Processing Reviews – Non-MAGI and LTC

 Guidelines for Completing Reviews – Non-MAGI

When processing reviews that are completed after the "Next Review Date" (NRD) has passed, the worker must compare the reported income and resource information to current electronic data sources and/or other verifications on file.

Refer to the Review form and information that is currently in MEDS and OnBase to process the review. Check for discrepancies between what is reported on the review form and what is currently in the file to determine what other verifications may be needed.

Verification of Resources
- Verify that verification for resources stated on review are in Onbase, such as life insurance policies.
- If no verification information is in OnBase:
  - Attempt to call the client/AR regarding anything that can be verified over the phone. If necessary, conduct a collateral call with the client/AR and 3rd parties to obtain needed verifications.
  - If unable to verify information through collateral call send DHHS Form 1233 and provide 15 days to return needed information. Send to follow up for 20 days.

Counting Life Insurance for Reviews:
Apply the following procedure if Life Insurance is reported on review.
1. If reported Face Value (FV) of Life Insurance is <= $10,000
   a. Refer to last budget workbook in OnBase.
   b. Is an amount shown under Life Insurance in the Resource Section?
      i. No. Exclude the reported Life Insurance and complete the review.
      ii. Yes. Go to Step 2 (Face Value > $10,000)
   c. Is an amount shown under Interest/Dividends in the Income section?
      i. No. Assume no dividends are paid.
      ii. Yes. Assume the same amount of dividends have been paid on the policy. Do not follow-up unless the individual is income ineligible.
2. If reported Face Value is > $10,000. Make sure to evaluate all policies using the updated life insurance policy in **MPPM 302.17.01.**
   a. Check Life Insurance document type in OnBase
      i. Is a copy of the life insurance policy in the record with the Cash Value (CV) table?
         (1) Yes. Use the CV table to determine the current value
         (2) No. Is a DHHS Form 1280 in the record?
            (a) Yes. Determine if a CV for the current year is shown.
            (b) No. Use the Estimated CV table in MPPM 302.17.02.
               (i) If eligible, complete the review.
               (ii) If Ineligible, request verification
                  1. Is the company name and policy number available?

a. Yes. Send a DHHS Form 1280 to the life insurance company to verify current CV
b. No. Follow up with the beneficiary to get the policy details.

Conduct AVS search
- The AVS Geosearch is a one-time activity, ideally completed when processing the initial application, or at the first review if one was not completed at application.
- If an AVS Geosearch has been done previously only conduct an FI search for known bank accounts, based on what is in the case file. This includes searches for any banks account newly reported on the review form.
- If an AVS Geosearch has not been done previously, conduct both the Global and FI searches.
- If an FI request is not required but there is no indication in the case record of a Geosearch being requested previously, create a Geosearch in AVS. Use whatever AVS responses that are returned by the time all other outstanding review tasks are completed. You do not need to put this review back into follow-up, even if nothing yet has come back in AVS for the Geosearch.
- If an AVS FI response is not received by the time the specialist has completed all other steps necessary to complete the review, put the review back into follow-up for 20 days to align follow up date with other requests for information.
  - When the review comes back into workflow, check for an AVS response.
    - **AVS Response:** Complete the review using the information returned by AVS.
      - If the individual remains eligible, finish the review.
      - If the account information returned through AVS results in a negative action, always contact the applicant/beneficiary to explore any possible exclusions, deductions, or exemptions
    - **No AVS Response:** Send the beneficiary a DHHS Form 1233 and request current bank account information, providing 15 days to respond. Put the review back into follow-up for 15 days plus an additional 5 days delivery time.
      - If the beneficiary returns bank account information, complete the review with the provided information
      - If the beneficiary does not respond timely, terminate eligibility for failure to return information.

Real Property:
- If property is reported on review form and verification is not present in OnBase, conduct a current property check to verify.
- If the application/previous review form has property listed that is not included on the current review form, follow up with the client by phone for clarification. Document communication and the end result. If the client no longer has that property and its value exceeds the resource limit, request explanation whether they currently hold that resource and if not, what they did with that resource.
- Send DHHS Form 1255 if the information cannot be accessed online.

