

**ADDENDUM 1  
PROGRAM STANDARDS**

Refer to **APA Addendum 1** for APA Need Standards and Supplemental Security Income Eligibility/Payment Standards.

Year	1/1/2005	7/1/2005	1/1/2006
Special Long Term Care Income Standard	1,656	1,656	1,656
Alaska NH Personal Needs Allowance	75	75	75
Alaska HCB Personal Needs Allowance	1,656	1,656	1,656
Alaska ALH Personal Needs Allowance	679	1,396	1396
Maximum Community Spouse Resource Allowance	95,100	95,100	99,540
Community Spouse Monthly Maintenance Need Standard	2,377.50	2,377.50	2,488.50
Monthly Need Standard for Additional Household Members	792	792	829

Effective 4/1/2006										
Monthly Federal Poverty Guidelines for Alaska						Annual Federal Poverty Guidelines for Alaska				
HH Size	QMB	SLMB Base	SLMB Plus	QDWI	Working Disabled	Low-Income Subsidy (LIS)				
	100%	120%	135%	200%	250%	135%	140%	145%	149%	150%
1	1,021	1,225	1,379	2,042	2,553	16,538	17,150	17,763	18,253	18,375
2	1,375	1,650	1,857	2,750	3,438	22,275	23,100	23,925	24,585	24,750
3	1,730				4,323	28,013	29,050	30,088	30,918	31,125
4	2,084				5,209	33,750	35,000	36,250	37,250	37,500
5	2,438				6,094	39,488	40,950	42,413	43,583	43,875
6	2,792				6,980	45,225	46,900	48,575	49,915	50,250
7	3,146				7,865	50,963	52,850	54,738	56,248	56,625
8	3,500				8,750	56,700	58,800	60,900	62,580	63,000
Addl.	355				886	5,738	5,950	6,163	6,333	6,375

*Note: The QMB, SLMB's, and QDWI eligibility categories follow APA/SSI policy, which recognizes only one and two-person households. The Working Disabled Medicaid Buy-In and the LIS categories use the entire household size to determine the 250% standard.*

## ADDENDUM 1 PROGRAM STANDARDS

<b>MEDICARE PART – A MONTHLY PREMIUM</b>			
Year	2004	2005	2006
<30 qrts.	\$343.00	\$375.00	\$393.00
>30 - <39 qrts.	\$189.00	\$209.00	\$216.00

<b>MEDICARE PART - B MONTHLY PREMIUM</b>			
Year	2004	2005	2006
	\$66.60	\$78.20	\$88.50

<b>PICKLE AMENDMENT TABLE</b>							
Period	Reduction Factor			Period	Reduction Factor		
	2004	2005	2006		2004	2005	2006
May – June 1977	.319	.311	.298	Jan. 1992 – Dec. 1992	.749	.729	.700
July 1977 – June 1978	.338	.329	.316	Jan. 1993 – Dec. 1993	.771	.751	.721
July 1978 – June 1979	.360	.350	.336	Jan. 1994 – Dec. 1994	.791	.770	.740
July 1979 – June 1980	.395	.385	.370	Jan. 1995 – Dec. 1995	.813	.792	.761
July 1980 – June 1981	.451	.440	.423	Jan. 1996 – Dec. 1996	.835	.813	.781
July 1981 – June 1982	.502	.489	.470	Jan. 1997 – Dec. 1997	.859	.836	.803
July 1982 – Dec. 1983	.540	.525	.505	Jan. 1998 – Dec. 1998	.877	.854	.820
Jan. 1984 – Dec. 1984	.558	.544	.522	Jan. 1999 – Dec. 1999	.888	.865	.831
Jan. 1985 – Dec. 1985	.578	.563	.541	Jan. 2000 – Dec. 2000	.910	.886	.851
Jan. 1986 – Dec. 1986	.596	.580	.557	Jan. 2001 – Dec. 2001	.941	.917	.881
Jan. 1987 – Dec. 1987	.604	.588	.565	Jan. 2002 – Dec. 2002	.966	.941	.903
Jan. 1988 – Dec. 1988	.629	.613	.588	Jan. 2003 – Dec. 2003	.979	.954	.916
Jan. 1989 – Dec. 1989	.654	.637	.612	Jan. 2004 – Dec. 2004		.974	.935
Jan. 1990 – Dec. 1990	.685	.667	.641	Jan. 2005 – Dec. 2005			.961
Jan. 1991 – Dec. 1991	.722	.703	.675				

**Note:** If the last month in which an applicant received SSI while, or immediately before, receiving Social Security was in any of the periods above, multiply the present year amount of the Social Security by the corresponding year's reduction factor.

