

EBD Basic Training

Jeremiah Cook

Dane County Human Services

Program Objectives

- To provide an overview of county administered EBD programs and their parameters.
- To answer other questions related to EBD MA.

Topics

- **Non Financial Eligibility**
- **Financial Eligibility**
- **SSI-related Medicaid**
- **MAPP**
- **Medicare Premium Assistance**
- **Budgeting FS Medical Expenses for EBD cases**

Non Financial Eligibility for Medicaid

- Must be elderly (*over the age of 65*), blind (*visual acuity of 20/200 or less in better eye*) or disabled (*MEH 5.1, 5.2*).
- Be a resident of the State of WI (*MEH 6.1*)
- Be a US citizen or qualifying immigrant (*7.1*)
- Cooperate with medical support liability (*8.1*)
- Cooperate with third party liability (*9.1*)
- Provide SSN or apply for SSN (*10.1*)

Mandatory Verification Items

- SSN
- Alien Status
- Disability
- Assets
- Medical Expenses for deductibles
- Documentation for POA or Guardianship
- Migrant workers eligibility in another state
- Income
- Citizenship and Identity (*Clients receiving SSDI, SSI, Medicare are exempt from the documentation requirement*)

Current Income Limits for EBD Medicaid

- **Categorically Needy income limit** – \$816.78 for 1 (*\$572.45 + up to \$244.33 shelter allowance*) , \$1232.05 for a couple (*\$865.38 + up to \$366.67 shelter allowance*)
- **Medically Needy income limit** -- \$591.67 for 1 person or for a married couple
- **MAPP income limit with no premium** – 150% of the FPL (*currently \$1471.25*)
- **MAPP income limit with a premium** – 250% of the FPL (*currently \$2452.08*)

Income Deductions

(for SSI-related MA and MAPP)

- \$20 general income disregard
- Special Exempt Income (*Support payments, Self-Support plan, fees to guardians or attorneys*)
- Medical/Remedial expenses (*used in satisfying deductibles and calculating MAPP premiums*)
- Impairment Related Work Expenses (*used in calculating premiums for MAPP*)
- \$65 and ½ earned income deduction (*subtract \$65 from the member's gross monthly earned income, divide the result by 2 and add \$65 back*)

EBD Asset Limits

- **\$2000** for an individual, **\$3000** for a married couple for SSI-related EBD MA (*MS and NS deductibles are examples of Assistance Groups in CWW for SSI-related MA*)
- **\$7280** for an individual, **\$10,930** for a couple for Medicare Premium Assistance (*QMB, SLMB, SLMB+ and QDWI*)
- **\$15000** for MAPP (*only count assets of the MAPP applicant for the MAPP asset eligibility test*)

Asset Availability

- The total countable assets must be below the asset limit by the last day of the month in order to determine eligibility for that month.
- An asset is available when:
 - It can be sold, transferred or disposed of by the owner or the owner's representative, and
 - The owner has a legal right to the money obtained from the sale of the asset, and
 - The owner has the legal ability to make the money available for support and maintenance, and
 - The asset can be made available in less than 30 days.

Countable Assets

(What assets to ask for EBD at intake/review)

- Non-exempt Burial Assets
- Savings/Checking
- Cash
- Stocks, Bonds, CDs, Money Market Accounts
- Cash surrender value of a life insurance policy
- Real Property (*non-homestead, if not for sale*)
- Land Contracts
- Some non-exempt trusts
- Annuities

Exempt Assets

- Certain Burial Assets
- Homestead property
- Non-homestead property that is listed for sale
- Non-homestead property that is co-owned and one or more of the co-owners refuses to sell the property
- One vehicle (*or a vehicle used for self-support*)
- WISPACT trusts

Burial Assets (MEH 16.5)

- **Irrevocable burial trusts** (*marked as such on the statement of goods and services from the funeral home*) are exempt up to a total value of \$4500. Any amount over \$4500 is considered a countable asset. (*See Ops Memo 14-34 for details.*)
- **Burial insurance** is typically funded with a life insurance policy. These policies are considered unavailable if irrevocably assigned and the proceeds must be used for burial expenses.

