

2201 - BASIC ELIGIBILITY CRITERIA OVERVIEW**POLICY STATEMENT**

Basic Eligibility Criteria are non-financial requirements the Assistance Unit (AU) members must meet in order to qualify for Medicaid.

**BASIC
CONSIDERATIONS****ABD Medicaid**

The following Basic Eligibility Criteria are required when determining eligibility under any ABD Medicaid Class of Assistance (COA).

- Aged, Blind or Disabled
- Application for Other Benefits
- Citizenship/Alienage
- Enumeration
- Residency
- Third Party Resource assignment

EXCEPTIONS:

- Application for Other Benefits is **NOT** a requirement for SLMB, QI-1 AND QI-2 COAs.
- Citizenship/Alienage and Enumeration are **NOT** requirements for Emergency Medical Assistance (EMA).
- Third Party assignment is **NOT** a requirement for SLMB, QI-1 AND QI-2 COAs.

The following Basic Eligibility Criteria are requirements when determining eligibility under any Medicaid CAP COA:

- Length of Stay
- Level of Care

EXCEPTION: Length of Stay is **NOT** required for Deeming Waiver.

Refer to Section 2101, ABD COA Overview.

**BASIC
CONSIDERATIONS
(cont.)****Family Medicaid**

The following Basic Eligibility Criteria are requirements when determining eligibility under a Family Medicaid COA. Refer to the specific COA to determine if the criterion applies.

- Age
- Application for Other Benefits
- Citizenship/Alienage
- Cooperation with CSE
- Enumeration

VERIFICATION

ABD Medicaid	<p>Basic Eligibility Criteria must be established when determining eligibility under all ABD COAs.</p> <p>EXCEPTIONS: It is not necessary to verify Enumeration, Residency or U.S. Citizenship, unless questionable.</p>
Family Medicaid	<p>The statement of the A/R may be accepted as verification for all Basic Eligibility Criteria unless there is information known to the agency that conflicts with the statement of the A/R or if the statement is otherwise questionable.</p> <p>EXCEPTIONS:</p> <ul style="list-style-type: none">• Pregnancy must be verified for any woman applying for Medicaid coverage as a pregnant woman.• Alienage must be verified for non-citizens.• Any information that conflicts with information known to the agency or that is otherwise questionable must be verified.

The following charts list Basic Eligibility Criteria and the COAs to which each applies.

CHART 2201.1 ABD MEDICAID BASIC ELIGIBILITY CRITERIA								
ABD MEDICAID CLASS OF ASSISTANCE	A G E C /B L I N D / D I S A B L E D	A P P L I C A T I O N F O R O T H E R B E N E F I T S	C I T I Z E N S H I P/ A L I E N A G E	E N U M E R A T I O N	L E N G T H O F S T A Y	L E V E L O F C A R E	R E S I D E N C Y	T H I R D P A R T Y R E S O U R C E S
SSI Medicaid (SSI)	X	X	X	X			X	X
Pickle (PL 94-566)	X	X	X	X			X	X
Disabled Adult Child (PL 99-643)	X	X	X	X			X	X
Former SSI-Disabled Child	X	X	X	X			X	X
Disabled Widow(er)	X	X	X	X			X	X
Widow(er) Age 60-64 (PL 100-203)	X	X	X	X			X	X
1984 Widow(er) (PL 99-272)	X	X	X	X			X	X
1972 COLA (PL 92-603)	X	X	X	X			X	X
Community Care Services Program	X	X	X	X	X	X	X	X
MRWP/CHSS	X	X	X	X	X	X	X	X
Deeming Waiver	X	X	X	X		X	X	X
Hospice (at home or institutionalized)	X	X	X	X	X	X	X	X
30 Day Hospital	X	X	X	X	X	X	X	X
Laurens County Head Injury Waiver	X	X	X	X			X	X
Independent Care Waiver Program	X	X	X	X	X	X	X	X
Model Waiver Services	X	X	X	X			X	X

Nursing Home	X	X	X	X	X	X	X	X
QMB	X		X	X			X	X
SLMB	X		X	X			X	
QI-1	X		X	X			X	
QI-2	X		X	X			X	
QDWI	X	X	X	X			X	X
ABD Medically Needy (AMN)	X	X	X	X			X	X
ABD AMN for Nursing Home/Hospice	X	X	X	X		X	X	X

CHART 2201.2 FAMILY MEDICAID BASIC ELIGIBILITY CRITERIA								
FAMILY MEDICAID CLASS OF ASSISTANCE	A G E	A P P L I C A T I O N F O R O T H E R B E N E F I T S	C I T I Z E N S H I P/ A L I E N A G E	C O O P E R A T I O N W I T H C H I L D S U P P O R T E N F O R C E M E N T *	E N U M E R A T I O N	L I V I N G W I T H A S P E C I F I E D R E L A T I V E	R E S I D E N C Y	T H I R D P A R T Y R E S O U R C E S
Low Income Medicaid (LIM)	X	X	X	X	X	X	X	X
Transitional Medical Assistance (TMA)	X		X	X	X	X	X	X
Four Months Child Support (4MCS)	X	X	X	X	X	X	X	X
LIM in Nursing Home	X	X	X	X	X		X	X
Newborn	X		X			X	X	X
RSM Child	X	X	X	*	X		X	X
RSM Pregnant Woman (RSM PgW)			X		X		X	X
State Adoption Assistance (SAA) Medicaid	X	X	X	X	X		X	X
Child Welfare Foster Care (CWFC) Medicaid	X	X	X	X	X		X	X

PeachCare for Kids	X		X		X		X	X
Family Medicaid Medically Needy	X	X	X	X	X		X	X

- * no referral to Child Support Enforcement is made for child-only Medicaid cases. Refer to Section 2250, Child Support Enforcement for definition of a child-only Medicaid AU.