

Retroactive Medicaid Coverage

The CMS process can be lengthy (usually 3 to 6 mos) as the CDJFS must obtain your medical records, refer them to CMS and await their decision. To expedite this process as much as possible:

- ◆ Come to any & all appointments requested by this agency.
- ◆ Inform your caseworker or SSI case manager of all medical conditions, old and new.
- ◆ Provide the names of all doctors, hospital or medical providers that have pertinent information regarding your medical condition
- ◆ Report any Social Security Administration decision promptly.

Medicaid can be approved for a maximum of 3 months prior to date of application (if eligibility requirements are met). You must report your need for retroactive medicaid coverage at your initial application interview.

Keep records of all paid and unpaid medical bills while a Medicaid determination is being made.

CMS must determine that you are disabled for 9 months or longer to be eligible for Medicaid. If you are determined to be disabled for 12 months or longer you may be eligible for cash Disability Assistance.

Important Information Regarding Your CMS Referral

Jefferson County
Department of Job & Family Services



125 S. 5th St.,
Steubenville OH 43952
740-282-0961

Medicaid Eligibility

A limiting physical factor is a basic eligibility requirement for Medicaid, this means the applicant/recipient must be 65 years of age or older, blind or disabled.

In order for the limiting physical factor to be met by disability the individual must:

- ◆ Be in receipt of SSI or RSDI (based on his/her own disability); or
- ◆ Be determined presumptively disabled by the CDJFS; or
- ◆ Have an SSI claim pending & be determined eligible by the County Medical Services Section (CMS)

Presumptive Eligibility

The limiting physical factor requirement is assumed to have been met if an individual has at least one of the following conditions. The individual must still apply for and be determined disabled by SSI.

- ◆ Amputation of 2 limbs
- ◆ Amputation of a leg at the hip
- ◆ Total blindness
- ◆ Total deafness
- ◆ Bed confinement or immobility
- ◆ A stroke that occurred more than 3 mos in past w/ a continued marked difficulty walking/use of hand/arms
- ◆ Cerebral palsy, muscular dystrophy
- ◆ Diabetes w/ amputation of a foot
- ◆ Down's Syndrome
- ◆ Severe mental deficiency.
- ◆ A child age 6 months or younger w/ birth weight of 2 lbs 10 oz or less.
- ◆ AIDS where progressed to inability to work
- ◆ HIV to point of inability to work

CMS Referral

All Medicaid applicants who are not aged, blind or in receipt of RSDI or SSI (based on their own disability), must apply for SSI & have their eligibility determined. If the applicant receives a FINAL decision from Social Security Administration denying SSI for lack of a disability, he is ineligible for Medicaid.

You must follow up with the Social Security Administration for hearings and/or appeals. If assistance is needed contact your SSI case manager. Failure to do so will result in a denial of Medicaid.