This category is identified in ICES as MASI.

To be eligible for MASI Medicaid an individual must be determined eligible by the Social Security Administration. When determined SSI disabled and receiving SSI payments, the proper category of assistance is MASI. MASI is based on categorical eligibility and does not have a budget or redetermination. It is a full coverage category with no cost sharing and is at the top of the Medicaid hierarchy, therefore, it should not be replaced with any other category of medical coverage.

MASI should be given only based on information received via data exchange from the Social Security Administration. This can be seen by the “disability verification” column of the payment status code table. Payment status code appears on the data exchange screen/s which shows SSA information in the Eligibility System.

“Y” means SSA has determined approval for MASI eligibility, regardless of current SSI payments being released or held. MASI would be the appropriate category.
  - Payment status codes: C01, E01, E02, S06, S07, S08, S09, S10

“P” means SSI payments are not being made, but the disability status has not necessarily changed – in this instance, if no longer showing disability DE verified, an MRT determination would be appropriate. MASI would be the proper category, if approved.
  - Payment status codes: C32, H10, H20, H30, H40, H50, H60, H70, H80, H90, M01, M02, N01, N02, N03, N04, N05, N06, N09, N10, N11, N12, N13, N14, N17, N18, N19, N20, N22, N23, N24, N25, N52, N53, N54, N55, N56, P01, S01, S05, S20, S21, S90, S91, T01, T20, T22, T30, T31, T32, T33, T50, T51

“T” means SSI disability status has ended, and an MRT determination may not overrule this determination unless there is a verified appeal or re-application with SSA in progress.

The SS MED ELIG CODES on the SSA/SSI DAILY FILE DISPLAY screen in the eligibility system summarizes what the detailed payment status code means for MASI budgeting. In the section: SS MED ELIG CODE, the first line is the most current. Only the below codes are eligible for MASI:

- C = FEDERALLY ADMINISTERED MEDICAID COVERAGE SHOULD BE CONTINUED REGARDLESS OF PAYMENT STATUS CODE - 1619B PARTICIPANT
- G = GOLDBERG/KELLY PAYMENT CONTINUATION
- N = ELIGIBLE FOR MEDICAID - N24 PAYMENT STATUS ONLY
- Y = ELIGIBLE FOR MEDICAID - 1634 STATES ONLY

All the remaining listed codes are not eligible for MASI budgeting:
- A = REFUSED TO ASSIGN RIGHTS TO TPL
- B = DEEMING WAIVED, CHILD UNDER A STATE HOME CARE PLAN
- D = REFERRED TO THE STATE FOR MEDICAID DETERMINATION DUE TO ENTITLEMENT OR INCREASE IN DAC BENEFITS UNDER T2
- E = ELIGIBLE UNDER STATE DETERMINATION (OBSOLETE)
- F = TITLE VIII SPECIAL VETERANS BENEFIT RECIPIENT
- I = INELIGIBLE PER STATE DETERMINATION (OBSOLETE)
- P = DRUG ADDICTION AND/OR ALCOHOLISM (OBSOLETE)
- Q = MEDICAID QUALIFYING TRUST MAY EXIST
- R = REFERRED TO STATE FOR DETERMINATION (1634 STATES) - FEDERAL DETERMINATION NOT POSSIBLE
- S = STATE DETERMINATION - NOT SSA RESPONSIBILITY
- W = WIDOW(ER) - 1634 STATES

If the worker questions whether MASI is the correct category, they should contact Helpdesk/PAL rather than open MASI without the correct SSA determination.

If a person has deemed SSI eligibility but is not receiving payments because another SSA benefit amount is more than the maximum SSI amount, these members should be determined for MED 1 eligibility under normal income and resource rules. The maximum SSI payment amount should be entered as SSI income, and any excess above that amount should be entered as Social Security income. This will cause the income to be properly counted in the budget for all programs. This would apply to some widow/ers (see 2414.10.20) and Disabled Adult Children (see 2414.10.10).