

DEPARTMENT OF WORKFORCE  
DEVELOPMENT  
Secretary Roberta Gassman  
201 East Washington Avenue  
P.O. Box 7946  
Madison, WI 53707-7946  
Telephone: (608) 266-7552  
FAX: (608) 266-1784  
www.dwd.state.wi.us



State of Wisconsin  
Governor Jim Doyle

DEPARTMENT OF HEALTH AND  
FAMILY SERVICES  
Secretary Karen Timberlake  
1 West Wilson Street  
P.O. Box 7850  
Madison, WI 53707-7850  
Telephone: (608) 266-9622  
FAX: (608) 266-7882  
www.dhfs.wisconsin.gov

TO: **Income Maintenance Supervisors**  
**Income Maintenance Lead Workers**  
**Income Maintenance Staff**  
**W-2 Agencies**  
**Workforce Development Boards**  
**Job Center Leads and Managers**  
**Training Staff**  
**Child Care Coordinators**

FROM: Amy Mendel-Clemens  
Technical Assistance and Training Section  
Bureau of Enrollment Management  
Division of Health Care Access and  
Accountability

**BEM/DFS OPERATIONS MEMO**

No: 08-24

DATE: 5/13/2008

FS	<input type="checkbox"/>	MA	<input checked="" type="checkbox"/>	BC+	<input type="checkbox"/>
SC	<input type="checkbox"/>	CTS	<input type="checkbox"/>	FSET	<input type="checkbox"/>
CC	<input type="checkbox"/>	W-2	<input type="checkbox"/>	EA	<input type="checkbox"/>
CF	<input type="checkbox"/>	JAL	<input type="checkbox"/>	JC	<input type="checkbox"/>
RAP	<input type="checkbox"/>	WIA	<input type="checkbox"/>	Other	<input type="checkbox"/>
				EP	

**PRIORITY: HIGH**

**SUBJECT: Specified Low-Income Medicare Beneficiary Plus (SLMB+) Case Processing**

**CROSS REFERENCE:** Medicaid Eligibility Handbook 32.4 MEH; 61.6 Process Help

**EFFECTIVE DATE:** CARES Changes 05/19/08

**PURPOSE:**

Describe the steps the Department of Health and Family Services is taking to address the concerns that have been expressed about SLMB+ case processing.

**BACKGROUND**

SLMB+ is not automated in Wisconsin's CARES system, so manual processing is required. When an individual or couple's income exceeds the limit for QMB and SLMB, eligibility workers are required to determine eligibility for SLMB+ manually. If the individual is eligible for SLMB+, the agency is required to submit a manual certification form and issue a manual positive notice. If an individual is ineligible for SLMB+, the agency must issue a manual negative notice. Eligibility workers are also required to

track the certification period and send a manual review notice approximately 45 days prior to the certification end date.

The Department of Health and Family Services has recently received numerous complaints regarding SLMB+. These include complaints that eligibility ended because the annual eligibility review was not completed. In many cases, the review was not completed because a review notice and review form were not sent to the member. Further, a manual Negative Notice (HCF 10107) was not sent advising the member that s/he is no longer eligible for SLMB+. When the SLMB+ enrollment ends but a notice is not sent, the member does not become aware of the change until the Social Security Administration (SSA) notifies him/her that the Medicare Part B premiums will be deducted from their next Social Security check. This sequence of events creates a serious financial hardship for members because SSA usually recoups several months' worth of unpaid Part B premiums from the most recent Social Security check.

### ***POLICY CHANGE***

The policy has not changed and case processing continues to be manual. However, the Department is taking the following steps to address the concerns expressed about SLMB+ case processing.

#### *PROCESS HELP*

Chapter 61.6 will be added to the Process Help. This chapter will include step-by-step information about how to correctly determine eligibility and manage SLMB+ enrollment issues.

#### *MEDICAID ELIGIBILITY HANDBOOK*

A statement will be added to chapter 32.4 of the Medicaid Eligibility Handbook as a reminder that SLMB+ eligibility determinations are done manually (not in CARES/CWW). There will also be a link to the Process Help instructions (Chapter 61.6) for the SLMB+ manual process.

