

# WV INCOME MAINTENANCE MANUAL MANUAL MATERIAL TRANSMISSION

**DATE:** January 1, 2011 **CHANGE NUMBER:** 609

**TO:** ALL INCOME MAINTENANCE MANUAL HOLDERS

DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
vii	1	7/07	vii	1	1/11
viii - viiia	1	1/10	viii - viiia	1	1/11
69 -72	1	3/10	69	1	3/10
			70 - 72	1	1/11
101 - 102	1	11/09	101 - 102	1	1/11
103 - 104	1	3/02	103	1	1/11
			104	1	3/02
107	1	7/10	107	1	7/10
108 - 190	1	5/00	108 - 109	1	1/11
110 - 111	1	7/10	110 - 111	1	1/11
112	1	8/05	112	1	8/05
121	1	1/10	121	1	1/11
122	1	11/09	122	1	11/09
Appendix A5 - A6	1	1/10	A-5	1	1/10
Appendix A6	1		A -6	1	1/11
iii -v	2	7/10	iii	2	7/10
			iv - v	2	1/11
45	2	7/07	45	2	1/11
46	2	1/10	46	2	1/10
57	2	5/05	57	2	5/05
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Appendix B1 - B2	2	7/10	B - 1	2	1/11
			B - 2	2	7/10

5 - 36	4	11/10	35	4	1/11
			36	4	11/10
3 - 7	6	1/10	3 - 4	6	1/11
			5	6	1/11
			6	6	1/10
7 - 8	7	11/09	7	7	11/09
			8	7	1/11
37	7	11/03	37	7	11/03
38	7	1/07	38	7	1/11
199	10	11/08	199	10	11/08
200	10	3/02	200	10	1/11
219	10	11/08	219	10	1/11
220	10	3/02	220	10	1/11
i - iv	11	11/09	i - iv	11	1/11
17	11	1/10	17	11	1/11
18	11	11/08	18	11	11/08
31 - 32	11	12/09	31	11	12/09
			32	11	1/11
43	16	11/05	43	16	11/05
44	16	5/10	44	16	1/11
45	16	1/10	45	16	1/10
46	16	5/10	46	16	1/11
47	16	11/05	47	16	11/05
48	16	5/10	48	16	1/11
45	17	11/10	45	17	1/11
46	17	3/09	46	17	3/09

This Change updates the asset limits for Medicare Premium Assistance groups effective January 1, 2011. The Cost of Living Adjustment (COLA) and Medicare Part B premium information was updated for 2011. The reasonable opportunity period for an applicant to verify citizenship after a data inconsistency with the SVES match was changed to 90 days. Policy was corrected regarding when Medicaid coverage groups change, a new certification period may be assigned. The definition of geographically non-accessible insurance benefits used as good cause for terminating non-excepted health insurance coverage for WV CHIP was changed. Sections were clarified regarding the due date of additional information. Policy was added that the most beneficial POC for the spenddown Medicaid applicant should be decided during the intake interview; the POE and POC may be changed, but may not exceed 6 months. Technical corrections were made.

The following changes were made:

## **CHAPTER 1**

Section 1.10, E, F, G: Sections regarding the DUE DATE OF ADDITIONAL INFORMATION and AGENCY DELAYS were added, and the EXPEDITED PROCESSING section was updated for consistency.

Section 1.21, G and 1.22, G: A requirement was added to discuss the POC that will most benefit the client during the interview process.

Section 1.21, M and 1.22, M: Technical corrections were made.

Section 1.24, F: Policy was corrected regarding when Medicaid coverage groups change, a new certification period may be assigned. Moved information in EXCEPTION to Chapter 7, Section 7.3, A.

Appendix A: Spelling was corrected.

## **CHAPTER 2**

Section 2.4, E, 4: The statement that the POC must remain the same when correcting a POE was removed.

Section 2.16, B: A section was added to clarify that when the client provides new information which will establish a new POE, the POC and POE may be changed. The client must not receive more than a 6 month POC.

Appendix B: Policy was updated regarding Medicare Part B premiums and COLA for 2011.

## **CHAPTER 4**

Section 4.3, E, 1: The reasonable opportunity period for an applicant to verify citizenship after a data inconsistency with the SVES match was changed to 90 days.

## **CHAPTER 6**

Section 6.2, A, 3: Clarification was added regarding the due date that should be entered on the DFA-6, Notice of Information Needed, for Medicaid applications.

## **CHAPTER 7**

Section 7.3, A: Text was moved from Chapter 1, Section 1.24, which clarifies that when a WV CHIP AG is closed for a reason listed in Section 7.3, A and a Medicaid evaluation results in an approval, the child receives a new Medicaid certification and redetermination period.

Section 7.14, D, 4, a: The definition of non-accessible insurance benefits was updated; the travel time from the client's residence to the medical site was increased.

## **CHAPTER 10**

Section 10.21, D, 11: References to an outdated form and BMS notification process were removed; added clarification that BMS should be notified electronically when there is a change in the POE.

Section 10.22, D, 11: Added clarification that BMS should be notified electronically when there is a change in the POE; added clarification that an application is automatically denied by RAPIDS when the client indicates they do not have medical bills to meet a spenddown and this is coded on screen AGMS.

## **CHAPTER 11**

Chapter 11 Table of Contents was updated.

Section 11.3: Updated the Maximum Allowable Assets chart for Medicare Premium Assistance groups for 2011.

## **CHAPTER 16**

Section 16.6, C, D, E: Updated the asset limits for QMB, SLMB and QIA coverage groups for 2011.

## **CHAPTER 17**

Section 17.10,D: Home Equity asset limit increased to \$506, 000 effective January 1, 2011.