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Bulletin No. 93-7

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P-2414 SSI/AABD Recipients

A. Policy Basis (M200)

1. Grants

Medicaid regulations (M101) confer automatic Medicaid eligibility on any individual currently receiving SSI/AABD payments or currently in a 1619 b status, with the following exceptions:

- a. An individual who fails to assign to the department, rights to medical support and other payments for medical care;

NOTE: SSI/AABD recipients assign rights when they apply at Social Security. The SDX will cause ACCESS to send you a MAIL message that Third Party Liability has changed from _____ to _____. The applicable codes are: Y-Third Party Liability does exist, A-Applicant refuses to assign rights for third party insurance; R-Failure to cooperate in providing third party liability data; N-Third Party Liability does not exist.

All other applicants assign these rights by signing the DSW 201 (application).

- b. An individual who fails to cooperate with the department in establishing paternity if required;
- c. An individual who fails to enroll in a group health plan which the department has determined will be cost effective;

NOTE: You will be notified by the Medicaid Division if someone fails to cooperate.

- d. An individual who is the owner of a Medicaid Qualifying Trust which is not counted as a resource for SSI/AABD but which causes him/her to be over resources for Medicaid.

NOTE: Social Security will notify you by mail if an individual has a resource which you must evaluate as a Medicaid Qualifying Trust. (See PP&D facing M237 dated 4/16/92.)

Although resource transfers do not make an individual ineligible for Medicaid, they may result in a penalty period of restricted Medicaid coverage for long-term care (M343). (P-2430 D#4)

No separate Medicaid application is required for this coverage. In Vermont, the (Federal) Social Security Office determines Medicaid eligibility for eligible SSI/AABD applicants and reports these decisions via the State Data Exchange (SDX) system. Department action is necessary to authorize Medicaid coverage. (See P-2414 D) This includes investigation of the availability of third-party insurance.

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P-2414 SSI/AABD Recipients

A. Policy Basis (M200)

2. Retroactive Eligibility (M113)

New SSI/AABD recipients may apply for and receive, if eligible, retroactive Medicaid coverage for up to three months prior to the month of application for SSI/AABD. A DSW 202A (Declaration of Retroactive Need for Medical Assistance) must be filed for retroactive coverage (see P-2414 D) and the individual must be eligible for reasons other than "receiving SSI/AABD cash assistance".

3. Closed SSI/AABD Recipients

When SSI/AABD payments are terminated or 1619 b status ends, Social Security does not determine continuing Medicaid eligibility or ineligibility, since the individual may remain eligible for Medicaid under other elements of the Medicaid Program (i.e., by passing an income test, by meeting a spend-down or by being a member of one of the coverage groups at M200 or M300).

Once SSI or 1619B has terminated, change the 'A' code to an appropriate 'M' code and set a review date for the following month. If the review notice run date has passed (see your adverse action calendar) send a manual review notice using Spec C forms and enclose a Medicaid application.

4. Denied SSI/AABD Applicants

Denied SSI/AABD applicants may be eligible for Medicaid. An application (DSW 201 and DSW 202) is required.

5. 1619 b Status (M200)

Section 1619 b grandfathers in continued Medicaid benefits for a ((M200) working blind or disabled former SSI/AABD recipient who needs these services to continue working but who is ineligible for cash assistance because his/her countable income exceeds the SSI/AABD payment level.

Social Security offices will make all eligibility decisions on these cases and will report Medicaid decisions to the department via SDX. (See P-2414 G)

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B. The State Data Exchange (SDX) Overview

