Streamline Medicaid Enrollment for SSI Recipients

Senate Budget Amendments Item 304 #12s & Item 304 #32s
House Budget Amendment Item 304 #44h

FY 2023: $1,896,750 General Funds | $14,306,226 Non-General Funds
FY 2024: $1,976,209 General Funds | $15,154,311 Non-General Funds

The Issue:
SSI recipients (low-income, elderly, blind and disabled) in Virginia undergo a complex and duplicative process to obtain Medicaid, despite being known to meet Medicaid eligibility criteria and federal Medicaid rules allowing a simplified process. This places an unnecessary burden on some of the most vulnerable Virginians when trying to obtain health coverage and creates additional work for state agencies.

- A federal SSI determination confirms that the individual meets all financial and non-financial eligibility requirements of Virginia’s 80% Aged, Blind, and Disabled Medicaid category.
- Instead, SSI recipients are required to submit a separate application for Medicaid.
- SSI recipient applications for Medicaid go through a complex and duplicative process that creates additional, unnecessary work for DMAS and DSS staff. See reverse for details on this process.
- Some SSI recipients are not aware that they are eligible for Medicaid or that they must submit a separate Medicaid application to enroll in the program, leaving them uninsured and unable to access necessary care despite being eligible.
- Forty-one states and the District of Columbia currently accept an SSI determination as verification that the individual is eligible for Medicaid; 34 of them and the District of Columbia automatically enroll SSI recipients in Medicaid.

The Solution:
As recommended by DMAS, Virginia should enter into a 1634 agreement with the SSA and move away from its current 209b status, allowing DMAS and DSS to accept SSI determinations to confirm Medicaid eligibility and immediately enroll these individuals.

This would:
- Remove administrative barriers that are currently keeping vulnerable Virginians out of Medicaid. Per the DMAS budget request, “all of these individuals (SSI recipients currently not enrolled in Medicaid) are eligible for Medicaid; they simply are not enrolled.”
- Simplify complex Medicaid eligibility rules that no longer serve a purpose. These 209b rules were put into effect in 1972, when Virginia first implemented the program. Due to changes since that time, they only complicate the process of enrolling eligible individuals.
- Reduce the workload of DMAS and DSS staff who must process duplicative, complex applications and renewals.

Note: DMAS’ estimate fails to account for significant administrative savings in application processing, annual renewals and case management.

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CURRENT MEDICAID REVIEW PROCESS FOR SSI RECIPIENTS IN VIRGINIA

Individual is found eligible for SSI. They have met SSI disability, income (74% FPL), and resource ($2,000 individuals/$3,000, couple) eligibility criteria. SSA sends information directly to DMAS.

Individual submits a separate Medicaid application. DMAS/DSS apply the more restrictive 209b rules.

If eligible under 209b, they are enrolled in Medicaid. DSS and SSI complete ongoing eligibility checks.

If individual is denied under 209b rules for having too many assets, they are then reviewed under the <80% FPL Categorical Eligibility rules. These rules are in line with SSI.

Individual does not know to apply for Medicaid and never receives coverage despite being eligible.

Individual is denied Medicaid for administrative issue (i.e., paperwork), despite SSA’s determination, meaning they qualify in <80% FPL Categorical Eligibility (see above).

Individual is found eligible and enrolled in Medicaid. DSS and SSI complete ongoing eligibility checks.

SIMPLIFIED 1634 MEDICAID REVIEW PROCESS

Individual is found eligible for SSI. They have met SSI disability, income (74% FPL), and resource ($2,000 individuals/$3,000, couple) eligibility criteria. SSA sends information directly to DMAS.

Individual is enrolled in Medicaid as SSI Categorically Eligible under 1634. SSI completes ongoing eligibility checks. Any changes in status are promptly reported to Virginia.

All SSI recipients meet eligibility criteria; however, rules leftover from 1972 create administrative hurdles that cost the state and lead to loss of coverage for vulnerable people.

Virginia should enter into a 1634 agreement to reduce these hurdles and ensure the most vulnerable are enrolled in Medicaid.