Burial Assets (Cont.)

- **Burial space** exemptions include plots, vaults, caskets, crypts, mausoleums, urns or other repositories used for the remains of deceased persons. These are considered unavailable.
- **Burial funds** are funds that are set aside for burial expenses. EBD Medicaid members and their spouses may each have one fund. (*See MEH 16.5.5.*)

Cash

- Although cash is a countable asset, we are not required to verify it. Take the client's word for what they have on hand.

Life Insurance Policies

- All life insurance policies have a 'face' amount or death benefit. This is the amount the client's beneficiary is paid upon the death of the insured.
- Not all policies have a cash amount. The cash amount is not always listed on the paperwork we receive for LIP's but must be requested as this is a countable asset. A statement from the insurance company that there is no cash value is acceptable.

Revocable Trusts

- A revocable trust is a trust that can be revoked, canceled or modified by the grantor (usually the applicant or their spouse) or by a court. A trust which is called irrevocable, but will terminate if some action is taken by the grantor, is considered a revocable trust
- The trust principal is an available asset.
- All payments from that trust that benefit the applicant are income
- All payments that are not for the benefit of the applicant are divestment.

Irrevocable Trusts

- An irrevocable trust is a trust that cannot, in any way be revoked by the grantor.
- Creation of an irrevocable trust is a divestment (only applicable to institutional MA) if the creation of the trust took place within the 5 year look-back period.
- Irrevocable burial trusts are not a divestment, nor are WISPACT or special-needs trusts. Other exceptions do apply. (See MEH 17.13)

Notes on Assets

- **Household goods** (*furniture, appliances, utensils*) and **personal effects** (*including, but not limited to: worn jewelry or jewelry that has family significance, books, musical instruments*) are not counted as assets.
- **Group** and **Term** life insurance policies usually have no cash value. **Whole** life policies usually do.
- The cash value of a life insurance policy is only countable when the face value total of all policies is above \$1500.

More Notes on Assets

- Do not count income as an asset in the month it was received (MEH 16.1). This rule allows us to deduct income from a bank balance so long as the income was received in that month.
- Do not verify exempt assets (MEH 20.3.5). This means you do not need to verify a single vehicle, homestead property that the client lives in, or other non-countable assets.

Examples of Asset Availability

- Barbara Fiction has an 401k of \$10,000. The paperwork provided shows there is an early withdrawal penalty of 3% if it is taken out before Barbara turns 60 (*she is currently 55*). The amount entered into CWW should be \$9700, since the early withdrawal penalty is not available to Barbara.

Asset Examples (cont.)

- Ned Flanders owns some non-homestead property that is co-owned with his two brothers. His two brothers refuse to put the property up for sale. The property would be considered unavailable since Ned lacks the ability to sell the property. We would need a written statement from the co-owners to verify this.

Asset Examples (cont.)

- Nancy Drew is a single individual applying for SSI related MA and has a burial asset that is irrevocably assigned to the funeral home she purchased the goods and services from in the amount of \$5600. \$4500 of the asset is exempt and \$1100 is considered available when calculating countable assets. The system will calculate the correct exemption and count the \$1100.

SSI-Related Medicaid

(MS, NS deductibles)

What is SSI?

- SSI (*Supplemental Security Income*) is a cash benefit administered by Social Security, not through the county. SSI recipients in WI are automatically eligible for Medicaid, and are also eligible for State SSI benefits (*currently \$83.78*).
- Clients on SSI who are not receiving the State benefit and wish to receive it should be referred to Forward Health (*800 362 3002*).

What is SSI-Related Medicaid?

- The original, basic Medicaid program for individuals who are elderly, blind or disabled.
- SSI related Medicaid has the lowest income and asset limits of all EBD Medicaid programs/categories.
- It has two income limits which are referred to as the Categorically Needy limit and the Medically Needy limit.

