EIS 4200 – SSI MEDICAID-APPLICATIONS
PART SEVEN
REVISED 10/01/02 - CHANGE NO. 02-03

I. MAABD-RETROACTIVE TO SSI MONTH OF APPLICATION

If requested by the recipient, the county determines eligibility for Medicaid retroactive to the month of application for SSI. The SSI applicant/recipient may be eligible for one, two or three months of retroactive Medicaid. The on-line SDX verifies the SSI APPLICATION DATE and the DISABILITY ONSET DATE. Refer to EIS 1105 for SDX inquiry instructions.

If the DISABILITY ONSET DATE does not verify disability prior to the month of application for SSI, but the client states they were disabled, DDS must establish disability.

A. APPLICATION

Enter a DSS-8124. Key 1 as the APPLICATION TYPE (NEW APPLICATION). Refer to EIS 2011. **DO NOT ENTER A REAPPLICATION TO THE SSI CASE ID FOR BENEFITS PRIOR TO THE FIRST MONTH OF SSI MEDICAID.**

1. Perform Name Search and Social Security Number search to determine whether the individual has an existing EIS Individual ID. If there is an existing ID, enter this ID on the application. Assign a new Individual ID if one does not exist.

2. The date of application on the DSS-8124 is the date the applicant/representative comes in to DSS to request retroactive Medicaid.

3. The aid program/category must be MAA, MAD or MAB.

4. For MAD, if the Disability Onset Date includes the entire retro period, indicate on the DSS-8124 that disability determination is NOT needed by entering **N** in the DIS/DET retro field.

5. For MAD, if the Disability Onset Date does not include the entire retro period, indicate on the DSS-8124 that disability determination is needed by entering **Y** in the DIS/DET retro field.

I.(CONT'D)

B. DATE SCREEN

Enter a RETRO date screen for the application. Refer to Date Screen example at the end of this section and/or EIS 4900, Part D.

1. Enter **S** beside RSDI or SSI APPEAL REVERSAL/SSI APPL.

2. Enter the SSI date of application beside ORIG DATE OF APP. This date cannot be prior to January 1, 1995.

3. Enter EXCL REASON CDE, if applicable.

4. Enter BEGIN DATE, if EXCL REASON CDE is present.

5. If EXCL REASON CDE and BEGIN DATE are entered, you must enter END DATE before the application can be processed.

6. Enter Y or N for DISABILITY DETERMINATION REQUIRED, if not already present on the screen.

7. Press ENTER to update the Date Screen.

C. DISPOSITION

The application may be approved, denied or withdrawn.

1. Denial/Withdrawal

   a. To deny/withdraw the reapplication, enter the Denial/Withdrawal Reason Code and Date on the DSS-8124. Press ENTER.

   b. The denial/withdrawal processes in the overnight batch cycle.

   c. EIS issues an automated denial/withdrawal notice, unless Notice Override is Y. If Notice Override is Y, send a Manual Notice.

I.C. (CONT'D)

2. Approval:

   a. Enter a DSS-8125 according to existing instructions. Refer to EIS 2251 and EIS 4100.

   b. Enter the RETRO DISP reason and date.

   c. Approve open/shut. The CASE TERMINATION DATE must be the last day of the month prior to the month of SSI application.

   d. Complete Retro MA 1 and Retro MA 2 as needed.

   e. The authorization period begins with the first month of eligibility and ends with the last month for which eligibility has been determined, but must be prior to the month of SSI application.

   f. Medicaid class must be N or M.

   g. EIS issues benefits in the nightly batch cycle, beginning with the first month of authorization through the CERTIFICATION THRU date.

   h. EIS issues an automated recipient notice in the nightly batch cycle.

II. FAMILY AND CHILDREN MEDICAID RETROACTIVE TO SSI MONTH OF APPLICATION

If requested by the recipient, the county determines eligiblity for Medicaid retroactive to the month of application for SSI. The SSI applicant/recipient may be eligible for one, two or three months of retroactive Medicaid.

A. APPLICATION

1. Register a DSS-8124 marked ADMINISTRATIVE. Register the application as Type 1 (NEW APPLICATION). Refer to EIS 2011. **DO NOT ENTER A REAPPLICATION TO THE SSI CASE ID FOR BENEFITS PRIOR TO THE FIRST MONTH OF SSI MEDICAID.**

2. The date of application is the same as the SSI Date of Application.

II.(CONT'D)

B. DISPOSITION

The application may be approved, denied or withdrawn.

1. Denial/Withdrawal

   a. To deny/withdraw the reapplication, enter the Denial/Withdrawal Reason Code and Date on the DSS-8124. Press ENTER.

   b. The denial/withdrawal processes in the overnight batch cycle.

   c. EIS issues an automated denial/withdrawal notice, unless Notice Override is Y. If Notice Override is Y, send a Manual Notice.

2. APPROVAL:

   a. Enter a DSS-8125 according to existing instructions. Refer to EIS 2254, 2255, or 2256 and EIS 4100.

   b. Enter the RETRO DISP reason and date.

   c. Approve open/shut. The CASE TERMINATION DATE must be the last day of the month prior to the month of SSI application/month of application on the current DSS-8124.

   d. Complete Retro MA 1 and Retro MA 2 as needed.

   e. The authorization period begins with the first month of eligibility and ends with the last month for which eligibility has been determined, but must be prior to the month of SSI application/month of application on the current DSS-8124.

   f. EIS issues benefits in the nightly batch cycle, beginning with the first month of authorization through the CERTIFICATION THRU date.

   g. EIS issues an automated recipient notice in the nightly batch cycle.

