

ALASKA ADULT PUBLIC ASSISTANCE MANUAL

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426 INTERIM ASSISTANCE

Interim Assistance (IA) is a temporary cash grant available to APA applicants who are waiting for a decision on an SSI application. This chapter explains the eligibility requirements for IA.

426-1 OVERVIEW OF INTERIM ASSISTANCE

Interim Assistance was established as a special subcategory of APA in order to provide for the basic needs of APA applicants who must concurrently apply for the SSI program. These applicants are not eligible for full APA and Medicaid benefits until they become eligible for SSI. Because the SSI program operates without mandatory processing timeframes, SSI applicants frequently must wait many weeks for a decision on their eligibility. In addition, many SSI applicants are initially denied SSI benefits and pursue a lengthy administrative appeal process before being found eligible. Interim Assistance provides a source of monthly income during the period of time while SSI eligibility is being determined.

Although IA payments are made from APA funds, IA benefits are different from regular APA benefits because receipt of IA does not convey automatic eligibility for Medicaid benefits. IA payments are made to individuals whose applications for APA and Medicaid are being held, pending a final decision on their eligibility for SSI benefits. The decision on the SSI application then forms the basis of the decision on the APA and Medicaid application.

Another aspect of Interim Assistance which differs from Alaska's other public assistance programs is that there is no specific IA application requirement. A client does not apply for IA benefits; instead, the client applies for APA and the case worker determines whether or not to place the applicant into the Interim Assistance program. Eligibility to receive Interim Assistance benefits is based on a number of factors which are explained in this chapter.

426-2 ELIGIBILITY REQUIREMENTS FOR INTERIM ASSISTANCE

To be eligible for Interim Assistance, an individual must:

- Meet all APA eligibility criteria except for receipt of SSI;
- Apply for SSI;
- Appear likely to meet Social Security disability requirements and be determined disabled by the Division, or be age 65 or older; and
- Agree to repay Interim Assistance from retroactive SSI benefits by completing an Interim Assistance Reimbursement (IAR) authorization form.

These eligibility requirements are explained below.

A. APPLICANTS MUST BE ELIGIBLE FOR APA EXCEPT FOR A FINAL ELIGIBILITY DECISION BY SSI

With the exception of a final eligibility decision by SSI, all other APA eligibility requirements apply to the determination of eligibility for IA. This means that the caseworker must make a full eligibility determination before Interim Assistance can be approved. For blind or disabled applicants who are not eligible for Social Security disability benefits, a temporary disability or blindness decision must be made in accordance with the procedures described in this chapter.

B. CONCURRENT SSI APPLICATION

Interim Assistance is available only to APA applicants who are required to apply for SSI benefits; IA payments will not be made to APA applicants who have countable income or resources in excess of SSI program limits and are therefore not required to apply for SSI benefits.

To receive Interim Assistance, proof must be obtained that the applicant has submitted a signed SSI application to the Social Security office.

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Because of the similarity between SSI and APA eligibility criteria, the identification of potentially SSI-eligible applicants is relatively simple. If the client appears to be APA eligible, and to have countable income within the applicable SSI limit, the client may be eligible for SSI and must file for SSI if he or she does not already have an active claim. If an applicant has income which changes from month to month and which is in some months within SSI limits, he or she must apply for the SSI program and may receive IA payments until Social Security makes a final decision on the SSI application.

When an APA applicant is identified as potentially SSI-eligible, the applicant has 30 days from the APA application filing date to contact SSA and file an SSI claim. The contact establishes a “protected filing” date for SSI benefits, and consists of an oral or written request for benefits. This request for SSI benefits may be made in person, by mail, or by telephone.

The SSI application process requires that an SSI applicant must have an interview with an SSA Field Office Claims Representative before a signed application for SSI benefits can be accepted. Once the interview is completed, an applicant must submit a signed application to a SSA office within 60 days of the date of the SSI interview, unless SSA determines there is good cause for a delay.

If, without good cause, an APA applicant does not submit a signed SSI application to a Social Security office within SSA's 60-day time limit, the APA application will be denied. If the individual wishes to reapply once the application has been denied, he or she must complete a new APA application.

