**FoodShare Handbook Release 23-01**

Presented By: Melissa Dybas

Release/Effective Date: 04/17/2023

*1.1.4 Eligibility Overview-*Gross Income Test: The EBD countable asset limit is now $4250.

*1.2.1 Verification Introduction* was updated to reflect the 20-day verification timeline. The 20-day verification timeline was updated in several sections.

*1.2.3.8 Student Eligibility in a Two-Year Program* was updated to *1.2.3.8 Student Eligibility Exemptions*. They removed the specifics of the two-year program requirements and now reflects that exemptions to the student eligibility policy are verified by using an enrollment letter, financial aid papers, letter from the school, or any other applicable document.

*1.2.3.9 SSA Death Match* was updated to reflect that even though we have a 20-day verification timeline for ongoing cases, the 10-day refutation period remains in place.

*1.2.4.2 Earned Income Verification* was updated to include W2 or tax records when “best available” is being used to verify income, because the member had barriers to providing other standard verifications like paystubs or an EVFE. Also, a section was added with clarification on verifying end of employment. There were no changes, but the handbook has been updated with more clear examples.

*3.12.1.8 Encouraging Application* this section was updated to remove the statement that the agency can contact USCIS if the IM worker “knows” the immigrant is in violation of the USCIS law, regardless of whether they are applying for FoodShare. It now clearly states that our agency cannot contact USCIS regarding an immigrant status of a food unit member who is not requesting FoodShare benefits. This section was also updated to state: “FoodShare participation is not reviewed or considered in public charge determinations.”

*3.12.1.11 Iraqis and Afghans with Special Immigrant Status* this section was changed to reflect that Special Immigrant (SI), or non-SI parolee’s dates were extended from 12/16/22 to 9/30/23.

*6.1.2 Six Month Reporting Requirement* was updated to include new or significantly changed self-employment as a required reported change at SMRF.

**Operations Memo 23-13**

Presented By: Melissa Dybas

Effective Date: Immediately

Subject: Medicare Part B Immunosuppressive Drug (Part B-ID): A New Medicare Eligibility Category For Medicare Savings Programs

There is a new Medicare program called Medicare Part B-ID, this program is intended to cover the cost of immunosuppressive drugs following a kidney transplant. This is not a full cover health care. This program began 1/1/23. This program is only for beneficiaries who don’t have other health care coverage or a full benefit Medicaid program. Medicare Part B-ID beneficiaries may be eligible for MSP for assistance paying their Part B-ID costs. These beneficiaries maybe eligible for: QMB, SLMB and SLMB+.

Text

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PLEASE NOTE: Beneficiaries receiving Part B-ID could still potentially be eligible for BadgerCare Plus, even as a childless adult. If the customer becomes eligible for a full benefit Medicaid program, they should be advised to call SSA and disenroll in the Medicare Part B-ID. Until CARES and Forward Health are updated to reflect enrollment in this program, beneficiaries of the Medicare Part B-ID can self-attest.

**BadgerCare Plus Handbook Release 23-02**

Presented by Kathy King

Release/Effective Date: 4/17/2023

*4.3.3.4 BC+ and 7.3.3.4 ME Afghan Parolees:* Updated the dates for Afghan Parolees to be treated as refuges to go through 9/30/2023.

*4.3.4 BC+ and 7.3.4 ME Public Charge:* Section has been rewritten to state the only category of health care services considered in public change determinations is long-term institutionalization paid for by Medicaid.

*5.2.2 Medical Support/Child Support Agency Cooperation:* Added an exemption for cooperating with Child Support of: Aged 18 and receiving CHIP coverage under BadgerCare Plus and income is over 156% FPL.

*9.2 – 9.4 & 25.7 BC+ and 2.7 & 3.1.6 ME* Both manuals updated with the 20-day due date.

*28.2 BC+ & 22.2 ME Overpayments:* Updated Overpayments sections with agencies no longer establish new health care overpayment claims except when there is an error in claims payment to a provider or repayments that are part of the Estate Recovery Program.

*34.2 & 34.3 BC+ and 22.5 ME Legal Guardians, Conservators and Power of Attorney:* are new sections added to the BC+ and Medicaid manuals. Ali covered in these in Agent meeting on 2/23/23.

*36 - 36.4 BC+ and 19 ME Applicant and Member Access Rights:* A new section has been added with the applicant/member’s Access Rights; access for fair hearings; sensitive medical information and the Confidential Information Release Authorization to Agency form (F-82009); and access by someone else.

