



**TEXAS**  
Health and Human  
Services

# **Medicaid Eligibility**

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**Access & Eligibility Services**

# Discussion Topics



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- Medicaid Overview
- Continuation of Medicaid
- House Bill (HB) 3292
- TIPS for Providers

# Medicaid Overview

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## 1634 Agreement

Texas is a 1634 State (Section 1634 of the Social Security Act).

- The Social Security Administration (SSA) determines eligibility for Supplemental Security Income (SSI).
- Individuals in Texas who receive SSI are automatically eligible for Medicaid.
- Texas Health and Human Services (HHSC) does not make a separate determination of eligibility.



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# Medicaid Eligibility

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## Medicaid for the Elderly and People with Disabilities (MEPD)

To be eligible for MEPD the individual must be:

- Aged - 65 years of age or older;
- Blind - considered “legally blind” as defined by the SSA; and
- Disabled - have a medical determination of a disability as defined by the SSA.

If the SSA has not established disability, disability will need to be determined before Medicaid eligibility can be established.



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## Non-Financial Factors for MEPD Eligibility Determinations

Individuals must:

- Be a Texas resident;
- Be a U.S. citizen or a non-citizen\*;
- Be 65 or determined to meet the SSI requirements for blind or disability;
- Provide a Social Security Number or proof of application for an SSN\*; and
- Provide assignment of rights to third party resources.

Additional eligibility factors may apply to certain programs.



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## Financial Factors for MEPD Eligibility Determinations

Individuals must meet the following income limits:

- SSI
  - The SSI income limit is based on the Federal Benefits Rate (FBR) which is 100 percent of the FBR, currently \$735 monthly.
- HHSC
  - Medicaid Assistance Only (MAO) Group
    - The HHSC income limit for the wavier Medicaid program is 300 percent of the FBR, currently \$2205 monthly.



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## Loss of SSI

- SSI may be denied when an individual:
  - Moves out of state;
  - Is no longer considered blind or disabled; or
  - Has income or resources that exceeds the SSI eligibility limits.
- SSI and Medicaid may be temporarily denied and then reinstated.
- SSA notifies HHSC of the SSI denial or suspension reason but does not indicate whether this is a temporary or permanent denial or suspension.
- HHSC sends the individual a Medicaid denial notice.



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# Continuation of Medicaid



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- Prior to HB 3292, HHSC explored options to improve the continuity of care for individuals after the loss of SSI and to support the transition to managed care for the Medically Dependent Children Program (MDCP).
- HHSC identified the individuals who are likely eligible for Medicaid under a different eligibility group after the loss of SSI:
  - Children (younger than 18) receiving waiver services; and
  - Adults who receive or have an increase in certain Social Security benefits.



# SSI Continuation Group: Children



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Children receiving waiver services who are denied SSI due to an increase in income may remain eligible under the Waiver Medicaid program.

- SSI considers the income and resources of the child and the child's parents when determining eligibility.
- The Waiver Medicaid program only considers the income and resources of the child when determining eligibility.

# SSI Continuation Group: Adults



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Adults who are denied SSI due to receipt of certain Social Security benefits may remain eligible for Medicaid under a Medicaid continuation group:

- Disabled Adult Children (DAC); and
  - Widow(er)s.
- The income and resource limits for these groups are the same as the SSI program.
  - The increase in the Social Security benefit that caused the loss of SSI can be excluded when determining HHSC eligibility.



# New Process

Effective September 2017, HHSC implemented the following process:

- Children receiving waiver services who are denied SSI due to an increase in income are automatically placed on Waiver Medicaid for an additional month after the loss of SSI Medicaid.
- Adults who are denied SSI due to a DAC or Widow(er)s benefit are automatically placed on the appropriate type of Medicaid for an additional two months after the loss of SSI Medicaid.



# New Process

- HHSC will send the following notices:
  - Form H1296, Notice of SSI Medicaid Ending;
  - Form TF0001, Notice of Case Action; and
  - Form H1200, Application for Assistance.
- The application must be returned timely in order for HHSC to determine ongoing Medicaid eligibility.
- If the application is not returned, the temporary coverage will end.
- To avoid future gaps in Medicaid, children who return the application and are determined eligible for ongoing Waiver Medicaid will remain on Waiver Medicaid.

# House Bill 3292



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- HB 3292 requires HHSC to continue to provide medical assistance to individuals who are denied SSI and Medicaid due to a temporary (not more than one month) increase in income and who are:
  - Receiving services through a waiver program for individuals with Intellectual or Developmental Disabilities (IDD) under Section 1915(c); or
  - Residing in Intermediate Care Facilities for Individuals with an Intellectual or Developmental Disability (ICF-IDD) facilities.
- Bill implementation was contingent upon funding in which funding was not appropriated.

# Groups Not Included in the New Process



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Certain individuals identified in HB 3292 were not included in the recent process changes because HHSC does not receive sufficient information needed to make an eligibility determination prior to receiving an HHSC application.

- Adults receiving waiver services; and
- Adults and children residing in an ICF-IDD facility.

These individuals will receive Form H1296, must submit an HHSC application, and will not receive the temporary Medicaid coverage.

# TIPS for Providers



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Assist the individual and/or their legally representative to:

- Understand the:
  - Reason for the SSA denial of SSI;
  - HHSC notices received; and
- Complete and submit the Medicaid application to HHSC.

For questions concerning HHSC applications, contact HHSC at 2-1-1 or 1-877-541-7905.

For questions concerning SSI eligibility, contact SSA at 1-800-772-1213.