

Rule No. 560-X-25-.05. General Categorical Eligibility Criteria.

(1) In order to qualify for Medicaid, AFDC-related and MAGI-related individuals must meet the non-financial eligibility criteria of the AFDC or MAGI programs.

(2) SSI-related individuals must meet general categorical criteria of age, disability or blindness, residence, and citizenship for the appropriate coverage groups:

(a) Age Requirement - To be eligible, the individual must be 65 years of age or older. This factor is based on SSI policy and must be verified based on evidence requirements stated in SSI policy.

(b) Disability - If under age 65, an individual must be blind or disabled. Disability is defined as the inability to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment(s) which can be expected to last for a continuous period of not less than 12 months.

(c) Blindness - An individual meets blindness criteria when his central vision acuity is 20-200 or less (even with glasses) or a limited visual field of 20 degrees or less in the better eye. A person determined to be blind for purposes of SSI benefits also qualifies as blind for purposes of Medicaid.

(d) Citizenship - To be eligible for Medicaid, a person must be a citizen of the United States, or, if an alien, must be a qualified alien. For qualified aliens arriving before 8/22/1996, they must be a lawful permanent resident, American Indian born in Canada, refugee, asylee, Cuban/Haitian entrant, battered immigrant, Amerasian, person whose deportation has been withheld, honorably discharged veteran, active duty U.S. military, person granted parole for 1 year by INS, or person granted conditional entry under 203 of the immigration law in effect before 4/1/1980. For qualified aliens arriving on or after 8/22/1996, they must be a refugee, asylee, person whose deportation has been withheld, Cuban/Haitian entrant (proceeding groups are eligible for 7 years from date of entry), honorably discharged veteran, active duty U. S. military, Amerasian (eligible for 5 years from date of entry) or lawful permanent resident in U. S. at least 5 years. Aliens should have records to establish naturalization or lawful admission. Non-qualifying aliens are eligible only for emergency services for treatment of emergency medical conditions.

(e) State Resident - A person must be a resident of Alabama during the period covered by application, must indicate intent to remain, and must be capable of indicating such intent.

(f) Interstate Residency Agreements - The only time the above residency rule is not applicable is where the state has entered into a residence agreement with another state. Where this occurs, the state where the person physically resides is his residence for Medicaid purposes. A list of states with which Alabama has entered into residency agreements may be obtained from the Alabama Medicaid Agency.

(g) Eligibility for Other Benefits - An individual is required to apply for any payments or benefits from other sources for which he may be eligible. If an individual is already receiving or is entitled to receive benefits from other sources which are in excess of agency standards or is receiving benefits under a VA contract, the individual is not eligible for Medicaid benefits.

(h) Assignment of Third Party Payments - To be eligible for Medicaid, an individual must assign all third party benefits to the State. Third Party benefits are any benefits for which an entity is or may be liable to pay all or part of the medical cost of an applicant or recipient.

(i) Eligibility for Medicaid benefits ends with the month in which the individual dies.

(j) Social Security Account Number - An individual is required to furnish his Social Security Account Number or verification that he has made application for one.

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Statutory Authority: Social Security Act, Titles XVI & XIX; 42 C.F.R., Section 401, et seq.; 20 C.F.R. Section 401, et seq.; State Plan.

History: Rule effective October 1, 1982. Amended March 15, 1983, September 8, 1983, July 9, 1985, and September 9, 1997. **Amended:** Filed September 21, 2001; effective December 14, 2001. **Amended:** Filed July 19, 2002; effective October 16, 2002. **Amended:** Filed August 21, 2003; effective November 14, 2003. **Amended:** April 20, 2018. **Amended:** Filed July 18, 2018.