



**Office of Social Services  
Eligibility Operations – Field**

**Reference Guide**

**April 2014**



## Preface

The Health and Human Services Commission (HHSC) created this guide to provide high-level information to providers regarding eligibility for Medicaid. The eligibility determination process is complex and providers should not attempt to advise applicants, recipients, or their families on Medicaid eligibility policy. Providers should direct any questions about a recipient's eligibility for Medicaid benefits to the Health and Human Services Commission.

*HHSC attorneys are prohibited from giving legal advice to the public. Medicaid Eligibility Specialists (MES), Supervisors and other HHSC non-attorneys are prohibited from advising anyone by recommending specific actions to become eligible for Medicaid as doing so may constitute the unauthorized practice of law. (MEPDH Appendix XXXVI)*

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## Medicaid Programs

Program Name	Type of Assistance	Coverage
<b>Nursing Facility</b>	<b>ME - Nursing Facility</b>	<p>Individual resides in an institutional setting such as a nursing facility and receives full Medicaid benefits. Unlimited prescriptions are covered for dates individual is in the nursing facility.</p> <p>Note: If an individual has a transfer of resources penalty, vendor payment is not allowed to the nursing facility for the penalty period.</p>
<b>Community Based Alternatives (CBA)</b>	<b>ME - Waivers</b>	Individual receives in-home provider services, adaptive aids, home modification, full Medicaid benefits and unlimited prescriptions as needed.
<b>Home and Community-based Services (HCS)</b>	<b>ME - Waivers</b>	Individual receives a broad range of services based on an individual plan of care, full Medicaid benefits and unlimited prescriptions.
<b>Community Living Assistance and Support Services (CLASS)</b>	<b>ME - Waivers</b>	Individual receives a broad range of services based on an individual service plan, full Medicaid benefits and unlimited prescriptions.
<b>Medically Dependent Children Program (MDCP)</b>	<b>ME - Waivers</b>	Individual receives a broad range of services based on an individual service plan, full Medicaid benefits and unlimited prescriptions.
<b>Deaf, Blind, and Multiple Disability</b>	<b>ME - Waivers</b>	Individual receives full Medicaid benefits, unlimited prescriptions and dental coverage. Coverage is available to individuals who are blind, disabled with one or more other disabling conditions that result in impairment to

Program Name	Type of Assistance	Coverage
		independent functioning and who meet SSI criteria except for income.
<b>Texas Home Living Waiver (TxHmL)</b>	<b>ME - Pickle</b> <b>ME - Disabled Adult Child</b> <b>ME - Disabled Widow(er)</b> <b>ME - SSI</b>	Receives full Medicaid benefits with unlimited prescriptions.
<b>Supplemental Security Income (SSI) Related Programs</b>	<b>ME - SSI</b> <b>ME - SSI Nursing Facility</b> <b>ME - SSI State Hospital</b> <b>ME - SSI State School</b>	Individual receives full Medicaid benefits.
<b>SSI Prior</b>	<b>ME - SSI Prior</b>	Individual receives coverage for Medicaid-covered medical expenses incurred two or three months prior to the application for SSI or deceased SSI applicant.
<b>RSDI Exclusion</b>	<b>ME - Pickle</b> <b>ME - Disabled Adult Child</b> <b>ME - Disabled Widow(er)</b>	Individuals denied SSI, for certain reasons, receive full Medicaid benefits with a limit of three Medicaid prescriptions per month. <ul style="list-style-type: none"> <li>○ Cost of Living Adjustment (COLA)</li> <li>○ Receipt of Disabled Adult Children (DAC) benefits</li> <li>○ Receipt of Widow/Widowers benefits</li> </ul>
<b>Qualified Medicare Beneficiary (QMB)</b>	<b>MC - QMB</b>	Medicaid pays the Medicare premiums (including part A and B), Medicare deductibles and coinsurance. No