C. **INTERIM BLINDNESS OR DISABILITY DETERMINATION**

The APA program uses the same definitions of disability and blindness as SSI. The Division will obtain and use medical and other information to determine whether an applicant is likely to meet the SSI disability/blindness criteria, and is eligible for Interim Assistance. These determinations are made as follows:

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1. APA applicants who are eligible to receive Social Security disability insurance benefits

Persons who receive SSA disability payments, and persons who have been determined eligible to receive SSA disability benefits but are serving their five-month waiting period, meet the blindness/disability criteria for IA. These individuals are not required to have a medical exam or an assessment by the Division's Medical Reviewer, as described below.

2. Blind APA applicants required to submit an AB #3 form

An individual who is blind must be examined by a physician skilled in diseases of the eye or an optometrist, as specified in Manual Section 425-2A. The results of this examination must be provided on a *Review Report on Aid to the Blind* (AB #3) form,. If a medical provider refuses to complete the AB #3 form, the caseworker should advise the applicant to go to a different provider for completion of the form.

The AB #3 form must be checked "Yes" or "No." A "Yes" is evidence of blindness for Interim Assistance. A "No" shows ineligibility for Interim Assistance. When determining blindness for Interim Assistance, only the AB #3 form needs to be completed. The caseworker will accept the judgment of the medical provider as noted on the AB #3. It is not reviewed by any other authority.

If Interim Assistance is not approved, the APA application must be pended for an eligibility decision from the SSI program so that eligibility for regular APA and Medicaid can be determined.

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3. Disabled APA applicants required submit and AD #2 form

An individual who has a disability other than blindness must be examined by a physician or psychiatrist, as specified in Manual Section 425-2A. The results of this examination must be provided on an, *Preliminary Examination for Interim Assistance (AD #2)* form. If a medical provider refuses to complete the AD #2 form, the caseworker should advise the applicant to go to a different provider for completion of the form.

In some cases, the Medical Reviewer may need to ask a medical provider for information. To assist in this process the caseworker should obtain a completed *Authorization for Release of Protected Health Information (Gen 150)* form.

Once a completed AD #2 is received, the caseworker will immediately fax the AD #2 form, any completed release forms, and any supporting documents to:

Medical Reviewer
Division of Public Assistance
3601 C Street, Suite 200
Anchorage, AK 99524
Phone: (907) 269-0064
Fax: (907) 269-0962

The Medical Reviewer will assess the individual's disability using the examination results reported on the AD #2 form and any supporting documents or information, and decide whether the applicant meets SSI disability criteria.

When making a disability assessment, the Medical Reviewer will consider whether the:

- Applicant's condition meets the SSI presumptive disability criteria or another impairment category used by Social Security to determine a person's disability status;
- Medical information provided by the applicant or received by the Department documents the applicant's impairment;

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- Impairment affects the individual's activities of daily living;
- Applicant can work, including sedentary work;
- Impairment has lasted, or is expected to last, for a continuous period of at least 12 months.

Once the assessment is completed, the Medical Reviewer will document the disability decision on the AD #2 form and advise the caseworker of the approval or denial by fax or e-mail.

- **IA Disability Approved**

If approved, the caseworker will open an Interim Assistance case if the individual meets all other factors of eligibility for IA. The APA application is pending for an eligibility decision from the SSI program so that eligibility for regular APA and Medicaid can be determined. EIS notice **P105, IA Approved – APA Held**, may be used for this purpose.

- **IA Disability Denied**

If denied, the caseworker will pend the APA application for an eligibility decision from the SSI program so that eligibility for regular APA and Medicaid can be determined. EIS notice **P304, APA Held – IA Denied**, may be used for this purpose.

In some situations, an applicant may choose to submit additional medical information after the Medical Reviewer determines the applicant is not disabled. When this happens, the Medical Reviewer will consider the new information and re-determine the applicant's disability status. New medical information may be submitted at any time.

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D. AGED APPLICANTS

Processing times for SSI applications based on age are usually much faster than for individuals applying based on disability or blindness. In most cases, the SSI decision for old age cases will be made within the 30-day APA application processing timeframe, and eligible cases can be opened in regular APA coverage. If, however, no SSI decision is reached within the APA application processing timeframe, aged applicants may receive Interim Assistance pending the SSI eligibility decision. An interim blindness or disability determination is not required for aged applicants.

