

Kansas Department of Social and Rehabilitation Services

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MEMORANDUM

To: EES Chiefs and Staff
HealthWave Clearinghouse Staff

Date: November 12, 2003

From: Jeanine Schieferecke

RE: Mass Change Instructions on January
2004 OASDI/SSI Cost-of-Living
Adjustments (COLA)

The purpose of this memo is to provide implementation instructions to staff concerning the January 2004 COLA mass change. As this information does not involve any change to policy and is entirely procedural in nature, we are releasing the instructions as a memorandum rather than through the normal policy development process. In this way we can provide these finalized procedures in a timely fashion for staff. Please make sure all appropriate staff receive a copy of this material.

Please make note of the following changes this year:

- To support the new spenddown process, new instructions have been included regarding the effective date of the new spenddown amount and changes in the notices of action that will be sent.
 - Retro budgeting procedures have been removed from the cash and food stamp sections because of the elimination of monthly reporting.
 - A new printout to identify SSI recipients with a patient liability has been included to identify persons who may require manual processing.
 - Persons qualifying under a special medical program, such as the Adult Disabled Child group, are not subject to an HCBS obligation. Instructions for ensuring obligations are not erroneously applied to these cases have been included.
 - Because of further HIPAA implementation issues with HCBS plans of care, information on additional changes case managers/Independent Living Counselors will be making have been included.
 - Instructions for mass change of PACE cases have been included.
1. **OASDI/SSI Cost-of-Living Adjustments** - A 2.1% increase in the OASDI/SSI benefit levels will take effect beginning with the January 2004 payment. SSI maximum benefits will increase \$12.00 for an individual, \$17.00 for a couple, and \$5.00 for an essential person. The Medicare B premium will increase to \$66.60/month.

a. SSI Information - The new SSI benefits will be transmitted via the SDX interface for the month of January. The following is a listing of the new benefit amounts.

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| (1) Eligible individual in own home. (Includes individuals in a public community-based facility serving 16 or less individuals.) | \$564.00 |
| (2) Eligible individual with eligible spouse in own home. | \$846.00 |
| (3) Eligible individual in Medicaid-approved institution. | \$ 30.00 |
| (4) Eligible individual with eligible spouse (both in Medicaid approved institution). | \$ 60.00 |
| (5) Eligible individual in household of another. | \$376.00 |
| (6) Eligible individual with eligible spouse (both in household of another). | \$564.00 |
| (7) Essential person increment (converted recipients only). | \$282.00 |

The new SSI benefit level for both an individual and an eligible couple exceeds the PIL for a one and two-person plan. These SSI recipients will continue, however, to be eligible for automatic medical and will not be subject to a spenddown other than a special spenddown as long as they remain in independent living.

b. OASDI Instructions - The OASDI benefit will be determined by calculating the amount of increase rather than using BENDEX information. This means that the state will be able to update all OASDI recipients (not just those who have been accreted to BENDEX) and be able to take timely action to affect the changes. The calculation will be based on the SSA amount reflected on the prospective UNIN screen for the December benefit month. If SSA income is only on the medical UNIN screen, the calculation will be based on that amount. For this reason, there should be no local computations or other updating of the SSA amount on these screens on cases opened prior to 11-19-03 until after the mass run unless that amount needs to be changed so that the COLA computation is correct. All amounts will be multiplied by 2.1% so the SSA amount reflected on UNIN should be the benefit the person was eligible for prior to January 1. All calculated amounts will be truncated by dropping the cents.

The calculations are to be regarded as correct even though the amount may be different from the actual OASDI amount due to truncation. However, staff are not required to update the amounts that are calculated until the next scheduled review. Staff are discouraged from correcting these calculated amounts from the BENDEX report or TPQY's as this will slow response time and create an unnecessary workload burden. Corrections should be handled at the next review.

SPECIAL NOTE - Because SSA benefit amounts will be updated for January the evening of 11-18-03, local staff will be responsible for manually calculating and entering the increased SSA benefit amount for the benefit month of January on all new cash, medical, and food

stamp approvals processed after 11-18-03. The new SSA amount should be calculated as described in the previous two paragraphs. The case should be copied into January and benefits for January authorized with the new SSA amount entered on the appropriate UNIN screen(s).

- 2. Mass Change Instructions for the Medical Programs** - A mass change run will be performed on the evening of 11-18-03 which will incorporate a benefit adjustment for OASDI recipients. The MA, MS, MP, and CI programs will be affected. The amount of the OASDI benefit will be automatically calculated by increasing the amount currently reflected in KAECSES by 2.1%. Benefits will be adjusted for all individuals in active status including those with a "DI" SEPA code. This new benefit will then be processed for the MS and CI programs for the January benefit month with rollover the night of 11-21-03. The spenddown and patient liability/obligation amounts will be adjusted accordingly. SSA income records on cases which are not authorized for January at the time of the mass run will be updated but not processed and will require further action on the part of staff.