#### *"REVIEW DUE" NOTICE*

A "review due" notice will be loaded into CARES as a standard letter for workers to use in notifying an individual that a SLMB+ review is due (including due date, consequence if review is not completed timely, etc.)

The standard letter, NC SL 0099 01 SLMB PLUS REVIEW LETTER, can be found on table TNLL:

Workers can also go directly to the letter by entering CNSL in the tran field with the following in the parms:

C/case number//00/NCSL/0099/01

#### *REMINDER MESSAGE ON AGE*

A reminder message, CBG - SLB FAILED - CHECK SLMB+ ELIGIBILITY will display on AGECE when QMB and SLMB fail due to excess income.

## **PROCESS**

If the SLMB eligibility shows a "fail" result on CARES mainframe screen AGECE solely due to excess income and the individual is not eligible for any category or MA or BC+, the IM worker must confirm the denial and issue CARES generated notices for the QMB/SLMB. If there aren't any programs of assistance passing, do not confirm the fail for an un-requested program of assistance. This will keep the case open and allow you to generate the alert for the next SLMB + review.

Once the denial/termination of QMB and SLMB on AGECE is confirmed:

1. Go to the CWW SSI Related Medicaid Budget Page to find the SLB Assistance Group.
2. Using the assistance group size and net income shown on CWW budget, compare the countable income to 135% FPL (See EBD-MEH [39.5](#) for the SLMB+ income limits.)
3. If countable income does not exceed 135% FPL income limit for SLMB+,
  - a. Manually certify SLMB + eligibility for the individual (or couple) by completing the HCF 10110 (formerly DES 3070). The HCF 10110 must include the "Q1" med stat code; a Buy-in Action Flag (BAF) of "U" and the appropriate BAF effective date/begin date.
  - b. Send a SLMB+ manual Approval Decision Notice (HCF 10106) to the individual or couple.
  - c. Generate a CARES alert using CARES mainframe screen CMMM to be displayed approximately six weeks before the review is due. When the alert is displayed, the worker should send a review packet to the member along with the SLMB+ Review Standard Letter at least 45 days prior to the enrollment end date. If the review form is not returned prior to the last day of the review month, follow the instructions below to terminate the SLMB+ eligibility.
4. If the income of the individual or couple exceeds the 135% FPL income limit for SLMB+, send a manual Negative Decision Notice (HCF 10107). If SLMB+ benefits are being terminated:
  - Complete an HCF 10110 (change the BAF to "X"), and
  - Send a manual Negative Decision Notice (HCF 10107) to the applicant. If the CARES case is in open status due to unconfirmed programs of assistance (to allow the worker to generate the review alert) run eligibility and confirm all AG's on AGECE to close the case.

### 61.6.1 SLMB+ and SeniorCare Cases

To certify SLMB+ for an individual currently open for SC:

1. Follow steps 1 through 3 listed above. Because the SC med stat code is already entered on the MMIS RE screen, the Q1 med stat code should not be sent. The HCF 10110 should only include the Buy-in Action Flag (BAF) of “U” and the appropriate BAF effective begin date. .
2. Check the SC review date on AGOR. If the SC review date is less than 12 months away, generate a CARES alert to be displayed prior to Adverse Action in the SC review due month. If the SC review due date is more than 12 months, follow step 3c above.
3. When the CARES alert is generated, check MMIS RE screen to verify whether SC eligibility will continue:
  - a. If SC eligibility has been renewed and the SLMB+ review is due anytime during the new SC certification period, generate a new CARES alert to display 45 days before the SLMB+ review is due. You do not have to send another HCF 10110 since MMIS will hold the Buy-in Action flag “U” until an HCF 10110 is sent to terminate the SLMB+ eligibility.
  - b. If SC eligibility has not been renewed, send HCF 10110 with med stat code Q1 along with the appropriate effective begin/end date according to the SLMB+ eligibility certification period. Generate a new alert to display 45 days before the SLMB+ review due.

## **CONTACTS**

BEM CARES Information & Problem Resolution Center

\*Program Categories – FS – FoodShare, MA – Medicaid, BC+ – BadgerCare Plus, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – Food Stamp Employment and Training, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WIA – Workforce Investment Act, Other EP – Other Employment Programs.

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