**ADDENDUM - 2  
APA Related Medicaid Subtypes**

Medicaid Subtype	Description	Resource Standard By HH Type	
		Single	Couple
AS	Waivered Assisted Living	\$2,000	\$3,000
BB	Individual lost SSI/APA eligibility from 1977 SSA COLA "Pickle Person"	\$ 2,000	\$ 3,000
BC	Breast and Cervical Cancer	N/A	N/A
BE	Disability exams (blindness), with or without need for HCB Waiver Determination. Non-standard coupon.	Info Only	Info Only
DC	Under 18, Receiving SSI	Info Only	Info Only
DE	Applicant who requires an AD-2, and, if needed, an HCB Waiver Determination.	Info Only	Info Only
DK	Disabled Kid (TEFRA)	\$ 2,000 for child. Disregard parent resource.	N/A
DW	Working Disabled Medicaid Buy-In	\$2,000	\$3,000
GF	Individuals eligible for State APA cash program(s) in December 1973	\$ 2,000	\$ 3,000
IC	Under 21 in an ICF-MR, APA related	\$ 2,000	\$ 3,000
IL	Illegal alien, SSI/APA related	\$ 2,000	\$ 3,000
IN	Long Term Care (Nursing Home or HCB Waiver)	\$ 2,000	\$ 3,000
NH	Nursing Home (eligible for SSI or APA if not institutionalized)	\$ 2,000	\$ 3,000

**ADDENDUM - 2  
APA Related Medicaid Subtypes**

Medicaid Subtype	Description	Resource Standard By HH Type	
		Single	Couple
NS	Ineligible for SSI/APA because of requirements which do not apply to Medicaid (use for SSI eligibles who have not applied for SSI)	\$2,000	\$3,000
PM	Section 1619(b) eligibles. See Manual Section 530-E	Info Only	Info Only
	Or Disabled Adult Children	\$ 2,000	\$ 3,000
	Or Disabled Widowers who have lost SSI or APA due solely to receipt of title II benefits	\$ 2,000	\$ 3,000
QD	Qualified Disabled and Working Individuals (QDWI)	\$ 4,000	\$ 6,000
QM	Qualified Medicaid Beneficiaries (QMB)	\$ 4,000	\$ 6,000
RC	SSI individual refusing APA cash payments	Info Only	Info Only
SA	Ineligible for SSI/APA because of alien sponsor deeming	\$ 2,000	\$ 3,000
SI	Receiving SSI <u>and</u> institutionalized, or SSI <u>and</u> waiver, would otherwise receive APA Cash	Info Only	Info Only
SL	Specified Low Income Medicare Beneficiary. (SLMB)	\$ 4,000	\$ 6,000
SS	Individuals eligible for SSI or state supplemental payments except for the 20% Social Security Benefit increase (OASDI) in 1972.	\$ 2,000	\$ 3,000
ST	Receiving APA, no SSI	\$ 2,000	\$ 3,000
WD	Waiver applicant who does not require a disability determination, but does need a waiver determination. Eligibility is for the cost of a Waiver Agency's assessment for Waiver eligibility. Non-standard coupon.	Info Only	Info Only

**ADDENDUM 3  
COMMONLY USED ABBREVIATIONS**

AAC	Alaska Administrative Code
AB	Aid to the Blind
AD	Aid to the Disabled
AFC	Adult Foster Care
AFDC	Aid to Families with Dependent Children
AHFC	Alaska Housing Finance Corporation
ASAP	Alaska Senior Assistance Program (Senior Care Program)
ALH	Assisted Living Home
ALSC	Alaska Legal Services Corporation
AMHB	Alaska Mental Health Board
ANCSA	Alaska Native Claims Settlement Act
ANHS	Alaska Native Health Service
APA	Adult Public Assistance
APD	Adults with Physical Disabilities (HCB Waiver)
API	Alaska Psychiatric Institute
ARC	Adult Residential Center
AS	Alaska Statute
ATAP	Alaska Temporary Assistance Program
BIA	Bureau of Indian Affairs
CAMA	Chronic & Acute Medical Assistance
CANO	Case Action Notes Online
CC	Care Coordinator
CCMC	Children with Complex Medical Conditions (HCB Waiver)
CDC	Center for Disease Control and Prevention
CDR	Continuing Disability Review
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program (same as SCHIP)
CMS	Centers for Medicare & Medicaid Services
COLA	Cost of Living Allowance
CR	Claims Representative
CSD	Citizenship Status Declaration
CSSD	Child Support Services Division
DBH	Division of Behavioral Health
DD	Developmental Disability
DDS	Disabilities Determination Service
DHHS	Department of Health and Human Services (Federal)
DHSS	Department of Health and Social Services (State)
DJJ	Division of Juvenile Justice
DKC	Denali KidCare
DHCS	Division of Health Care Services
DSDS	Division of Senior and Disabilities Services
DMV	Division of Motor Vehicles

**ADDENDUM 3  
COMMONLY USED ABBREVIATIONS**

DOB	Date of Birth
DOL	Department of Labor and Workforce Development
DPA	Division of Public Assistance
DPH	Division of Public Health
DVR	Division of Vocational Rehabilitation
EIS	Eligibility Information System
EPSDT	Early Periodic Screening, Diagnosis and Treatment
FAS	Fetal Alcohol Syndrome
FMV	Fair Market Value
FPG	Federal Poverty Guidelines
FSP	Food Stamp Program
GRA	General Relief Assistance
HCB	Home and Community-Based (Waiver Services)
HI	Health Insurance (Medicare Part A)
HIC	Health Insurance Claim
ICF	Intermediate Care Facility
ICF/MR	Intermediate Care Facility for the Mentally Retarded
INA	Immigration & Nationality Act
IRWE	Impairment Related Work Expenses
JCO	Juvenile Court Order
LOC	Level of Care
LTC	Long Term Care
MMIS	Medicaid Management Information System
MS	Manual Section
MEQC	Medicaid Quality Control
MRDD	Mental Retardation and Developmental Disabilities (HCB Waiver)
MQT	Medicaid Qualifying Trust
NH	Nursing Home
OA	Older Alaskan's (HCB Waiver)
OAA	Old Age Assistance
OASDI	Old Age, Survivors, and Disability Insurance (Social Security)
OCS	Office of Children's Services
OPA	Office of Public Advocacy
PL	Public Law
PASS	Plan for Achieving Self-Support
PCA	Personal Care Attendant
PFD	Permanent Fund Dividend
PHN	Public Health Nurse
PHS	Public Health Service
PNA	Personal Needs Allowance
POA	Power of Attorney
PT/OT	Physical Therapy/Occupational Therapy