For MA and MP programs, a new SSA benefit amount will be calculated and entered on UNIN on current cases but no further processing associated with this change will occur. For MP programs, both Medicaid and HealthWave 21 eligibles will be impacted. This action may help prevent changes of coverage between Medicaid and HealthWave 21. Staff need to be cautioned the next time they access the MPID screen on these cases, income will be recalculated to incorporate the new SSA amount and a new poverty level percent will be determined. For MA programs, all program subtypes will be impacted. This action will prevent a large number of potential 'unable to process' errors, apparently related to the elimination of the resource determination for MA CM programs. Because changes in income may impact eligibility for MA programs, all cases with changes in OASDI income must be rebudgeted to reflect any changes in eligibility.

To assist with this, a printout identifying all open MA programs with OASDI or SSI income currently listed for at least one individual coded IN or DI, will be produced. There are a minimal number of cases statewide, with the vast majority located at the Clearinghouse. Because of this, Clearinghouse staff are responsible for reviewing the list and referring any cases remaining in a local SRS office to the individual Specialist for any necessary case action. The report will not be distributed to local SRS offices. Once reviewed, the case must be processed for any resulting change in spenddown for children or pregnant women or adjusted eligibility for any MA CM programs. For spenddown cases, both MAID and SPEN must be accessed to correctly reflect the spenddown amount. The printout is sorted by area and reflects the location of case as of 11-07-03.

Cases copied past January will have the OASDI amount calculated and placed on UNIN for January but not for February or any later month. The case will not otherwise be processed or authorized and will not appear on the mass change report. Any changes would have to be done manually by the worker. These cases may be identified by checking the current benefit month on the CR300, Active Listing-Case Level.

For MS and CI programs, an automated mass change notice will be sent to all affected clients informing them of changes in their eligibility and/or spenddown/patient liability amounts. Mailing of MS notices will be delayed as indicated in item 11 below. A mass change detail report (MR330) will also be provided to field staff on SAR following the mass run listing all cases impacted by the change along with the old and new spenddown amounts if appropriate.

For spenddown cases, the impact of the mass change is dependent upon the status of the spenddown. For all spenddown situations, the amount of remaining spenddown will be computed and communicated to the consumer. Any expenses listed on MEEEX will reduce the remaining spenddown amount. Unless action is taken to enter additional expenses onto MEEEX, the new remaining spenddown amount will be sent to the interChange MMIS where the new spenddown amount will be used for the remainder of the base period. This is true whether the spenddown was met or not.

The date in which the new spenddown amount is effective is determined by the status of the spenddown and the date the MMIS receives the new spenddown amount. For cases with a previously met spenddown, the case will return to unmet spenddown status beginning in January if the month of December is reauthorized prior to 10 day negative action deadline. This is true whether the spenddown was met with MEEEX expenses or through the MMIS. If the case is not reauthorized, the case will remain in met spenddown status through January and the new amount will be applied beginning in February. Please make note that staff are NOT expected to reauthorize each spenddown case to ensure the new amount passes to the MMIS for January.

For cases with a previously unmet spenddown, the new spenddown amount will be applied upon receipt by the MMIS. Again, this is dependent upon action taken on the case. When the month of December is reauthorized, the new amount will be sent that evening with a daily file to MMIS. For cases which are not reauthorized, the new amount will be sent with the first monthly file sent to EDS, on December 22, 2003. Again, staff are NOT expected to reauthorize benefits for the sole purpose of sending these new amounts to the fiscal agent.

The cost-of-living adjustments may have an impact on the amount of income being made available to a community spouse through the spousal impoverishment provisions of KEESM 8144.2 and 8244.2 and the amount of any income allocation occurring under the provisions of KEESM 8143(4) and 8243(3). The adjustment could lower the amount being made available if the community spouse is also an OASDI recipient and the maximum permitted income allowance amount has not been reached. To assist in the review process, a report listing all cases with an AI or AI/DI code on EXNS will be provided. See item 12 below. These codes reflect all cases in which income is being allocated. This information is to also be used in reviewing spousal impoverishment allowances as described in KEESM Revision No. 16.

- 3. Special Instructions for Long Term Care Cases (NF, SH, HCBS and PACE cases)** - The LOTC screen will be automatically updated to incorporate the new patient liability or monthly HCBS/PACE obligation amount and an 01-01-04 effective date. This update will occur the evening of 11-22-03 and will affect all cases in which there is an NF, SH, PC or HC living arrangement code, an LA/LOC Payment Effective Date that is prior to 01-01-04, and a patient liability or obligation reflected which is different than the amount appearing on the SPEN screen for January. The LOTC screen must be updated manually if all three of these conditions are not met. If the LOTC screen is updated manually, a facility or case manager notice must be sent as well. Cases coded TC, Temporary Care, will not be updated by this process.

For HCBS cases, a special notice will be created with mass change for use in notifying the case manager/independent living counselor. A notice will be produced for each HCBS individual whose obligation amount was updated, as described in item 11 below. This notice will provide the client name, case number, old and new liability amounts with effective dates, the client's address, the worker number. Pen and ink changes may be made to the obligation amount on individual notices if necessary. A change If a change is made in the obligation amount and is not

reflected on the liability amounts. A new ES-3161 will not be necessary for the COLA-related obligation change. A copy of the notice is to be made and put in the case file for documentation. The individual notices will be mailed to the area offices on or about 11-24-03. Notices are also available for viewing on SAR by entering report ID SWY03873-R17.

