

DISABILITY BENEFIT SPECIALIST PROGRAM

Program Updates January 2008

I. SOCIAL SECURITY ADMINISTRATION (SSA)

A. MORE MEDIA COVERAGE of SSA DELAYS

CBS News broadcast a multi-part report on delays in the disability determination system. Go to the link below and type "Social Security Disability 2008" in the search field, and then click "go." Thanks to Cathy Frasier of Richland County for calling our attention to these broadcasts. (Enjoy the commercials!)

www.cbsnews.com/

B. MORE REVISIONS TO MEDICAL LISTINGS

Effective December 18th, 2007, changes were made to the following listings:

- Medical Listing 6.0 - Genitourinary Impairments
- Medical Listing 12.0 – Mental Disorders

The SSA website does not indicate whether these Listings have been updated to reflect the changes. The changes to Medical Listing 5.0 – Digestive System that we previously reported about, also effective December 18, 2007, have been updated on the SSA website. Analysis of these changes will be provided at a future training.

www.ssa.gov/disability/professionals/bluebook/AdultListings.htm

C. ONLINE APPEALS ARE OPTIONAL

Some applicants are being told that they *must* file disability appeals on-line. SSA assures us that filing on-line is not required, but is available as an *option* for those who choose to use it. We will schedule a training with SSA staff on this issue in the future. Thanks to Monica Froh of Sheboygan County for bringing this to our attention.

www.socialsecurity.gov/pubs/10121.html

D. PREPAID CARDS FOR UNBANKED SOCIAL SECURITY & SSI RECIPIENTS

The U.S. Department of the Treasury's Financial Management Service has designated Comerica Bank as its financial agent in a new initiative to give millions of unbanked Americans the option of using a prepaid debit card for receiving Social Security and other federal benefit payments. The "Direct Express®" card provides a safer and more convenient alternative to paper checks. The Treasury estimates that four million Social Security and SSI check recipients do not have bank accounts, placing them at greater risk of check delivery delays and lost or stolen checks. **Nine times out of 10, problems with Social Security payments are linked to paper checks, not direct deposit.** Each month, payments will be automatically deposited on the Direct Express card account on the federal beneficiary's designated payment day. Card holders will be able to access their money at ATMs and financial institutions nationwide. They will be able to use their card to get cash back and make purchases at retail locations, as well as pay bills and make purchases online. In addition, these accounts are PIN-protected, FDIC-insured, and subject to federal consumer protection regulations.

The Direct Express card will be introduced in spring 2008 and will be phased into national distribution by the end of the summer.

E. IMPROVED SERVICE AND EXPANDED OUTREACH TO WOUNDED VETERANS

SSA has announced that it is improving service to wounded veterans. These include:

- Expedited processing of disability claims for men and women serving in the U.S. military who became disabled on or after October 1, 2001 while on active duty.
- Development of a website with information about Social Security and military service. www.socialsecurity.gov/woundedwarriers
- Instructions and extensive training for SSA disability examiners on how to properly identify and evaluate Traumatic Brain Injury, the frequent injury of the Iraqi wars.
- A fact sheet that provides information about Social Security and military services and explains how to apply for Social Security benefits. The fact sheet has been distributed to all branches of the military services, the Veterans of Foreign Wars, the American Legion and other interested groups.
- On-site SSA employees at treatment facilities, such as Walter Reed, to take disability applications and ensure expeditious handling of cases.

www.socialsecurity.gov/woundedwarriers

F. SSA REFORM MEASURES SUSPENDED

SSA has suspended much of the disability claim reform effort it had been testing in Boston. The Boston pilot program, launched in 2006, has cost \$24 million more than expected. SSA has decided to cancel some components even in Boston and to postpone moves to introduce other components nationwide. Instead, SSA will focus on

implementing an electronic case processing system and on coping with a mounting backlog of pending hearing requests. The U.S. Government Accountability Office stated that “unfortunately, SSA has a history of implementing initiatives to improve claims processing that have been poorly executed and therefore compounded its problems.”