Program Name	Type of Assistance	Coverage
		Medicaid prescription coverage.
<b>Specified Low-Income Medicare Beneficiaries (SLMB)</b>	<b>MC - SLMB</b>	Medicaid only pays the Medicare Part B premium.
<b>Qualifying Individual (QI-1)</b>	<b>MC - QI</b>	Medicaid pays the Medicare Part B monthly premium. This program cannot be combined with any other Medicaid program.
<b>Qualified Disabled Working Individual (QDWI)</b>	<b>ME - QDWI</b>	Medicaid only pays the Medicare Part A premium.
<b>Community Attendant Services (CAS)</b>	<b>ME - Community Attendant</b>	Medicaid only pays for in-home provider services. This program does not provide coverage for medical bills or prescriptions.
<b>Aged and Disabled Emergency (A&amp;D)</b>	<b>ME - A &amp; D Emergency</b>	Individual receives payment for approved emergency medical conditions only.  <b>Note:</b> This program is for an undocumented alien or an alien who is unqualified documented, The individual <b>must</b> be a Texas resident.
<b>Medicaid Buy-In</b>	<b>ME - Medicaid Buy-In</b>	Working individuals with a disability receives full Medicaid benefits and may be responsible for a monthly premium payment.

<b>Program Name</b>	<b>Type of Assistance</b>	<b>Coverage</b>
<b>Medicaid Buy-In for Children</b>	<b>ME - MBIC</b>	Children age 18 and under with a disability receive full Medicaid benefits and may be responsible for a monthly premium payment.



## Financial Limits

### Facilities Program Limits

	<b>Individual</b>	<b>Couple</b>
<b>Resources</b> <sup>1</sup>	\$2,000 <sup>2</sup>	\$3,000
<b>Income</b> <sup>3</sup>	\$2,163	\$4,326

<sup>1</sup> Transfer of assets to meet this limit could adversely affect the date of eligibility for waiver programs or facility payments.

<sup>2</sup> For waiver or nursing facility programs, if the applicant's spouse resides in the community and combined resources exceed the resource limit, the applicant may still be eligible using special protected resource policies. (These financial limits do not apply to the Texas Home Living waiver program.)

<sup>3</sup> Certain types of Veteran's benefits are excluded when determining eligibility.

Income and resource limits may change annually effective January 1<sup>st</sup>.

### Medicare Savings Programs (MSP) Program Limits

		<b>QMB</b>	<b>SLMB</b>	<b>QI-1</b>	<b>QDWI</b>
<b>Income</b>	Individual	\$973.00	\$1167.00	\$1313.00	\$1945.00
	Couple	\$1311.00	\$1573.00	\$1770.00	\$2622.00
<b>Resources</b>	Individual	\$7160.00			4000.00
	Couple	\$10,750.00			6000.00

Income limits may change annually effective March 1<sup>st</sup>.

Resource limits may change annually effective January 1<sup>st</sup>.

## Submitting Applications, Redeterminations, Verification and/or Changes to HHSC

Individuals, their family members or providers who want to apply for Medicaid assistance may file an application:

- online at [www.yourtexasbenefits.com](http://www.yourtexasbenefits.com) for submission
- by calling 2-1-1
- online for download and print only at <http://www.hhsc.state.tx.us/help/index.shtml> select [Medicaid for people age 65 and older and people with disabilities or for Medicare Savings Programs \(PDF\)](#) to download and fill out an application online or print the application and fill it out by hand.
- available at the local office

**Note:** Authorized representatives or authorized payees may submit an application, redetermination packet, or changes on an individual's behalf. However, the client must provide a signed [Form H1003, Appointment of an Authorized Representative](#), to HHSC stating they have the authority to act on the client's behalf.

## MEPD Applications and Redeterminations

An individual applying for or renewing Medicaid or Medicare Saving Programs benefits may submit an application or redetermination in four ways:

1. **Mail Completed Applications to:** HHSC  
PO Box 14600  
Midland, TX 79711-9907
2. **Mail Completed Redeterminations to:** HHSC  
PO Box 14700  
Midland, TX 79711-9907
3. **Fax completed** applications and redeterminations to: 1-877-447-2839
4. **Online:** [www.yourtexasbenefits.com](http://www.yourtexasbenefits.com)

## Verification, Information or Changes

All supportive documents required for eligibility determination should be sent to:

**Mail:** HHSC  
PO Box 15100  
Midland, TX 79711-9907

**Fax:** 1-877-447-2839

**Online:** [www.yourtexasbenefits.com](http://www.yourtexasbenefits.com)

**Note: Be sure to include the individual's social security or case number on all documents.**

If a provider is submitting a change on behalf of an individual, please attach Form H1019, Report of Change, to Form H1746-A, MEPD Referral Coversheet, indicating a significant change.