Eligibility staff also need to note that many current HCBS plans of care (POC) are scheduled to be updated during the months of November and December. This is due to the implementation of new Medicaid billing codes, as mandated by HIPAA. Because POCs are created using specific codes, case managers and ILC's must adjust all active POC's. Although this doesn't impact eligibility processes directly, it is important to note that other updates are also being made during this time. It is suggested that local EES staff discuss the impact of these changes with local case managers and ILC's to determine any specialized priority plan when making mass change adjustments.

For nursing facility, state institution and PACE cases, individual notices will not be produced. Instead, a report by caseload will be available on SAR. The report will list the client name and the new patient liability for January. The report is sorted by zip code, with page breaks at each new zip + 4. It is expected this sorting method will produce a separate page for each individual facility or, with PACE cases, each individual. The report must be reviewed prior to distribution to each facility or PACE provider. If necessary, pen and ink modifications may be made directly to the report if changes are made in the liability amount due to changes in other income and/or insurance. A copy of the report must be retained for documentation. The report will be available on 11-24-03 by entering SAR report ID SWY03873-R30.

For control purposes, two separate reports are available on SAR. The first report, Exceptions to LOTC Updates, lists those cases which have LOTC data that was not updated either because a 01-01-04 effective date had already been inserted or the patient liability/obligation was not changed. Staff are to briefly review these cases to ensure all changes have been reflected. This report will be available 11-24-03 by entering SAR report ID SWY03873-R25. The second report, the HCBS Report, provides an alpha listing of HCBS clients, by caseload, of all hard copy HCBS case manager notices received in the local office. Only clients with a January obligation change appear on this report. This report will be available on 11-24-03 by entering SAR report ID SWY0373-R35.

SSI Recipients - Some residents of state institutions or nursing facilities who receive SSI income may also have a patient liability if the countable income exceeds \$30.00/month. Some individuals, especially those residents of NF MH facilities, will also receive an increase in their SSI benefit beginning in January. This increase must be considered when determining the patient liability in January. There is no automated determination available for this calculation, as these individuals are open on SI programs. A manual budget must be completed. To assist staff with identifying affected individuals, a printout of all current SI recipients with a patient liability is attached.

Special Program Eligibles - Persons eligible for Medicaid coverage through special, protected medical programs, such as the Adult Disabled Child, Pickle and Early Widows group are not subject to an HCBS obligation. However, if an obligation is computed in the automated process it will be applied to the LOTC screen and a case manager and client notice generated. Staff must take action to review these cases and adjust the obligation as well as delete any notice created.

Individuals identified as eligible for these special groups are listed on the 'Cases That May Require Manual Processing Report'

4. **Effect of OASDI Benefit Increases on Cash Assistance** - At the time of the COLA mass run described above, OASDI amounts reflected on cash cases will also be automatically updated based on the calculation process described above.

The new calculated OASDI amount will be automatically incorporated and the cash benefit level recalculated for January. Mass change notices will be produced on prospectively budgeted cases whose January grant amounts decrease. However, if the SSA increase results in a \$0 grant amount, the worker will need to manually close or suspend the program and send their own notice. The mass change detail report (MR 330) will be provided following the mass run which lists all cases.

5. **Effect of the OASDI and SSI Benefit Increase on Food Stamps** -

- a. OASDI - At the time of the COLA mass run as described above, OASDI amounts will be automatically updated prospectively based on the calculation process as previously described. SSI amounts reflected on food stamp cases will also be automatically update prospectively based on the January SDX COLA tape in a separate process the evening of **11/24/03** but will be handled in the same way as OASDI.

SSA benefits for January will then be processed for all FS cases as follows:

The mass change process in November will incorporate the new calculated OASDI amount and recalculate the food stamp benefit level for January. The mass change process will result in a mass change notice being sent to recipients. If the OASDI increase results in a \$0 benefit amount, the worker will need to manually close or suspend the case and send their own notice unless the household also receives SSI and is categorically eligible. See item number 6.

If a case is not authorized for January as of the date of the mass change, the OASDI amounts will be updated but will not be processed until the case is authorized. Any case copied past January will not be mass changed. Cases copied past January will have the OASDI amount calculated and placed on UNIN for January but not for February or any later month. *Staff should also review the mass change detail report for unexpected changes to food stamp benefit amounts which may signify cases needing correction.*

- b. SSI - A separate mass change will be processed the evening of **11/24/03** using the January SDX COLA tape to update SSI amounts reflected on food stamp cases

It should be noted that the gross SSI benefit from the SDX COLA tape is used to **compute January** food stamp benefits. However, it is recognized that there are some SSI cases in which the benefit has been reduced due to an overpayment recovery. Per KEESM 6410(35), if that overpayment is not a result of fraudulent activity, the recovery is to be taken into consideration and only the net benefit counted. As the SDX tape identifies benefits reduced due to overpayment recovery, a report will be provided listing all FS cases in which the gross SSI benefit has been reduced for this reason. The net benefit amount will also be provided. *Staff must then review these cases to determine which recoveries result from nonfraudulent overpayments and adjust the food stamp calculation accordingly.*

The mass change detail report needs to be carefully reviewed to determine if any cases failed the mass change. If the household is categorically eligible, the procedures in KEESM 2512(2)(b) must be followed to insure that the household receives the correct amount of benefits to which it is entitled. In prior years, some categorically eligible cases had to be reprocessed to insure the continuation of the \$10 minimum benefit. These same cases should be affected again this year. It will therefore be necessary to carefully monitor the mass change detail report, reviewing all cases that fail the mass change for potential categorical eligibility.

