Medical Assistance EBD Related Training Evaluation – ***Answers***

(March 2021)

**TRUE OR FALSE**

1. TRUE/FALSE: SSI-Related EBD MA has an asset limit of $2000 for a single adult and an asset limit of $4,000 for married couples.
2. TRUE/FALSE: MAPP has an asset limit of $15,000.
3. TRUE/FALSE: When both members of a married couple (living together) apply for MAPP, each person must be in a separate Assistance Group.
4. TRUE/FALSE: Do not count income as an asset in the month it was received when determining the countable asset amount.
5. TRUE/FALSE: Personal affects and household goods are counted assets for EBD MA.
6. TRUE/FALSE: Liquid asset information received through CWW’s Asset Verification System (AVS) is considered verified upon receipt.
7. TRUE/FALSE: The reasonable compatibility test will only be applied to AVS liquid assets that have not otherwise been verified.
8. TRUE/FALSE: Members receiving Medicare Part A coverage who chose not to enroll in Part B may be eligible to enroll in Part B via the Medicare Savings Program process with the state.
9. TRUE/FALSE: When determining if a vehicle is a counted asset and there is more than one vehicle owned, you will typically exclude the vehicle with the greatest equity value.
10. TRUE/FALSE: The Diary Date on the disability page in CWW is informational only and does not require attention.

**MULTIPLE CHOICE**

1. EBD Deductible periods run for \_\_\_ consecutive months.

1. 3
2. 6
3. 9
4. 12
5. \_\_\_\_\_\_ is considered a valid MAPP work activity.
6. HEC
7. In-Kind employment
8. Self-employment
9. Traditional employment
10. Cash work
11. All of the Above

13. MADA applications are electronically sent through CWW to the \_\_\_\_\_\_\_\_\_.

1. Aging and Disability Resource Center
2. Social Security Administration
3. Disability Determination Bureau
4. ForwardHealth Member Services

 14. (Choose two) For Medicaid applicants, Presumptive Disability is determined by the \_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_.

1. Economic Support Agency
2. Social Security Administration
3. Hospital
4. Disability Determination Bureau

 15. There is no limit to how many temporary MAPP premium waivers may be requested, but MAPP premium waivers cannot exceed \_\_\_\_\_\_\_\_ in duration for the same hardship reason.

1. 1 month
2. 6 months
3. 3 months
4. 12 months

**SHORT ANSWER**

16. An applicant can choose when their Medicaid Deductible begins. If the person applies in January, what are the possible begin months for the deductible?

Oct, Nov, Dec, Jan, or Feb.

MEH 24.3

*The applicant can choose to begin the Medicaid deductible period as early as three months prior to the month of application, and as late as the month after the month of application.*

17. Spouses who live together are in each other’s fiscal group. However, there are exceptions to this. Please list two exceptions.

MEH 1.1.3.2

One spouse on SSI (non-SSI spouse a FTG of 1).

Long Term Care Medicaid

18. List all mandatory verification items for MA.

MEH 20.3.1

1. SSN (see Section 20.3.2 Social Security Number).
2. Alien Status (see Section 7.3 Immigrants).
3. Disability and Incapacitation (see Section 5.2 Determination of Disability).
4. Assets for the Elderly, Blind, and Disabled (see Section 16.1 Assets Introduction).
5. Divestment, for EBD long-term care (see Section 17.1 Divestment Introduction).
6. Medical expenses, for deductibles only (see Section 24.7 Meeting the Deductible).
7. Medical/remedial expenses for non-covered services for an institutionalized person (see Section 27.7.7.2 Disallowed Expenses).
8. Documentation for Power of Attorney and Guardianship (see Section 20.3.7 Power of Attorney and Guardianship).
9. Migrant workers eligibility in another state (see Section 31.2 Simplified Application), if applicable.
10. Physician certification (verbally or in writing) that the person is likely to return to the home or apartment within six months for institutionalized persons maintaining a home or property (see Section 15.7.1 Maintaining Home or Apartment) and is entitled to a home maintenance allowance.
11. Income.
12. Citizenship and Identity (see Section 7.2 Documenting Citizenship and Identity).