1. The State Data Exchange (SDX) is an automated reporting system used by the Social Security Administration to provide information to the State Agencies which administer Federally assisted programs. It is one of two such reports between SSA and the states. SDX carries data about SSI/AABD recipients and benefits. The other report is called Beneficiary Data Exchange or BENDEX and carries information on Social Security Title II and Medicare benefits. Five times each month Social Security runs a data tape report to update its own SDX Master file. Each time the SDX Master File is updated a tape is generated, listing all data about SSI recipients coded as living in Vermont. The tape is then mailed to Vermont, where it is run and matched against the ACCESS SDX Master file, to determine whether or not there are discrepancies. Discrepancies are sorted by District Office and in the case of SSI/AABD recipients who are already active clients of DSW, by IMS worker. These discrepancies are reported in the form of EDIT messages in the DAIL and STAT functions of ACCESS and as hard copy printed reports.
2. If an SSI/AABD recipient is known to ACCESS (i.e. the recipient has a member panel (MEMB.XX) that identifies him/her as an active recipient of ANFC, Food Stamps, Medicaid or as a state Essential Person (EP)) ACCESS will report SDX discrepancies by means of EDIT messages on client's STAT and the appropriate worker's DAIL report.

If an SSI/AABD recipient is not active on ANFC, Food Stamps, Medicaid, State EP, or Supplemental Fuel Assistance, the ACCESS will produce a hardcopy ACCRETION REPORT. ACCRETION REPORTS are sorted by zip code and sent to the District Office serving the town of residence as identified on SDX.

3. There are four types of SDX discrepancy which will require worker action:
 - ACCRETION: An individual is receiving SSI/AABD and is either not receiving Medicaid or is receiving Medicaid with a category code other than AA, AB, or AD on his/her ME/ELIG results screen.
 - DELETION: An individual is not receiving

SSI/AABD or Federal EP and is receiving Medicaid with a category code of AA, AB, AD or EA, EB or ED on his/her ME/ELIG results screen.

- CHANGES OTHER THAN ADDRESS: An SSI/AABD recipient who is active on ANFC, Food Stamps, Medicaid or State EP has a change in the amount of his/her SSI/AABD benefit but still receives payment.
- ADDRESS CHANGES: An SSI/AABD recipient who is active on a DSW program has a different address reported on the SDX tape than in ACCESS.

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C. SDX Reports:

1. SSI/AABD recipients who are not active ANFC, State Essential Person, Food Stamp, Medicaid, or Supplemental Fuel

When each SDX tape is processed, ACCESS will read each recipient's SDX file and check its own SDX Master file to see whether that individual is active on DSW programs. If the individual is not active, ACCESS will:

- ADD (ACCRETE) the SSI/AABD recipient to the ACCESS SDX MASTER FILE.
- Produce a complete set of SDX data screens, which may be viewed in the Interface (INFC) function. Command = SDX.01 - SDX.05.
- Identify the SSI/AABD recipient's town of residency by the zip code contained in the residence address field of the SDX file.
- Print an ACCRETION REPORT for the district office identifying the individual as an SSI/AABD recipient.
- ACCESS will identify the DSW District Office which serves the recipient's town of residence.

In some cases, the ACCRETION REPORT must be hand sorted as Postal Zip Code areas do not conform strictly to town lines. For example Brookfield is served by Barre District Office, but has a Randolph Zip Code. Since Randolph is served by Hartford District Office an ACCRETION REPORT on a new SSI/AABD recipient living in Brookfield would be sent to Hartford D.O. HDO staff would need to send it to MDO for processing. Some hand-sorting is unavoidable since Social Security Administration does not code new SSI/AABD recipients by DSW town code designations.

- The District Office will distribute SDX ACCRETION REPORTS to IM workers for processing according to local caseload distribution practices.
- See Section P-2414 D for processing of ACCRETION REPORTS of inactive individuals.

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C. SDX Reports: (Continued)

2. SSI/AABD recipients who are active ANFC, State Essential Person, Food Stamp or Medicaid recipients.

When each tape is processed, ACCESS will read each SDX file the and compare all data elements on each SSI recipient's file to the ACCESS SDX MASTER FILE. If there is a discrepancy between the data on the incoming tape and the ACCESS SDX MASTER FILE, ACCESS will:

- Update the ACCESS SDX MASTER FILE by entering new data elements in the appropriate SDX.01 - .05 fields.
- Check to see if the SSI/AABD recipient has an UNEA screen with type 02 (SSI/AABD) income in his/her current STAT. If not, ACCESS will create a UNEA screen, enter the amount, payment status, transaction code, and process date in the SDX REPORTS field of the new UNEA screen, and set the verification flag to "?".

