



THE VIEW FROM HHSC

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Conference

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Medicaid for the Elderly and People with Disabilities Program - MEPD - Texas Health and Human Services Commission

The Medicaid program provides medical benefits to groups of low-income people, some of whom may have no medical insurance or inadequate medical insurance. Medicaid is a jointly funded cooperative venture between the federal and state governments to assist states in providing adequate medical care to eligible needy persons.

Although the federal government establishes general guidelines for the program, the Medicaid program requirements are established by each state. States are required to include certain types of individuals or eligibility groups under their Medicaid plans and they may include others.

HHSC is responsible for determining eligibility for the MEPD Medicaid programs for persons who are aged, blind or disabled. Medicaid matching federal funding provides for medical care and supportive services (for example, vendor drugs, nursing facility and institutional care) to persons who qualify for Medicaid under one of the MEPD programs in this chapter.

Mandatory Coverage Groups

Supplemental Security Income (SSI)

The Social Security Administration (SSA) administers the SSI program. Texas entered into an agreement with SSA under Section 1634 of the Social Security Act for SSA to make Medicaid eligibility determinations. Persons found eligible for SSI cash payment are automatically determined eligible for Medicaid. SSA notifies the state through a computer network called the State Data Exchange System (SDX). HHSC sends a Your Texas Benefits Medicaid card to the person based on the computer file information from SSA.

Emergency Medicaid Coverage for Aliens

Certain aliens with an emergency medical condition who meet all SSI criteria, except citizenship, may be eligible for Medicaid coverage for the medical emergency. Coverage is for the duration of the emergency period. It is not considered as a "prior" medical, though prior months may be covered.

RSDI Cost of Living Adjustment (COLA) Increase

Medicaid eligibility for the aged, blind and disabled is directly related to receipt of SSI in most states. Loss of SSI payments can result in loss of Medicaid coverage. To preserve Medicaid coverage for certain groups of persons who lose SSI payments, Congress enacted special Medicaid continuation provisions. Persons denied SSI due to certain increases in Social Security benefits may continue to be eligible for Medicaid coverage. SSA informs HHSC through automated files to help locate potential eligible persons who may apply for continued Medicaid.

Disabled Adult Children (DAC)

This applies to persons denied SSI after July 1, 1987, and who meet SSI eligibility criteria when qualifying RSDI disabled adult children's benefits are excluded from countable income (SOBRA1986). These persons were denied SSI benefits because of an increase in or receipt of RSDI disabled children's benefits. These persons may continue to be eligible for Medicaid if they: are at least 18; become disabled before they are 22; are denied SSI benefits because of entitlement to or an increase in RSDI disabled children's benefits received on or after July 1, 1987, and any subsequent increase; and meet current SSI criteria, excluding the children's benefit specified above.

Note: Based on SSA information, adult disabled child benefits generally end if the person gets married. There are exceptions such as marriage to another adult disabled child. This is an SSA requirement and not part of MEPD policy.

Pickle

This applies to persons denied SSI cash benefits for any reason since April 1977. They must meet all current SSI eligibility criteria, with the exclusion of any Social Security COLA increases received since they were eligible for and entitled to both SSI and Social Security benefits in the same month. The earliest COLA increase that can be excluded is the increase received in July 1977. There are two files received from SSA for Title II COLA denials. The 503 file identifies "Pickle" potentials and is received late November of each year. The Lynch vs. Rank file is usually received mid-December.

Optional Coverage Groups

SSI Denied Due to Entry into a Long-Term Care Facility

- This optional coverage group covers a person who would be eligible for SSI, if the person were not in an institutional setting.

Special Income Limit

- The special income limit applies to persons who will reside in a Medicaid-approved long-term care facility or who apply for certain Home and Community-Based Services (HCBS) waiver programs. Countable income must be equal to or less than the special income limit established by HHSC. A person must live in one or more Medicaid-certified long-term facilities at least 30 consecutive days to be eligible under the special income limit. The following are included in this group:
 - Persons of any age in Medicaid-certified nursing facilities who meet medical necessity
 - Persons of any age in Medicaid-certified sections of state supported living centers and private facilities for persons with intellectual disabilities
 - Persons age 65 and over in Medicaid-approved sections of state hospitals (institutions for mental diseases)
 - Persons applying for certain HCBS waiver programs who are not already Medicaid eligible under another coverage group covered by the waiver and who meet the waiver eligibility criteria.

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