www.gao.gov/new.items/d0840.pdf

G. APPEAL RIGHTS WOULD BE RESTRICTED BY SSA PROPOSAL

SSA is proposing to sharply restrict appeal rights for severely disabled individuals applying for SSDI and SSI benefits. Many Congressional leaders, along with advocacy groups, have expressed their opposition to the proposed new rules because the proposal would make it possible to deny meritorious claims on the basis of technicalities. The proposed changes are still under consideration with no deadline for completion.

www.nosscr.org/

H. NEW NATIONAL HEARING CENTER OPENED

Here’s information from an SSA press release; at this time it’s unclear how this new office is different from the video hearings that are already taking place.

A “National Hearing Center” has been opened by SSA. The NHC is one of the many steps the agency has taken to reduce the backlog of disability cases at the hearing level. The NHC will initially hear cases from the Atlanta, Cleveland and Detroit hearing offices – areas of the country where the wait for a hearing can be two years or more. The ALJs (there are 7 at present) are located in Virginia and will use electronic video technology to link to local hearing offices where the claimant and claimant’s representative appear.

I. “COMPASSIONATE ALLOWANCES” HEARINGS

SSA has started an initiative, called “compassionate allowances,” to allow SSA to make decisions on cases involving certain categories of conditions in days or weeks instead of months or years. Compassionate allowances are a way of quickly identifying diseases and other medical conditions that invariably qualify under the Listing of Impairments based on minimal objective medical information. Compassionate allowances will let SSA quickly target the most obviously disabled individuals for allowances based on objective medical information that can be obtained quickly. Many of these claims can be allowed based on confirmation of the diagnosis alone, for example, acute leukemia, ALS and pancreatic cancer. In these cases, allowances can be made as soon as the diagnosis is confirmed or the other necessary objective medical evidence is obtained. Stay tuned.

II. MEDICARE

A. MEDICARE SERVICE NOTICES NOW SENT QUARTERLY

The Centers for Medicare and Medicaid (CMS) has changed the delivery schedule for Medicare Summary Notices (MSNs). MSNs are the primary means of notifying people of Medicare coverage decisions for recently received health care services, and are an important tool for beneficiary appeals.

MSNs used to be sent to beneficiaries each month. Effective October 29, 2007, MSNs will be sent *quarterly*, unless the beneficiary is due a payment check from Medicare. If the beneficiary is due payment, the MSN will be mailed when the claim is processed.

The problem with this change is that beneficiaries may receive bills from health care providers that need to be paid before the MSN arrives. Paying a bill before the MSN arrives may lead to increased number of disputes with providers since the provider's bill may have charged more than the MSN allows. In these cases, the beneficiary will need to seek a refund from the provider.

www.medicare.gov/Basics/SummaryNotice.asp
www.medicareadvocacy.org/Reform_08_01.03.MSNs.htm

B. AMOUNT IN CONTROVERSY INCREASED FOR APPEALS

In 2008, beneficiaries wishing to bring appeals before an administrative law judge or the federal court will need to have greater dollar amounts at issue than in 2007, per 72 Federal Register 73348-73349 (December 27, 2007).

The amount in controversy necessary to request an administrative law judge hearing in 2008 is \$120.00.

The amount in controversy necessary to request a federal court review in 2008 is \$1,180

frwebgate6.access.gpo.gov/cgi-bin/waisgate.cgi?WAISdocID=675201404692+0+2+0&WAISaction=retrieve

III. MEDICAID

A. NEW MEDICAID NOTICES

CARES notices will be changing in the near future for a variety of programs, including BadgerCare Plus, FoodShare, SSI Caretaker Supplement (CTS) and Medicaid. Called the “Notice Re-engineering Project,” the notices are designed to be easier for beneficiaries to understand. In addition, they will be sent out only when an actual change in benefits occurs, rather than at every confirmation of benefits. And they will now be called “customer correspondence,” not “notices.” The exact implementation date isn’t known yet.

Please let us know your experiences with this new “correspondence.”