Categorically Needy Limit

- Persons applying for EBD MA are tested against the Categorically Needy income limit (*\$816.78 or \$572.45 + up to 244.33 shelter costs for one person if they have shelter costs*).
- If their income is below this limit, they are eligible for SSI-related Medicaid if they also meet the asset limit and all non-financial eligibility requirements.

Medically Needy Limit

- If the client's income exceeds the categorically needy income limit, their income is tested against the Medically Needy Limit (*\$591.67 for an individual or a married couple*).
- If the client's income is above this limit, they can still be eligible if they meet a Medicaid Deductible.

MA Deductibles (MEH 24.2)

- When a Medicaid applicant is ineligible for Medicaid solely because they have income that exceeds the medically needy limit, they can become eligible by meeting the Medicaid deductible. “Meeting the Medicaid deductible” means incurring medical costs that equal to the dollar amount of the deductible.
- The Medicaid deductible is the group’s total excess monthly income over the 6 consecutive months of the Medicaid deductible period.
- “Excess monthly income” is the amount which is above the group’s monthly medically needy income limit.

An example of an NS budget screen

https://prd.cares.wisconsin.gov/ - CARES Worker Web - SSI-Related Medicaid Budget - StateGatewayPage.001

CARES Worker Web PRODUCTION User ID: XDA450 User Name: J COOK Quick Select: CASE/RFA Go Help Logout

Primary Person: Status: Open Mode: Ongoing 09/10/2014

Action Items (0) Documents (0) Discrepancies (0) Work Items (0)

Navigation Menu

- Search
- CARES Home
- Search
- Inbox Search
- Unlinked Documents
- RFA / Case
 - Client Registration (0)
 - Case Summary
 - Case Comments
 - Expected Changes
 - Application Entry (0)
 - Case Information
 - Individual Demographics
 - Benefits/School
 - Individual Non Financial
 - Other Health Care Programs
 - Asset Information
 - Employment Queries
 - Employment
 - Unearned Income
 - BC+ Tax Deductions
 - Expenses
 - Medical
 - Tax Filing Information
 - Yearly Income
 - W-2/Child-Care
 - FS ABAWD Exemption
 - Generate Summary
 - Initiate Eligibility Determination

SSI-Related Medicaid Budget

Cancel Reset

Gross Income

Assistance Group Overview

Assistance Group:	NS - SSI RELATED MA FOR AGED, BLIND AND DISABLED (MED NDY)	Sequence:	1
Benefit Begin Date:	10/01/2014	Benefit End Date:	
Determination Date:	09/10/2014		

Results

Assistance Group Status:	M - DEDUCTIBLE	Eligibility Status:	PASS
SSI-Related Medically Needy Eligibility Test:	PASS		

Fiscal Test Group

Eligible Members:	1
Counted Members:	0

Net Income Calculation

Gross Earned Income:	\$	—
Excess Self Employment Expenses:	—	—
\$65 & 1/2 Disregard:	—	—
Gross Unearned Income:	+	1,757.00
Child Support/Maintenance:	—	—
\$20 Disregard:	—	20.00
Impairment Related Work Expense:	—	—
Net Income:	\$	1,737.00

Income Limits

Income Limit:	\$	591.67
Shelter Cost Allowance:	+	—
Adjusted Income Limit:	\$	591.67

Individual Income

Expand All Collapse All

Trusted sites 100%

NS Deductibles (Cont.)

AGMD ESTABLISH MA DEDUCTIBLE 09/10/14 13:26
CASE CAT: NS SEQ: 1 WORKER: XDA101 XDA450 J COOK
CASE STATUS: OPEN CASE MODE: ONGOING

DEDUCTIBLE PERIOD BEGIN MYYY: 1014 DELETE MA DEDUCTIBLE: —
DEDUCTIBLE PERIOD END MYYY: 0315
DEDUCTIBLE MET (Y/N):
DEDUCTIBLE MET DATE:

DEDUCTIBLE AMOUNT FOR:	MONTH	SYSTEM DETERMINED	AMOUNT
	1014	1145.33	1145.33
	1114	1145.33	1145.33
	1214	1145.33	1145.33
	0115	1145.33	1145.33
	0215	1145.33	1145.33
	0315	1145.33	1145.33
TOTAL MA DEDUCTIBLE:		6871.98	6871.98

PF24: ESTABLISH MA FOR THE FIRST TIME
NEXT TRAN: _____ FARMS: _____ MORE...

