
MAABD/MQB PROGRAM TRANSFERS

10/01/02

MA-2355: MAABD/MQB PROGRAM TRANSFERS{ XE "MAABD/MQB PROGRAM TRANSFERS" }

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I. POLICY RULES{ XE "POLICY RULES" }

- A.** Once an applicant signs an application in any adult aid program/category, he does not have to sign another application if it is later determined that he should be in a different aid program/category. However, an applicant must be given opportunity to apply in more than one program if appropriate. Refer to MA-2300, Initial Contact.
- B.** This section provides procedures for transferring cases between active MQB-Q or B and M-AABD. Use these procedures when:
 - 1. A recipient is no longer eligible for M-AABD but continues to qualify for MQB-Q or B.
 - 2. A MQB-Q or B recipient has a change in situation which makes him dually eligible for M-AABD.
- C.** Do not deny or terminate benefits without evaluating eligibility in any aid program/categories.
- D.** If a transfer occurs at the end of a certification period, complete a redetermination of eligibility for the coverage group to which the case is transferring.
- E.** Notices{ XE "Notices" }
 - 1. When transferring a case from MQB-Q or B to M-AABD, timely notice is not required. Send a DSS-8108 approving M-AABD.
 - 2. When transferring an authorized case from M-AABD to MQB-Q or B, timely notice is required.
 - 3. When transferring an M-AABD case in deductible status to MQB-Q or B, timely notice is not required. Send the a/r a DSS-8108 approving MQB-Q or B.

II. TRANSFERS FROM M-QB TO M-AABD{ XE "TRANSFERS FROM M-QB TO M-AABD" }

- A.** Transfer an MQB-Q or B a/r to M-AABD if a change in situation makes him eligible for M-AABD. (The a/r is dually eligible if he continues to meet the MQB income and resource limits.) For example:
 - 1. The a/r incurs enough medical expenses to meet a deductible and resources are within M-AABD limits.

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(II.A.)

2. The a/r enters LTC and resources are within M-AABD limits.
3. The a/r's income or resources are reduced to M-AABD limits.

B. Ongoing M-QB Cases:

1. If the recipient has a change which makes him eligible for M-AABD:
 - a. Treat as a change in situation.
 - b. Review the reserve information to determine if the recipient meets the M-AABD requirements using procedures in MA-2230, Financial Resources.
 - (1) If it has been less than 6 months since the last review and the countable reserve was less than the M-AABD reserve limit, it is not necessary to reverify reserve unless the recipient reports a change.
 - (2) If it has been more than 6 months since the last review reverify reserve that is subject to change.
 - (3) If the countable reserve is more than the M-AABD reserve limit, advise the recipient that reserve must be reduced to the M-AABD reserve limit before authorization for M-AABD can begin. Continue eligibility as MQB-Q or B.
 - c. Recompute income based on verified income information using M-AABD procedures in MA-2250, Income.
 - (1) It is only necessary to reverify income that is subject to change (such as wages).
 - (2) For other types of income not subject to change (such as Social Security or retirement benefits), ask the recipient if there have been any changes. If he states no, it is not necessary to reverify. Document his statement in the record.
 - d. Establish the M-AABD 6 month certification period beginning the first month of the M-QB certification period. Base eligibility for M-AABD on the certification period in which the month of change occurs.

For example, the MQB-Q and B certification period is January-December. If the recipient reports that he has incurred a medical bill in April which meets his deductible, the certification period for M-AABD is January-June. If he reports he has incurred a medical bill in July which meets his deductible, the certification period for M-AABD is July-December.

NOTE: Do not allow recipient to apply for retroactive coverage under MAABD for any of the months the recipient was authorized for MQB-Q or B. Applicant is locked into the 6 months certification period and must meet a 6 month deductible.

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(II.B.1.)