- c. Notices -Delay of FS Mass Change Notices -, Again this year, all FS mass change notices created by rollover in November and also those created when SSI mass change runs the night of **November 24, 2003** will not print at the time of creation. This will help prevent two or more notices being sent to the client for a January 1 change (one or two for mass change purposes and another one reflecting other changes).

Following rollover, the notice history (NOHS) for each effected FS case will display the name of the notice produced but no mail date. **The name of the mass change notice is FS - Change in Benefits. It is important to note this applies to all FS mass change notices created by November's rollover, including those for cash grant income changes.**

After SSI mass change runs the night of **November 24, 2003**, another FS mass change notice without a mail date will be displayed on NOHS for those effected FS/SSI households. It is very likely that FS households with both SSA and SSI income will have two (2) FS- Change in Benefits notices listed on NOHS without mail dates.

*If the worker takes action to make other changes to the case for January's benefits after the mass runs (after **November 24, 2003**), the worker should delete the system created FS mass change notice (s) on NOHS and send a notice which describes the Mass Change, i.e., COLA change, cash change, child support change and other related changes as well as the additional action taken. It is not possible to change the notices created by mass change because the effective dates and benefit amounts are system keywords and those fields cannot be changed through a notice update on NOHS. If changes are necessary, the original notice or notices created by mass change must be deleted and a new notice sent. To assist staff, a worker generated mass change notice has been created. This notice includes wording about the OASDI and the SSI increase, the "generic wording" about cash assistance payments or child support payments and a space for additional worker explanation. This notice is the **F745 - FS Mass Change/Benefit Change**.*

If no further changes are made and/or the mass change notice is not deleted, the system generated notice will print and mailing begins **12/15/03**. For those cases with two (2) FS mass change notices, prior to printing and mailing, KAECSES will delete the FS mass change notice created first and send only the last created FS mass change notice. This second system notice will reflect benefits calculated using both SSA and SSI COLA increases plus other system generated mass changes. The delay in mailing FS notices gives workers until the close of business on **12/12/03** to make necessary changes and/or delete the mass change notice(s). The above dates apply to only FS mass change notices.

6. Impact on Pickle Eligibility - Those medical recipients who may now qualify for Pickle status when the OASDI/SSI increases go into effect must be reviewed and have a determination completed in accordance with KEESM 2681. A revision to the Pickle Worksheet (ES-3104.6) which includes the new SSI benefit levels and COLA ratios has been included with the KEESM Revision

- a. Persons Who Lose SSI Eligibility Solely Because of the OASDI Increase - This group will qualify for Pickle status without a formal determination. Information to help identify these individuals will be available on the SSI Interface in December. Based on the prospective budgeting methodology used by Social Security, individuals will become ineligible for SSI as of January 1. This information is projected by SSA and will be made available through the Interface. The "SDX (Client SSN) SSI Begin/End" alert will appear on or about **11/25/03** for all potentially affected individuals.

Medical eligibility for this group will continue without a spenddown. The case must be transferred from the SI program to MS with the appropriate Pickle coding. It may be necessary to request a new application be completed if a current one is not already on file. Notices will also need to be sent by staff informing the client of his or her Pickle status and the need to report any changes in circumstances. Pickle eligibility will be retained in the future for this group barring any financial changes (i.e., increases in income other than OASDI, increased resources, etc.).

- b. Persons With Excess Income - Persons who failed to qualify for Pickle status during the year because of excess income but who retain eligibility for medical must be redetermined for Pickle eligibility as a result of the COLA. To aid in implementation, a report will be provided of all individuals with a "PP" code on the PICK screen. See item 12 below.

A worksheet is to be completed on each individual identified. For those who qualify, Pickle status will begin as of January 1 and notice of approval is to be sent by staff. Pickle coding will also need to be revised accordingly. No notice is required for persons who continue to have excess income. If approved, the case is to be retained on the MS program with the applicable Pickle code (EP) reflected. If denied due to excess income, the Pickle code "PP" is to be reflected.

- c. Pickle Determinations on Medical Applications Processed After Mass Change - For all medical applications processed after mass change on the evening of **11/18/03**, Pickle determination will be required on both the old and new worksheet if the person meets all of the screening criteria. The appropriate previous version of the worksheet is to be used to determine eligibility for all months prior to January. The new worksheet is to be used for January forward. The reason for doing so is that the individual may have excess income prior to the January COLA but be eligible thereafter.

As noted in item 10 below, current Pickle eligibles will end up getting a mass change spenddown notice unless the worker takes action to delete the notice. A case with no other changes should not receive a notice and the worker should take action to delete the notice as referenced in item 11.

HealthWave Clearinghouse staff are responsible for identifying potential Pickle eligibility for cases currently under their management. The Clearinghouse will refer the case to the

appropriate local SRS office a final determination. Any information pertinent to the determination shall also be included with the referral. Coordination between offices will be required in these instances. Persons meeting the Pickle criteria will be retained by the local SRS office for case management. It may be necessary to obtain a new case number when this occurs. Cases screened for Pickle and found ineligible will be returned to the Clearinghouse if other Family Medical programs are open.

