
P-2150 Desk Reviews (Continued)

C. COLA Desk Review

1. Case Processing

The COLA (cost-of-living adjustment) desk review is run around January 1 for February eligibility to update all active or pending cases with the annual adjustment to SSI (UNEA type 02) or social security income (UNEA type 01). Several other changes are also usually part of this desk review:

- veteran's pension or compensation (VA) or railroad retirement (RR) COLA updates,
- Medicare part A or B premium changes,
- SSI/AABD payment levels (P-2420 B#7 and P-2740 A),
- LTC institutional income standard (P-2420 B#8),
- LTC community spouse resource allocation maximum (P-2420 C#2),
- SSI federal benefit payment rate (P-2420 D#1),
- Medicaid Pickle deduction percentage chart (P-2420 D#6),
- LTC home upkeep deduction (P-2420 D#7),
- LTC maximum income allocation to community spouse (P-2420 D#8),
- Medicare co-payments for nursing home care (P-2420 D#11),
- AABD/EP payment levels (P-2740 B).

Supplemental Fuel (SF) cases will be processed only if the case requires a full transaction. SF clients are held harmless from the COLA increase until another change happens (WAM 2908). The fuel blurb will be suppressed. ACCESS will use the UNEA type 01 or type 02 amount before desk review if the difference between the increased amount on the COLA interface (after desk review) and the amount on the panel is less than or equal to 5 percent of the amount on the panel (allowing room for error). If the difference is more than five percent, ACCESS will use the COLA amount. This programming will be in effect only for the desk review version of eligibility. We will assume that any case processed after that version is approved will have another change and, therefore, should have the COLA counted. If the percentage for this process changes, you will be notified in a memo prior to desk review.

Example: Before desk review, SSA income is \$400. The amount on the COLA interface is \$408. Since \$8 is less than 5 percent of \$400 (\$20), ACCESS will use \$400 in the budget.

If the amount on the interface is \$425, the difference of \$25 is greater than \$20, so ACCESS uses \$425. The \$25 increase indicates a change other than the COLA, so it is reasonable to use the larger figure.

Note: If the amount on the COLA is any amount less than the amount on the panel, another change has happened and ACCESS will use the COLA amount.

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Information for both SDX (SSI/AABD) and Bendex (social security) is sent to us via electronic transmissions.

The process date for Bendex will be the first of the year. The date on SDX will be the date of the desk review. You will be given these dates and the SDX ID number (ex. 0196U2FA) at the time of the desk review.

Bendex and SDX transmissions update the interface fields on the February UNEA panel (second line on the panel) for cases with SSA income (type 01) through Bendex, or SSI income (type 02) through SDX. See ACCESS manual STAT 4.41. Panels are not updated if the person is not active in that household.

Desk review will then do one of the following to the February UNEA panels and recompute eligibility when possible:

- If the amount on the transmission is within 5 percent of the INCOME AMT on the first line of UNEA; or, if the amount on the transmission is not within 5 percent of the INCOME AMT, but the difference between the amount on the panel and the amount on the transmission is less than or equal to \$50:
 - the interface fields on Feb UNEA (amount, process date, and verification) will be updated,
 - the INCOME AMT on the Feb UNEA panel will be updated, and
 - the case will receive an abbreviated transaction.

- If the amount on the transmission is not within 5 percent of the INCOME AMT and the difference between the amount on the panel and the amount on the transmission is greater than \$50:
 - the interface fields on Feb UNEA (amount and process date) will be updated; the verification field will be set to a ?,
 - the INCOME AMT on Feb UNEA will not be

updated, and
- the case will receive a full transaction.

- If there is an UNEA panel with type 01 (social security) income, but no update transmission:
 - the INCOME AMT on Feb UNEA will be increased by the amount of the COLA increase,
 - the interface fields will be cleared on Feb UNEA, and
 - the case will receive an abbreviated transaction.

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2. Social Security and SSI Update (Continued)

NOTE: Type 02 (SSI) UNEA panels not on the transmission will not be automatically updated. We will send you a list of the few cases where UNEA is not updated so you can determine whether you need to update the panel.

- If there is a transmission amount, but no UNEA panel with that type income:
 - a UNEA panel will be created for Feb,
 - the interface fields on Feb UNEA (amount, process date) will be entered,
 - the verification flag will be set to ?, and
 - the case will receive a full transaction.

