

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 to determine income eligibility. • Non FBR – COAs that use an income limit other than the FBR to 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) • New Options Waiver (NOW) • Comprehensive Supports Waiver Program (COMP) • TEFRA/Katie Beckett • Hospice • Hospital • Independent Care Waiver Program (ICWP) • Nursing Home (NH) • ABD Medically Needy (AMN) • Qualified Disabled Working Individuals (QDWI) • Q Track: <ul style="list-style-type: none"> - Qualified Medicare Beneficiary (QMB) - Specified Low-Income Medicare Beneficiary (SLMB) - Qualifying Individual 1 (QI-1)

**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](#)

Refer to Chapter 2900, Referrals, for other sources of medical assistance.

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 which SSI trial budget to complete (Individual, Couple or Spouse to Spouse Deeming).
- Use the FBR as the income limit when completing the SSI trial 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 indefinitely.

PROCEDURES**Step 3
(cont.)**

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.
- 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.

Step 4

Obtain information necessary to process application. Request verification, if necessary.

Step 5

Determine the COA most advantageous to the A/R.

NOTE: Explain the advantages of each COA if the A/R is potentially eligible under more than one COA and allow the A/R to choose the COA.

Step 6

Determine basic eligibility. Refer to Chapter 2200, Basic Eligibility Criteria.

Step 7

Determine financial eligibility. Refer to PROCEDURES under the specific section on each COA.

Step 8

If the A/R is eligible under the COA currently being used to determine eligibility, approve ABD Medicaid on the system.

If the A/R is ineligible under the COA currently being used to determine eligibility, complete a CMD. Refer to [Section 2052](#), Continuing Medicaid Determination.