- 7. QMB/LMB Issues** - MS cases which are processed in the SSA COLA mass run will also be processed for QMB eligibility. Those persons who meet the QMB criteria will automatically be authorized for QMB status effective January 1 as part of the mass change. The worker will need to send a notice to those clients who become newly eligible informing them of the QMB benefits. These cases will be identified by a worker alert, "Eligible for QMB."

In addition, there may be some current QMB recipients who lose QMB eligibility during the mass run if the COLA amount takes them over the poverty level standard. As reflected in KEESM 2671.3, the amount of the SSA COLA must be disregarded in determining QMB eligibility. Those cases which fail due to the COLA will be identified on the mass change detail report (MR330) as having "failed mass change." However, the fail message is not specific to these QMB cases as indicated in item 12 and a case by case review will likely be required.

If the individual is otherwise QMB eligible except for the COLA increase, QMB must be reauthorized on the case. In these situations, it will not be possible to authorize QMB through the MSID screen. Instead, QMB must be authorized by using a QO, QM, QS or WQ code on the PICK screen in KAECSES. The QO code is used where the individual is seeking no other coverage. The QS code is used when the individual is open on a medically needy/spenddown case (regardless of met or unmet status of the spenddown). The QM code is used when the individual is also eligible for full Medicaid coverage, such as an HCBS person. The WQ code is used for those also eligible for Working Healthy. These codes are to be removed if the client is ineligible for QMB when the new QMB poverty levels are implemented in May.

No mass change processing will occur in regard to LMB status. These cases will need to be manually reviewed for eligibility based on the COLA increase. As with QMB, the COLA amount is to be disregarded until the 2004 poverty level standards are implemented (in May).

QMB and LMB only eligibles, identified by a program subtype of QO or LO, will not be mailed a mass change notice. A separate notice must be produced and mailed for those persons losing eligibility for these programs.

- 8. Impact on Working Healthy Cases** - A new OASDI amount will be determined and reflected on UNIN for Working Healthy cases with the mass change process. However, as with QMB and LMB cases, no additional mass change processing will be completed for MS cases with a medical program subtype of WH. The new OASDI amount will remain on the system and will rebudget the next time MSID is accessed. Notices will not be produced for these cases.

Although the increased income can potentially change WH eligibility, there are currently no open cases where income is at such a level that an individual would become ineligible only because of the OASDI increase. Because of this, action to adjust eligibility as a result of the new OASDI amount can be delayed until the next time a change is processed on the case, given timely and adequate notice criteria based on the date the other change is processed. In addition, such

increases in income do not impact the premium level until the next appropriate review. Please note that because the new OASDI amount is computed, the income on the system could actually put the individual over the premium threshold. Because the WH program incorporates a 100% FPL income test for premium payment, if the case is accessed before the 6 month review point and the income is newly above the 100% FPL level, the case cannot be authorized until a premium amount is entered or the income is adjusted. For these situations, the amount of countable income is to be adjusted by coding the COLA portion of the Social Security benefit 'XM' on KAECSSES until the premiums level is redetermined.

9. **Changes in Other Benefits and Expenses** - It is recognized that changes in other benefits, primarily VA, Railroad Retirement, and Civil Service Retirement, may also take effect January 1. These changes can further affect eligibility and benefit amounts in all programs. Staff should take action to reflect the income increases no later than the benefit month of February, 2004. If the client reports the change in time to affect benefits for the month of January, staff must act on the change when it is reported. If such a change is not reported, staff must obtain the information during the month of January so that the new amount can be reflected no later than the benefit month of February. Any assistance provided in January because of these guidelines would not be regarded as an overpayment. A report will be provided listing all cases with VA, Railroad Retirement, or Civil Service retirement income as noted in item 12 below.

For medically needy cases, if an increase in the spenddown results, the new spenddown amount will be sent to the MMIS and applied beginning 02-01-04 if the month of January has been reauthorized. If the month of January has not been reauthorized, the new spenddown amount will be sent to the MMIS with first medical card cutoff, and will not be applied until March because of 10 day adverse action deadline .

The Medicare Part B premium increase will impact food stamp benefits for some households. Medicare expenses will be automatically updated with the new standard Part B premium amount for the month of January. On the night of 11/18/03 all ME MC expenses listed on EXNS which are greater than 0 will be updated with the new premium amount. Medicare premiums listed on MEEEX are not included and must be manually reviewed and updated.

It is also recognized that premium amounts for Blue Cross/Blue Shield Plan 65, Disability and Step plans may also increase January 1 and this can impact the amount of spenddown for medical purposes as well as the amount of food stamp benefits for certain households. For medical and prospectively budgeted food stamp cases, once again staff should take action to reflect any changes no later than the benefit month of February. If the client reports the increase in time to affect benefits for the month of January, staff must act on the change when it is reported. If such change is not reported, staff should attempt to obtain the information from the client during the month of January so that the amount can be reflected no later than the benefit month of February.