- If the transmission shows a deletion (i.e., client no longer receives the income) and there is a UNEA panel:
 - interface amount field (Feb UNEA) will be cleared,
 - process date will be updated,
 - the verification flag will be set to ?, and
 - the case will receive a full transaction.

If the case is scheduled to receive an abbreviated transaction due to Bendex or SDX processing but meets one of the other desk review criteria for a full transaction, it will receive a full transaction.

The change notice usually printed in the districts after a Bendex or SDX transmission will be suppressed for all desk review transactions.

All cases receiving abbreviated transactions will receive an automated desk review notice unless the benefit remains the same. As-is notices will be suppressed.

For cases receiving a full transaction, send a district notice (computer-generated or manual) and a desk review

right-to-appeal staffer (or an LTC right-to-appeal staffer).

3. Medicare Premiums

ACCESS will update Medicare part A and B premiums in the same manner. Few clients pay their own part A premium, so we expect few part A panels to be updated. You will be given specific information about part A and B premium changes prior to desk review, including part B premiums for those who enrolled late or later withdrew and then re-enrolled.

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3. Medicare Premiums (Continued)

If the premium change results in a decrease in net social security benefits (social security amount less the Medicare premium), the premium amount will be adjusted by SSA so that the client will not be adversely affected.

ACCESS will create or update the MEDI panel if a new amount is on the Bendex transmission OR the premium on the panel is the old standard premium. The new standard premium will be entered in MEDI even if there is no record on Bendex. This will be done regardless of payor.

The change in Medicare premium (if payor = self) will create new eligibility results in the patient share for long-term care recipients and in food stamp benefits for elderly and disabled clients whose medical expenses (FMED plus Medicare premiums) are over \$35.

A list of cases with MEDI panels that are not updated as above will be sent to you for further research and manual update. This list will include payor = RRB (railroad retirement) cases. It will not include Medicare part A or B cases with a future start date.

4. QMB/SLMB Closures

QMB's (qualified Medicare beneficiaries) and SLMB's (specified low-income Medicare beneficiaries) must be held harmless from the COLA increase until the new income maximums effective 4/1 are known and applied. To do this, the existing maximums are increased by the amount of the COLA increase and entered in ACCESS when desk review is run. This means that you do not need to determine how to hold them harmless and can accept the ACCESS results as correct. The estimated increased QMB/SLMB levels will be given to you in a memo prior to desk review.

If a Medicaid QMB now fails the QMB income test but meets the SLMB income test, ACCESS will make the change on ELIG and include the change on the January buy-in transaction run (see ACCESS deadline calendar).

It is possible that a Medicaid QMB or SLMB may pass the QMB/SLMB income test but have income above the PIL because of the COLA increase.

If a Medicaid QMB or SLMB now fails the income test for Medicaid and cannot meet a spend-down from information

in the case record, change the category code to a pure QMB or SLMB as appropriate. Enclose the stuffer labeled, Special Information If the State Is Paying Your Medicare Premiums, with the Medicaid closure notice. Enclose a DSW 289A (QMB Identification) for each pure QMB when the pure QMB/SLMB grant letter is generated and printed by ACCESS after the January buy-in transaction run.

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4. OMB/SLMB Closures (Continued)

If the client contacts you, determine whether it is to his/her advantage to stay on the buy-in rather than use the Medicare premiums toward meeting a spend-down. Consider whether uncovered expenses (such as old bills, private health insurance, or ongoing over-the-counter needs) could meet or partially meet the new spend-down.

Consider whether the client prefers to use the Medicare premiums to avoid tracking other medical expenses. If the client decides to go off the buy-in, contact PPS to take the necessary actions.

5. Medicaid Long-Term Care (LTC)

a. Case Processing

The increased income in January will be considered when determining January's costs (billed in February).

Desk review will give the case an abbreviated transaction unless the case

- is FIAT or the override field = Y,
- has STAT edits that inhibit eligibility, or
- receives a full transaction as a result of Bendex/SDX processing or for other reasons listed in P-2150 B#1.

b. LTC Abbreviated Transactions

ACCESS will

- update UNEA panels with social security (Type 01) and SSI/AABD (Type 02) data from the Bendex or SDX,
- update the Medicare premiums on MEDI panels,
- recalculate the patient share amount with the new SSA income or the updated Medicare premiums on MEDI when PAYOR = SELF,
- approve February ME ELIG and update the LONG panel, and
- produce notice letters.