- e. If the recipient reports that he has met the deductible after the certification period has ended:
 - (1) If the medical bill is paid, apply it to the deductible in the certification period in which it was incurred.
 - (2) If the bill is unpaid, the recipient may choose whether to apply it to the deductible in the certification period in which it was incurred or to apply it as an unpaid bill incurred prior to the current certification period.
2. If it is verified that the recipient meets the M-AABD eligibility requirements:
 - a. Transfer the case to M-AABD. See EIS instructions for transfers (EIS-3451).
 - b. For cases that have met a deductible or had a reduction in income or reserve, the effective date of coverage is the date the deductible is met, or the date income and reserve are under M-AABD limits.
 - c. For a recipient who has entered LTC, the effective date of coverage is:
 - (1) The date the deductible is met if the deductible for the PLA months in the M-AABD certification period is met during or prior to the month of entry.
 - (2) The first day of the month after the month of entry if the deductible for the PLA months in the M-AABD certification period is not met.
 - d. The classification remains Q or B if the MQB-Q or B requirements continue to be met. The a/r is dually eligible.
 - e. Notify the recipient on the DSS-8108 of the effective dates of coverage. State on the notice that the recipient is now eligible for the full range of Medicaid services.
3. If the MQB-Q or B recipient requests M-AABD and he is ineligible for M-AABD, document the request and the reason the case was not changed to M-AABD, and send a DSS-8109.
4. When doing the review at the end of the 6 month certification period for a recipient who has transferred from MQB-Q or B to M-AABD:
 - a. Recertify as M-AABD with a 6 month certification period if:
 - (1) The recipient is eligible for M-AABD CNNMP or MN with no deductible and has resources within the CNNMP or MN limits.

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(II.B.4.a.)

(2) The recipient has a deductible but has already incurred enough bills to meet the deductible and has resources within the M-AABD limits.

b. Transfer the case back to MQB-Q or B effective the first day of the new certification period, and recertify with a 12 month certification period or the remaining 6 months of original 12 month certification period if:

(1) The recipient has resources above the M-AABD limits but within the MQB-Q or B limits.

(2) The recipient will have a deductible and does not have enough bills to meet the deductible.

III. TRANSFERS FROM M-AABD TO MQB-Q OR B { XE "TRANSFERS FROM M-AABD TO MQB-Q OR B" }

A. Transfer an M-AABD a/r to MQB-Q or B if a change in situation makes him ineligible for M-AABD. For example:

1. The a/r has a deductible which he cannot meet.

2. The a/r's resources increase above the M-AABD limits but are less than MQB limits.

B. Ongoing M-AABD Cases

NOTE: If the M-AABD recipient is transferring back to MQB-Q or B within the latest 12 month MQB-Q or B certification period, maintain the original 12 month M-QB certification period. It is not necessary to review the case at this time. However, you must review before the end of the MQB 12 month certification period.

1. If the recipient has a change in income or reserve which causes ineligibility for M-AABD, or which causes a deductible for which there are not enough medical bills to meet:

a. Treat as a change in situation.

b. Review the reserve information to determine if the recipient meets the M-QB requirements. It is only necessary to reverify reserve that is subject to change.

c. Recompute income based on verified income information in MA-2250.

(1) It is only necessary to reverify income that is subject to change (such as wages).

(2) For other types of income not subject to change (such as Social Security or retirement benefits), ask the recipient if there have been any changes. If not, it is not necessary to reverify.

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(III.B.)

2. If the recipient meets the requirements for MQB-Q or B:
 - a. Notify the recipient on the DSS-8110 (timely) that his case is being transferred to MQB-Q or B because he is no longer eligible for M-AABD. State on the notice that Medicaid will pay only the Medicare premiums, deductibles and copayments.
 - (1) If the recipient has a deductible, he may provide bills to meet the deductible within the timely notice period.
 - (2) If the recipient provides bills to meet the deductible, continue as M-AABD.
 - b. Transfer to MQB-Q or B. Follow instructions in EIS-3451.
 - c. Enter the new certification period in EIS. The MQB certification period is 12 months or the remaining 6 months of original 12 month certification period if client had already transferred from MQB to MAABD.

For example, if the recipient reported a change during a January-June M-AABD certification period, the M-QB certification period is January-December.
3. When doing the review at the end of the MQB-Q or B certification period for a recipient who has transferred from M-AABD to MQB:
 - a. Recertify as MQB with a 12 month certification period if:
 - (1) The recipient has resources above the M-AABD limits but within the M-QB limits.
 - (2) The recipient would have a deductible but does not have enough bills to meet the deductible.
 - b. Transfer the case back to M-AABD effective the first day of the new certification period, and recertify with a 6 month certification period if:
 - (1) The recipient is eligible for M-AABD CNNMP or MN with no deductible and has resources within the CNNMP or MN limits.
 - (2) The recipient has a deductible but has already incurred enough bills to meet the deductible and has resources within the M-AABD limits.
 - c. The a/r is dually eligible if he continues to meet the requirements for both M-AABD and MQB-Q or B.