III. REAPPLICATION WHEN SSI TERMINATES

When SSI terminates, Medicaid benefits continue until an ex parte review is completed. If the individual is eligible for MAF, MIC, or SA, register a reapplication. For Work First, register a new application.

The following instructions apply only to Medicaid programs. For SA and Work First instructions, refer to the appropriate policy manual.

A. REAPPLICATION PROCESS FOR MAF/MIC.

1. Enter an ADMINISTRATIVE DSS-8124.

   a. The application must always be a reapplication to the SSI Medicaid case id. (Application type 2)

   b. The reapplication can be in either MAF or MIC.

   c. Use the same EIS Case ID as the SSI Medicaid case.

   d. From the APPLICATION PROCESS MENU, beside REAPPLICATION AGAINST A CASE:

      (1) Enter 2 or 5 for APPLICATION TYPE.

      (2) Enter the SSI Medicaid CASE ID.

      (3) Enter the AID PROGRAM/CATEGORY for the reapplication.

   e. Enter the casehead/payee on line 1 on the 8124 as a non-recipient if appropriate, and the terminated SSI recipient on line 2.

   f. Enter other data on the 8124 screen as usual.

2. Process the reapplication according to existing instructions.

3. Use the Date Screen, if appropriate, when the application pends for medical bills.

III. (CONT'D)

B. DISPOSITION

The pending reapplication may be denied, withdrawn, or approved.

1. Denial/Withdrawal

   a. To deny/withdraw the reapplication, enter the Denial/Withdrawal Reason Code and Date on the DSS-8124. Enter a Notice Override Y. Press ENTER. (If SSI Medicaid has been re-approved, enter Denial Code G8. Send a manual notice.)

   b. Send a manual notice of redetermination.

   c. The denial/withdrawal processes in the overnight batch cycle.

2. Approval

   a. To approve the reapplication, enter a DSS-8125. Refer to the EIS Manual, Volume 2, for appropriate instructions, depending on the aid program/category.

   b. Enter the following data:

      (1) Medicaid Effective Date-
      Enter the first day of the month of application on the current DSS-8124.

      (2) Certification From date-Same as Medicaid Effective Date

      (3) Certification Thru date-Can be one through twelve months at approval, according to policy.

   c. Enter the Notice Override Y and send a manual notice of redetermination.

C. BENEFIT ISSUANCE

EIS issues benefits beginning with the Medicaid Effective Date entered on the 8125 through the current month in the nightly batch cycle.

III. (CONT'D)

D. DISPOSITION NOTICES

Enter a Notice Override Y and send a manual notice of redetermination on all MAF/MIC reapplication dispositions as these actions are redeterminations and not application approvals/denials/withdrawals.

E. SSI MEDICAID RE-APPROVED AFTER NON-SSI MEDICAID REAPPLICATION

1. Non-SSI Medicaid reapplication is pending and SSI is re-approved:

   a. The non-SSI Medicaid pending application is not altered in any way.

      (1) EIS notifies the worker on the SSI INDIVIDUAL IN EIS PENDING APPLICATION report that an individual in a pending EIS application is approved for SSI Medicaid.

      (2) The non-SSI Medicaid application must be dispositioned by the IMC.

   b. The new SSI Medicaid approval processes as usual. Refer to EIS 4200, Part Three.

2. Non-SSI Medicaid reapplication is approved and SSI is re-approved before EIS is updated with the new case information.

   a. EIS deletes the non-SSI Medicaid approval.

      The worker is notified on the SDX/EIS UPDATES report that an individual in an active EIS case is approved for SSI Medicaid.

   b. The new SSI Medicaid approval processes as usual. Refer to EIS 4200, Part Three.

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REVISED 09/01/06 - CHANGE NO. 02-07

RETRO TO SSI DATE OF APP

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                          EIS 8124 DATE SCREEN
APPL NO:0000000G     RETRO:     ONGOING:Y     COUNTY NO: 00   CASE ID:00000000
APPLICANT NAME:HAPPY       B  INDIVIDUAL                       SSN:000 00 0000
DDS REQUIRED:N              DATE CREATED:00 00 0000    LAST UPDATED:00 00 0000

                                  EXCLUSIONS
MED = MED BILLS  DDS = DIS DET  EMG = EMG FOR ALIENS  FL2 = FL2/MR2  CAP = CAP
CID = CITIZEN/ID
 EXCL REASON CDE:XXX     BEG DATE: MMDDCCYY      END DATE: MMDDCCYY

                                   REOPENS
STATE/COUNTY APPEAL REVERSAL:
   DTE NEW INFO REQUESTED: MMDDCCYY                        RECEIVED: MMDDCCYY
RSDI OR SSI APPEAL REVERSAL/SSI APPL:S
INCORRECT DENIAL:
IMPROPER DISCOURAGEMENT/DENIAL/WITHDRAWAL:
  FOUND BY MONITOR/CORRECTIVE ACTION:               DTE OF INIT DISC: MMDDCCYY

ORIG DTE OF APPLI: MMDDCCYY                         ORIG DTE OF DISP: MMDDCCYY
ORIG EXCL RSN CDE:    ORIG BEG DTE: MMDDCCYY            ORIG END DTE: MMDDCCYY

PF1/PF13=DELETE RECORD    PF2/PF14=INQUIRY MENU       PF3/PF15=APP PROCESS MENU
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	MAABD-RETRO TO SSI MONTH OF APPLICATION
8124	1 part, new application (Type 1)
8124 DOA	Day applicant/representative applies at DSS
APC	MAA, MAB, MAD
IF MAD N	N in retro DIS/DET field, if disability is already established
IF MAD Y	Y in retro DIS/DET field, if disability must be established
DATE SCREEN	~~~