ACCESS will notify the IMS whose worker number appears on the APPL by printing an EDIT message on the Worker Daily Report (DAIL) in the following format:

```
Last Name, First Name, MI
Reporting Group ID, PGM status:
Correct stat for MM/YY           INFO EDIT
MM/YY SDX REASON: SSI OR VA BENEFIT AMOUNT
DISCREPANCY
```

- If the SSI/AABD recipient is not receiving Medicaid with an AA, AB, or AD category code, the DAIL message will also read:

```
MM/YY SDX REASON: ACCRETION-RECEIVING SSI BUT NOT
SSI RELATED ME
```

See Section P2414E for ACCRETION PROCESSING for those active on DSW programs.

- If the SSI/AABD recipient's benefits are being terminated or suspended the DAIL message will read:

MM/YY SDX REASON: DELETION RECEIVING SSI -
RELATED ME BUT NOT SSI

See Section P2414G for DELETION processing.

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- D. SDX ACCRETION PROCESSING - Individuals inactive on DSW Programs.
1. When each SDX tape is run, ACCESS will check its data base to match individuals, and will identify as an ACCRETION any individual who:
 - a) is a cash recipient of SSI/AABD or Federal EP benefits
and
 - b) is not receiving Medicaid with a category code of AA, AB, AD, EA, EB, or ED.
 2. For those individuals who are not active on ANFC, Food Stamps, EP, Supplemental Fuel, or Medicaid ACCESS will produce a DISTRICT OFFICE ACCRETION REPORT as described in P-2414C.
 3. Since SDX is a tape match system, only the most recent transaction is visible. ACCRETIONS may, therefore, have a transaction code other than 01 (a new SSI/AABD grant). If the Social Security Administration has changed or updated a newly created record after it was input, but before the Vermont SDX tape run, only the "06" (change other than address) would be visible to the IMS. For example, if an SSA worker input an SSI record with a transaction code of "01" on 1/3/86, then changed the record on 1/6/86 with an "06" transaction, and the tape for Vermont was run on 1/8/86, the ACCRETION would show on the District ACCRETION REPORT as a change. (Transaction = 06)
 4. The worker will grant Medicaid to the SSI recipient by the following procedure:
 - a) Enter an APPL for the SSI/AABD recipient. Name, address, and SSN can be taken from the ACCRETION REPORT, or from SDX.01 or .02 in the Interface (INFC) function.
 - b) Send the applicant a DSW 201 N advising him/her that (s)he may be eligible for Medicaid up to 3 months prior to the effective date of his/her SSI eligibility. This same letter will request information about Medicare and any private health insurance (s)he may have.
 - c) Enclose with the 201 N a Declaration of Need for

Retroactive Assistance (DSW 202 B). Set a tickler to follow up in 10 days. If there is no response call or write to the SSI/AABD recipient and/or representative payee listed on SDX.02.

- d) Enter STAT containing at least the following screens: STAT, MEMB.01, UNEA (Type 02), MEDI. and INSU. if appropriate, and other information as available, including other types of income from SDX.04 and relevant data from the Declaration of Need for Retroactive Assistance.

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4. Continued

e) When background transactions are complete and the STAT is edit-free, enter ME/ELIG results. The category code will be:

- 1) AA if the individual is over 65
- 2) AB if the individual is Blind
- 3) AD if the individual is Disabled.

No closure date, closure code or date of next review should be entered. START date should be the 1st day of the 1st month of SSI/AABD eligibility.

If you have entered the current month as the date of application on the APPL you must enter an "island of eligibility" (ISLA.XX) for any period prior to the 3 full calendar months preceding the date of application.

You must also enter an ISLA screen for any retroactive coverage prior to the first day of the first month of SSI/AABD eligibility, since the category code for the period will be other than AA, AB, or AD, all of which denote SSI/AABD recipients.