B. SSA COLAS CAUSE POTENTIAL PROBLEMS FOR MAPP, MEDICARE BUY-IN, AND SECTION 504 BENEFICIARIES

During the first few months of the year, we typically see a handful of situations where individuals who are enrolled in MAPP, the Medicare Buy-In Programs (QMB, SLMB and SLMB+) or the Special Status Medicaid category of Section 504 (sometime referred to as the “pickle people”) are incorrectly terminated due to excess income. The reason for this is that the cost of living adjustments (COLAs) received on their SSDI checks have not been deducted from their SSDI benefit during the period between the first of the year, when the SSA COLAs go into effect, and the month in which the federal poverty level (FPL) guidelines go into effect. Once the new FPL figures come out, which should be any time, the CARES computer system needs to be updated. Until that happens, Economic Support Workers are instructed to manually deduct the COLA. DBSs should be aware of this potential problems so that if a problem arises, you can work with economic support to correct it and, if necessary, assist the client with appealing the denial through the fair hearing process.

C. MEDICAID ELIGIBILITY HANDBOOK CHANGES

A new subchapter (3.0.1 – 3.0.10) on Citizenship and Identity Documentation Requirements has been added.

www.emhandbooks.wi.gov/meh/

D. INCOME VERIFICATION FOR EBD-RELATED MEDICAID

Operations Memo 08-05, effective February 1, 2008, changes the policy regarding the requirements for verification for income for EBD-related Medicaid (Elderly, Blind and Disabled).

Current policy allows for the self-declaration of income if a data exchange (data obtained from other sources such as the Department of Revenue without the

involvement of the applicant/member) is or will be available. Income is only required to be verified if it is considered questionable. A change in this policy was approved in the 2007-2009 state budget.

Effective February 1, 2008, verification will be required for all sources of non-exempt income for EBD Medicaid applicants and recipients at the time of application, review or change in income source or amount. The applicant/member is responsible for providing verification of income that is not available through data exchanges. Economic Support Workers should first verify income through a data exchange, and if that is not conclusive, other methods of verification (e.g. check stubs, employer verification, etc.) should be used.

Eligibility should not be denied if reasonable attempts to verify the income have been made but the applicant/member does not have the power to produce verification and information is not obtainable timely even with the worker's assistance. Verification should continue to be sought and once it is received, benefits may need to be adjusted.

dhfs.wisconsin.gov/em/ops-memos/2008/pdf/08-05.pdf

E. SPOUSAL SUPPORT ORDERS FOR MEDICAID SPOUSAL IMPOVERISHMENT CASES

Operations Memo 07-66, issued December 11, 2007, responds to a recent Wisconsin Court of Appeals case regarding spousal support orders. The Memo makes obsolete Medicaid Eligibility Handbook Chapter 5.10.8. The Handbook on-line has not yet been revised to reflect this change.

Effective immediately, the income of a community spouse is not available to the institutionalized spouse during any month in which that other spouse is an institutionalized spouse. Therefore, the county is barred from seeking support from the community spouse. This applies in eligibility determinations and in determinations regarding contributions toward care of an institutionalized spouse.

This does not apply to any order entered prior to the institutionalized spouse's application for MA or for any contributions voluntarily made by the community spouse that are not at the request of the county agency.

If a community spouse refuses to sign or otherwise cooperate in providing information necessary to process an application for an institutionalized spouse under spousal impoverishment provisions, determine the institutionalized spouse's eligibility using non-spousal impoverishment rules.

www.dhfs.state.wi.us/em/ops-memos/2007/pdf/07-66.pdf

IV. FOODSHARE

A. COLAS AND NEW UTILITY STANDARDS FOR 2008

Attached is the current FoodShare worksheet. The updated materials will also be posted on the DBS secure website.