19. List all allowable income disregards and expenses for SSI-Related Medicaid.

MEH 24.1

* Excess Self Employment Expenses
* The 65 & ½ earned income disregard
* Child support and maintenance
* $20.00 SSI general income disregard
* Impairment related work expenses (IRWE)

20. What benefit(s) does QMB include that SLMB does not?

MEH 32.1.3

* QMB: Medicaid pays Medicare Part A and B premiums and Medicare deductibles, copayments, and coinsurance.
* SLMB: Medicaid pays Medicare Part B premiums.

21. List the four (4) Special Status Medicaid groups.

MEH 25.0

* 503 cases (see Section 25.1 "503" Eligibility)
* DAC (see Section 25.2 Disabled Adult Child)
* Widows and widowers (see Section 25.3 Widows and Widowers)
* 1619 cases (see Section 25.5 1619 Cases)

22. Explain in your own words why it is important to understand the Special Status Medicaid groups (no handbook citation needed).

Answers will vary – essentially looking for the worker to show understanding that someone in one of these groups has income disregards that other EBD applicants do not.

23. What are the four (4) non-financial eligibility requirements for the MAPP program?

 MEH 26.3.1

* Meet general Medicaid nonfinancial requirements
* Be at least 18 years old (there is no maximum age limit).
* Be determined disabled, presumptively disabled, or MAPP-disabled by the DDB, regardless of age
* Be working in a paid position or participating in an HEC program

24. Jane applied for EBD Medicaid on March 1, 2021. She was found eligible for Medicaid Deductible and will start the deductible the month of her application. After allowable deductions, her net income is $2,223.22/month. The monthly income limit at the time she applied for SSI-related MA (Medically Needy) was $1,451.67/month. How much will her deductible be?

MEH 24.5.1

($2223.22 - $1451.67)\*6 = $4,629.30

25. Jane’s deductible period runs from June 1st through November 30th. She pays the entire deductible amount on October 15th. When does her MA eligibility begin?

MEH 24.7.3.1

 MA eligibility starts as of June 1.

26. Sarah’s deductible period is July 1st through December 31st. Emma sent in medical expenses dated July 1st, July 25th, and August 5th. These bills reduced, but did not meet, her deductible. On September 20th, she pre-paid the remaining balance of her deductible. When will her Medicaid eligibility begin?

MEH 24.7.3.2

August 5th (the date of the last bill submitted)

27. Life insurance policies will at times have two values. What are those two values that help us determine if a life insurance policy is counted or not counted? Explain why $1,500 is an important number when reviewing a life insurance policy.

 MEH 16.7.5

Face Value and Cash Surrender Value. If face value is more than $1,500 for combined policies, then we count Cash Surrender Value as the available asset.

28. Sam’s deductible period begins July 1st through December 31st. The amount of his deductible is $400. On August 12th, Sam sends in the following medical expenses to his IM worker: July 12th doctor visit-$50, July 25th doctor visit-$75, August 1st Emergency Room-$600.

When will Sam become eligible for Medicaid? August 1st

When will his certification period end? December 31st (will accept January 1st as well)

Is form F-10109 necessary? Why? Yes, as part of that bill was used to meet the deductible, therefore Medicaid can only cover a portion of it. See PH 19.3.8 and MEH 24.9

29. What is SeniorCare? Who administers this program? How does one apply for this benefit?

Chapter 33 of MEH. SeniorCare is a prescription drug assistance program administered by the State of Wisconsin (DHS thru EM CAPO). Paper applications can be obtained from the SeniorCare website, obtained from the ADRC, or customers can call 1-800-657-2038. APP is mailed to SeniorCare, PO Box 6710, Madison, WI 53716.

30. Describe in your own words how SSI benefits differ from other Social Security benefits (OASDI) payments. Specifically, what are benefits than an SSI recipient automatically receive that an OASDI recipient does not.