Blue Cross has notified EES Central Office of the new rates. They are included with this material. This information is to be considered reliable. Do not contact BC/BS to verify individual premium amounts. If the new premium amount is questionable, it is to be verified by the client.

For medical purposes, if the increase was not budgeted in time for January, the amount of the increase for that month is to be reflected in computing the February patient obligation for long term care cases or reflected in the remainder of the 6 month base period for independent living cases.

To help identify cases with Blue Cross coverage, a report will be provided identifying persons who have Blue Cross listed on the EXNS screen in KAECSES, or the MMIS Third Party Liability screen and those matched by SSN with Blue Cross/Blue Shield Plan 65 and Disability Plan files as indicated in item 12 below.

- 10. Delay of MS and FS Mass Change Notices** - Because of the possibility that other changes may impact both MS and FS cases, MS notices created as a result of the OASDI COLA and FS notices created as a result of both the OASDI and SSI changes, will not be printed immediately after the mass run. This will help prevent two or more notices being sent to the client during the month of December (one for mass change purposes and one for reflecting other changes). See item 6 regarding the delay in FS mass change notices.

For MS , the notice history on each MS case will have the name of the notice produced, but no mail date. One of the following notices will appear following rollover:

MS Mass Change/Change in Medically Needy Plan

MS Mass Change/Change in Patient Liability/HCBS Obligation

If the worker takes action to make other changes to the case following the mass runs which will also take effect January 1, the worker would then delete the mass change notice on the system and send a notice which describes the COLA and other related changes as well as the additional action being taken. Notice update should not be used on the notices created by mass change. Because the effective dates and spenddown/patient liability amounts are driven by notice keywords, these fields cannot be changed through a notice update on NOHS. If changes are necessary, the original notice created by mass change must be deleted.

If no further changes are made and/or the mass change notice is not deleted, the system generated notice will be printed and mailed beginning **12/17/03**. This mailing delay gives the worker up till the close of business on **12/16/03** to make any necessary changes and/or delete the MS mass change notice. See item 6 for FS notice dates.

The delay also allows staff to delete inappropriate notices. As indicated earlier, Pickle, QMB-only, and LMB-only eligibles should not receive the spenddown notice produced by the mass change. Also, other clients receiving special medical benefits such as Disabled Widow/Widowers or Adult Disabled Children should also not receive a mass change notice. Except for cases with medical program subtypes of QO, LO and WH, spenddown-related notices will be produced for all of these cases and sent unless the worker deletes the notice. To aid in identifying these individuals, a report of cases with special medical indicators (e.g. BC, DW, EW, DC, etc.) on the PICK screen will be provided as noted in item 12 below.

11. Note Concerning Mass Change Reports - There will be two sets of mass change reports produced in November, one for SSA and rollover and one for SSI. A description of these reports, the programs affected, and dates of each are as follows:

- a. MR330 - Mass Change Detail (AF/FS/Medical) - Regular monthly mass change with rollover lists all cases. Changes listed will be a result of standard monthly processing based on child support or income changes, as well as SSA COLA increases. PA and FS cases for the entire state will be listed first, followed by medical cases for the state.
Date of report: 11/24/03
SAR Report ID: SWM03828-159

- b. MR330 - Mass Change Detail (FS Only) - Lists all cases with SSI income processed in December mass run.
Date of report: 11/25/03
SAR Report ID: SWY0382P-R22

- c. CR350 - NF Facility Report Mass Change Detail report that sorts by facility within a caseload and provides an alpha list of all NF individuals in that facility which have a January 1 obligation change and lists the new amount. NF sort is done using zip +4 criterion. This report also includes PACE clients
Date of report: 11/24/03
SAR Report ID: SWY03873-R30

- d. CR351 - HC Report Mass change detailed reported which provides an alpha listing of all HCBS clients in a caseload with an HCBS obligation change
Date of report: 11/24/03
SAR Report ID: SWY03873-R35

- e. Exceptions to LOTC Update(Medical Only)- Lists all NF and HCBS cases in which LOTC was not updated
Date of report: 11/24/03
SAR Report ID: SWY03873-R25

A listing of all reports connected with mass change is attached for ease of reference with instructions on how to process reports on SAR. These reports will be available on SAR the first work day after the dates listed above.

Listed below are the messages which may appear on the mass change reports and what they indicated in the last mass change.

1. FAILED (DEAUTHORIZED)

- The COLA increase caused the case to have excess income for the indicated program. Worker action is needed and categorically eligible FS needs to be determined.

2. NO SELECT, NOT AUTHED

- The cases were not authorized at the time of the mass change.
- The override spenddown field on SPEN was set to "Y" for independent living cases. The override is valid only for certain LTC situations.

3. UNABLE TO PROCESS

- January may be the second month for postpartum status. The worker must review the case.
- The MS household size reflected more than two DI participation codes. The worker can process the case correctly on line.
- The case may have more than one SSA amount reflected. The worker must review the case and update the amounts.

12. Cases That May Require Manual Processing - As mentioned in several items above, a report will be provided identifying several pieces of case information including special medical indicators, income types, Blue Cross/Blue Shield coverage, and Medicare expense on EXNS. One report will be provided incorporating all this information. Separate columns will identify:

- Any "PP" indicator as well as other special medical indicators for deleting notices.
- If there is any VA, VC, RR, or CR income.
- **If there is an SMI, consider if action needs to be taken to delete any client obligation created.**
- Whether there is BC/BS Plan 65 or Plan D coverage.
- Medicare expense on EXNS.
- HCBS clients with a patient obligation.