## Submitting Form H1746-A, MEPD Referral Coversheet

Form H1746-A, MEPD Referral Coversheet, is used to share information and supporting documentation for MEPD applicants or recipients. This form is used by:

- Department of Aging and Disability Services
- Department of Family and Protective Services
- Department of State Health Services
- Local Authorities
- State Supported Living Centers
- Nursing facilities
- Program providers

This form is submitted for the following reasons:

- **Application** – If an application is being submitted for an individual/couple the application and all documentation sent to MEPD must have this cover sheet.
  - Make sure the Medicaid application is included.
  - It is not necessary to check more than one box even when sending supporting documents with an application. Check only the Application box.
- **Significant Changes** – include new income sources, loss of income, raise in income, change in living arrangement, change of address, and other types of situations that could impact the eligibility of the individual/couple.
- **Supporting Documents** – includes bank statements, deeds of transfers, life insurance policies, wills, medical bills for prior months, etc.
- **Program Transfer/Addition** – indicate the new program the individual/couple is transferring to or wants to add here and indicate the current program in the Additional Comments box.
- **Redetermination**– use only if the DADS case manager or provider assists the individual/couple with the redetermination and submits the form for them. Provide the reason for the redetermination submittal in the Additional Comments box.

Form H1746-A, MEPD Referral Coversheet, **must not be photocopied** as the form contains a barcode. Each form must be filled out completely.

The form may be found at: <https://www.dads.state.tx.us/forms/H1746-A/>

## Processing Timeframes

HHSC must complete the eligibility determination process within:

- 45 days for most individuals, or
- 90 days for individuals applying on the basis of disability

The eligibility determination clock begins when an applicant or authorized representative provides a completed, signed and dated application. MEPD staff begin verifying financial information after receipt of the completed, signed, and dated application.

Under certain approved circumstances an eligibility determination can be delayed by an additional 90 days.

Following submission of the Medicaid application, the Individual or their Authorized Representative (AR) should monitor for receipt of the following forms for important information regarding eligibility:

- TF0001, Notification of Eligibility – Regular Medicaid Benefits

- TF0001, Notification of Ineligibility
- Form H1020, Request for Information or Action

## Redetermination Process

Eligibility for MEPD programs is reviewed annually. Recipients or their authorized representatives will receive a redetermination packet from HHSC approximately ten months after certification.

This redetermination packet must be returned within 12 days from the date mailed to maintain eligibility for MEPD programs. Following submission of the Medicaid redetermination form, the individual or their authorized representative should monitor for receipt of Form H1020, Request for Information or Action, and respond by the due date. Additional information must be submitted by the due date to maintain eligibility.

If the redetermination packet or additional information is not submitted by the due date, benefits will be denied and the individual must re-apply.

## Appeal Process

If an individual or their authorized representative does not agree with HHSC's decision concerning eligibility for any MEPD program they may request a fair hearing within 90 days of the eligibility determination. Reasons for dissatisfaction may include:

- Denial of benefits
- Reduction of benefits
- Co-payment amounts

An individual or their authorized representative may request a fair hearing by:

- Calling 2-1-1
- Contacting any local HHSC office
- Submitting a written request via fax to 1-877-447-2839
- Submitting a written request via mail to
  - HHSC  
PO Box 15100  
Midland, TX 79711-9907

## Procedures for New Individuals

Provider staff should follow the steps below to assist new individuals in identifying and pursuing programs they are potentially eligible to receive.

<b>An individual:</b>	<b>Then:</b>
Has no Medicaid Individual Number and wants to apply for benefits	Provide the individual or his/her authorized representative an application packet or refer to other avenues (see page 6, MEPD Applications and Redeterminations)
Has a Medicaid Individual Number	Contact HHSC to determine if an application is needed.

## Important Reminders

Providers play an important role in assisting HHSC to determine eligibility for Medicaid.

The following actions by a provider can assist in addressing eligibility issues in a timely manner:

- Refer questions regarding Medicaid eligibility policy directly to HHSC.
- Assist the individual in promptly notifying HHSC of changes in the individual's income, including non-recurring payments, living arrangement changes or resources so appropriate and timely action can be taken.
- Assist the individual in monitoring for receipt of the redetermination packet and assisting the individual with completing redetermination activities.

## Reporting Changes to HHSC

Providers should assist an individual with reporting the following events to HHSC within 10 days after the event:

- Correspondence from Veterans Administration, Social Security Administration or another payer to the recipient advising of change or adjustment in benefits.
- Any new deposits to a financial account that are not the individual's regular income. For example: royalty check, insurance settlement, or inheritance.
- Unscheduled increases, decreases or termination of income.
- If the individual's balance exceeds \$1,800 or is within \$200 of the resource limit.