**ADDENDUM 3  
COMMONLY USED ABBREVIATIONS**

PPDT	Policy and Program Development Team (DPA Juneau)
QA	Quality Assessment
QIT	Qualifying Income Trust
QI-1	Specified Low Income Medicare Beneficiary (SLMB Plus)
QDWI	Qualified Disabled and Working Individuals
QMB	Qualified Medicare Beneficiaries
RSDI	Retirement, Survivors, and Disability Insurance (SSA)
SCHIP	State Children's Health Insurance Program
SEARHC	Southeast Alaska Regional Health Consortium
SGA	Substantial Gainful Activity
SLMB	Special Low Income Medicare Beneficiaries
SMI	Supplemental Medical Insurance (Medicare Part B)
SNF	Skilled Nursing Facility
SNT	Special Needs Trust
SSA	Social Security Administration
SSDAC	Social Security for Disabled Adult Children
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSN	Social Security Number
TA	Temporary Assistance
TANF	Temporary Assistance to Needy Families (Federal)
TEFRA	Tax Equity and Fiscal Responsibility Act, P.L. 97-248
TM	Transitional Medicaid
TPL	Third Party Liability
TPR	Third Party Resource
UIB	Unemployment Insurance Benefit
USCIS	U.S. Citizenship and Immigration Services
VA	Department of Military and Veteran's Affairs
WIA	Workforce Investment Act (WIA) Payments
WIC	Women, Infants, and Children Supplemental Food Program

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**ADDENDUM 4  
COCA PROCESSING**

**A. THE COCA SCREEN**

The COCA Screen is used to calculate the amount of money a client is required to pay for the care he or she is receiving.

CF109-I NEW COCA AMT CALCULATED - PRESS ENTER TO CONFIRM - F9 TO CANCEL			
EIS COCA	COST OF CARE SCREEN		020204 14:26
			WORKER B
CASE NAME: DOE, JOHN		CASE NUMBER: 00024573	MONTH: 0304
CLIENT : JOHN D		CLIENT NO: 0600055441	
<b>INCOME:</b>		<b>EXPENSES:</b>	
SOC SECURITY (SS) :	1200.00	PERSONAL NEEDS :	1656.00
SUPL SECURITY (SI) :		INCOME TAXES :	
ALB :		CHILD SUPPORT GARNISH :	
VETERANS (VA) :		SPOUSAL MAINTENANCE :	
PENSION PERS :	1500.00	DEPENDENT MAINTENANCE :	
ANNUITY :		INSURANCE PREMIUM :	
EARNED INCOME :		UNCOVERED MED EXPENSE :	140.00
ADULT PUBLIC ASST :		HOME MAINT (6 MO MAX) :	
INCOME ADJUSTMENT:		EXPENSE ADJUSTMENT :	
TOTAL INCOME :	2700.00	TOTAL EXPENSES :	1796.00
Comments:			
NEW COST OF CARE LIABILITY AMOUNT:		904.00	NEXT-->

**ADDENDUM 4  
COCA PROCESSING**

**B. DESCRIPTION OF FIELDS ON COCA SCREEN**

<b>FIELD</b>	<b>DESCRIPTION / USE</b>
<b>INCOME</b>	
SOC SECURITY (SS)	If the client receives Social Security (SSA) income (RE, DI, etc), input the amount in this field.
SUPL SECURITY (SI)	If the client receives Supplemental Security Income (SSI), input the amount in this field.
ALB	If the client receives Alaska Senior Care (AKSAP) payments, input the amount in this field.
VETERANS (VA)	If the client receives payments from the Department of Military and Veterans Affairs, input the amount in this field.
PENSION	If a client is receiving an employer pension, enter the amount in this field.
Open Field by PENSION	The field beside Pension opens and allows the caseworker to enter the source of the Pension (i.e. PERS, Railroad, etc.)
ANNUITY	If a client is receiving an annuity from a private source, enter the amount in this field.
Open Field by ANNUITY	The field beside ANNUITY opens and allows the caseworker to enter the source of the annuity (i.e. SBS, Roth IRA, etc.)
Open Field between ANNUITY and EARNED INCOME fields	Use this field to enter any supplemental or additional income not otherwise specified.
EARNED INCOME	If a client has wages, enter the amount of gross earnings (including self-employment) in this field.
ADULT PUBLIC ASSISTANCE	If a client receives APA benefits, enter the total amount of APA benefits in this field.
INCOME ADJUSTMENT	Enter any amounts of offsetting income. (e.g. when an incorrect amount of income was used in determining the cost of care in a previous month.)
TOTAL INCOME	This field displays the total amount of countable income.
COMMENTS	This is a free form field for caseworkers to enter information regarding any of the data entry on the COCA screen. <b><i>DO NOT DUPLICATE information that is recorded on the online Case Notes (CANO).</i></b>