If, for example, the worker receives an SDX ACCRETION REPORT on 12/1/86 that an applicant was granted SSI/AABD effective 7/1/86, and the new SSI/AABD recipient applies, and is eligible for 3 months of Medicaid eligibility prior to his SSI/AABD eligibility, the worker has several options:

i) The worker may enter 12/1/86 as the date of application and when the STAT is edit-free:

Enter AA, AB or AD as the category and 12/1/86 as the start date on the ME ELIG results panel and on ISLA with category code AA, AB, or AD for the period 7/1/86 to 11/30/86.

OR

- ii) The worker may enter 7/1/86 as the date of application for Medicaid on the APPL and when the STAT is edit-free; enter ME/ELIG results, with category code of AA, AB, or AD.

Vermont

PROCEDURE
Medicaid

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D. SDX ACCRETION PROCESSING - Individuals inactive on DSW Programs.

4. Continued

In either case, the worker must enter the retroactive period as an ISLA, since the ME/ELIG first level editing process will not allow a period of eligibility to be ended in the past; i.e. a worker cannot in December enter a period of eligibility that both starts and ends prior to the end of December.

Note that the Category Code for the ISLA may be different than that for the period of SSI eligibility.

Use MA, MB, or MD for those with income below the PIL.

Use PA, PB, or PD for those who must spend down excess income during their retroactive period. ACCESS will not allow you to enter a code other than PA, PB, or PD if the period of eligibility starts on anyday other than the first of the month. (i.e. in those cases requiring spend down of excess income.)

See ACCESS Users Manual for ISLA instructions Volume II section I:30:20:110.

P-2414 SSI/AABD RecipientsE. SDX ACCRETION Processing - Individuals Active on DSW Programs

1. When each SDX tape is run against the ACCESS SDX MASTER FILE, ACCESS will check its database and identify those individuals who are currently active in the ANFC, Food Stamp, Medicaid, or Essential Person Program and
 - a) are cash recipients of SSI/AABD or Federal EP benefits
and
 - b) are not receiving Medicaid with a category code of AA, AB, AD, EA, EB, or ED.

All such individuals will be identified as ACCRETIONS and sorted by the district office worker number appearing on the current month's STAT for that household in which the SSI/AABD recipient appears.

2. ACCESS will update its SDX Master File by entering the new data into the appropriate fields of SDX.01 through .05 and notify the worker to take action on the ACCRETION by the following:
 - If no UNEA.XX panel with type '02' income (SSI/AABD) appears in the current STAT, ACCESS will create one, entering the payment amount, process date, payment status, and verification in the "SDX REPORTS:" fields of the UNEA panel.
 - ACCESS will check its SDX MASTER FILE to determine whether the SSI/AABD recipient is receiving Medicaid with a category code of AA, AB, AD, EA, EB, or ED and notify workers of discrepancies in the following manner:
 - a) If the SSI/AABD recipient is either not active on Medicaid or is active with a code other than AA, AB, AD, EA, EB, or ED, ACCESS will enter an EDIT MESSAGE on the Workers' DAILY REPORT (DAIL) in the following format:

Last Name, First Name, MI
Reporting Group ID, PGM Status
CORRECT STAT For MM/YY
MM/YY: SDX REASON - ACCRETION RECEIVING SSI
BUT NON
SSI-RELATED ME SET UP MEDICAID ELIGIBILITY OR
CHANGE CATEGORY CODE.
 - b) If the SSI/AABD recipient is also a recipient

of ANFC, Food Stamps or Essential Person benefits, ACCESS will create a UNEA.XX panel with the benefit amount, payment status, process date and will create EDIT messages on the Worker Daily Report (DAIL) and on the STAT Summary Panel (SUM). If the recipient is an ANFC recipient ACCESS will advise the worker, by way of STAT and DAIL EDITS to approve the removal of the SSI recipient from the grant.