# APPENDICES



## Appendices

- I. Program Names and Type Programs (TP) and Base Plan (BP) Conversion Chart
- II. Form H1019, Report of Change
- III. Redetermination Envelope Examples
- IV. Application Flowchart

**Appendix I: Program Names and Type Programs (TP) and Base Plan (BP) and Coverage Code Chart**

<b>Type of Assistance</b>	<b>TP/BP</b>	<b>Coverage Code</b>
<b>ME-Nursing Facility</b>	14/10	R
<b>ME-Waivers</b>	14/13	R
<b>ME-Supplemental Security Income (SSI)</b>	13/13	R
<b>ME-SSI Prior</b>	11/13	P
<b>ME - Disabled Adult Child</b>	18/13	R
<b>ME - Pickle</b>	03/13	R
<b>MC-Qualified Medicare Beneficiary (QMB)</b>	24/13	Q
<b>MC-Specified Low-Income Medicare Beneficiaries (SLMB)</b>	23/13	B
<b>MC-Qualifying Individual (QI-1)</b>	23/13	B
<b>MC-Qualified Disabled Working Individual (QDWI)</b>	25/13	B
<b>ME-Community Attendant Services (CAS)</b>	14/20	T
<b>ME-Aged and Disabled Emergency (A&amp;D)</b>	30/13	R
<b>ME-SSI</b>	13/13	R
<b>ME-Non-State Group Home</b>	14/15	D
<b>ME-State Group Home</b>	14/17	D
<b>ME-State School (State Supported Living Center)</b>	14/16	I
<b>ME-Medicaid Buy-In</b>	TP87	R
<b>ME-MBIC</b>	TA88	R

\*Any months of eligibility prior to the application month may reflect coverage code "P".

# APPENDIX II: Form H1019, Report of Change

Form H1019  
Page 2/08-2011

## Report of Change

	Case No.	Advisor	Date
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Your household is responsible for reporting changes to this office within 10 days. You are required to report changes based on your reporting requirements listed on Page 1.

Give the date of each change and an explanation of the change. Attach proof of the change(s).

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How long do you expect the change to last?

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	<b>X</b>	
For more information or to report changes, contact: Office Address and Telephone No.	Signature—Person Reporting Change	Date
	Telephone No. of Person Reporting	
	Signature—Representative Receiving Report of Change	Date

### Signing up to vote:

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?.....  Yes  No

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Elections Division, Secretary of State, P.O. Box 12060, Austin, TX 78711. Phone: 1-800-252-8683.

With a few exceptions, you have the right to request and be informed about the information the Texas Health and Human Services Commission (HHSC) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact your local eligibility determination office.

The information provided on this form will be subject to verification of federal, state, and local officials. If any is found inaccurate, you may be denied SNAP food benefits and/or be subject to criminal prosecution for knowingly providing false information.

Anyone buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for SNAP food benefits will not be able to get SNAP food benefits for two years for the first offense and permanently for the second offense. Anyone who gives false information in order to receive SNAP food benefits more than once in a month may be barred from the SNAP food benefits for 10 years.

<b>Agency Use Only: Voter Registration Status</b>	
<input type="checkbox"/> Already registered	<input type="checkbox"/> Client declined
<input type="checkbox"/> Agency transmitted	<input type="checkbox"/> Client to mail
<input type="checkbox"/> Mailed to client	<input type="checkbox"/> Other
Agency staff signature _____	

# Appendix III: Redetermination Envelope Examples

 **TEXAS**  
Health and Human  
Services Commission  
P.O. BOX 14900  
MIDLAND, TEXAS 79711-4900

**ELECTRONIC SERVICE REQUESTED**

**TIME SENSITIVE**  
**FILL OUT THE FORM INSIDE AND**  
**RETURN IT BY THE DUE DATE**



**MATERIAL CON PLAZO DE TIEMPO**

**LLENE LA HOJA ADENTRO Y DEVUÉLVALA**  
**ANTES DE LA FECHA LÍMITE**

ES-BGDAVW-0102

 **TEXAS**  
Health and Human  
Services Commission  
P.O. BOX 14900  
MIDLAND, TEXAS 79711-4900

PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
BUSINESS INK, CO.