Here is an example of the AGMD screen. Note that the amount listed for each month is equal to the client's gross income minus the \$20 disregard minus the Medically Needy income limit of \$591.67. To delete the current screen, type 'Y' in the Delete MA Deductible field. Hit f5 to open a new deductible segment (see next slide).

(After hitting f5)

The screenshot shows a web browser window with the URL `https://prd.cares.wisconsin.gov/cares/entry - StateGatewayPage.001`. The page header includes the CARES logo, "CARES Worker Web", "User ID: XDA450", "User Name: J COOK", and a "Quick Select" dropdown menu set to "CASE/RFA". There are "Go", "Help", and "Logout" buttons. Below the header, there is a "Return to Case:" link and a "Return" button. The main content is a terminal window with the following text:

```
AGMD          ESTABLISH MA DEDUCTIBLE          09/10/14 13:40
CASE:         CAT: NS      SEQ: 1      WORKER: XDA101      XDA450 J COOK
              CASE STATUS: OPEN      CASE MODE: ONGOING

DEDUCTIBLE PERIOD BEGIN MMY:  _____      DELETE MA DEDUCTIBLE:
DEDUCTIBLE PERIOD END MMY:  _____
DEDUCTIBLE MET (Y/N):
DEDUCTIBLE MET DATE:

DEDUCTIBLE AMOUNT FOR:      MONTH  SYSTEM DETERMINED      AMOUNT

TOTAL MA DEDUCTIBLE:

PF24: ESTABLISH MA FOR THE FIRST TIME
NEXT TRAN:  _____      PARMS:  _____
```

If you wanted to add a new deductible segment, you could do so now by typing in the new begin month and hitting pf 24 (shift f12). Note that you cannot modify a deductible segment once the deductible is met.

The AGTM Screen

https://prd.cares.wisconsin.gov/cares/entry - StateGatewayPage.001

CARES Worker Web User ID: XDA450 User Name: J COOK Quick Select: CASE/RFA Go Help Logout

Return to Case Return

```

AGTM TRACK MA DEDUCTIBLE 09/29/14 15:50
CASE: CAT: NS SEQ: 01 WORKER: XDA101 XDA450 J COOK
LAST UPDATED: 09 10 14 CASE STATUS: OPEN CASE MODE: ONGOING

MA DEDUCTIBLE AMT : 6871.98 PERIOD BEGIN MYY: 1014 PERIOD END MYY: 0315
DATE DEDUCTIBLE MET:

DC NUM SERV/PMT DATE SOURCE/PROVIDER TOT BILL AMOUNT TPL AMOUNT LIABILITY AMOUNT VR DEDUCTIBLE BALANCE
-----
PF23 SORT PF24 CERTIFY MA PRESS PF6 FOR MORE DEDUCTIBLE PERIOD...
-----INDIVIDUALS-----
01 (PF )
    
```

DC = used to delete a segment that was entered in error

NUM = the sequence number of the individual with the deductible

SOURCE/PROVIDER = the agency providing the medical care (Dean, Meriter, Walgreens, etc.)

TOTAL BILL AMOUNT = the gross amount of the charge before deducting TPL

TPL = Third Party Liability – other insurance covering costs before the client has to pay

VR = Verification source

Tips on Entering Bills in AGTM

- Be sure to check that the bill received shows the amount billed to the client, not just the total amount of the charge. Not all bills show the amount paid by other parties (*such as Medicare*) and the total charge is not always the amount the client is required to pay after TPL, adjustments, write offs.
- It is not important to enter the bills in chronological order on AGTM as the system will sort them by hitting pf 23 (*shift f-11*)
- Hit f5 to bring up a new screen if you need more lines to enter in bills

How Do I Know What Bills are Allowable? (MEH 24.7.1)

- Must be an expense for a member of the applicant/recipient's Fiscal Test Group
- Meet the definition of a Medical or Remedial expense (*See 24.7.1.1*).
- Meet one of four conditions **1)** Still be owed to the medical service provider; **2)** Paid or written off sometime during the current deductible period; **3)** Paid or written off sometime during the deductible period that immediately precedes and borders on the current deductible period; **4)** Paid or written off sometime during the 3 months prior to application.