This report is being e-mailed to the EES Chief with this memo.

13. FS Cases Where an SSI Overpayment Recovery Is Occurring/Review for Proper Use of Net or Gross SSI Amount on UNIN - This report lists all clients with an FS participation code other than CO, CN, or OU where an SSI overpayment recovery is occurring determined by the presence of an amount in the SDX overpayment recovery field on the SDX file. This report is being produced to help staff identify cases in which countable income needs to be adjusted to reflect a net SSI benefit amount.

14. Errors or Problems Identified - Any errors found or other problems identified with the COLA mass change process are to be reported to Help Desk. It is also important that the problems be reported and documented by running screen prints of appropriate items before making corrections.

This covers all of the pertinent mass change issues for January 1. Please let me know if you have any questions.

JS:jmm

Attachments: [BC/BS of Kansas Plan 65 Step Rates 2004 Determination Worksheet for Pickle Eligibles and Other Protected Medical Groups \(ES-3104.6\)](#)

cc: Area Directors	Kathy Valentine	Kim Wilson
Bobbi Mariani	Cheryl Woods	Lewis Kimsey
Becky Ross	Lauri Corcoran	Janet Hund-Bigley
Dennis Priest	Ed Forbes	EES Program Trainers
Mike Sweeney	Vickie Radford	Diane Dykstra
Mona Waltmire	Kim Radell	Mary Ellen Wright
Pam Jacob	David Best	Alice Womack
Debra Wiley	Margretta Fosse	HCBS Waiver Managers
Chris Swartz	Patty Rice	

LISTING OF REPORTS CONNECTED WITH MASS CHANGE

REPORT NAME	REPORT DATE	SAR ID	MAIL DATE
MR330 (PA/FS and Medical) Lists cases affected by standard monthly processing as well as all cases with SSA income processed for January. Cash and FS cases for all will be listed first with medical cases at the end of the report. Review each case where message indicates mass change was not completed. When reviewing cases which failed mass change: 1. Determine if QMB continues with COLA exempted and if so, reauthorize QMB status. 2. Manually close cash cases with excess income and send notice. 3. Review \$0 benefit FS cases for categorical eligibility. If categorically eligible, reprocess to provide \$10 benefit. If not categorically eligible, manually close case and send notice.	SAR 11/24/03	SWM03828-B59	NA
HCBS Notices	SAR 11/24/03	SWY03873-R17	11/25/03
Two copies for each HC case where liability/obligation was updated on LOTC. One to go to the HCBS case manager/independent living counselor and the other for the case file. If changes in BC/BS rates or other income changes, make pen and ink changes on notice before sending to case manager or filing. Mass change notice must be deleted and new notice sent.			
CR350 - NF Facility Report	SAR 11/24/03	SWY03873-R30	NA
Available for print on SAR. No hard copied mailed out centrally. Sort by caseload and NF provider using zip +4 criterion. Lists the client and the new January 2004 client obligation amount. Workers should make pen and ink corrections to the obligation amounts and send amended report to appropriate facility. The consumer's system generated MS mass change notice should be deleted and a new notice sent.			
CR351 - HC Report	SAR 11/24/03	SWYO3873-R35	NA
Alpha listing by caseload of all HCBS clients with an obligation change. This report captures all HCBS clients with a January obligation change and are the same cases in which a hard copy case manager notice was printed and mailed to regional offices for distribution.			
Exceptions to LOTC Updates	SAR 11/24/03	SWY03873-R25	NA
Lists NF and HCBS cases where LOTC was not updated because a 01-01-04 effective date already existed or patient liability did not change. Also lists cases which have two individuals in NF which must be processed manually. Staff need to review these cases and take appropriate action.			
MR 330 (FS Only)	SAR 11/26/03	SWY0382P-R22	NA
List cases with SSI income processed for January. Review "Failed" FS cases for categorical eligibility. If categorically eligible, reprocess to provide \$10 benefit. If not categorically eligible, manually close case and send notice.			

FS CASES WHERE AN SSI OVERPAYMENT RECOVERY IS OCCURRING**Hard Copy****ON OR AROUND 12/12/03**

This report lists all clients with an "IN" participation code for FS when an SSI overpayment recovery is occurring based on an amount in the SDX overpayment recover field on the SDX file. In previous years this information was provided as part of the "CASES THAT MAY REQUIRE MANUAL PROCESSING" report. The amount shown in the **NET-SSI** column reflects the **GROSS** benefit amount minus the **RECOUP** (recoupment) amount.

Report Format:

CASE: Case Number
CASE NAME: Case Name
CLIENT: Client Name
GROSS: Gross SDX SSI Amount
RECOUP: SDX SSI Recoupment Amount
NET: Gross SDX SSI Amount Minus the SDX SSI Recoupment Amount

MA Cases with OASDI/SSI Income**Not on SAR**

Electronic Copy sent only to the Clearinghouse. Clearinghouse staff will contact individual workers if any of the effected cases are outside the Clearinghouse.

