

## **PASS-ALONG SCREENING GUIDE**

Use the screening guide to evaluate specified groups of former Supplemental Security Income (SSI) and Special Assistance (SA) beneficiaries under categorically needy (C/N) criteria. Qualified individuals are eligible for a disregard of certain Retirement, Survivors, and Disability Insurance (RSDI) benefits. Complete and retain this document in any case record where an applicant or recipient has Social Security income and is over-income for CN MAABD. Documentation of eligibility or ineligibility on the Person Page in NC FAST. Refer to policy section, MA-2110 PASS-ALONG.

Date completed: \_\_\_\_\_ Completed by: \_\_\_\_\_

- | <b>1. CRITERIA FOR ALL PASS-ALONG GROUPS:</b>   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| A. Does the Budget Unit's (B/U) current income <b>exceed the C/N or SA</b> income limit?<br>(Total countable income <b><u>including</u></b> RSDI)                 | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the a/b currently receive RSDI?   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has the a/b received SSI/SA in the past?   | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is the B/U's current income <b>equal to or less than</b> the <b>SSI/SA</b> limit?<br>(Total countable income (earned & unearned) <b><u>excluding</u></b> RSDI) | <input type="checkbox"/> | <input type="checkbox"/> |

***IF ANY ANSWER IS "NO" UNDER PART 1, STOP; A/B IS NOT ELIGIBLE FOR PASS-ALONG. DOCUMENT ON THE APPLICANT/BENEFICIARY PERSON PAGE.***

***IF ALL THE ANSWERS ARE "YES" CONTINUE TO PART 2.***

- 2. IF THE A/B MEETS ALL CRITERIA IN PART 1 AND ALL CRITERIA UNDER ONE OF THE FOUR CATEGORIES BELOW, THEY ARE ELIGIBLE FOR PASS-ALONG.**

- | <b>A. DAC PASS-ALONG</b>  | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 1. Currently entitled to and receives RSDI as a disabled adult child (over age 18)?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has blindness or a disability that began before age 22?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Lost SSI or SA due to receipt of or increases in RSDI?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Would currently be eligible for SSI/SA if the current RSDI benefit were disregarded? | <input type="checkbox"/> | <input type="checkbox"/> |

***\*If ALL answers are YES, disregard ALL RSDI. DOCUMENT ON THE A/B PERSON PAGE***

**B. EARLY WIDOW(ER)'S PASS-ALONG** **YES NO**

- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 1. | Lost SSI or SA benefits due to receipt of RSDI?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Not yet eligible for Medicare Part A?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | At least age 50, but not yet age 65?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Would currently be eligible for SSI or SA if not receiving RSDI? | <input type="checkbox"/> | <input type="checkbox"/> |

**\*If ALL answers are YES, disregard ALL RSDI. DOCUMENT ON THE A/B PERSON PAGE**

**C. DISABLED WIDOW(ER)'S PASS-ALONG WHO LOST SSI IN 1984** **YES NO**

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 1. | Is disabled/was determined disabled by SSA until Age 65   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Received SSI/SA benefits in Dec 1983 but lost eligibility in Jan 1984 due to a statutory elimination of an additional benefit reduction factor for widow(er)s before age 60 who were entitled to widow(er)s benefits based on disability since Jan 1984 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Would currently be eligible for SSI/SA if not receiving RSDI  | <input type="checkbox"/> | <input type="checkbox"/> |

**\*If ALL answers are YES, disregard ALL RSDI. DOCUMENT ON A/B PERSON PAGE**

**D. COLA PASS-ALONG** **YES NO**

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 1. | Was eligible for and received RSDI and either SSI or State/County SA concurrently for at least one month after April 1, 1977, <b>OR</b> Received SSI and then was found retroactively eligible for RSDI for overlapping month(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Lost SSI or SA <i>for any reason</i> and would currently be eligible if the total amount of all COLAs since losing SSI or SA were <b>excluded</b> from countable income?  | <input type="checkbox"/> | <input type="checkbox"/> |

**\*If ALL answers are YES, disregard COLA increases since SSI was lost. DOCUMENT ON THE A/B PERSON PAGE.**

**Use Pickle chart in MA-2110 Pass-along policy to calculate countable RSDI and DHB-5150B Screening for Medicaid Eligibility under the COLA Pass-along.**

*(If there is a financially responsible person who receives Social Security benefits, also disregard all COLA increases received by that person since the a/b was terminated from SSI or SA.)*