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- E. SDX ACCRETION Processing - Individuals Active on DSW Programs (Continued)
3. The IMS will process Medicaid Eligibility for the newly-granted SSI/AABD recipient as follows:
- a) - If the SSI/AABD recipient is already receiving Medicaid under another category, go into ME/ELIG and change the category to AA, AB, or AD.
- If the second character of the old category code is not A, B, or D (i.e. if SSI/AABD recipient was not receiving Medicaid in one of SSI-related categories), you can check the Master File Type field on SDX.02 to find the correct code.
- When changing the category code to AA, AB, or AD, remove the eligibility end date, reason code and the date of next review.
- b) If the SSI/AABD recipient is not receiving Medicaid the IMS will grant Medicaid according to the following procedure:
- Identify the recipient as an ACCRETION from EDIT messages on the Worker Daily Report.
- Send the SSI/AABD recipient a DSW 201N SSI/AABD Medicaid Information request advising him/her that (s)he may be eligible for Retroactive Assistance for up to 3 months prior to the effective date of SSI/AABD eligibility. The same letter will request information about Medicare and other health insurance.
- Enter date of application and 'Y' in the Medicaid requested field of the APPL. This will log the individual as Pending determination of Medicaid eligibility and will cause an EDIT message on the Worker's Daily Report.
- When the 201N is returned, update the STAT for the month in which the date of application falls. The STAT must include:
- MEMB.XX: - with entry of 15, 8, or 9 in the ME ASSISTANCE CASE MEMBER field.

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3. Continued

UNEA.XX: - with Type '02' SSI/AABD income. ACCESS will create a UNEA panel in an existing STAT. The worker must, however, verify the information by entering a dollar amount in the amount field and coding it as recurring to resolve payment discrepancy EDITS in the STAT Summary Panel and Worker Daily Report. Note that receipt of SSI/AABD may result in changes requiring approval in ANFC, Food Stamps, EP or Fuel Assistance benefits.

MEDI. AND INSU: Enter information on Medicare and Private Health Insurance from the returned 201N.

When background transactions are complete and the STAT is edit-free, enter ME/ELIG results. The category code will be:

- 1) AA if the individual is 65 or older.
- 2) AB if the individual is Blind
- 3) AD if the individual is Disabled.

No closure date, closure code or date of next review should be entered. START date should be the 1st day of the 1st month of SSI/AABD eligibility.

If you have entered the current month as the date of application on the APPL you must enter an "island of eligibility" (ISLA.XX) for any period prior to the 3 full calendar months preceding the date of application.

You must also enter an ISLA screen for any retroactive coverage prior to the first day of the first month of SSI eligibility, since the category code for that period will be other than AA, AB, or AD, all of which denote SSI recipients.

See the ACCESS Users Manual for ISLA.
instructions Volume II section I:30:20:110.

Note that the Category Code for the ISLA may be different than that for the period of SSI eligibility. Use MA, MB, or MD for those with income below the PIL. Use PA, PB, or PD for those who must spend down excess income during their retroactive period.

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F. SDX Changes

1. Each SDX tape is processed, ACCESS will check its SDX MASTER FILE and compare the data elements on the incoming tape to the existing file for each individual. Each field on SDX.01 through SDX.05 represents one or more data elements. Any discrepancy between the incoming tape and the existing file on an SSI/AABD recipient results in an update of the ACCESS SDX MASTER FILE. If a discrepancy exists, ACCESS will update its ACCESS SDX MASTER FILE by substituting the incoming data for that which already exists on file.
2. ACCESS will report discrepancies in SSI/AABD benefit levels to the worker whose number appears on the STAT Header Panel in the following manner:
 - by entry on the Worker Daily Report:

 LAST NAME, FIRST NAME, MI
 REPORTING GROUP ID, PGM STATUS:
 CORRECT STAT FOR MM/YY INFO EDIT
 MM/YY SDX REASON: SSI OR VA BENEFIT AMOUNT
 DISCREPANCY.
 - by entry on the STAT edit summary panel (SUM)
 - by entry on the UNEA.XX screen with type '02'
 (SSI/AABD) in the SDX Reports field.
3. The worker will resolve these edits in one of two ways.

 If the worker-entered amount on the UNEA.XX Type '02' screen is correct (i.e. is more current than SDX) enter a 'V' for verified in the Verification field.