**ADDRESS SERVICE REQUESTED**

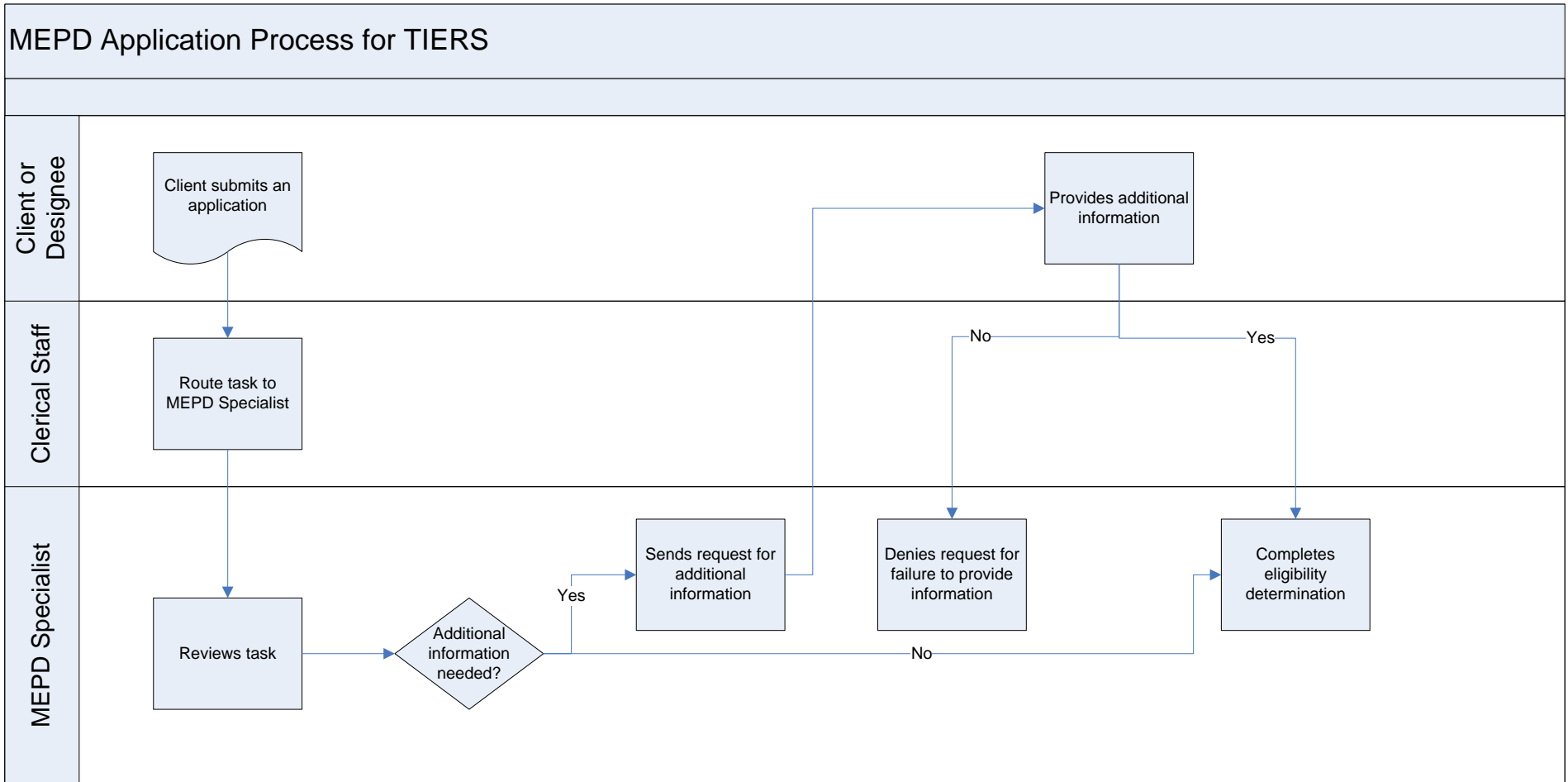
**TIME SENSITIVE**  
**FILL OUT THE FORM INSIDE AND**  
**RETURN IT BY THE DUE DATE**

**MATERIAL CON PLAZO DE TIEMPO**  
**LLENE LA HOJA ADENTRO Y DEVUÉLVALA**  
**ANTES DE LA FECHA LÍMITE**



T-6X10.25-15T-0612

## Appendix IV: Application Flowchart





***Mission: To timely and accurately determine eligibility for the elderly and disabled of Texas. We are here to serve Texans with honesty integrity, dignity and respect.***

Texas Health and Human Services Commission <http://www.hhs.state.tx.us/>