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405.01 Introduction

(Eff. 01/01/06)

Retroactive Medicaid for Supplemental Security Income (SSI) recipients is a mandatory coverage group. Individuals receiving SSI are automatically entitled to receive Medicaid in South Carolina. The Department of Health and Human Services receives information regarding SSI coverage via the State Data Exchange (SDX). The Medicaid Eligibility Determination System (MEDS) establishes Medicaid eligibility in category 80, SSI Medicaid, effective the month of the first SSI payment (payment status code C01). Generally, the month of application shows with a payment status code of E02 (referred to as the Gap Month), indicating all eligibility factors are met, including disability, and payment will begin the following month.

MEDS will establish eligibility for the gap month in category 32, Aged, Blind, and Disabled (ABD). Retroactive coverage may be available for up to three (3) months before the gap month. For individuals requesting retroactive coverage, Medicaid eligibility workers may determine eligibility using strict SSI eligibility policy (category 80), or may use the criteria for the Aged, Blind, and Disabled Medicaid program (category 32.) To determine eligibility based on strict SSI policy, refer to MPPM Chapters 401 and 402. To determine eligibility based on ABD policies, use the liberalized criteria contained in MPPM Chapter 303.

405.02 Eligibility Criteria

(Eff. 01/01/06)

To qualify for retroactive Medicaid an individual must meet certain categorical, non-financial, and financial requirements for each of the three (3) retroactive months that the applicant received Medicaid covered services. Eligibility for each month must be developed individually for all eligibility criteria.

|  |
| --- |
| Example Bobby Green applied for SSI on April 15. Mr. Green was approved for SSI October 24, with his first payment effective May, and a payment status E02 for April. MEDS indicates Mr. Green’s Medicaid eligibility as category 32 for April, and category 80 beginning May. He requests retroactive Medicaid coverage for the three months before his application for SSI. He meets all non-financial eligibility criteria for these three months, and provides the following verified financial information:  January $5,421 Checking account (low balance for month)  $1,287 Earned income from employment  February $3,049 Checking account (low balance for month)  $0 Income  March $1,749 Checking account (low balance for month)  $0 Income  Eligibility is determined for each month as follows (using ABD criteria):  January $5,421 > $4,000 Resources exceed limit  Ineligible for January  February $3,049 < $4,000 Resources under limit  $0 < FPL for 1 Income under limit  Eligible For February  March $1,749 < $4,000 Resources under limit  $0 < FPL for 1 Income under limit  Eligible for March |

405.02.01 Categorical Criteria

(Eff. 01/01/06)

To meet the categorical requirements for this category, the individual must be:

* Age 65 or older; or
* Blind or disabled, according to the Supplemental Security Income (SSI) definition of blindness or disability.

405.02.02 Non-Financial Criteria

(Rev. 04/01/11)

To qualify for assistance in this category, the individual must meet the following non-financial requirements, as explained in the corresponding chapters.

* + - Identity MPPM 102.02
    - State Residency MPPM 102.03
* Citizenship/Alienage MPPM 102.04
* Enumeration/Social Security Number MPPM 102.05
* Assignment of Rights to Third Party Medical Payments MPPM 102.07

405.02.03 In-kind Support and Maintenance (ISM)

(Eff. 01/01/06)

[POMS SI 00835.001](http://policy.ssa.gov/poms.nsf/lnx/0500835001!opendocument) ff

When strict SSI policy (category 80) is used to determine retroactive Medicaid eligibility, in-kind income is counted in the eligibility determination. In-kind income is any income other than cash income. To meet the definition of income, the in-kind item received by the individual must be:

* Food or shelter; or
* Something the individual can sell or convert to obtain food or shelter.

If the in-kind item is neither food nor shelter, and it cannot be sold or converted to cash, then it is not income.

In-kind support and maintenance (ISM) is an SSI policy principal that applies only to SSI-related cases such as SSI Pass-Along. Cases that use the Federal Poverty Level or institutional income limit as the need standard for eligibility purposes do not require placing a value on any ISM received by an eligible individual or couple.

For purposes of treating In-kind Support and Maintenance as income, three types of values are used:

1. **Current Market Value (CMV)**

The amount for which something can be purchased locally on the open market. Depending on the type of support and maintenance received, the determination of the CMV may be based on various factors such as the assessed value from a knowledgeable source, property owner’s statement, and the individual’s payment.

1. **Actual Value (AV)**

The current market value is divided by the number of people receiving support and maintenance minus any payment made out of an individual’s own funds. If he makes no payment, AV and CMV may be the same amount.