 If the SDX-reported amount is correct, enter the SDX-reported amount in the worker-entered field on the top line of the screen. This will generate a background transaction and new versions of Food Stamp, EP, ANFC, or Fuel Assistance eligibility which may require approval.
4. ACCESS will not advise the worker of SSI/AABD benefit amount changes for those individuals who receive only Medicaid and have an AA, AB, AD, EA, EB, or ED category code on the ME/ELIG RESULTS screen, unless SSI/AABD

benefits terminate. (See SDX Deletion Processing.)

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G. SDX Deletion Processing

1. When each SDX tape is processed, ACCESS will identify those individuals whose SSI/AABD benefits have been terminated, suspended or who are not eligible for payment, AND whose Medicaid category code is AA, AB, AD or EA, EB, or ED, AND whose Medicaid Status Code on SDX.02 is not G (Goldberg-Kelly appeal) or C (Disability Demonstration Project continuation)

All such individuals are identified as DELETIONS.

2. The worker is notified of DELETIONS by a system generated entry on his/her Worker Daily Report (DAIL) in the following format:

```
LAST NAME, FIRST NAME, MI  
REPORTING GROUP ID, PROGRAM STATUS  
CORRECT STAT FOR MM/YY  
MM/YY SDX REASON: DELETION - RECEIVING SSI  
RELATED ME BUT NOT SSI-CHANGE CATEGORY CODE OR CLOSE  
MEDICAID
```

3. The worker must determine whether or not sufficient grounds exist to close Medicaid, based on the reason for SSI/AABD closure, by the following steps:
 - a) Identify the reason for SSI/AABD closure from the Payment Status code found on the STAT UNEA.XX panel and on SDX.01 and SDX.03.
 - b) Identify Medicaid Status from the SDX.02 screen, an entry of 'G' or 'C' in this field indicates a continuation of Medicaid eligibility. Neither of these entries should appear as DELETIONS.

G' is a 'Goldberg-Kelly' case. Like DSW, Social Security Administration must continue benefits pending appeal if filed in a timely manner. GOLDBERG-KELLY CASES SHOULD NOT APPEAR AS DELETIONS on the Worker Daily Report, but may if the SSA worker neglects to update the Medicaid Status field.

If Payment Status = E01 ELIGIBLE BUT NO PAYMENT APPLICABLE and MEDICAID STATUS is not 'G' it may indicate a worker input error at SSA. Contact the

Social Security Office to resolve the discrepancy.
Correction to SSA is the only way to get rid of
the EDIT MESSAGE on your Daily Report.

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G. SDX Deletion Processing (Continued)

- 'C' indicates a continuation of Medicaid eligibility although SSI/AABD cash payment has been suspended under the provisions of the Disability Demonstration Project 1619B.

When data is properly entered at SSA, and the payment status code = P01 - SUSPENDED (DISABILITY) BUT MED. ELIG. 1619B, the Medicaid Status code should equal 'C'.

Additional backup data for 1619B continuations are found on SDX.05 in the DISABILITY FACTORS Field. Contact SSA if Payment Status = P01 and Medicaid Status is not 'C'.

- c) In all other cases the worker must make a determination whether or not the reason for SSI/AABD closure represents sufficient grounds for Medicaid closure according to the criteria in sections d) through j)

d) Closures due to excess income:

Payment Status = N01, or N05

- Calculate the applied income using the data on the SDX. 04 screen.
- To take advantage of Medicaid eligibility automation you need to take the following steps:
 - Enter 'V' (for verified) in the UNEA.XX screen with type '02' SSI/AABD
 - Enter an Earned or Unearned panel, JINC, BUSI, or UNEA, for each type of income designated on SDX.04.
 - SSI/AABD uses a system of 'Deeming' income from an ineligible (for SSI) spouse or parent to an eligible SSI/AABD recipient. In some cases the amount of deemed income may be sufficient to close the SSI.

Since Medicaid rules require that the spouse be included in the assistance group and his/her income and resources counted, you may not be able to make a separate determination for Medicaid without a new 201 and 202.

If the couple is receiving other DSW benefits, ACCESS should already have income information on the parent or spouse. The worker will need to make appropriate changes

in the MEDICAID ASSISTANCE CASE MEMBER FIELD of the appropriate MEMB.XX screen in order to get that individual's income counted for Medicaid.

