

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES MEDICAID POLICY MANUAL			
	Chapter:	2050	Effective Date:	June 2021
	Policy Title:	Retroactive Medicaid		
Policy Number:	2053	Previous Policy Update:	MT 57	

REQUIREMENTS

Retroactive Medicaid provides Medicaid coverage for eligible individuals for the following time periods:

- Three months prior to the month of application for ABD Medicaid, Family Medicaid and Supplemental Security Income (SSI).
- SSI Intervening months - the month of application through the month of case disposition for SSI.

BASIC CONSIDERATIONS

SSI Intervening Months

SSI Intervening Months are defined as follows:

- the month of SSI application through the month of case disposition

Prior Months

Prior Months are defined as any of the following:

- the three months prior to the month of a Medicaid application (ABD or Family Medicaid) filed with DFCS
- the three months prior to the month of SSI application

NOTE: DFCS determines eligibility for an SSI intervening Month only if SSI was denied for a financial reason or for a non-financial reason other than failure to meet disability.

BASIC CONSIDERATIONS (cont.)

NOTE: Chafee Independence Program Medicaid was authorized as of July 1, 2008. No prior months are available under this COA prior to this date. Former Foster Care Medicaid was authorized as of January 1, 2014. No prior months are available under this COA prior to this date. Parent/Caretaker with Child(ren) Medicaid was authorized as of January 1, 2014. Prior months are available under Low Income Medicaid (LIM) regulations only. Children Under 19 Years of Age Medicaid was authorized as of January 1, 2014. Prior months are available under Right from the Start (RSM) Medicaid regulations only.

Eligibility may be determined for each retroactive/SSI intervening month under any ABD or Family Medicaid Class of Assistance (COA), regardless of the ongoing disposition of the application. See SSI prior month exceptions on page 3.

Potential eligibility for Medicaid for all retroactive/SSI intervening months is protected indefinitely for all Medicaid COAs including SSI. Medicaid can be approved at any time for any retroactive month if all eligibility criteria are met. (See "Prior Months for SSI Applicants" in this section for exceptions for use of SSI COA for SSI applicants).

DFCS does not make a determination on the same prior month(s) more than one time if the initial determination was a financial denial (over income, over resources, etc.) or a basic eligibility denial (citizenship/immigration status/identity, residency, disability, etc.).

EXCEPTION: For retroactive/SSI intervening months, the following criteria are not required:

- enumeration
- application for other benefits
- cooperation with DCSS

Eligibility may be reconsidered for any month in which the denial was for a procedural reason (i.e. failure to provide verification, lack of information, etc.)

The A/R does not have to be re-interviewed or sign forms that were previously completed for the retroactive/SSI intervening month(s).

Medicaid eligibility is determined only for prior months in which the AU has incurred a Medicaid covered expense that remains unpaid. Verification of the expense is not required.

NOTE: Services covered by Medicaid and **NOT** requiring Prior Authorization will be paid for approved retroactive months.

Do not make a DCSS referral if Medicaid is approved for retroactive Medicaid only.

Medicaid may be requested for the three prior months when adding an individual to a case. The day the request to add an individual is made determines the three prior months time period and is the application date for determining the three months prior.

BASIC CONSIDERATIONS (cont.)**Prior Month for SSI Applicants**

Effective for all SSI applications filed on or after August 22, 1996, Social Security will not issue an SSI check for an eligible individual for the month of SSI application. The first month an SSI payment is made is the first month following the month of application, or the first month following the month that the individual becomes eligible for SSI with respect to that application, whichever is later.

The SSI status for the first month of payment is C01; the SSI status for the preceding month is E02. However, the E02 month is not an automatically Medicaid eligible month in DCH's system unless it is followed by a month in pay status (C01). In those instances, treat the E02 month as a prior month.

The first month of SSI payment is not relevant to prior month(s) eligibility. The three months prior for an approved or denied SSI application are the three months prior to the month of SSI application.

Determine eligibility under any Medicaid COA for the **first and/or second month(s)** prior to the month of an **approved** SSI application.

Determine eligibility for the **third month** prior to the month of an **approved** SSI application under **any** Medicaid COA **except** SSI Medicaid.

EXAMPLE: If the SSI application month is January, the first prior month is December, the second prior month is November, and the third prior month is October.

Determine eligibility under any COA for the three months prior to an SSI **denial**.

Do **not** determine Medicaid eligibility for any month prior to a SSI application until SSA has completed its determination. Once SSA has made the determination, determine eligibility for the three months prior using the procedures outlined in this section. Abide by decisions made by SSA for intervening months except when Medicaid policy for a particular COA differs from SSI policy.

Determine retroactive ABD Medicaid eligibility through the month of death for the following individuals:

- An individual who dies **prior** to applying for SSI
- An individual who dies **after** applying for SSI

NOTE: SSA will complete the SSI application process for a deceased individual only if s/he has a surviving spouse. If SSI is approved, SSI will be awarded for the month following the month of application through the month of the A/R's death.

PROCEDURES**Retroactive Months**

Follow the steps below to determine retroactive Medicaid Eligibility.

Step 1: For Family Medicaid, determine the AU and BG for each month requested. Refer to Chapter 2600, Assistance Units, for Family Medicaid.

For ABD Medicaid, determine financial responsibility for each month. Refer to Chapter [2500](#), ABD Financial Responsibility and Budgeting.

An interview is not required. Additional required information may be obtained by telephone or by mail. Contact the A/R or personal representative (PR) acting on his/her behalf. A PR may provide information for a deceased A/R. This person should be knowledgeable about the A/R's circumstances

Step 2: Determine for which month(s) retroactive Medicaid is being requested and establish a class of assistance (COA) for each month. Refer to Chapter 2100, Medicaid Classes of Assistance.

Step 3: Establish basic eligibility criteria for each month. Refer to Chapter 2200, Basic Eligibility Criteria.

If the A/R applies for prior months as a disabled individual, disability must be verified for each prior month. Refer to Section [2205](#), ABD Requirements.

Step 4: Determine financial eligibility for each month. Refer to Chapters 2500, ABD Financial Responsibility and Budgeting and 2650, Family Medicaid Budgeting.

- Use actual income and expenses for prior months.
- Use anticipated income and expenses for intervening months or actual income if available.

For Family Medicaid COAs, if multiple, non-financial changes occurred in a retroactive month, use the circumstances on any day of the month that is most advantageous to the AU in determining eligibility.

Step 5: Budget each prior month separately using the budgeting procedures for the COA chosen for that month.

Step 6: Approve Medicaid under the appropriate COA if the A/R meets all eligibility criteria. Deny any ineligible months.

If any AU members are ineligible, complete a CMD to consider Medicaid eligibility under all other COAs. Refer to Section [2052](#), Continuing Medicaid Determination.

PROCEDURES (cont.)**Retroactive Months (cont.)**

Step 7: Notify the AU.

NOTE: For MN cases, include the Begin Authorization Date (BAD) and spenddown information, if required.

Step 8: Complete a Form 962 only if the retroactive month(s) cannot be transmitted electronically (i.e. more than 13 in the past and cannot be entered on **GA Gateway**). If Form 962 is necessary, annotate Form 962, "Please enter manually, cannot transmit via **GA Gateway**". Forward Form 962 to the Gainwell Technologies

Contact Center and upload a copy of the form with fax transmission report through Document Management in GA Gateway. Refer to Appendix C for the Member Contact Center mailing address.