



ADMINISTRATIVE RULES OF MONTANA



37.83.201 QUALIFIED MEDICARE BENEFICIARIES, APPLICATION AND ELIGIBILITY FOR MEDICAID

- (1) A person is a qualified medicare beneficiary eligible for medicaid, as provided for in Title 37, chapter 83, subchapter 8, if the person:
 - (a) is entitled to medicare Part A benefits as provided for in 42 USC 1395c et seq.;
 - (b) meets the nonfinancial criteria in (3) of this rule;
 - (c) has countable resources not in excess of two times the resource limitation applicable to the federal supplemental security income (SSI) resource limitation at 42 USC 1382a. The department hereby incorporates 42 USC 1382a as amended through April 1, 1989, which sets forth the resource limitation applicable to the federal (SSI) program. Copies of 42 USC 1382a, as amended through April 1, 1989, are available from the Department of Public Health and Human Services, Human and Community Services Division, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951; and
 - (d) has countable income as determined in accordance with this section;
 - (i) countable income may not exceed:
 - (A) 100% of the federal poverty income standard for state fiscal year 1991 and 1992;
 - (B) 110% of the federal poverty income standard for state fiscal year 1993 and 1994; and
 - (C) 120% of the federal poverty income standard for state fiscal year 1995 and years thereafter.
- (2) When determining countable income, cost of living increases to the client's Title II social security benefits beginning with December of the previous year through the month after the official federal poverty standards are published shall be excluded.
- (3) The non-financial criteria for determining eligibility of a medicaid qualified medicare beneficiary are that the person:
 - (a) is categorically eligible under the federal social security act as being:
 - (i) age 65 or older,
 - (ii) blind, or
 - (iii) disabled;
 - (b) has a social security number;

- (c) meets the citizenship or alienage requirements of ARM 37.82.401; and
 - (d) meets the residency requirements of ARM 37.82.402.
- (4) A person in applying for and receiving medicaid as a qualified medicare beneficiary is subject to the following provisions:
- (a) ARM 37.85.407 concerning third party liability;
 - (b) ARM 37.82.201 concerning application requirements;
 - (c) ARM 37.82.204 concerning determinations of eligibility, except as to the effective date provided for at ARM 37.83.202;
 - (d) ARM 37.82.205 concerning redetermination;
 - (e) ARM 37.82.407 concerning limitation on the financial responsibility of relatives;
 - (f) ARM 37.82.415 concerning application for other benefits; and
 - (g) ARM 37.82.416 concerning assignment of rights to benefits.
- (5) Countable income and resources will be determined using SSI criteria incorporated by reference in ARM 37.82.903 (2) .
- (6) No retroactive coverage is available to a person for medicaid services provided to the person as a qualified medicare beneficiary. If otherwise eligible for medicaid under another category, a person may receive retroactive coverage for medicaid services received through that other eligibility.
- (7) A person receiving medicaid as a qualified medicare beneficiary must report within 10 days any changes in circumstances that may affect eligibility.

Authorizing statute(s): Sec. 53-2-201 and 53-6-113, MCA

Implementing statute(s): Sec. 53-6-101 and 53-6-131, MCA

History: NEW, 1989 MAR p. 835, Eff. 6/30/89; AMD, 1990 MAR p. 1336, Eff. 7/13/90; AMD, 1992 MAR p. 674, Eff. 3/27/92; TRANS, from SRS, 2000 MAR p. 197.