 Answers will vary. Primarily looking for the worker to show understanding that SSI recipients automatically receive MA through the State, that SSI recipients automatically have Medicare premiums covered, that SSI recipients receive an additional payment directly from the State as well.

**CWW TRAINING ENVIRONMENT ENTRY**

Attached you will find an EBD Medicaid application for “Jonathan.” You will process this application just as a “real world” request for assistance. Carefully review the following instructions and application prior to entering the information into the CWW training environment. **This is an “open book” test – use your resources (such as the Medicaid Handbook and Process Help) to help solve any questions you might encounter.**

* The application filing date is today’s date.
* Use your last name as Jonathan’s last name.
* Create a random SSN for Jonathan.
* Verifications attached should be considered the most up-to-date values.
* If you have questions about application information, “call” Jonathan by emailing your trainer.
* If you have a policy issue (after reviewing your resources) or a question is unclear, email your trainer.

Jonathan’s Case Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Answer Key - CWW Training Case 0104280107

**Answer the following questions upon completion of your CWW training entries.**

1. Is Jonathan eligible for any Medicaid programs? If so, which program(s)? What med stat codes will show up in ForwardHealth?

SSI-related Medicaid (NS – Med Needy) and QMB. NS Med Stat 23. QMB Med Stat QR. Med Stats found in PH 81.2.

1. What value(s) did you enter into CWW for the checking account balance? Explain why you chose the value(s) that you used.

$0.00. SS income must be subtracted from the balance as income is not an asset in month received. MEH 16.1.

1. What value(s) did you enter into CWW for the life insurance asset? Explain why you chose the value(s) that you used.

Face Value $1,000. Cash Surrender Value $500. Used most recent Net surrender value as there is a $400 loan balance. MEH 16.7.5

1. What value(s) did you enter into CWW for the burial asset? Explain why you chose the value(s) that you used.

Two pages built. Burial Space for Casket $1395. Irrevocable Burial Trust $3430.21. Burial spaces are to be separated out from the trust. The casket is considered exempt, while the remaining trust value counts toward the $4500 exempt limit. Any value over $4500 for the trust is a counted asset. If casket is not separated, then some of the burial trust would count as an asset to the assistance group. MEH 16.5.1 and 16.5.4, Process Help 17.1.5.1.

1. Are any of the reported assets exempt (not counted) toward the total assets for benefit determination? If so, which asset(s)?

Yes. The vehicle (MEH 16.7.9.2) and the burial asset.

(MEH citations on previous question. Casket is exempt, so once subtracted from the burial trust, the trust becomes exempt as well as under $4500).

1. What is the total value of counted assets for this application?

$0.00

1. What is Jonathan’s net income for the program(s) he requested? What income deductions are applied to his gross income?

$980.00 for both NS and QMB. He is given a deduction for Child Support of $200 and the $20 disregard. (MEH 24.1)

1. Does Jonathan have a copay limit amount? If yes, what is that limit?

Yes. $26 per month copay limit. Income is above 50% FPL but below 100% FPL. (MEH 21.11 and MEH 39.12)

1. \*\*\*Verbal response – call the assigned trainer to answer this question\*\*\*\*

Jonathan has called our call center. He would like an explanation of the benefit(s) he’s qualified for. Explain his benefit(s) to him.

Answers will vary. Key points that worker should touch on:

* Issuance of ForwardHealth card (MEH 21.7)
* Medicaid as payer of last resort - Medicare pays first, Medicaid is second (MEH 9.6)
* Part D is necessary for Rx coverage (MEH 21.4.1)
* HMO enrollment info (MEH 21.6)
* Provide Member Services #
* Provide HMO enrollment #
* Explain QMB benefits (MEH 32.1.3)
1. Based on Jonathan’s application information, is there other programs out there for Jonathan? What else could he apply for or be referred to?

Answers will vary.

Primarily looking for worker to recognize FoodShare as a likely option.

Referrals to other agencies could be included with this (worker might reference the capital-im.com Dane County Resources section for example).