**ADDENDUM 4  
COCA PROCESSING**

<b>FIELD</b>	<b>DESCRIPTION / USE</b>
<b>EXPENSES</b>	
PERSONAL NEEDS	This amount is hard coded and is determined by the HOUSEHOLD TYPE entered on the APMM or APAS.
INCOME TAXES	If a client pays taxes on any income (e.g. (retirement or annuity), enter the amount paid in this field.
CHILD SUPPORT GARNISH	If a client has any income garnished for child support during the month, enter the amount of the garnishment in this field.
SPOUSAL MAINTENANCE	Enter the amount allowed for spousal maintenance in this field.
DEPENDENT MAINTENANCE	Enter the amount allowed for dependent maintenance in this field.
INSURANCE PREMIUM	If a client pays an insurance premium for private insurance coverage, enter the amount of premium in this field.
UNCOVERED MED EXPENSE	Enter the amount for uncovered medical expenses in this field.
HOME MAINTAINENCE (6 MO MAX)	If a client lives in a nursing home and intends to return to his or her private residence, enter the amount of maintaining the private residence in this field.
EXPENSE ADJUSTMENT	Enter any offsetting expenses in this field.
TOTAL EXPENSES	The total amount of allowed expenses will display in this field.
NEW COST OF CARE LIABILITY AMOUNT	Upon <ENTER> this field will display the client's new cost of care amount.

**ADDENDUM 4  
COCA PROCESSING****C. COCA PROCESSING EXAMPLES**

*Example #1: John Doe is currently eligible for Medicaid under the Special Long Term Care category and is receiving HCB Waiver Services. He lives in his own home. His monthly income consists of \$1200 in SS-RE and \$1500 in PERS retirement for a combined monthly income of \$2700. He has a Qualifying Income Trust (QIT) that he deposits \$1044 each month. He also incurs uncovered medical expenses and this month the total of uncovered medical expenses is \$140.*

**Step 1:**

Input all demographic and income information.

**Step 2:**

On the MERE:

- ◆ Input the correct Medicaid Subtype and Eligibility Code.

**Step 3:**

On the APA METHOD MEDICAID ONLY AUTHORIZATION (APMM) screen:

1. <TAB> to the HOUSEHOLD TYPE field and enter the appropriate household type
2. <TAB> to the UNEARNED INCOME field and enter the combined unearned income
3. <ENTER>
4. Input PCN and REVIEW DUE DATE
5. <ENTER>

**ADDENDUM 4  
COCA PROCESSING**

APMM	APA METHOD MEDICAID ONLY AUTHORIZATION	020204 13:50
		WORKER B
CASE NAME: DOE, JOHN	CASE NUMBER: 00024573	MONTH: 0304
ADJ GROSS EARNED INCOME :	0.00	HOUSEHOLD TYPE : WAV
\$65 AND 1/2 WORK INCENT :	0.00	QMB/SLMB HH SIZE :
AB WORK DEDUCTIONS :	0.00	
NET EARNED INCOME :	0.00	APA NEED STANDARD : 1656.00
UNEARNED INCOME :	2700.00	COUNTABLE EARNED/UNEARNED : 2700.00
\$20 DISREGARD :	0.00	
NET UNEARNED INCOME :	2700.00	
PENDED? :		INFORMATION ONLY
AUTHORIZATION :		
DENIAL/CLOSURE REASON :		COUNTABLE RESOURCES : 0.00
		INSTITUTIONALIZED? :
BENEFIT ISSUANCE :	R	
REVIEW DUE DATE :	0105	

**Step 4:**

Upon <ENTER> the COCA screen will appear. On the COCA screen:

1. In the SOC SECURITY field input the SS-DS payment of \$1200
2. <TAB> to the PENSION field, beside the PENSION field enter the source of the pension
3. In the PENSION field input the PERS pension of \$1500.00
4. <TAB> to the UNCOVERED MED EXPENSE and enter the allowed \$140 deduction
5. <TAB> to the COMMENTS field and enter any comments (optional step)
6. <ENTER> to calculate the New Cost of Care Liability amount
7. If correct<ENTER> again to confirm

**ADDENDUM 4  
COCA PROCESSING**

EIS COCA	COST OF CARE SCREEN	020204 14:03
		WORKER B
CASE NAME: DOE, JOHN	CASE NUMBER: 00024573	MONTH: 0304
CLIENT : JOHN D	CLIENT NO: 0600055441	
INCOME:		EXPENSES:
SOC SECURITY (SS) :	1200.00	PERSONAL NEEDS :
SUPL SECURITY (SI) :		INCOME TAXES :
ALB :		CHILD SUPPORT GARNISH :
VETERANS (VA) :		SPOUSAL MAINTENANCE :
PENSION RETIREMENT :	1500.00	DEPENDENT MAINTENANCE :
ANNUITY :		INSURANCE PREMIUM :
EARNED INCOME :		UNCOVERED MED EXPENSE :
ADULT PUBLIC ASST :		HOME MAINT (6 MO MAX) :
INCOME ADJUSTMENT :		EXPENSE ADJUSTMENT :
TOTAL INCOME :	2700.00	TOTAL EXPENSES :
		1796.00
Comments:		
NEW COST OF CARE LIABILITY AMOUNT: 904.00		NEXT-->