1. **The Value of the One-Third Reduction (VTR) Rule** [POMS SI 00835.200](http://policy.ssa.gov/poms.nsf/lnx/0500835200)

The applicable Federal Benefit Rate (FBR) is reduced by one third when an individual/couple

* Lives **throughout** a month in another person’s household; and
* Receives **both** food and shelter from others living in that household.

1. **Presumed Maximum Value (PMV)** [POMS SI 00835.300](http://policy.ssa.gov/poms.nsf/lnx/0500835300)

An amount equivalent to one-third of the applicable Federal Benefit Rate (FBR) plus $20. The PMV rules apply to in-kind support and maintenance that is countable as unearned income. The PMV never applies to earned income. Use of the PMV in determining an individual’s countable income is rebuttable by the individual’s showing that the AV of the in-kind support and maintenance he receives is less than the PMV. The lower of these two figures is always used, but never an amount in excess of the PMV, regardless of the number of sources of such income or the variety of living arrangements during any one given period.

The value of such ISM is counted as income, using the lesser of the CMV, AV or PMV, if an eligible individual or couple:

* 1. Lives in the household of another,
  2. Receives rent free shelter,
  3. Has someone else (a third party) pay for goods and services provided to the eligible, or
  4. Receives rental subsidies.

405.03 Application Process

(Rev. 10/01/13)

When an SSI recipient requests retroactive benefits, a separate application is not required. The SSI application filed with the Social Security Administration stands as the application of record. A copy of the SDX screen verifying SSI coverage should be made, and a copy placed in the case record. If it is necessary to collect information to make a determination, the [DHHS Form 3400](https://www.scdhhs.gov/sites/default/files/Form%203400%20Application.pdf), Healthy Connections Application, and DHHS Form 3400-A, Additional Information for Select Medicaid Programs, may be used for this purpose.

A face-to-face interview is not required; however, if one is conducted, either the applicant or the authorized representative is interviewed. During the interview, the eligibility worker must:

* Ask relevant questions needed to determine eligibility, and
* Share information about the eligibility process to include:
  + Verifications needed and why, and
  + A beneficiary’s Rights and Responsibilities.

If there is no face-to-face interview, the eligibility worker must:

* Ensure all necessary information is gathered by contacting the applicant or authorized representative if:
  + There are any unanswered questions, and/or
  + There are any discrepancies found on the current application and/or any past applications.
* Share information about the eligibility process, to include:
  + Verifications needed and why;
  + A beneficiary’s Rights and Responsibilities; and
  + The Standard of Promptness eligibility determination timeline of 45 days, or 90 days if a disability determination is required.

405.04 Medicaid Eligibility Date

(Rev. 10/01/12)

If an individual is approved for retroactive Medicaid, a Group Link ticket must be sent to the MEDS Helpdesk to add the correct Medicaid eligibility dates. A [DHHS Form 3229-A ME](http://medsweb.scdhhs.gov/EligibilityForms/FM%203229-A.pdf), Notice of Approval for Medical Assistance/Optional Supplementation, is sent to the beneficiary informing him of the month(s) for which he has been approved.

405.05 Temporary SSI Closures (Ping-Pong Cases)

(Eff. 06/01/13)

Cases that are SSI-eligible but terminate once per quarter and are reinstated by SSI after one or two months of ineligibility are referred to as “Ping-Pong” cases. The usual cause of the temporary SSI closure is earned income in a 5-week month. The individual whose SSI is temporarily terminated can apply for Medicaid coverage during the missing SSI months by filing an application with their local Medicaid office. The procedures below should be followed when processing “Ping-Pong’ cases.

**Procedures for Handling “Ping‐Pong” Cases:**

* At initial application, handle the case according to current policy. Obtain a SSA decision and verify all other required information. The application is entered into MEDS. Advise the client or representative to contact the eligibility worker each time the SSI terminates.
* The initial application form is valid for the first 12 months. When SSI terminates again, the eligibility worker completes a desk review using the application on file and the income shown on SDX in MEDS. Once the eligibility worker verifies that the closure did occur (SDX05), the case can be reopened (without any break in eligibility) by adding the Ping Pong Code “Y” to the ELD02 screen in MEDS.
* Use the initial SSA decision unless a re‐examination is specified. The re-examination (re-determination) date is viewable on the SXD01 screen in MEDS. If the re-determination date is current and the status is CO1, then the beneficiary is still eligible. If the re-determination date is current and the status is NO1, the beneficiary is no longer receiving SSI and will need to contact their County Medicaid office to see if they are eligible in another category.
* When the initial application is 12 months old, complete a redetermination. The redetermination form is valid for another 12‐month period and may be updated as discussed above each time SSI terminates within the year.