What Bills Are NOT Allowable?

- Medical bills written off through bankruptcy
- Medicare Part B premiums if they were already deducted from the countable income
- Medical services paid for by a legally liable third party (*Medicare, MA, BCP, other insurance*)
- Bills that were used to meet a prior deductible
- Interest from collection agencies if the medical bill is in collections. (Request the client get a printout from the collection agency showing the amount of interest charged.)
- Groceries for a special diet

Once the Deductible is Met on AGTM

- Run eligibility in CWW. When the client has provided enough bills to satisfy the deductible, mainframe will prompt the worker to do this.
- The client will be eligible either from the later of the date of service of the bill that satisfied the deductible or the first day of the deductible period.
- Example: a client has a deductible period from 07/1/14 through 12/31/14. On 09/03/14 they provide a bill with a date of service of 08/22/14 that exceeds the deductible amount. The client will be eligible for Medicaid from 08/22/14 through 12/31/14.

Prepaying a Deductible

- Anyone can prepay a deductible for himself/herself or for someone else. It can be paid in installments or all at once.
- Deductibles for persons 55 or over are paid to the Estate Recovery Program. (MEH 24.7.3)
- A prepaid deductible may be refunded if the member requests a refund of the prepayment prior to the begin date of the corresponding deductible period.

THE MEDICAID PURCHASE PLAN (MAPP)

What is MAPP?

- MAPP is a subprogram of the WI Medicaid Program. It has much higher income and asset limits than SSI-Related MA.
- MAPP has the non-financial requirements for SSI-Related MA with the addition of a work requirement – the client must be engaged in a work activity for at least one hour per month

MAPP Application

- Applicants can be certified for up to three months prior to the month of application if they meet all eligibility criteria at the time. Clients can also choose for MAPP to begin for any future month that can be processed in CWW.
- When both members of a married couple apply for MAPP, each person must be in a separate Assistance Group. They are entered on the same case, but a separate financial test is done for each spouse's AG.
- If both members of a married couple (*living apart*) apply for MAPP, determine eligibility as two cases.

MAPP Nonfinancial Requirements

Clients must meet all of the following:

- 1) Meet general MA non-financial requirements.
- 2) Be at least 18 years old (*no max age*)
- 3) Be determined disabled, presumptive disabled, or MAPP disabled by the Disability Determination Bureau, and
- 4) Be working *or* participating in a Health and Employment Counseling (*HEC*) program

Health and Employment Counseling Program (HEC)

- This is a program to arrange services that help a member reach employment goals. HEC participation can occur for up to 9 months with a 3 month extension (12 months total). After 6 months a member can re-enroll in HEC to meet the eligibility criteria for MAPP as long as they have not already participated two times in a 5-year period. HEC participation is limited to twice within a 5-year period, and there must be 6 months between any two HEC participation periods.
- The form the client fills out is the MAPP Employment Plan form:
<http://www.dhs.wisconsin.gov/forms/F0/f00004.doc>

MAPP Financial Requirements

- Under \$15,000 in countable assets
- Under 150% of FPL (*\$1471.25 currently for one person*) in income before a premium is owed (*no premium under this amount*)
- Under 250% of FPL (*\$2452.08 currently for one person*) total

MAPP Premiums

- MAPP members with gross monthly income over 150% of the FPL will have to pay a monthly premium to become and remain eligible.
- MAPP members failing to pay the monthly premium by adverse action in the benefit month will have a restrictive re-enrollment imposed unless there is good cause

