
**DEPARTMENT
POLICY****MA Only**

This is a Group 1 SSI-related MA category.

MA is available to children who were being paid SSI benefits on August 22, 1996, and who would still be eligible for SSI benefits except for the 1996 change in the definition of disability. That 1996 change was made by section 211(a) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193).

This category may also be referred to as former Zebley children.

All eligibility factors must be met in the calendar month being tested, except as explained under “**INITIAL ELIGIBILITY.**” If the month being tested is an L/H month and eligibility exists, go to BEM 546 to determine the post-eligibility patient-pay amount.

INITIAL ELIGIBILITY

Immediately reopen MA for anyone identified as meeting all the following criteria (see **Exception** below). Do **not** delay reopening MA for any additional information.

- The person’s MA terminated before February 1998.
- The person was receiving MA from Michigan when MA terminated.
- The Social Security Administration considers the person as having been paid SSI benefits on August 22, 1996, and to have become ineligible as a result of the 1996 change in the definition of disability.

Do **not** reopen MA if the previous termination was due to residence (BEM 220) or death.

Authorize MA back to July 1, 1997 for any month the person has **not** already received MA under another category. Set the redetermination date as July 1998.

Note: An ex parte review (see glossary) is required before Medicaid closures when there is an actual or anticipated change, unless the change would result in closure due to ineligibility for all Medicaid. When possible, an ex parte review should begin at least

90 days before the anticipated change is expected to result in case closure. The review includes consideration of all MA categories. See BAM 115 and 220.

NONFINANCIAL ELIGIBILITY FACTORS

1. The person must be under age 18. Marital status does **not** affect this nonfinancial eligibility factor.
2. The Social Security Administration must consider the person as having been paid SSI benefits on August 22, 1996, and to have become ineligible as a result of the 1996 change in the definition of disability.
3. The MA eligibility factors in the following items must be met:
 - BEM 220, Residence
 - BEM 223, Social Security Numbers
 - BEM 225, Citizenship/Alien Status
 - BEM 255, Child Support
 - BEM 256, Spousal/Parental Support
 - BEM 257, Third Party Resource Liability
 - BEM 265, Institutional Status
 - BEM 270, Pursuit of Benefits
4. The person must be disabled based on the SSI definition of disability in effect on August 21, 1996 (i.e., prior to the 1996 change).

Exception: Do **not** do a disability determination the first time eligibility is being determined under this category. However, enter a medical review date on CIMS equal to the next redetermination date.

Medical Review

Indicate on the DHS-49A, Medical - Social Eligibility Certification, that the medical review is for this category. That is important because the criteria are special.

**FINANCIAL
ELIGIBILITY
FACTORS****Groups**

Use fiscal and asset group policies for SSI-related groups in BEM 211.

Assets

Countable assets **cannot** exceed the asset limit in BEM 400. Countable assets are determined based on the MA policies in BEM 400, 401 and 402.

Divestment

Policy in BEM 405 applies.

Income Eligibility

Income eligibility exists when net income does **not** exceed the special protected income level in RFT 245. Income eligibility **cannot** be established with a patient-pay amount or by spending-down.

Determine countable income according to MA policies in BEM 500 and BEM 530. Apply the deductions in BEM 540 (for children) or BEM 541 (for adults) to countable income to determine net income.

**VERIFICATION
REQUIREMENTS**

SSA can verify whether a person:

- Was being paid SSI benefits on August 22, 1996, and
- Became ineligible for SSI as a result of the change in the definition of disability.

Please notify central office if you identify such a person. Send a copy of the verification to the address below. Include:

- The client's name, and
- The client's case number or client ID, and
- Your name and telephone number.

Department of Human Services
Bureau for Adult & Family Services

Medicaid and SSI Unit
235 S. Grand Ave, Suite 1317
PO Box 30037
Lansing, MI 48909

Verification requirements for all other eligibility factors are in the appropriate manual items.

LEGAL BASE

Social Security Act, section 1902(a)(10)(A)(i)(II)