Notices to the recipient, alternate reporter (if applicable), and facility will be mailed from state office on the same day as other desk review notices with a stuffer detailing the LTC recipient's right to appeal a mass change. A copy of the notice will be available in CASE/D/NOTC.

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Cases meeting any of the criteria listed at P-2150 C#5a will

receive full transactions. ACCESS will recalculate the patient share amount. Worker approval and a district notice [computer-generated or DSW 220 Feb LTC DR, - copy to recipient, alternate reporter (if applicable), facility and case record] will be required.

If the system-generated LTC budget is correct, approve the new version of eligibility. If the system-generated budget is not correct, update the INST, MEDI, or UNEA panels to correct the budget.

In either case, ACCESS will automatically update the patient share fields when you approve eligibility. Modify the patient share as needed if the person is in Level I care (see P-2430 A).

If you want the case to continue with an override, re-enter the Y.

If a case must remain FIAT, recalculate eligibility and the patient share using the DSW 203B (LTC) (Medicaid Eligibility Worksheet-LTC). If verified income amounts are not available, estimate January social security, VA, or RR income by increasing December income by the amount of the COLA increase. Change the patient share amount on LONG (FIAT/ADDP), approve eligibility results and send a DSW 220 Feb LTC DR (approving new FIAT eligibility results will not create an ACCESS notice).

Note: If the client also has VA or RR income, recalculate the patient share amount when that income information is received. See section 6 below.

Send an LTC right-to-appeal stuffer with the district computer-generated notices. Mail district notices by the adverse action approval deadline for February benefit changes.

d. Spousal Allocation Standard Change

The home upkeep deduction (P-2420 D#7) or maximum

income allocation to a community spouse (P-2420 D#8) may change with this desk review.

If they do, a list of your cases with amounts entered in the home upkeep or spousal allocation fields on INST will be sent to you. A label will also be sent to use as you choose.

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5. Medicaid Long-Term Care (LTC) (Continued)

Reassess each home upkeep or spousal allocation. Make changes (if necessary) on the February INST and February eligibility to affect the patient share due in February for January's care. Complete the changes and mail a notice by the adverse action approval deadline.

Make corresponding changes in the community spouse's benefits effective February 1.

6. VA and RR Income

IMPORTANT: Because recipients will not be informed of the veteran's pension or compensation (VA) and/or railroad retirement (RR) benefit changes in time for us to affect all cases for January 1, they will affect February benefits.

VA benefits will change as follows:

- VA pension paid under the new law (1979 on) will increase by the COLA amount but will be offset by other income changes. Recipients will see the changes in the check received in January.
- VA pensions paid under the old law (pre-1979) will not change (they have not changed since 1979).
- VA compensation will also increase by the COLA amount in January.

Most RR benefits will also increase by the COLA amount.

ACCESS will create letters to all recipients who have an unearned income panel coded with an 08 (VA compensation), 11 (VA pension) or 06 (RR benefits), except those SSI/AABD recipients who receive only Medicaid benefits from DSW. The letters will be mailed to clients from state office in December. You will be told when these letters will be mailed, and when a response is due.

Each client will receive only one letter, even if they receive both VA and RR benefits. ACCESS will print the appropriate blurb(s) and enter the current benefit amount. Copies of the notice will be available in

CASE/D/NOTC.

After the run, you will be sent a list of clients who received the letter. The letter is sent to the client (and alternate reporter, if applicable). The case name (if not the same as the client) will appear in the letter and list.

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When the letter is returned, check the February UNEA panel to see if SDX has already updated the income figure to include the COLA. If it has, no additional action is necessary. If not, enter changes on the February UNEA, approve benefit changes, and send district notices by the adverse action approval deadline.

If a client does not return the DSW letter or the award letter by the deadline, send a DSW 202RL2 (Verification Review Letter) asking for return of this letter with a second deadline ten days later. Make adjustments to the DSW 202RL2 since this is not a review. Contact the client if information is questionable. If the client does not respond, close benefits effective February 1.

7. Essential Person (EP) Desk Review

All state essential person (EP) cases must be reviewed to reflect the update in AABD-EP payment maximums (P-2740) as well as any change in social security, SSI/AABD, railroad retirement or veteran's benefits.

