



COMBINED MEDICAID 308-1 Application for Other Benefits

Supersedes: MA 304-1 (01/01/07)

Reference: ARM 37.82.101, .415; 42 CFR 433.138(e), 433.147, 433.148, 435.608.

Overview: Medicaid clients must take necessary steps to obtain all benefits to which they are entitled, unless there is good cause for not doing so. Applicants and recipients must be informed of this requirement. Clients are not required to apply for benefits that do not affect Medicaid eligibility. Do not deny eligibility for a client who does not apply for a benefit they do not know is available.

GOOD CAUSE:

Good cause may exist if the:

1. client could not apply due to illness; or
2. client previously applied for the benefit and the denial reason has not changed; or
3. benefit is health insurance that requires the individual to pay a premium, unless:
 - a. the State or some other entity will pay the premium, or
 - b. the premium is lower than the individual's outstanding spend down or his/her liability toward cost of nursing home care.

MEDICARE ENROLLMENT:

An individual may be entitled to Medicare benefits when s/he is:

1. 65 or older (regardless of qualifying work quarters); or
2. disabled and has received SSDI (Social Security Disability Income) benefits for 24 consecutive months, and has enough work quarters to qualify for Medicare benefits.

An individual may enroll in Medicare A and/or B during either the:

1. **initial enrollment period;** this includes the three months prior to, the month of and the three months after his/her 65th birthday or 24th month of disability; or
2. **open enrollment period;** January through March of each year (with coverage beginning the following July).

An individual may enroll in Medicare Part D during either the:

1. initial enrollment period outlined above, or
2. Part D open enrollment period; November 15 through December 31 of each year (for enrollment in the following year).

To qualify for Medicare Part D, a beneficiary must be entitled to and enrolled in Medicare Part A and/or Part B.

Medicaid applicants who did not enroll in Medicare Part A and/or B during the initial enrollment period may receive Medicaid coverage provided they enroll in Medicare during the next open enrollment period.

Medicaid applicants who did not enroll in Medicare Part D may be automatically enrolled within two months of Medicaid approval.

VETERANS ADMINISTRATION REFERRALS:

Veteran's benefits may be available to:

1. An honorably discharged veteran;
2. A widow(er) of a wartime veteran;
3. A widow(er) of a veteran who died or was killed while on active duty, or as a result of a service related disability;
4. An individual who is not currently married but was married to a wartime veteran who died of non-service related disability;
5. An individual that is not currently married but who was married to a veteran who died or was killed while on active duty, or as a result of a service related disability;
6. An individual less than 23 years of age who is a child of a deceased veteran;
7. A parent of a veteran who died while on active duty, or as a result of a service related disability.

AND the individual:

1. has a service related disability;
2. is totally disabled because of a non-service related disability;
3. is age 65 or older; or
4. needs in-home, residential, hospital, or nursing home care.

Effective Date: July 01, 2016