- When the case has gone through background and is free from EDITS, the worker may approve closure using the excess income closure reason if the household is ineligible for Medicaid.

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G. SDX Deletion Processing (Continued)

- In all cases other than those involving Goldberg/Kelly or Disability Demonstration Project continuations of Medicaid, send a DSW 220 Notice of Decision with the excess income (Reason code '11') message indicating the amount of the applied income and the applied income period. Enclose with the DSW 220:
 - . Application - DSW 201
 - . Statement of Need - DSW 202
 - . Medicaid Spend Down record DSW

214A.

The assistance group must submit a new Application and Statement of Need at the time they submit their bills for reconsideration.

e) Closure due to excess resources;

Payment Status = N05

- Although it is impossible to tell from the resource information on the SDX.05 screen exactly what resources were counted, we must assume that an individual who exceeds SSI/AABD resources maximums also exceeds Medicaid maximums, since the resource standards are the same for SSI payment and SSI-related Medicaid.
- Use reason code '10' (excess resources) on the ME/ELIG FIAT screen to close the case.
- Send a DSW 201 and 202 with the Notice of Decision.

f) SSI closure because recipient no longer lives in VT.

Transaction code = 05.

- Enter '999' as the town code on the applicant's STAT/ADDR panel and update the address to that on SDX.01.
- This will produce a background transaction. When background editing is complete use reason code '22' on the ME/ELIG Results screen, and close Medicaid for the month of SSI closure or the first month for which adverse action deadline has not passed, whichever is later.

g) SSI closure because the recipient's whereabouts are unknown:

Pay Status = N54, S06 or S07

- Use code 04 - 'Whereabouts unknown' on ME/ELIG Results panel to close eligibility.
- Send the DSW 220 notice to the last known address of the recipient.

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G. SDX Deletion Processing (Continued)

h) If the reason for SSI Closure is that the client is no longer Blind, or Disabled, payment status is any of the following:

 N07 Disability ceased
 N08 Blindness ceased
 or
 N30-N46 or N51 Disability ended (child only)

Delete the UNEA panel with type 02 income (SSI/AABD) and the DISA panel (if any)

When background transactions are complete, close the case with reason code '31' on the ME/ELIG screen. Send the Notice of Decision.

i) If the reason for SSI/AABD closure is refusal to cooperate with Drug or Alcohol Treatment, refusal of vocational rehabilitation, or failed to file for other benefits.

Payment Status = N06, N09, N10, N11

These reasons are not grounds for Medicaid closure, since Medicaid Only rules do not require cooperation with Drug/Alcohol Therapy or Vocational Rehabilitation.

- If the recipient is not over 65, check the Master file type on SDX.02 and:
- Enter a DISA panel with a Medical review date which is the sixth month following the month of SSI/AABD closure.
- Delete the UNEA.XX panel with type '02' income (SSI/AABD).
- When the STAT has gone through background and is edit-free change the category code from AA, AB or AD to MA, MB, or MD. Use the '50' code for the closure reason to review the case in 6 months. Start date will be the 1st day of the month following SSI/AABD closure. The closure month will be the last day of the 6th month following the month of SSI closure.

- j) If you have insufficient information to make a determination whether the closed SSI recipient is eligible for Medicaid e.g. Payment Status = N20 Failure to furnish required report or evidence, N12 or N19 Voluntary Withdrawal or Termination, review Medicaid with the following procedure:

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P-2414 SSI/AABD Recipients

G. SDX Deletion Processing (Continued)

- If the recipient is not 65 years old or older, Check the Master file type to determine if the individual is Blind or Disabled.
- Enter a DISA panel with a review date of six months following the month of SSI closure.
- Delete the UNEA.XX panel with type '02' income.
- When the STAT has gone through background and is edit-free:

Change the category code from AA, AB, AD to MA, MB, or MD and enter a one month period beginning the 1st day of the 1st month following SSI closure.

Closure reason will be '50' to generate a review reminder letter in the month prior to closure.

If the run date for ACCESS issued notices has past, send a Manual Review Reminder Notice. In no case should the Medicaid eligibility be closed without review.