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Verification of Income

- When verifying income, use electronic sources to verify current income (as opposed to income at time review form was returned). Use the current income to determine eligibility.
- Use the current Non-MAGI workbook
- For ABD beneficiaries only, apply the COLA disregard if needed because an increase in SS Income has made them ineligible. **(MPPM 303.01.03A)**
- If beneficiary contact is necessary, attempt to contact the beneficiary/AR by phone first. If phone contact is unsuccessful, send DHHS Form 1233 to request needed information and provide 15 days to return needed information. Send to follow-up for 20 days in OnBase.

Continuing Disability Review at Annual Review

When a case is due for annual review, the Eligibility Worker is responsible for determining if a Continuing Disability Review (CDR) must be conducted. The Eligibility Worker must research the case record for the last favorable disability decision to determine when the disability review is due. (See MPPM 102.06.02F Continuing Disability Review at Annual Review)

- If the disability determination was based on an Adopted or Coordinated decision, the eligibility worker must check interfaces to ensure the beneficiary is still in payment status for Social Security benefits. If they are, no CDR is required. Complete the annual review assuming continued disability.
- If the beneficiary had Social Security benefits terminated within the last 12 months of the annual review date, as indicated by PSC codes N01, N02, N04, N05, or N22 without an Independent, disability determination, the worker should not send a CDR packet to VR and should complete the annual review, assuming continued disability.
- If the terminating SSA decision occurred more than 12 months prior to the annual review date or with any other PSC code, the worker must complete the identifying information and "FOR DHHS USE ONLY" sections on the SC DHHS Form 3218 ME (adult) / 3218D-ME (child) and Form 921 and send it to the applicant. (This is considered a new application to Disability Determination Services.) If the applicant is otherwise eligible, the case remains open until the disability decision is received.

If a disability determination was previously done, the Eligibility Specialist must:

1. Check the case record for the MAO99 disability determination for the Diary Date or Date of Next Review:

- If the date is past due or is due within the next three (3) months, the worker must complete (type) the identifying information and the FOR DHHS USE ONLY section on the SC DHHS Form 3266 ME (adult)/3266D ME (child), as well as the DHHS Only section on DHHS Form 921. This is the CDR packet. Send a completed Form 1233 for any information needed to complete the financial determination and the CDR packet to the beneficiary/Authorized Representative. Provide 15 days to return the requested information.

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> **Reminder:** When setting the follow-up date in OnBase, add an additional five (5) days to allow for scanning and task creation in PathOS.
> - Complete the financial determination for the annual review.
>   - If all information is not received in 15 days, contact the applicant, resend the completed DHHS Form 1233 and provide 10 additional days for follow up.
> - If otherwise eligible keep the case open until a decision is received.

- If the date is more than three (3) months in the future, no action needs to be taken regarding disability until the next annual review. Complete the annual review.

Updating the Disability Determination Indicator in MEDS – Extension of Promptness (MPPM 101.07.03)