E. IAR AUTHORIZATION REQUIREMENT

APA applicants must sign an Interim Assistance Reimbursement (IAR) authorization form to receive Interim Assistance benefits. The IAR authorization is not, however, an eligibility requirement for regular APA benefits. The signed IAR authorization is necessary only if the applicant wishes to receive IA benefits while waiting for a decision on his or her SSI application. APA applicants who appear eligible for Interim Assistance must be given the choice of either signing or not signing the IAR authorization form.

The IAR authorization may be provided to the APA applicant during the interview process, or if this is not possible, the caseworker may send EIS notice, **P021, IAR Authorization Needed**, and mail the IAR authorization form separately to the client at the same time.

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When a signed IAR authorization is received, the caseworker must:

- Complete the bottom portion of the authorization form that is reserved for office use and send the original copy to the appropriate SSA office within 10 working days of the date the signed authorization was received by DPA. (The date the authorization was received by DPA is entered on the form as the date received.)
- Enter the date the authorization was received by DPA into EIS on the APAS screen. (The Claims Unit will use this date when calculating an IA recipient's reimbursement obligation.)

If otherwise eligible, Interim Assistance under this provision begins the month a signed IAR authorization is received in a DPA office. **APA applicants who do not sign an IAR authorization are not eligible for Interim Assistance.**

426-3 INTERIM ASSISTANCE REIMBURSEMENT (IAR)

A. IAR AGREEMENT WITH SSA

Alaska has an Interim Assistance Reimbursement (IAR) agreement with SSA. This agreement allows DPA to receive a successful SSI applicant's initial SSI payment and use that money to reimburse itself for Interim Assistance benefits provided to the applicant while he or she was waiting for a final SSI eligibility decision. For IAR purposes, an "**initial**" SSI payment is the successful SSI applicant's first SSI check which includes both any retroactive SSI entitlement and the first current month's SSI payment. APA applicants must agree to allow DPA to recover the cost of their IA benefits as a condition of receiving IA.

B. IAR AUTHORIZATIONS

In order for SSA to withhold an individual's initial SSI payment and send it to DPA, the individual must sign an IAR authorization.

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1. Protective filing.

The date a signed IAR authorization is received by DPA may act as a protective filing date for SSI, but only if the individual submits a signed SSI application to SSA within 60 days of that date. Case workers must inform applicants of this provision and advise them to begin the SSI application process as soon as possible in order to preserve their protective filing date for SSI benefits.

2. Life of the IAR authorization.

An IAR authorization will cease to have effect at the end of one year from the date it is signed unless the individual files for SSI within that time. If the individual does apply for SSI within that year, the IAR authorization remains in effect until one of the following events occurs:

- SSA makes a final SSI eligibility determination (including a determination on appeal), or
- SSA releases the initial SSI payment on an individual's SSI claim, or
- The Division and the individual agree to terminate the authorization.

3. Notification of a signed IAR authorization.

Upon receiving a signed IAR authorization, the case worker must distribute copies of the signed authorization within 30 calendar days. Because the signed authorization may act as a protective filing date for SSI, a copy must be sent to SSA even if, for some reason, the APA application is denied. Copies are distributed as follows:

Original to: SSA District Office.
Copy to: Client.
Copy to: Casefile.

***Note:** Because of the protective filing provisions for SSI, case workers should obtain a new signed IAR authorization whenever an APA applicant who appears eligible for Interim Assistance applies or reapplies for APA.*

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C. INTERIM ASSISTANCE REIMBURSEMENT PROCESS

SSA will notify the Claims Unit of any SSI application approval, including those made on SSI applications going through the SSI appeal process. Once a favorable SSI determination is made, SSA will send the individual's initial SSI payment to the Claims Unit. At the same time, SSA will also send a notice to the Claims Unit indicating the date the individual was determined eligible for SSI and the SSI monthly benefit amounts included in the initial SSI payment.

The initial SSI payment is used to repay IA benefits beginning with the day of the month in which the client is first determined eligible for an SSI payment, or with the first day of the month that DPA receives a signed IAR authorization, whichever is later, and ending with the month the initial SSI payment is made.

