

## **ABD or HHA/MAGI Expansion Process Flow**

1. Is the applicant or beneficiary disabled by SSA or SRT?
  - a. If yes, continue to step 2.
  - b. If no, continue to step 5.

**NOTE:** See the [Policy Log - Early Retirement vs. Disability](#) for help determining if an individual is disabled by SSA or if they are receiving early retirement.
2. Is the applicant or beneficiary entitled to or enrolled in Medicare?
  - a. If yes, process eligibility for ABD.
  - b. If no, continue to step 3.
3. Is the applicant or beneficiary receiving SSI?
  - a. If yes, process eligibility for ABD.
  - b. If no, continue to step 4.
4. Does the applicant or beneficiary have income below 100% FPL and under the applicable resource limit for ABD? Consider income disregards (i.e. DAC disregard, earned income).
  - a. If yes, process eligibility for ABD.
  - b. If no, continue to step 5.
5. Is the applicant or beneficiary requesting waiver services?
  - a. If yes, continue to step 6.
  - b. If no, process eligibility for HHA/MAGI Expansion.
6. Does the applicant or beneficiary need an SRT determination (**477 NAC 27-002.02(C)(ii)(2)**) or is the SRT determination needed to meet criteria for waiver eligibility?
  - a. If yes, process eligibility for HHA/MAGI Expansion until an SRT determination is made. If an individual becomes disabled by SRT and eligible for waiver, follow step 6b. The waiver referral should not be sent until there is a disability determination by either SRT or SSA.
    - i. If the applicant has recently been denied disability by SSA for a lack of duration or a lack of severity for the same condition, then process as HHA/MAGI Expansion. These individuals are not appropriate for SRT referral or eligible for waiver services.
  - b. If no, process eligibility for ABD.
    - i. If not eligible for ABD (e.g., excess income or resources, failed to provide resources, failed to provide information), process as HHA/MAGI Expansion if all MAGI information is verified or verifications are provided.
      1. If ineligible for HHA/MAGI Expansion due to income, review for MIWD criteria (see Step 7 below) or ABD MN with SOC.
      2. If a resource spenddown is requested, process as ABD.
7. If the applicant is not eligible for ABD or HHA/MAGI Expansion due to income or Medicare eligibility, is between the ages of 16-64, is (or declares to be) disabled and has earnings from employment or self-employment, review the individual for potential MIWD eligibility. Assign to the position number, if needed.
  - a. See: [MIWD WINK](#) and [MIWD Eligibility Process Guide](#).

### **Examples:**

**Example 1:** Client A applies for Medicaid. The application indicates that Client A is disabled. When the SDX record is checked, it shows a denial for lack of severity the month prior to the Medicaid application. This individual would not be eligible for ABD. Processing would proceed as HHA/MAGI Expansion. No SRT or waiver referral would be sent, unless a change in their condition is indicated.

**Example 2:** Client B applies for Medicaid, and the application indicates a disability. The BDE record shows that Client B is disabled, but not yet eligible for Medicare. Client B's income equates to 110% FPL. There is no request for waiver services. Client B would be processed as HHA/MAGI Expansion.

**Example 3:** Client B, from above, is approved as HHA/MAGI Expansion. Three months after approval, Client B requests waiver services. A referral is sent to a local agency for an assessment, which is approved. Client B would transition to MIWD (if criteria are met) or ABD MN with a SOC when waiver services begin.

**Example 4:** Client C applies and indicates a disability. The BDE record shows a current pay status, but no Medicare eligibility. Client C's income equates to 90% FPL, so processing begins as ABD. When Client C's resources are verified, the countable resources are \$12,000. Client C would be ineligible for ABD, and processing would proceed as HHA/MAGI Expansion.

**Example 5:** After eligibility is determined, Client C reports a need for waiver services. Client C has a disability determination, so a referral for a waiver assessment can be completed. If the assessment shows a need for services, then Client C would be able to receive waiver services in HHA/MAGI Expansion because there is no eligibility for ABD due to resources. Eligibility for another category would need to be reviewed at subsequent renewals or if other information is received.

**Example 6:** Client D applies and indicates a disability. The BDE record shows that Client D is disabled, but not eligible for Medicare. Client D's income is equal to 115% FPL. Medicaid proceeds to be processed as HHA/MAGI Expansion. In collecting the tax household information, Client D reports having an estranged spouse. The household expects to file jointly. With the income of the estranged spouse considered in the tax household, the income is 200% FPL. Client D does not qualify for HHA/MAGI Expansion. Because Client D does not live with the estranged spouse, ABD can be determined based on Client D's income alone. The resources in Client D's name would be verified. If below \$4,000, Client D could be approved as MIWD (if criteria are met) or ABD MN with a SOC.

**Example 7:** Client E applies, indicates a disability, and requests waiver services. The SDX and BDE records do not show a disability determination or a pending application for benefits. A referral would need to be sent to SRT for a disability determination before eligibility for ABD or waiver services can be determined.

**Example 8:** Client F applies and indicates a disability. The BDE record shows current pay status, but no Medicare entitlement or eligibility. Client F's income is under 100% FPL, so processing begins with ABD. A VR is sent for resource information and Client F fails to provide the resource needed to process ABD. Client F could then be processed as HHA/MAGI Expansion, if all information is available for the MAGI determination. Eligibility for another category would need to be reviewed at subsequent renewals or if other information is received.

**Example 9:** Client G applies and indicates a disability. The BDE record shows current pay status, and entitled to Medicare coverage. Client G is entitled to Medicare coverage, therefore is not eligible for HHA/MAGI Expansion coverage. Client G would be processed as ABD. If income is in excess of 100% FPL, Client G would be processed as MIWD (if criteria are met) or ABD MN with a SOC.