

Mike McCormick

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Number: APD-AR-15-008

Issue date: 2/6/2015

Topic: Medical Benefits

Due date: Immediately

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"/> Aging anasxaszxd People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children's Residential Services | <input checked="" type="checkbox"/> Other (please specify): Branch 5503 |
| <input type="checkbox"/> Child Welfare Programs | |

Action required: Review View Direct reports, change coding, and close/reduce cases as appropriate.

Reason for action: Clients in the Medicare Savings Programs (MSP) have protected eligibility from the start of the calendar year until the new income standards are instituted. The programs' income standards are based on the Federal Poverty Level (FPL), which was published on January 21, 2015 (see [APD-IM-15-013](#)). The FPL in 2015 increased by less than 1% while the SSA COLA increase was 1.7%; consequently, some clients may be over income for their current MSP.

There are View Direct reports that 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. **Please verify a client's eligibility before making any changes.** The report numbers are SJM2610R-A and SJM2610R-B (select the most recent 2015 run date) – report A shows non-service cases and report B shows service cases. You can scroll through the reports using F8. Branch 5503 will be provided with a hard-copy of the report showing MSP cases held there.

The most critical are the P2 QMB-BAS clients. **Please work these first.** If QMB-BAS only clients are over income, their cases will go NA; however, this will happen on April

1 rather than March 1 to allow time for a MAGI review (see [APD-IM-15-013](#) for more info). The second category requiring immediate attention is P2 SMF-only since those cases must also be reviewed for MAGI before being closed. Please follow the referral procedures outlined in the [Procedure Document](#) under the heading titled: *Due Process - Existing APD/AAA Clients Losing Eligibility for Current APD Medical Program-Closure or Reduction*. The Procedure Document can be accessed from the Affordable Care Act (ACA) Information and Help page found on the APD Staff Tools website: <http://www.dhs.state.or.us/spd/tools/ACA%20Information/ACA%20Index.htm>

Clients moving from SMB to SMF do not require a notice or a MAGI review as their benefits will not change. Dual-eligible clients (service or EPD) either changing from QMB-BAS to SMB or moving from SMF to SBI/CBI require a notice but no MAGI review. Please see APD Worker Guide G.9 for decision notice instructions: <http://www.dhs.state.or.us/spd/tools/additional/workergd/g.9.htm>.

Nursing facility clients who are over-income for SMB cannot be moved to SMF (not allowed by Federal regulations) so they also become SBIs or CBIs and will require a notice. Language has been added to the Decision Notice Preparation Tips for this specific scenario. There is more coding help in QMB Worker Guide 2: <http://www.dhs.state.or.us/spd/tools/program/qmb/wg2.htm>

Please note that EPD clients with MSP eligibility will almost always show up on the report because the total adjusted earned and unearned income (EEI) and the countable earned income (ECE) are both coded on the case. It is still important to review these cases to ensure the EEI income is within the client's MSP income limit.

In addition, Veteran's Aid & Attendance benefits are not countable in the QMB programs; however, they are counted when determining a client's service liability and must therefore be coded on the CMS case. Because many of these clients also receive Social Security benefits (which are countable), it is still important to review these cases to ensure the SSA COLA does not put them over the income limit for their MSP.

Field/stakeholder review: Yes No
If yes, reviewed by:

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

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