



New Mexico Human Services Department

Bill Richardson, Governor
Pamela S. Hyde, J.D., Secretary

Medical Assistance Division
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INTERDEPARTMENTAL MEMORANDUM

MAD-GI: 07-06

DATE: January 07, 2008

TO: ISD AND MAD STAFF

FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION
FREDRICK SANDOVAL, DIRECTOR, INCOME SUPPORT DIVISION

THROUGH: REBECCA SCHWARZ, ADM/OPS II, CLIENT SERVICES BUREAU

BY: LIZ MARTINEZ, CLIENT SERVICES BUREAU

SUBJECT: SSI RECIPIENTS AND STATUS 1619 (b)

The provision under Section 1619 (b) of Title XVI of the Social Security Act provides that a blind or disabled person can be determined to have special status under the SSI program as an SSI recipient for the purposes of Title XIX Medicaid during a period of suspense due to excess income. In order to be potentially eligible for Medicaid while in non-pay status due to excess income, an individual must be eligible for payment if the record was computed without the earned income.

The formal determination of eligibility for Medicaid is made by the State. The SSA's responsibility is to make a determination as to a disabled or blind individual's status for purposes of Title XIX while in non-pay status due to excess earned income. The SSA notifies the recipients that they will be in a non-pay status due to their income and that they can continue to receive Medicaid.

When the SSA notifies HSD of 1619 (b) recipients, they are reflected on the SDX with **PYMT ST: N01 or E01 and MED-ELIG-CD: C**. Currently, the SDX is not programmed correctly to identify the 1619 (b) as recipients that should have continued Medicaid. The current programming on the SDX issues a MAD 324 Medicaid Termination Notice for SSI Recipients. Recipients subsequently take the MAD 324 to the ISD Field Offices, and workers register and approve them under COE 043 Working Disabled Individuals. Under the COE 043, the recipients have co-payments. In addition to the issuance of the MAD 324, the SDX is not consistent in how it handles these recipients. Sometimes, they remain eligible, in extended status, and some are closed. For those cases that close, the Client Services Bureau staff has to manually add the

eligibility on Omnicaid. In some cases, the closures do not affect the recipients because they also have eligibility under a waiver category.

Until the SDX can be programmed correctly regarding the 1619 (b) recipients, an addition of **1619B** (see sample below) has been made to the PYMT ST field on the SDX to assist ISD workers in identifying the 1619 (b) recipients. ISD workers should follow the procedures below:

- If a recipient has a MAD 324 Medicaid Termination Notice for SSI Recipient, check the SDX to determine reason for SSI/Medicaid termination.
- If the SDX reflects **PYMT ST: N01 or E01 1619 B and MED-ELIG-CD: C**, do not register a COE 043 Working Disabled Individuals, QMB, or SLIMB/QI1.
- Contact the Client Services Bureau staff, Kathy Wheeler (505) 827-6232, Jill Bowles 476-6824 or Liz Martinez 476-6822 or by e-mail Kathy.wheeler@state.nm.us, jill.bowles@state.nm.us, liz.martinez@state.nm.us
- The Client Services Bureau staff will handle the 1619 (b) cases from the Santa Fe Office.

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HPDO701          SDX REGISTER
12/12/07
  ELIGIBLE
NAME: XXXXXXXX      XXXXX      X          SEX: M
PAYEE: TESCO INC          BIRTH DT: 07/25/69
ADDRESS: PO DRAWER 2469  APPL DT: 08/01/87
          LAS CRUCES NM      TPL FLAG: N
                                TRANS PROCESS DT: 12/10/07
                                L/A: A      TRANS CDE: 07
                                U/M/E:      DENIAL CDE:
ZIP CODE:          EARN INC: 681.69  DEATH DT:
                                SELF EMP:      APPEAL CD:
HSD ID NO:          PYMT ST: N01 1619B
GEO CO CD: 07      UNEARNED INCOME  MED-ELIG-CD: C
SSN: 999-99-9999  AMOUNT TYPE      IAR CDE: 0
E SPOUSE SSN:          488.00 A  RESRC TRANSF:
XREF SSN:          ELG AMT:
                                CHK AMT:
                                MEDICAID E DTE: 12/01/07
SSA CLAIM NO: 999999999X OTO INCOME:  MEDICAID I DTE:
BUYIN FLAG: M          TOTAL INC: $1,169.69
MEDICAL MGMT:          LAST ID ISSUED: 11/21/07
ALIEN: DTE-OF-RES:    ELIG:  INDC: Q          SYS/MNTH

ANYKEY=EXIT; PF5=CARD ISSUANCE
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If you have questions regarding this GI, please contact Liz Martinez at (505) 476-6822.