A list of your active EP caseload will be sent at the end of December.

After desk review and before adverse action approval deadline, check STAT/PNLS and recompute and input February EP grants. If the case has VA or RR benefits, wait for receipt of the letter from the client.

- a. Use the DSW 203E (AABD/EP Eligibility Worksheet) and the new payment maximums.
- b. Enter and approve the new grant amount in ACCESS (ELIG/EP for February). This will create a new eligibility result for any other pending or active program. Approve the EP grant by the adverse action approval deadline. If the case includes any other program, approve the EP in time for the other program to also be processed and approved by the adverse action approval deadline.
- c. Calculate the difference between the January and February EP amounts. If January is less than February, an underpayment adjustment check must be issued (see below).

- d. Since the EP grant may be a medical expense in food stamps when the caretaker is not the spouse (see 273.9d 3.x), determine if the change in EP warrants adjusting the food stamps deduction. There is no need to contact the client.

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7. Essential Person (EP) Desk Review (Continued)

- e. Complete and mail a DSW 220EP Feb DR (Notice of Decision) by the adverse action approval deadline. A supply of the DSW 220EP Feb DR will be sent at the end of December. Send a notice if any other program benefits change as a result of the EP change.

Underpayment Adjustments

You have a choice regarding underpayment adjustments.

- Calculate the amount for the DSW 220EP Feb DR, but let ACCESS issue the check at the end of January (you will be given the date of the check run and the maildate).

- OR -

- Since you have to calculate the amount to include on the
- DSW 220EP Feb DR, you may write the check in MONY. Hold the check until the date when computer-generated adjustment checks will be mailed. Mail a card stuffer (a supply will be sent to each district) with each check.

Later in January, ACCESS will write underpayment adjustment checks for all recipients whose January EP check was less than February's check and whose check was not issued through the second option above (district check). The check will equal the difference between January and February grant amounts. This check will be in MONY but will not show in ELIG. The checks will be mailed on a specified date with a card stuffer enclosed.

An exception list for each worker will be sent after the check run and will include each recipient who did not receive a computer-generated underpayment adjustment check along with the reason why. These will probably be cases granted or closed after January 1, cases with changes processed for January or February, or cases who were issued a district adjustment check.

Automatic checks will not be written for more than the maximum amount of the AABD/EP increase (you will be given this figure prior to the desk review).

During the month of February, determine if clients on the exception list are entitled to a check and compute and issue district checks, if appropriate. Enclose the card stuffer explaining this check.

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7. Essential Person (EP) Desk Review (Continued)
Some things to consider:

If the exception list says January and February are equal, it may be because the SSI increase equaled the EP maximum increase. If this is the case, do not issue an adjustment check.

If January and February are equal, it may be because February was not recomputed as instructed. In this case, issue an adjustment check to cover both January and February and adjust March EP ELIG.

If the difference is more than the maximum amount of the AABD/EP increase, it may mean that other income changed. Issue a check based on actual January income and the new EP max.

Pending EP cases

Use actual income and the new EP maximum to compute January benefits.

8. Medicaid Pickle Cases

See P-2421 B#1 for instructions on the Pickle income deduction and P-2420 D#6 for the current table.

Each worker will be notified by MAIL at the end of December of current Pickle Medicaid cases. Redetermine Medicaid eligibility for each case using the DSW 203P (Pickle Deduction Supplementary Medicaid Eligibility Worksheet).

If a Medicaid case is on your daily report after desk review with a message to close Medicaid because the client no longer receives SSI/AABD, determine Pickle eligibility using the DSW 203P.

Mail closure notices by the adverse action approval deadline.

D. QMB/SLMB Desk Review

Each year the new federal poverty income guidelines are entered into ACCESS to be effective April 1. Sometime in March, ACCESS will process all active Medicaid cases to identify any new QMB (qualified Medicare beneficiary) or

SLMB (specified low-income Medicare beneficiary) cases (see P-2441 B).

If a person is eligible as a QMB or SLMB and has income below the protected income level (PIL), an accretion transaction will be created. If a person is already a SLMB on the buy-in and is now eligible for QMB status, ACCESS will make the change. Since the part B premium is being paid by Vermont, it is not being used to meet a spend-down and, therefore, the action does not impact Medicaid eligibility.