B. BREAK IN SERVICE NO LONGER REQUIRES NEW APPLICATION

Operations Memo 07-53, effective October 1, 2007, introduces a new FoodShare (FS) policy for recently closed cases when changes are reported or discovered during the certification period, at SMRF (six month report form) and at recertification. Previously, any break in service in a FS case required a household to reapply if they wished to receive FS. A break in service means that the FS case has closed and at least one day has passed. Failure to provide timely verification is a common cause for case closure. The FS case closes effective the last day of the month following adverse action, if a requested action is not taken by the household.

Effective October 1, 2007, a new FS application will *no longer be required* under the circumstances listed below – this means that workers will now be able to reinstate ineligible cases without requiring a new application.

1. Recertification: Allow FS to reopen if the requested action is completed in the calendar month following the end of the current certification period, as long as the interview was timely.
2. SMRF: Allow FS to reopen if the requested action is completed in the calendar month following the month the SMRF was due, as long as the SMRF is returned by the end of the 7th month.
3. Changes during the certification period: Allow FS cases to reopen when closed for lack of verification after a change is reported or discovered, as long as the requested verification is submitted in the calendar month following case closure.

www.dhfs.state.wi.us/em/ops-memos/2007/pdf/07-53.pdf
www.dhfs.state.wi.us/em/ops-memos/2007/pdf/07-72.pdf

V. FAMILY CARE

A. PHASE-OUT OF FAMILY CARE NON-MA ELIGIBILITY

The 2007-2009 state budget phases out funding for Family Care Non-Ma eligibility. The phase-out will be implanted as follows:

New enrollees – effective January 1, 2008, no new non-MA Family Care enrollments will be allowed.

Current non-MA enrollees – Individuals eligible for non-MA Family Care on December 31, 2007 can remain enrolled as non-MA for a period of time, but will need to establish Medicaid eligibility to remain enrolled beyond June 30, 2008. Anyone not meeting Medicaid eligibility, as well as functional eligibility requirements will be disenrolled effective July 1, 2008.

Notice to current enrollees – DHFS will send a notice to all current non-MA enrollees informing them of the pending elimination of funding and about how they can get information and assistance on how they can become eligible. Each individual's care manager is expected to be the first source of assistance. ADRCs may also be of assistance especially for person who are unlikely to achieve Medicaid eligibility. County IM agency may also be asked to assist.

This is an unfortunate change for our clients because in some counties we were able to enroll clients in Family Care pending the outcome of their disability determination. This assisted us in gathering medical documentation to support the disability claim.

dhfs.wisconsin.gov/em/ops-memos/2007/pdf/07-67.pdf

B. LEVELS OF CARE (LOC) HAVE CHANGED

There were four Family Care levels of care (LOC) –

- Grandfathered
- Intermediate
- Comprehensive non-nursing home
- Comprehensive nursing home

Enrollees meeting the Intermediate and Comprehensive non-nursing home LOC did not meet the functional eligibility for HCBW eligibility. Their MA eligibility was determined using the income and asset limits associated with non-Waiver MA. Enrollees meeting the Comprehensive nursing home LOC also met the functional eligibility for Home and Community Based Waiver (HCBW) which allowed their MA eligibility to be determined using the income and asset limits for that program.

Effective January 1, 2008, the Intermediate LOC and the Comprehensive non-nursing home LOC have been combined into one non-nursing home LOC. There are now three Family Care LOCs:

- Grandfathered (remains unchanged)
- Non-Nursing Home (formerly Intermediate and Comprehensive Non-Nursing Home) – now referred to as the Non-Nursing Home LOC
- Nursing Home (formerly Comprehensive Nursing Home) – now referred to as the Nursing Home functional care level

Individuals who were found functionally eligible for Family Care at the Intermediate or Comprehensive Non-Nursing Home LOC will be considered to have the Non-Nursing Home LOC. These individuals are not subject to Waiver logic in determining their financial eligibility for Family Care. Likewise, individuals who would have qualified for Family Care at the Comprehensive Nursing Home LOC will now receive the Nursing Home LOC. These persons are subject to Waiver logic in determining their financial eligibility for Family Care.