**ADDENDUM 4  
COCA PROCESSING**

**Example #2:** *Jane Doe is currently eligible for Medicaid under the Special Long Term Care category and is receiving HCB Waiver Services. She lives in an assisted living home. Her monthly income consists of \$1200 in SS-RE and \$300 from an annuity for a combined monthly income of \$1500. She has no expenses.*

**Step 1:**

Input all demographic and income information

**Step 2:**

On the MERE:

- ◆ Input the correct Medicaid Subtype “AS” and Eligibility Code

**Step 3:**

On the APA METHOD MEDICAID ONLY AUTHORIZATION (APMM) screen:

1. <TAB> to the HOUSEHOLD TYPE field and enter the appropriate household type
2. <TAB> to the UNEARNED INCOME field and enter the combined unearned income
3. <ENTER>
4. Input PCN and REVIEW DUE DATE
5. <ENTER>

**Step 4:**

Upon <ENTER> the COCA screen will appear. On the COCA screen:

1. In the SOC SECURITY field input the SS-DS payment of \$1200
2. <TAB> to the ANNUITY field, beside the ANNUITY field enter the source of the annuity
3. In the ANNUITY field input the \$300.00
4. <TAB> to the COMMENTS field and enter any comments (optional step)
5. <ENTER> to calculate the New Cost of Care Liability amount
6. If correct<ENTER> again to confirm

**ADDENDUM 4  
COCA PROCESSING**

EIS COCA	COST OF CARE SCREEN	090204 14:03
CASE NAME: DOE, JANE	CASE NUMBER: 00024573	WORKER B
CLIENT : JANE D	CLIENT NO: 0600055441	MONTH: 1004
INCOME:		EXPENSES:
SOC SECURITY (SS) : 1200.00	PERSONAL NEEDS : 1396.00	
SUPL SECURITY (SI) :	INCOME TAXES :	
ALB :	CHILD SUPPORT GARNISH :	
VETERANS (VA) :	SPOUSAL MAINTENANCE :	
PENSION :	DEPENDENT MAINTENANCE :	
ANNUITY : 300.00	INSURANCE PREMIUM :	
EARNED INCOME :	UNCOVERED MED EXPENSE :	
ADULT PUBLIC ASST :	HOME MAINT (6 MO MAX) :	
INCOME ADJUSTMENT :	EXPENSE ADJUSTMENT :	
TOTAL INCOME : 1500.00	TOTAL EXPENSES : 1396.00	
Comments:		
NEW COST OF CARE LIABILITY AMOUNT: 104.00		NEXT-->

## ADDENDUM 4 COCA PROCESSING

### D. THE COCB SCREEN

The COCB screen provides a history of the cost of care for the case. This screen displays all months of benefits, including months that have auto-rolled. The only instance where the COCB will **not** show a benefit month is if a worker accidentally passed through the COCA screen without making any entries. To access the COCB screen:

- ◆ <NEXT> to the COCB from the COCA or any EIS menu

Caseworkers can access a specific COCA screen directly from the COCB screen by:

1. Placing an X in the SEL (select) field by the benefit month
2. Pressing <ENTER>

IE002-I END OF DATA		COSTOF CARE BROWSE			020204 14:06
EIS COCB					WORKER B
CASE NAME: DOE , JOHN			CASE NUMBER: 0002457		
SEL	BEN MONTH	COCA AMOUNT	INCOME AMOUNT	EXPENS AMOUNT	COMMENTS
	03/04	904.00	2700.00	1796.00	
	02/04	844.00	2700.00	1856.00	
	03/00	712.83	1240.00	527.17	
	02/00	1713.98	2291.87	577.89	
					NEXT-->

**Note:** When the COCA displays from the COCB, the NEXT field will automatically display "COCB".

**ADDENDUM 4  
COCA PROCESSING****E. MAKING RETROACTIVE COCA ADJUSTMENTS*****Example #3: Retroactive Adjustment due to Reported Uncovered Medical Expense***

*It is March 3, 2004 and Mr. Doe has submitted a podiatrist bill for \$75 for services received on February 19, 2004.*

**Step 1:**

Access the 0404 COCA screen and input the \$75 in the Expense Adjustment field and <ENTER>

**Step 2:**

Upon <ENTER> EIS will update the COCA liability

**Step 3:**

Send notice to Mr. Doe explaining that his COC for 0404 has been reduced due to the uncovered medical expense occurred in 0204.

**Step 4:**

Access the 0504 COCA screen and remove the \$75 from the Expense Adjustment field and <ENTER>

**Step 5:**

Upon <ENTER> the COCA screen will update the COC amount

**Step 6:**

Send a second notice to Mr. Doe explaining that his COC liability will increase in 0504.

**ADDENDUM 4  
COCA PROCESSING*****Example #4: Retroactive Adjustment due to Increased Income***

*Mr. Doe receives Social Security Retirement. It is January 10, 2004 and the caseworker has just realized that the COC was not adjusted with the increase in Social Security due to the cost-of-living adjustment. Mr. Doe's Social Security increased from \$1200 to \$1226.*

**Step 1:**

Access the 0204 COCA screen and enter the new SS-RE amount of \$1226.00 in the SOC Security field.