MEDS Procedure for Extension of Promptness

1. From the Main Menu select Household Maintenance Menu
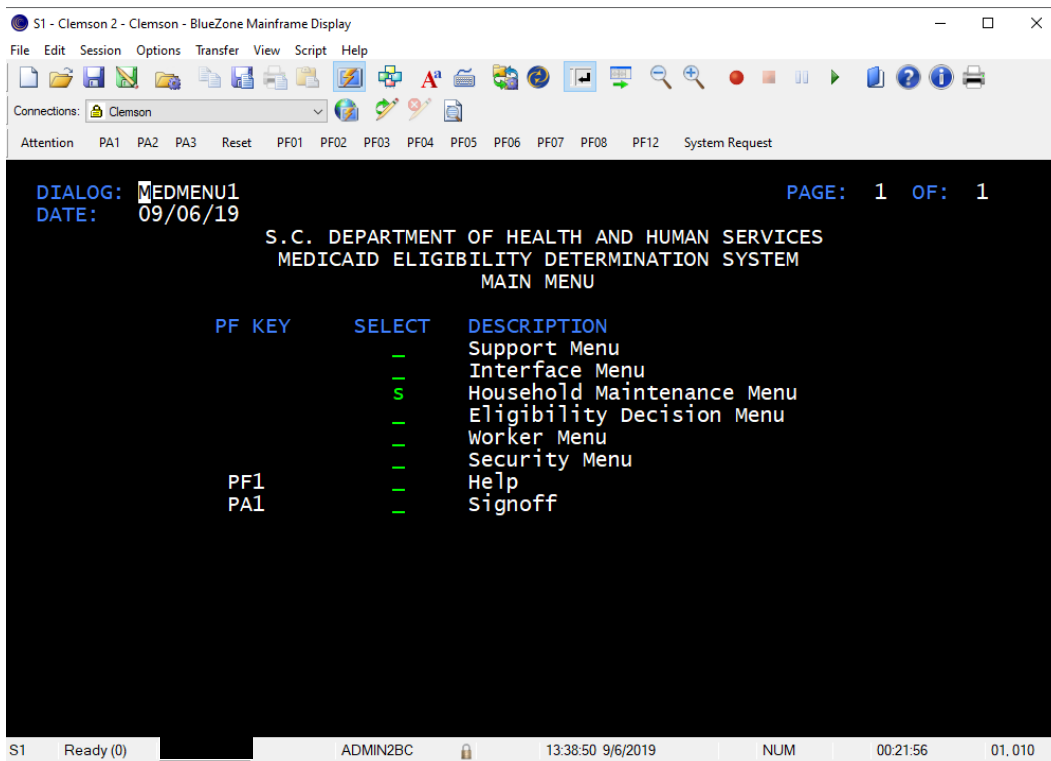
2. From the Household Maintenance Menu select Extension of Promptness
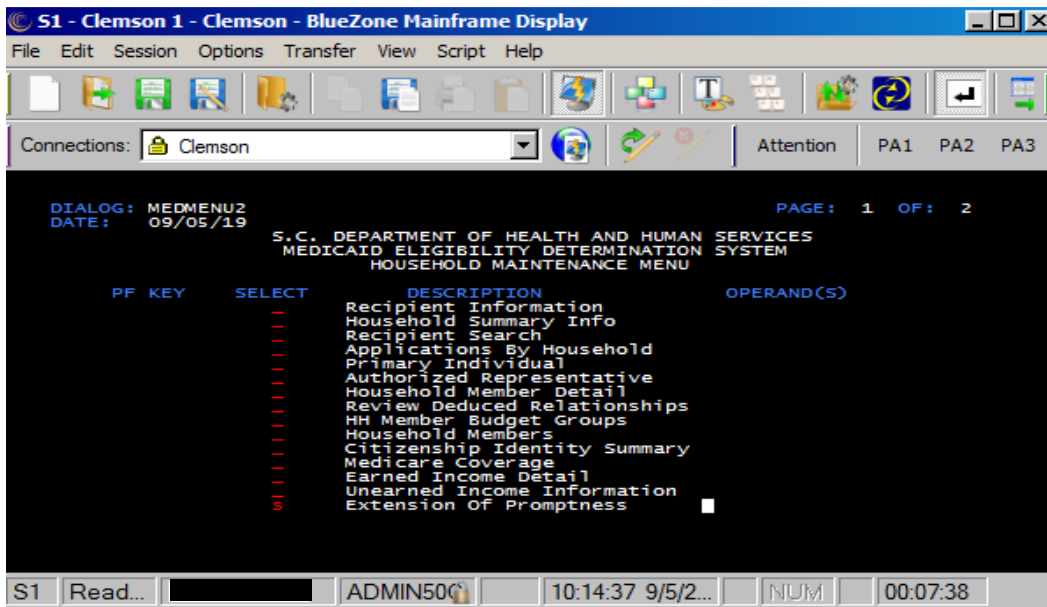
3. Enter the Budget Group Number and hit enter
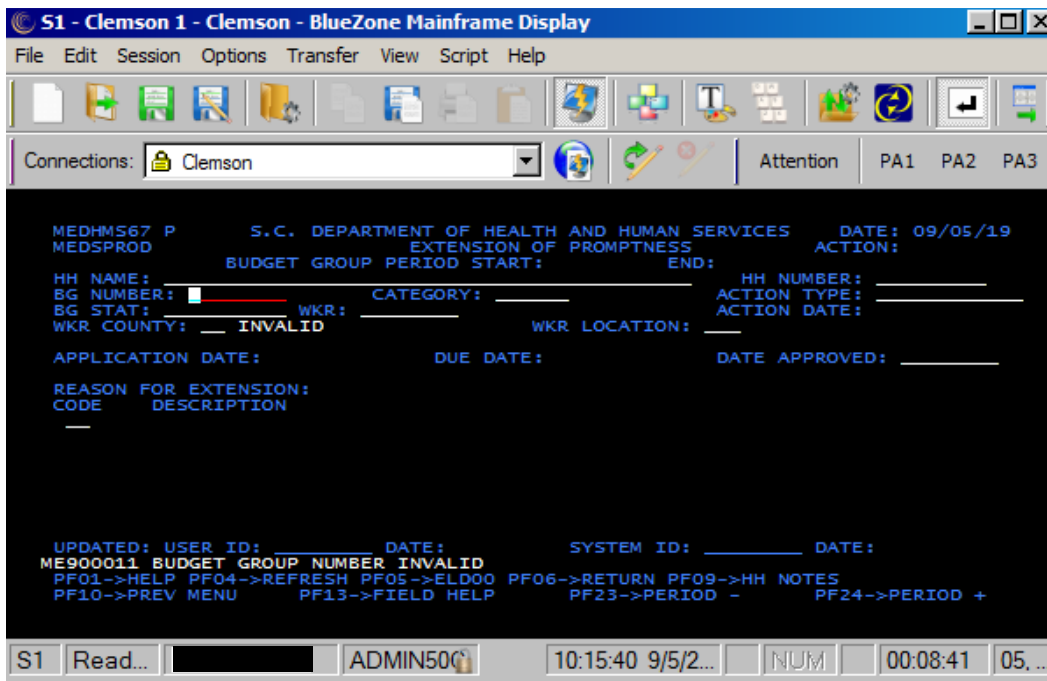
4. Select reason code DD = DISABILITY DETERMINATION PENDING and save by selecting HOME and MOD.