VI. RESOURCE MATERIALS

A. NEW ELIGIBILITY CHECKLISTS

DRW's 2008 eligibility checklists are attached. They will also be available at the DBS secure website under the heading "Quick Check Sheet." Look for the one dated January 17, 2008.

B. "AT-A-GLANCE" SUMMARY OF 2008 FINANCIAL ELIGIBILITY / RATES IN LONG TERM SUPPORT

DHFS memo issued January 2008, contains useful information (some of which is included in the eligibility checklist) on rates and financial standards for 2007 in various long term support programs.

dhfs.wisconsin.gov/LTC_COP/AtAGlance2008.pdf

C. HEALTH INSURANCE

OCI has created FAQs on health insurance issues. Subjects include group health plans, managed plans, long-term care insurance and MediGap.

oci.wi.gov/faq/health.htm

D. MATERIALS ADDED TO THE DBS SECURE WEBSITE

Check the DBS secure website to locate the following updated or newly added materials –

<p><u>Disability Determinations:</u></p> <ul style="list-style-type: none"> • Disability Determinations Overview – 5/23/07 • Disability Determinations – Five Steps – PowerPoint – 10/9/07 (new) • Disability Determination Practice Tips – 3/07 • Continuing Disability Reviews – 10/15/07 • Requesting On-the-Record Decisions – ODAR – 8/1/07 (new) • SSA acronym legend – 2007 (new) 	<p><u>SSA Related Program Information:</u></p> <ul style="list-style-type: none"> • SSA Appeals Chart – 4/10/07 (new) • SSA Overpayments – 4/07 • OP waiver form letter – 4/07 • OP scenario – 4/07 • OP scenario sample letter – 4/07 • SSA acronym legend – 2007 (new) • Divestment - SSI and Medicaid 3-07 (new)
<p><u>Medicaid:</u></p> <ul style="list-style-type: none"> • EBD and Special Status – 3-28-07 • Medicaid Resource Eligibility – 2-20-07 • Divestment - SSI and Medicaid 3-07 (new) 	<p><u>HIRSP:</u></p> <ul style="list-style-type: none"> • HIRSP – PowerPoint – 8/07 (new) • HIRSP newsletter Fall 2007 (new)
<p><u>Health Insurance - General: (new heading name)</u></p> <ul style="list-style-type: none"> • Health Insurance Eligibility Summary – 9/14/07 (new) • Health Insurance Flowchart – 9-07 (new) • Health Insurance Scenarios and Answers – 9-17-07 • Health Insurance Eligibility Checklist – 9-17-07 	<p><u>FoodShare:</u></p> <ul style="list-style-type: none"> • FoodShare Overview – 10-20-07 • FoodShare Worksheet – 10-07 <p><u>Public Benefit Appeals:</u></p> <ul style="list-style-type: none"> • SSA Appeals Chart – 4/10/07 (new)
<p><u>Eligibility Checklist:</u></p> <ul style="list-style-type: none"> • Eligibility Checklist – 1/17/08 	<p><u>Consumer:</u></p> <p>Fair Debt Collection Practice Act – 11/8/07 (new)</p>

VII. NEWS from the FIELD

A. CALUMET, OUTAGAMIE, & WAUPACA COUNTIES (COW)

Karen Engel, DBS from the Waupaca branch of Calumet, Outagamie, & Waupaca Counties has created a new RFC (residual functional capacity) for Lyme Disease. Interestingly, Lyme Disease seems to be very prevalent and quite debilitating in Waupaca County. The form is available on the DBS secure website. Thanks, Karen, for creating and sharing this helpful form.

B. RICHLAND COUNTY

Did you know that an application for SSDI can be filed after an individual’s death? A spouse, child or parent can file an application for SSDI for their deceased family member who died before filing an application. The application must be filed no later than the end of the third month following the month in which the disabled person died. Plus the person filing must be qualified under 20 CFR 404.503 (b) to receive any benefits due the deceased. Thanks to Cathy Frasier for this tip, picked up by listening to a local SSA representative on the radio.

www.socialsecurity.gov/OP_Home/cfr20/404/404-0621.htm