Example of a MAPP Premium Budget Screen

https://prd.cares.wisconsin.gov/ - CARES Worker Web - MAPP Budget - StateGatewayPage.001

Assistance Group Overview

Assistance Group: **MAP - MEDICAID PURCHASE PLAN** Sequence: **1**
 Benefit Begin Date: **04/01/2015** Benefit End Date:
 Determination Date: **02/25/2015**

Results

Assistance Group Status: **O - OPEN** Eligibility Status: **PASS**
 MAPP Income Eligibility Test: **PASS Without Premium**

Fiscal Test Group

Eligible Members: **1**
 Test Child Count: + **0**
 Income Spouse: + **0**
 Assistance Group Size: **1**

Eligibility Determination

Gross Earned Income:	\$	20.00
Excess Self Employment Expenses:	-	—
\$65 & 1/2 Disregard:	-	20.00
Gross Unearned Income:	+	1,276.00
Special Exempt Income:	-	—
\$20 Disregard:	-	20.00
Impairment Related Work Expenses:	-	—
Net Income:	\$	1,256.00
Eligibility Test FPL:		250%
Income Limit:	\$	2,452.08

Premium Calculation

Premium Test FPL:	150%
Premium Income Limit:	\$ 1,471.25
Premium Gross Income Amount:	1,296.00
Premium Net Income Amount:	440.60
Premium Required:	N
Premium Amount:	—
Overage Amount: +	—
Adjusted Premium Amount:	\$ —

Left sidebar menu items: CARES Home, Search, Inbox Search, Unlinked Documents, RFA / Case, Client Registration (0), Case Summary, Case Comments, Expected Changes, Application Entry (0), Case Information, Individual Demographics, Benefits/School, Individual Non Financial, Other Health Care Programs, Asset Information, Employment Queries, Employment, Unearned Income, BC+ Tax Deductions, Expenses, Medical, Tax Filing Information, Yearly Income, W-2/Child-Care, FoodShare, Generate Summary, Initiate Eligibility Determination.

Bottom status bar: Trusted sites, 100%

MAPP Premium Calculation

- Use only the member's income (*MEH 26.5.1*)
 - 1) From gross monthly unearned income, subtract the following:
 - a) Special Exempt income (*15.7.2*)
 - b) Standard Living Allowance (*currently \$913*)
 - c) Impairment Related Work Expenses (*15.7.4*)
 - d) Medical Remedial Expenses (*15.7.3*)
 - e) Current COLA Disregard (*if applicable*)

The balance is the Adjusted Countable Unearned Income.

MAPP Premium Calculation (Cont.)

- 2) From gross monthly earned income, subtract remaining deductions from #1 (*if it was a negative amount, subtract it now from gross monthly earned income*)
- 3) Multiply the adjusted earned income by 3% (.03)
- 4) Add the result of #3 and #1 together.
- 5) Compare the result from #4 to the Premium Schedule (*MEH 39.10*)

MAPP Premium Schedule

MEH - StateGatewayPage.001
 http://www.emhandbooks.wisconsin.gov/meh-ebd/meh.htm

File Edit View Favorites Tools Help

Contents Index Search Glossary Cover Sheets PDF Versions Help Eligibility Mgmt. Contact Us remedial GO

39.10 MAPP PREMIUMS
MAPP Premiums - Income exceeds 150% of the FPL

MAPP PREMIUM SCHEDULE

Sum of Adjusted Countable Unearned and Adjusted Earned Income		The premium is:	Sum of Adjusted Countable Unearned and Adjusted Earned Income		The premium is:
From	To	PREMIUM	From	To	PREMIUM
\$0	\$25.00	\$0.00	500.01	525.00	500.00
25.01	50.00	25.00	525.01	550.00	525.00
50.01	75.00	50.00	550.01	575.00	550.00
75.01	100.00	75.00	575.01	600.00	575.00
100.01	125.00	100.00	600.01	625.00	600.00
125.01	150.00	125.00	625.01	650.00	625.00
150.01	175.00	150.00	650.01	675.00	650.00

Trusted sites 100%

Restrictive Reenrollment

- The Restrictive Reenrollment Period begins with the first month of closure and lasts 6 months. If a late payment is received by the end of the month after the benefit month, the RRP will be lifted.