If the client remains eligible, the review is completed using this information in accordance with applicable policies and procedures.

Reminders:

- Reviews do not require a signature.
- A property search is not required unless new property is listed on the review.
- If a bank statement was returned with review, we need to still have a current balance and verification.
- Use the income and resource verification matrices as a guide when verification is necessary.
- If the client is deceased and the only active member in the budget group close the case with reason code 053.
- Check case file for any reported changes, such as new address, new Authorized Representative. Make necessary changes in MEDS Request Form 1282 if new AR is reported, but do not hold up the review decision for its return.

Remember: When processing a review, use current income and resources.

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New mandatory OnBase Keyword for Disability Determination

1. A new keyword titled "Disability Determination Needed?" will be added to all Tracking Forms in OnBase. The keyword will be visible on the Tracking Form itself and in the Keyword panel.

2. When saving a new or existing Tracking Form, staff will need to enter a Yes or No value to "Disability Determination Needed?"

3. Staff will need to complete the "Disability Determination Needed?" keyword before using the Trailing Document button located at the bottom of the Tracking Form.

4. Staff will also be required to complete the "Disability Determination Needed?" keyword when sending a Tracking Form to another workflow queue (i.e. Follow Up Queue).

5. For all existing Tracking Forms in OnBase workflow, the keyword will be blank and it will be the eligibility worker's responsibility to complete the "Disability Determination Needed?" keyword as they are processing the case.

6. For all new Tracking Forms created from Applications, Reviews, or Trailing Documents, the keyword will be blank when the Tracking Form is first created. However, it will be an eligibility worker's responsibility to complete the "Disability Determination Needed?" keyword as they are processing the case.

Note:

- Only Eligibility Specialists trained to determine whether a disability determination is needed should select YES as a value for the "Disability Determination Needed?" keyword. This includes Non-MAGI, LTC and Specialty Unit Eligibility Specialists.
- Simply receiving a Disability Application or an applicant alleging disability doesn't mean a disability determination is needed. Therefore, MAGI Eligibility Specialists and Scanners should never select YES for the "Disability Determination Needed?" keyword.
- MAGI Eligibility Specialists should select NO for a case that does not include a disabled applicant or beneficiary alleging disability.
- If the "Disability Determination Needed?" keyword was selected as YES by a Non-MAGI, LTC or Specialty Eligibility Specialist, a MAGI Eligibility Specialist should never change it from YES to NO.
- Once the MAO-99 is received back with a decision, the value should be changed from YES to NO by a worker, especially if the case is going to remain in workflow for any reason.