**Step 2:**

Enter the \$26 of the missed Social Security for 0104 in the INCOME ADJUSTMENT field and <ENTER>

**Step 3:**

Send the COC notice informing Mr. Doe that his 0204 COC liability has increased due to Social Security adjustment

**Step 4:**

Access the 0304 COCA screen and delete the \$26 from the INCOME ADJUSTMENT field and <ENTER>

**Step 5:**

Send a second notice explaining what the new COC liability amount is beginning with 0304 benefits.

**F. CONTACTING THE HELP DESK**

If COC adjustments cannot be made within a four-month timeframe, contact the EIS Helpdesk to adjust the COCA for earlier months.

When contacting the Help Desk to make a change to the Cost of Care Liability, provide the following information for each month to be corrected:

- ◆ All income information
- ◆ All expense information
- ◆ The corrected liability amount

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**ADDENDUM 5  
MEDICAID EIS NOTICES**

Notice Number	Notice Title	Use
M001	Rights and Choices for Waiver Recipients	When authorizing Medicaid with waiver services or converting an individual from regular Medicaid coverage to waiver services. This notice tells the recipient that he or she should contact the care coordinator or waiver managing agency if there are problems or concerns with service providers, etc.
M002	MQT Trust Referral	When denying a Medicaid application due to excess income. It informs the applicant that Medicaid coverage may be available through use of a Qualifying Income Trust. It refers the denied applicant to contact Alaska Legal Services or the Alaska Bar Association if he or she wishes to investigate use of a trust.
M003	No Cost of Care Due	It is important to send this notice on LTC HCB Waiver and <i>all Nursing Home</i> cases that currently do not have a COC liability. This notices informs the recipient about COC, that the current obligation is zero, but in the future there may be an obligation. This way if there is ever a spike in monthly income, the agency can assess a COC liability for that month the income was received.
M005	Notice to Transfer Resources to Spouse	To inform a new Medicaid recipient that he or she has one year to transfer any resources above \$2000 to his or her community spouse before the next renewal date. Failure to send this notice may result in the new recipient not completing the transfer(s) and becoming resource ineligible at the annual review.
M006	Application for Other Benefits	When an individual appears to be eligible for a benefit from another program.
M007	Request for Social Security Number	When Social Security enumeration is required by the Medicaid program.
M012	Long Term Care Caseworker Introduction	When a case is transferred from a regular Medicaid caseworker to a new caseworker due to application for the HCB Waiver program or admission to a LTC facility.

**ADDENDUM 5  
MEDICAID EIS NOTICES**

<b>Notice Number</b>	<b>Notice Title</b>	<b>Use</b>
M103	Retroactive Medicaid Approved	When applicant is Medicaid eligible in one of three months preceding month of application.
M106	Emergency Medical Treatment Approved	For approving emergency coverage for aliens.
M110	Medicaid Approved – QMB coverage	For approving QMB coverage to pay for Medicare Part A and Part B premiums, deductibles, and coinsurance.
M111	Special Medicaid Coupon	When a disability exam or a waiver determination is needed.
M112	Medicaid Approval – Waiver Services	For approving LTC Medicaid. Explains that eligibility has been met due to being found eligible for HCB Waiver services.
M113	Specified Low Income Medicare Benefit	For approving SLMB coverage to pay for Medicare Part B premiums.
M115	Working Disabled Medicaid Approved	For approving Working Disabled Medicaid Buy-In. Informs the individual that they may have to pay a monthly premium.
M118	Back-Dated Medicaid Approved	When an individual receives a finding of disability and Medicaid is approved for prior months.
M120	Cost of Care / LTC Facility	Cost of Care (COC) requires adverse action. Send to Medicaid recipients residing in a LTC facility who are assessed a COC. Send a copy of the notice to the facility attention: Patient Billing.
M121	Medicaid Approved – LTC Facility	When approving Medicaid for a resident of a LTC facility.

**ADDENDUM 5  
MEDICAID EIS NOTICES**

Notice Number	Notice Title	Use
M122	CCMC Waiver Svcs Approved – Child on DKC	When approving CCMC Waiver Medicaid for a child who is receiving DKC and does not have a disability determination from DDS. The notice informs the parent(s) that the waiver can be approved due to DKC eligibility, and encourages the parents to complete all paperwork so a DDS determination can be made.
M123	CCMC Waiver Services Approved	When approving Medicaid with CCMC Waiver services for a child who already has an approved State-only Disability Determination or is receiving SSI.
M124	MRDD Waiver Svcs Approved – Child on DKC	When approving Medicaid with MRDD Waiver services for a child who is receiving DKC and does not have a disability determination from DDS. The notice informs the parent(s) that the waiver can be approved due to DKC eligibility, and encourages the parents to complete all paperwork so a DDS determination can be made.
M130	Cost of Care / Waiver	When an HCB Waiver recipient has a COC liability assessed. It instructs the recipient to work with his or her care coordinator in determining which service providers to pay directly. A copy of the notice should be sent to the Trustee and the care coordinator.
M131	APD Waiver Services Approved	When approving Medicaid with APD Waiver services. This includes new applications and case conversions from regular APA Medicaid.
M132	MRDD Waiver Services Approved	When approving Medicaid with MRDD Waiver services. This includes new applications, conversions from regular APA Medicaid, and SSI children approved for Waiver Services.
M133	Older Alaskan Waiver Services Approved	When approving Medicaid with OA Waiver services. This includes new applications and case conversions from regular APA Medicaid.
M136	Breast/Cervical Cancer Medicaid Approved	For approving Breast/Cervical Cancer Medicaid. Informs client that coverage will continue until treatment for cancer is completed.