Lists all cases with open MA programs and at least one person coded IN or DI on the MA program has OASDI or SSI income on UNIN.

For MA spenddown cases, rebudget by accessing MAID and SPEN. Send appropriate NOA.

For MA CM cases, rebudget through the MA CM worksheet and adjust eligibility if necessary.

Active SI Recipients with a Patient Liability**Electronic****Not on SAR**

Lists all recipients coded IN for an active SI program who also have a patient liability amount on LOTC.

Report Format:

CASE: Case Number
CLIENT: Client Name
PL: Patient Liability Amount
PROGRAM: Program

**Cases That May Require
Manual Processing For 2003**

Electronic

Not on SAR

**Attache
d**

Lists all cases with special medical indicators on the PICK screen, VA, VC, RR, or CR coded on the UNIN screen, Blue Cross/Blue Shield coverage, and Medicare coded on the EXNS screen.

Column Titles and Definitions:

NAME: Case Name.

CASE: Case Number.

CLIENT: Client Name.

MED: Medical program for which the person has an "IN" participation code.

SUB: Program subtype. This in conjunction with the SMI code of DC can help identify those HCBS individuals who should not have an obligation, but mass change may have created one. Workers need to check LOTC, change obligation to zero and contact the case manager as appropriate.

FS: FS if the person has an "IN" participation code for the FS program.

SMI: Any special medical indicator on the PICK screen or QMB/LMB indicators. Cases should be reviewed to see if PICKLE eligibility is met or to delete mass change notices.

AI: Cases with AI or AI/DI codes on EXNS. To help staff identify cases where income allocation may need to be adjusted.

VA-VC: VA or VC income appears on UNIN. To help staff identify cases where benefit levels may need to be adjusted due to annual increases.

RR: RR income appears on UNIN. To help staff identify cases where benefit levels may need to be adjusted due to annual increases.

CR: CR income appears on UNIN. To help staff identify cases where benefit levels may need to be adjusted due to annual increases.

MC-EX: Medicare coverage is listed on EXNS. To help staff identify cases in which premium amounts may need to be adjusted due to annual increases.

BC-EX: BCBS insurance coverage is listed on EXNS. To help staff identify cases in which premium amounts may need to be adjusted due to annual increases.

BC-TP: This column displays last digit of the TPL carrier code, 3 or 8, for active MMIS TPL segments showing a Medicare supplement type of coverage. To help staff identify cases in which premium amounts may need to be adjusted due to annual increases.

BC-PC: The BCBS plan code per BCBS files, identified by matching KAECSES clients by SSN with BCBS Plan 65 and disability plan files. Codes reflect the plan type. 01-01-04 premium information will be received and distributed as soon as it becomes available.

INSTRUCTIONS FOR ACCESSING REPORTS ON SAR

1. Log on to SAR as follows:
 - a. From Welcome screen enter "SAR1."
 - b. On User Definition Panel screen, enter Top Secret User ID and password.
 - c. On Primary Selection screen, enter SAR report ID.
 - d. On Report Selection List, enter an "S" in the SEL field to the left of the report.
 - e. On the View Selection screen, enter an "S" in the SEL field to selected the Native Browse Description. Areas may also choose their own customized view if one is listed.
 - f. Pressing enter on View Selection will result in SAR PAGE 1 of the selected report being displayed.

2. Locate your section, unit or caseload of the report as follows:
 - a. In the COMMAND field in the top left corner of your screen, type F 'SECTION: 271' substituting your section number and press enter. When using the find (F) command, you must type the string of characters you want to find exactly as it appears on the report.
 - b. When the report for your section is displayed, the scroll keys (PF8=down, PF7=up, PF11=right, and PF10=left) or the find (F) command can be used to locate the report for your unit or caseload.

SPECIAL NOTE: When accessing the MR330 Mass Change Detail Report for cash, FS and medical programs, cash and FS cases will be listed first for all Areas in the State followed by medical programs which were mass changed for all Areas in the State. Because all cash/FS cases are listed first, it is necessary to use the find (F) command first to locate cash/FS cases listed for your section, then use the find (F) command a second time to locate medical cases for your section.

3. To print pages of reports for your section, unit or caseload:
 - a. Note the first and last SARPAGE numbers on the left side of screen which includes the part of report to be printed.
 - b. Return to Report Selection List by pressing PF3.
 - c. Enter a "J" in the SEL field for the report selected.

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- d. On the Deliver Re-Print Attributes screen in the PAGE field enter individual page numbers separated by a comma (like 1,3,5) to print specific pages, or enter first page number and last page number separated by a colon(1:5) to print a range of pages like pages 1 thru 5. Press enter.
- e. On the View Selection screen, enter an "S" in the SEL field for Native Browse or the view for your Area. Press enter.

- f. Type "SUB" to submit print job on the COMMAND line of the Report Selection screen and press enter.
- g. On the Batch Job JCL screen, press enter to submit print request, or enter "End" on command line to cancel.
- h. The message ***Job Submitted*** will appear and the designated pages of the report will begin printing.
- i. Press enter until you return to the Report Selection List screen.
- j. Press PF3 to return to the Primary Selection screen to enter another Report ID, or press PF3 twice to log off SAR.