

Patricia Baxter  

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**Authorized Signature**

**Number:** SPD-AR-12-007  
**Issue Date:** 2/7/2012

**Topic:** Medical Benefits

**Due Date:**

**Subject:** Clients Who May Be Over Income for QMB/SMB /SMF on March 1st

**Applies to (check all that apply):**

- |                                     |                               |                                     |                                      |
|-------------------------------------|-------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/>            | All DHS employees             | <input type="checkbox"/>            | County Mental Health Directors       |
| <input checked="" type="checkbox"/> | Area Agencies on Aging        | <input type="checkbox"/>            | Health Services                      |
| <input checked="" type="checkbox"/> | Children, Adults and Families | <input checked="" type="checkbox"/> | Seniors and People with Disabilities |
| <input type="checkbox"/>            | County DD Program Managers    | <input type="checkbox"/>            | Other (please specify):              |

**Action Required:** Review View Direct reports and change coding or close cases as appropriate.

**Reason for Action:** The Medicare Savings Programs' (MSP) clients have protected eligibility from the start of the calendar year until the new income standards are instituted. The MSP programs' income standards are based on the Federal Poverty Level (FPL) which, were published on January 26th this year. This means that Oregon will change its standards, by Federal Regulation, on March 1<sup>st</sup>. FPLs in 2012 were increased by 2.0% while the SSA COLA was 3.6%. This results in almost 2500 clients who will change programs (ie QMB to SMB), close (over income P2/SMFs) or change to CBI or SBI (service clients over income for SMF).

The View Direct reports will enable the worker to be proactive in managing these changes, sending notices, changing coding and keeping clients from dropping out of buy-in unnecessarily. There are two reports, one service and one non-service. The report number to view is SJU0000R-A with a run date of 20120201 (02/01/12). The top report displayed is non-service. The bottom report displayed is service. You can page through the non-service to service using F8.

The most critical clients to check are the P2 QMB clients. **Please work these first.** If they are over income their case will go NA at the end of February. If they are over the QMB standard they must have their Case Descriptor changed (likely to SMB) and be sent a timely continuing benefit notice. Similarly, the P2 over-income SMB clients must be moved to SMF and the over-income SMF clients must be closed. The SMB clients don't require a notice as their benefits don't change. Closed SMFs must be

sent a notice. Please see SPD Worker Guide G.9 for Decision Notice instructions:  
<http://www.dhs.state.or.us/spd/tools/additional/workergd/g.9.htm>.

For service dual-eligibles the same process must be followed except the over-income SMFs may become SBIs or CBIs. Use the same criteria for determining eligibility for these programs as you would for a new client. Nursing Facility SMB over-income clients cannot be moved to SMF (not allowed by Federal regulations) so they also become SBIs or CBIs.

There is more coding help in QMB Worker Guide 2 (link)  
<http://www.dhs.state.or.us/spd/tools/program/qmb/wg2.htm>

**Field/Stakeholder review:**     Yes     No

**If yes, reviewed by:**    Ops

*If you have any questions about this action request, contact:*

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