The Division may use the SSI funds to repay IA benefits only for months during which the client was eligible for both an SSI payment and an IA payment. The amount of the repayment obligation for any month is the amount of the IA payment or the amount of the SSI payment for that month, whichever is less. Any excess funds are refunded to the client.

After computing the amount of reimbursable Interim Assistance, the Claims Unit will:

- Apply the SSI funds against the individual's obligation to reimburse Interim Assistance.
- Within 10 working days of the date it receives payment from SSA, pay to the individual any SSI funds it receives in excess of the amount of reimbursable Interim Assistance .
- Send EIS notice **P900, Interim Assistance Repayment - SSI Refund**, to the client.

Note: This notice informs the client of the amount of SSI funds used to repay IA benefits as well as the amount to be refunded to the client, if any. This notice will also specify the months for which the individual was found eligible for SSI benefits.

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- By e-mail, notify the case worker responsible for the individual's Interim Assistance case of the individual's SSI eligibility. At the same time, the Claims Unit will forward copies of any paperwork received from SSA regarding the individual's eligibility and monthly grant amounts for retroactive SSI benefits.
- Maintain records of all transactions relating to Interim Assistance and the allocation of the individual's initial SSI payment, and submit a report to SSA within 30 workdays from the date payment is received.

SSA will also notify the Claims Unit of any initial SSI **denial** for all SSI applicants for whom they have an IAR authorization on file. By e-mail, the Claims Unit will notify the case worker responsible for the IA case of the initial SSI denial, and forward copies of any paperwork received from SSA regarding the initial SSI denial. SSI will **not** notify the Claims Unit of any denial resulting from the SSI appeal process.

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INTERIM ASSISTANCE SUSPENSION OR TERMINATION

An individual is not eligible for IA for any month in which his or her countable income, after rounding, exceeds the applicable APA need standard.

When an IA recipient becomes ineligible for IA because of excess income, the case worker must either suspend the IA payment or close the IA case according to APA policy on suspension and termination. (Refer to manual section 480-5 for the policy on APA suspension and termination.)

If the IA case is closed because of excess income, the APA/Medicaid application is held in pended status until an initial decision on eligibility for SSI benefits is made.

426-5 PROCESSING SSI DENIALS; THE SSI APPEAL PROCESS

Interim Assistance continues until Social Security issues its final SSI eligibility decision regarding disability. Which of the four possible SSI levels of decision is final depends upon whether a denied applicant chooses to appeal an SSI decision, and how far the applicant chooses to continue in the SSI appeal process.

There are four possible SSI decision levels in the Social Security administrative process:

1. Initial Determination

The initial determination is handled by an SSA Field Office Claims Representative. However, the Claims Representative does not make the initial medical determination; these are done by Disability Determination Service agencies. In Alaska, initial medical determinations are done by the Disability Determination Service of the Division of Vocational Rehabilitation.

2. Reconsideration

A reconsideration or "recon" decision is the first step in the SSI appeals process. Any person who has received an adverse initial decision on his or her SSI application or open case is entitled to ask for a reconsideration.

3. Administrative Law Judge Hearing

If dissatisfied with the reconsideration decision, the individual may ask for a hearing before an Administrative Law Judge;

4. Appeals Council Review

A request to have the Appeals Council review the decision made by the Administrative Law Judge is the next step if applicant is dissatisfied with the decision of the Administrative Law Judge.

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Like the DPA hearing process, a client may withdraw in writing from the SSI appeals process at any point. The appeal process ends upon failure to appear without good cause, or it ends if the client does not timely request the next level of review without good cause. Occasionally, an individual may claim good cause for not filing an appeal in a timely manner. Such individuals are still considered to be in the SSI appeal process while seeking a good cause waiver for an untimely appeal. Once an individual has exhausted the SSI appeal process, he or she may choose to appeal the SSI decision to the federal district court; Interim Assistance is not available pending an appeal to the court.

Once Interim Assistance is approved, it is continued until the client is approved for SSI, receives an adverse SSI decision and does not appeal it to the next appeals level, withdraws or abandons an appeal at any level, or receives an adverse decision from the Appeals Council. However, if DPA discovers or receives clear evidence that the client is not eligible for APA on grounds other than those being appealed through the SSA system, the Interim Assistance case will be closed.

If the IA case is closed because of countable income that exceeds the APA need standard, the APA/Medicaid application is held in pending status until an initial decision on eligibility for SSI benefits is made.