**ADDENDUM 5  
MEDICAID EIS NOTICES**

<b>Notice Number</b>	<b>Notice Title</b>	<b>Use</b>
M140	APA Medicaid – Qualified Income Trust	When approving APA Related Medicaid due to the establishment of a Qualifying Income Trust.
M141	Medicaid – Special Needs or Pooled Trust	When any category of Medicaid is approved due to the establishment of a Special Needs or Pooled Asset Trust that has been approved by the Medicaid Policy officer.
M142	Medicaid Trust Information – LTC	For all LTC Medicaid recipients who have an established Qualifying Income Trust. Send a copy of the notice to the trustee(s). A copy of this notice should be sent with every renewal and whenever there is a change in trustee.
M143	Special Needs or Pooled Trust Info	For all Medicaid recipients who have an established Special Needs or Pooled Trust. Send a copy of the notice to the trustee and/or guardian. A copy of this notice should be sent with every renewal and whenever there is a change in trustee.
M144	Miller Trust Information – APA	For all Medicaid recipients who have established a QIT in order to qualify for regular APA Medicaid. Send a copy of the notice to the trustee. A copy of this notice should be sent with every renewal and whenever there is a change in trustee.
M200	Medicaid Denied – Application Process	When applicant does not show up for appointment, or reschedule an appointment.
M201	Medicaid Denied – Failure To Provide	When applicant does not provide requested information needed to determine eligibility.
M207	Medicaid Denied – Over Income	When applicant is not Medicaid eligible due to having too much income.
M208	Medicaid Denied – Over Resource	When applicant is not Medicaid eligible due to being over the resource level.
M213	Medicaid Denied – Other Reasons	When application is denied for other reasons (e.g., nonresident, request to withdraw application, receipt of benefits from another state, loss of contact).

**ADDENDUM 5  
MEDICAID EIS NOTICES**

<b>Notice Number</b>	<b>Notice Title</b>	<b>Use</b>
M216	Medicaid Denied - No Eligible Category	When applicant does not fit into any Medicaid eligibility category.
M221	Retroactive Medicaid Denied	When applicant is not eligible in any of the three months preceding the month of application.
M301	Medicaid Pended – Information Needed.	When information is needed from a new application to determine eligibility.
M302	Medicaid Held for a Disability Decision	When a DDS decision is needed in order to establish eligibility. It informs the applicant that their Medicaid application being held until the decision is received.
M303	Incomplete Medicaid Review – Info Needed	To request information needed from a review.
M304	Retro-Med Pended– Information Needed	To request information needed to determine Medicaid eligible for any of the three months prior to month of application.
M305	Pend New Waiver Application	When a new waiver application is received. It provides DSIDS contact information and provides a free form area to request other information.
M306	Medicaid – Residency Information Needed	When Alaska residency is questionable.
M320	Information Needed – TEFRA	When pending a new TEFRA application. It requests information that is specific to the TEFRA Medicaid category.
M321	Pend Waiver Start – Child on DKC	To request information when a DKC child has been selected from the DSIDS waitlist for either the CCMC or MRDD Waiver. It requests the income and resource information of the child and completion of the MED 1 and MED 2 forms for a DDS decision.

**ADDENDUM 5  
MEDICAID EIS NOTICES**

<b>Notice Number</b>	<b>Notice Title</b>	<b>Use</b>
M322	Pend TEFRA – Disabled Child Denied DKC	For a TEFRA referral when a DKC case has been denied.
M350	Request Medical Insurance Information	When additional medical insurance exists and information is needed.
M351	Waiver and/or DDS Approval Needed	For Special LTC Category applicants who require DSWS waiver approval and DDS approval. It informs the applicant that their application is being processed and some of the eligibility factors are dependent on decisions from other agencies.
M401	Medicaid Closed – Failure to Provide	When client has not provided requested information needed to determine eligibility.
M402	Failure to Complete Medicaid Review	Notifying recipient that case is closed due to no review received.
M407	Medicaid Closed – Over Income	When countable income causes ineligibility - for timely notice of case closure.
M408	Medicaid Closed – Over Resource	When countable resources causes ineligibility - for timely notice of case closure.
M410	Medicaid Review Received – Case Closed	When closing Medicaid from a review for reasons that result in ineligibility.
M413	Medicaid Closes – Other Reasons	When closing Medicaid for other reasons that result in ineligibility.
M419	Medicaid Stops – Client Deceased	When recipient dies. State and Federal regulations require that we notify the family or estate of a deceased client whenever benefits stop.
M420	Breast/Cervical Cancer Medicaid Closure	For timely notice of case closure. Gives reason case is closing.