*37 Releasing Information:* New section added regarding disclosure without consent; disclosure with consent and prohibited disclosure. Added a list of contractees that we may disclose information without consent. Also added a list of entities that we are prohibited to disclose information to. See handbook for full lists.

*39.1.2 and 41.3 Emergency Services Special Rules:* clarified that verification of identity is not required if the application or member is not a

US citizen.

**Medicaid Eligibility Handbook Release 23-02**

Presented by Kathy King

Release/Effective Date: 4/17/2023

*5.9 Presumptive Disability :* Impairment categories regarding the Presumptive Disability have been updated. There are now 15 categories. See 5.9.2.2 for full list.

*16.6.6 Pooled Trusts:* Life Navigators Pooled Trust III has been added to the list of exempt pooled trusts for non-burial trusts.

*17.2.6.8 Transfer of Homestead Property:* Policy on date of homestead transfer for the evaluation of transfers for divestment has been clarified. The homestead transfer doesn’t have to take place after the provision of care I order to be an allowed divestment.

*20.3.1 Mandatory Verification Items:*  Citizenship and Identity on the list has been changed to US Citizenship.

*25.1.3 Calculating the Cost-of-Living Adjustment Disregard:* Removed instruction to subtract state-paid Medicare premiums from gross OASDI when calculating COLA disregard.

*26.4.1.1 Independence Account:* Clarifies that deposits into an Independence Account may total no more than 50% of their gross earnings over the 12-month certification period. If the deposit exceeds 50% of their actual gross earnings during the same 12-month certification period, a penalty is assessed.

*39.13 VA Allowance Rates:* A new section has been added with a chart of the allowance. Note: For need-based VA benefits, the allowance amounts given in chart, or the monthly UME amount could be greater than the total benefit amount. In this situation, the entire VA benefit amount is disregarded.

**Operations Memo 23-14**

Presented by Kathy King

Release Date: April 28, 2023

Effective Date: June 17, 2023

Changes to Drug Testing Requirements

There are new policy requirements to standardize drug testing for persons convicted of a drug felony for continued FS eligibility.

In addition to existing policies IM agencies will need to follow new standardized testing policy requirements of:

A seven-panel drug test at minimum must be used.

Urine and oral swabs are the only two acceptable methods.

Drug test must be administered by a credentialed individual/agency. See handbook for full list.

Application and members cannot self-administer the drug tests.

Results received in the past 30 days from an acceptable entity can be used to meet the drug testing requirement.

The IM agency must provide the applicant or member with all the information and materials needed to schedule the test. The agency must assist with scheduling the test if the member requests help.

**Process Help Release 23-02**

Presented by: Erin Heiman

Effective Date: 4/17/2023

14.1.4 EAI Page

11 examples were added to process help with different scenarios on the EAI screen. These include income not budgeted but found in SWICA, gap filing for an adult when EI may pend for child, and educational aid that spans over two tax years. Please review the examples in process help.

81.1.6 Resend Eligibility from CWW to ForwardHealth iChange

There are times when information in CWW is out of sync with iChange and workers may need to resend eligibility information to iC. Workers can do this by either rerunning and confirming health care or by using the “Resend Eligibility Information to MMIS” function from the Individual Summary Page. In situations where workers update the renewal date for a month past the current month, that information is not sent immediately unless the worker runs and confirms eligibility. The CWW and iC end dates are out of synch until the next Adverse Action, when the case is triggered to send the updated information to iC.

Example The worker changed the renewal end date from 6/2023 to 8/2023 on 2/27/2023. Because the worker did not run and confirm eligibility, the end date in iC remains 6/30/2023 until March 2023 Adverse Action, when the end date updates to 8/31/2023.

To do this, complete the following steps.

1. The worker must resend eligibility to MMIS from the Individual Summary page. The pin number and MCI ID can be found on the Case Member History page. Workers can access the Individual Summary page by searching for an individual by name, pin number, MCI ID/MAID, or SSN or using Quick Select.
2. From the Individual Summary Page click Resend Eligibility Information to MMIS then click Next.
3. Once sent, the following message displays: A green and white sign with black text

   Description automatically generated with low confidence
4. Click next.

**Caretakers Supplement Release 23-01**

Presented By: Erin Heiman

Effective Date: 2/25/2023

4.7 Fair Hearing

Added language about the Fair Hearing process, Resolution Prior to Hearing, and Post Hearing. Please see release for additional information.