426-6 CASE CONTROLS DURING THE SSI APPEAL PROCESS

A. VERIFICATION TIMEFRAMES

Under Interim Assistance Reimbursement provisions, SSA will notify the Claims Unit of initial SSI approval or denial decisions for all SSI applicants for whom they have an IAR authorization on file. However, SSA will **not** notify the Claims Unit about an SSI applicant's appeal status, unless the appeal is successful, in which case SSA will notify the Claims Unit of the SSI approval. The Claims Unit will in turn notify the case worker responsible for the applicant's Interim Assistance case.

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Since the time required at each step of the SSI appeals process varies widely by appeal stage, by individual circumstances, and even by the time of year, periodic checks with the Social Security Administration to verify the status of SSI appeals are necessary to ensure that the SSI applicant or recipient has continued the appeals process as required for continued Interim Assistance benefits.

Although the applicant or recipient is responsible for reporting any changes in appeal status, follow-up may be necessary if the client does not report the change. When the client is represented by an attorney or paralegal, the case worker should use that person as a source of verification during the appeal process. The SDX paper printout is another source of verification of SSI appeal status. Field staff may also contact their local servicing SSA district office to verify SSI appeal status if the information is not readily available through other sources.

Reconsideration. After a reconsideration with SSI has been filed, verify the status within 90 days after the date the client filed the request.

Administrative Law Judge hearing. If the client files a hearing request, seek the scheduled date of the hearing within 60 days of the time the client filed and schedule periodic inquiries for verification of the hearing status approximately every 90 days after the scheduled hearing date.

Appeals Council review. After a request for Appeals Council review is filed, verify the decision status approximately every 120 days.

B. NOTICE REQUIREMENTS

An initial finding of no blindness or disability by SSA forms the basis for the denial of an APA application. Written notice of APA denial must be sent to the APA applicant whenever a case worker becomes aware of an initial SSA finding of no blindness or disability. The denial notice must inform the client that the APA application is denied, and that continued eligibility for Interim Assistance may still exist if the individual appeals the SSI decision. If the appeal process results in a final finding of blindness or disability, the APA application shall be reevaluated.

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IA benefits must be continued for a reasonable period of time after a case worker becomes aware of an adverse SSI decision from any level except the final Appeals Council review, to allow the client time to appear, offer good cause, file an appeal to the next level, etc. Written notice of Interim Assistance closure must be sent to each client immediately upon discovery of each adverse SSI decision or notice of failure to appear at an SSI hearing. SSI allows up to 60 days from the point of notice of adverse action for the client to file for the next level of appeal. APA denial notices must give the client at least 30 days to offer proof of re-entry into the SSI appeals process.

The 30-day period for a client to offer proof of re-entry into the SSI appeals process may be extended by the case worker's prudent judgement if there is good reason to believe that 30 days is inadequate for the client to appeal or to offer good cause for not appearing. Examples of good cause are remoteness from an SSA or Alaska Legal Services office and personal or family illness.

When the appeals process ends because of the client's written withdrawal, a 10-day advance notice of closure is sufficient.

426-7 CONVERTING INTERIM ASSISTANCE TO REGULAR ADULT PUBLIC ASSISTANCE

Interim Assistance payments end when Social Security makes its final SSI eligibility decision and notifies the applicant.

A. ELIGIBLE FOR SSI - CLIENT HAS SIGNED IAR AUTHORIZATION

If the client is found eligible for SSI, and has signed an IAR authorization, eligibility for Interim Assistance ends the month that SSA makes the SSI eligibility decision. This will normally be the same month that SSA sends the initial SSI payment to the Claims Unit. Regular APA benefits are approved beginning the first day of the month after SSA notifies the individual that he or she is eligible for SSI.

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If, for some reason, the IA case cannot be converted to regular APA the month following the SSI decision, the case worker may convert the case beginning with the following month. This situation may occur when IA benefits are issued before the case worker learns of the SSI decision. The individual is still considered eligible for regular APA benefits beginning with the month following the SSI decision, and if otherwise eligible, may receive APA and Medicaid benefits for the months following the SSI decision.