MEDICARE PREMIUM ASSISTANCE

(QMB, SLMB, SLMB+, QDWI)

What is Medicare Premium Assistance?

- Medicare is the health insurance program administered by the Centers for Medicare and Medicaid Services (*CMS*) for people 65 and for certain younger disabled people.
- Medicare charges coinsurance, deductibles and monthly premiums. For certain participants in the “Medicare Premium Assistance”, or “Medicare Buy-In” programs, Wisconsin Medicaid pays for some or all of their Medicare cost sharing.

Program Overviews

- 1) QMB pays Medicare Part A & B premiums and Medicare deductibles and coinsurance
- 2) SLMB pays Medicare Part B premiums only
- 3) SLMB+ pays Medicare Part B premiums only, *but you cannot be eligible for any full benefit Medicaid program and SLMB+ at the same time*
- 4) QDWI Medicaid pays Medicare Part A premiums

Qualified Medicare Beneficiary

- The following persons are automatically eligible for QMB benefits:
 - 1) Persons who are receiving SSI
 - 2) 503 AGs
 - 3) Disabled adult children
 - 4) Widows and Widowers

If the person does not belong to one of the above named groups, s/he must:

- 1) Be non-financially eligible for Medicaid or BCP
- 2) Be entitled to Medicare Part A

QMB (cont.)

- QMB income limit is 100% of the FPL (*currently \$972.50 for one person*). Income is calculated using the SSI-related MA method.
- The asset limit for QMB, SLMB and SLMB+ is currently \$7160 for one person, \$10,750 for a couple.

Specified Low-Income Medicare Beneficiary

- Same non-financial and asset requirements as QMB, with the exception of income.
- The income limit for SLMB is 120% of the FPL (*currently \$1167 for an individual*)

SLMB+

- Must meet all the non-financial and asset limitations as for QMB/SLMB.
- The client must be determined ineligible for MA to be eligible for SLMB+.
- A person with an NS deductible is not considered eligible for MA.

SLMB+ continued

- SLMB+ is not automated in CWW. It must be manually determined and managed by local agencies (*that's us*).
- See Process Help 61.6 SLMB+ Processing for details.

Qualified Disabled and Working Individual

- A QDWI is a person who
 - Is entitled to enroll in Medicare Part A and
 - Is not otherwise eligible for MA

The QDWI income limit is 200% of the FPL.

QDWI pays for Part A premiums only

Notes on Medicare Premium Assistance

- QMB cannot be backdated. The start date of QMB is always the month after the month in which the individual is determined to be eligible/confirmed in CWW.
- SLMB, SLMB+ and QDWI begin on the first of the month in which all eligibility requirements are met. They cannot begin earlier than three months prior to the month of application.

FS Medical Expenses

Verification Requirements

- The amount of medical expenses claimed by an EBD individual must be verified at application.
- Verify changes in the medical expenses reported by the household during the certification period if they are from a new source, if the total amount of previously verified medical expenses had changed by more than \$25, or when the information is questionable.

Verification at Renewal

- Previously unreported medical expenses and changes in total recurring medical expenses of more than \$25 since last verified must be verified at renewal.

Allowable Medical Expenses

- Allow previously acquired charges (not yet paid) and current payments when calculating a medical expense deduction. Previously acquired charges include charges incurred anytime before or during the certification period, as long as the individual is still obligated to pay the expense and the incurred expense has not been previously allowed for a FS deduction.

Budgeting Medical Expenses

Including MA Deductible Expenses

EBD medical expenses may be entered through one of the following methods:

- Budgeted as a recurring monthly expense
- Budgeted as a one time lump sum for one month
- Budgeted for the remainder of a FS certification period
- Budgeted based on the terms of a payment plan, or
- Averaged over the time period a one-time medical expense was intended to cover.

Entering FS Expenses Into CWW

- See PH 18.2.4

Questions

