the change in his/her condition on the Form 188, Social Sata Report, completed as part of the SMEU procedures.
- Refer to SSA to apply for RSDI, but do not wait for SSA disability determination prior to processing the case. If SSA ultimately determines the A/R is not disabled, deny/close the Medicaid case regardless of a favorable SMEU decision. Send timely notice and recommend that the A/R appeal the SSA determination.

If an A/R's SSI has been terminated for a financial or non-financial reason other than failure to meet the disability requirement and s/he has applied for Medicaid through DFCS, the prior receipt of SSI is prima facie evidence of disability for twelve months following the last month of receipt of SSI.