B. ELIGIBLE FOR SSA RSDI BENEFITS - NOT ELIGIBLE FOR SSI

If, after going through the SSI application process, the client is eligible for Social Security Retirement, Survivor, or Disability Insurance benefits but not for SSI benefits, APA and Medicaid eligibility may exist depending upon the type and amount of the SSA benefit and other financial and non-financial APA eligibility criteria. The case worker will make an eligibility decision based on the eligibility criteria of the APA program.

C. NOT ELIGIBLE FOR SSI SOLELY BECAUSE OF EXCESS INCOME

If SSI finds the client ineligible solely because of excess income, APA and Medicaid eligibility may exist. The case worker will make an eligibility decision based on the eligibility criteria of the APA program.

Note: If the applicant is applying for APA on the basis of blindness or disability, and SSA has not made a blindness or disability determination, the APA application must be pended for a state-only blindness or disability decision from the Disability Determination Service (DDS) before APA eligibility can be determined. The individual is not eligible for IA benefits while waiting for a state-only DDS decision. (See section 425-3C.)

D. NOT ELIGIBLE FOR SSI FOR ANY REASON EXCEPT EXCESS INCOME

If the SSI decision is that the client is ineligible for any reason except excess income, the APA and Medicaid application is denied and the Interim Assistance case is closed.

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426-8 ELIGIBILITY FOR MEDICAL ASSISTANCE

Eligibility for Interim Assistance does not convey automatic eligibility for either Medicaid or Chronic and Acute Medical Assistance (CAMA). However, there are certain circumstances in which medical assistance may be available to IA applicants or recipients.

A. BLINDNESS OR DISABILITY EXAM COSTS

The SSI application process for benefits based on disability or blindness includes a comprehensive evaluation of the applicant's physical or psychological condition. In Alaska, these evaluations are performed by Disability Determination Service (DDS) of the Division of Vocational Rehabilitation.

DPA will not authorize any Medicaid or CAMA coverage for transportation, escorts, lodging, or examinations for any client whose disability or blindness is to be determined by the DDS. The DDS sets up the entire exam process, pays all expenses, and bills the Social Security Administration for the cost of the examination.

Medicaid does pay for any necessary costs of getting a completed AD #2 or AB #3. This examination is a Medicaid covered expense. See Medical Assistance manual section 5526-3 for instructions for issuing Medicaid authorizations for AD #2 or AB #3 examinations.

B. CHRONIC AND ACUTE MEDICAL ASSISTANCE

Interim Assistance recipients may also qualify for Chronic and Acute Medical Assistance (CAMA) services if all eligibility criteria for the CAMA program are met, including the need for a CAMA covered service. See the CAMA manual for CAMA eligibility criteria.

The \$280 Interim Assistance payment, which must be counted in the CAMA eligibility determinations, is less than the \$300 individual need standard for the CAMA program; therefore, IA recipients with no other income may be income-eligible for CAMA.

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If there is any other income available, the \$280 IA payment plus the other income may exceed the CAMA need standard and eligibility for CAMA may not exist. Resources which exceed the \$500 resource limit for the CAMA program also preclude CAMA eligibility.

C. UNDER 21 AND PREGNANT WOMEN MEDICAID

Interim Assistance recipients who are pregnant or under the age of 21 may also qualify for Medicaid coverage while receiving Interim Assistance. These individuals must meet the eligibility requirements for these Medicaid coverage categories as specified in the Medicaid Manual.

Note: The Interim Assistance payment counts as income in determining eligibility for Medicaid.

426-9 TEMPORARY ASSISTANCE AND INTERIM ASSISTANCE

A Temporary Assistance **applicant** may apply for APA and be found eligible to receive Interim Assistance. However, the Temporary Assistance program considers Interim Assistance payments as countable income, and will reduce or terminate Temporary Assistance benefits because of countable Interim Assistance payments. The APA applicant shall be informed of this provision and given the choice of whether or not he or she wishes to receive Interim Assistance while his or her eligibility for Temporary Assistance is being determined.

A Temporary Assistance **recipient** is not eligible for Interim Assistance. Once a Temporary Assistance applicant is found eligible to receive Temporary Assistance benefits, eligibility for Interim Assistance ends. A Temporary Assistance recipient may apply for APA and SSI benefits, but may not receive Interim Assistance while awaiting the decision on the APA and SSI applications.