**ADDENDUM 5  
MEDICAID EIS NOTICES**

<b>Notice Number</b>	<b>Notice Title</b>	<b>Use</b>
M463	Refused Other Possible Benefits	When individual does not comply with Development of Income requirements.
M501	Erroneous Discontinuance	When benefits are resumed after closing in error.
M502	Fair Hearing Request – Benefits Continue	When a recipient requests continued benefits while awaiting a fair hearing decision. This notice informs the recipient that he or she will be responsible to repay the cost of benefits paid by Medicaid if the decision is not in their favor.
M704	Change to Working Disabled Medicaid	When Working Disabled Buy-In eligibility is found upon ineligibility from another Medicaid category
M715	Cost of Care Change	Whenever there is a change in the COC obligation.
M716	Long Term Care Ends – Medicaid Continues	When Level-of-Care has been denied and ends HCB Waiver services but the recipient continues to be eligible for another Medicaid category. It informs the recipient that regular Medicaid coverage will continue and that he or she will have a new caseworker.
M720	Waiver Closed – Living in LTC Facility	When a waiver services end because a recipient enters a LTC facility.
M721	Pend Waiver Application – AP Med to Waiver	When a regular APA Medicaid recipient is pursuing HCB waiver services. It requests the additional items needed for waiver services.
M723	Medicaid Transfer of Asset Declaration	For APA Medicaid recipients who are pursuing HCB Waiver services. This is a notice version of the MED 3.
M802	Medicaid Review Approved	For approving continued Medicaid benefits.
M805	SLMB Medicare Review Approved	For approving SLMB review. Informs recipient that Medicaid will continue to pay for their Medicare Part B premiums.

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**ADDENDUM 6 – Medicare Part D Low Income Subsidy Guide  
Effective January 1, 2006**

CATEGORY	Full Subsidy Eligible	Reduced Subsidy Eligible	Full Benefit Dual Eligible				Medicare Beneficiaries Not LIS Eligible	SeniorCare Prescription Drug Coverage (Must be age 65 or older)
<b>DESCRIPTION</b>	Premium, deductible and cost sharing subsidy for low-income Medicare Part D recipients.							
<b>APPLICATION FORM</b>	SSA 1020 – Application	SSA 1020 – Application	None – State transmits eligibility file to SSA				N/A	SeniorCare Application
<b>INCOME</b>	<135% PFL	<150% FPL	Dual Eligible (≤100% FPL)	Dual Eligible (>100% FPL)	Dual Eligible (Institutionalized)	Deemed Eligible Medicare Premium  QMB = <100% FPL SLMB = <120% FPL SLMB PLUS = <135% FPL	>150% FPL	<\$20,913 Individual  < \$28,053 Couple
<b>RESOURCE LIMIT</b>	\$6,000 Individ. \$9,000 Couple	\$10,000 Individual \$20,000 Couple					N/A	\$50,000 Individ. \$100,000 Couple
<b>PRESCRIPTION DRUG PLAN</b>	Facilitated Auto-Enroll	Recipient Enrolls	Auto-Enrolled	Auto-Enrolled	Auto-Enrolled	Auto-Enrolled	Voluntary Enrolls	Recipient Enrolls
<b>RECIPIENT PREMIUMS DEDUCTIBLES And CO-PAYS</b>	\$0 premium  No Deductible  \$2 – \$5 co-pay  \$0 co-pay after \$5,100	Sliding scale premium  \$50 Deductible *May be covered by SeniorCare  15% co-insurance  \$2 - \$5 co-pay after \$5,100	\$0 premium  No Deductible  \$1 – \$3 co-pay  \$0 co-pay after \$5,100	\$0 premium  No Deductible  \$2 - \$5 co-pay;  \$0 co-pay after \$5,100	\$0 premium  No Deductible  \$0 co-pay	\$0 premium  No Deductible  \$2 - \$5 co-pay  \$0 co-pay after \$5,100	100% premium \$250 Deductible 25% coinsurance up to \$2250 100% coinsurance up to \$5,100 5% coinsurance after \$5100	SeniorCare pays premium not to exceed \$34.66/month and deductible not to exceed \$250/annually Income level determines co-payments or co-insurance client pays
<b>COVERAGE GAP</b>	None	None	None	None	None	None	Recipient pays 100% after \$2,250 in Total Drug Costs up to \$5,100 in Total Drug Costs	Income level determines whether recipient is subject to coverage gap.

## ADDENDUM 6 – Low Income Subsidy Guide

CATEGORY	Full-Subsidy Eligible	Other Low-Income Subsidy Eligible	FULL BENEFIT DUAL ELIGIBLE				Medicare Beneficiaries  Not LIS Eligible	Senior Care Prescription Drug Coverage  (Must be age 65 or older)
			Deemed Eligible (≤100% FPL)	Deemed Eligible (>100% FPL)	Deemed Eligible (Institutional)	Deemed Eligible QMB = <100% FPL SLMB = <120% FPL SLMB PLUS = <135% FPL		
CORRESPONDING EIS MEDICAID SUBTYPE			SI = SSI ST = APA eligible QM = QMB NS = Ineligible for SSI/APA due to requirements that do not apply to Medicaid	AS = Waiver in Asst. Living BB = Lost SSI/APA due to 1977 SSA Cola BC = Breast & Cervical Cancer DW = Working Disabled Buy-In GF = Eligible for MED in 1973 IN = HCB Waiver PM = 1619b, Disabled Adult Children, Disabled Widowers QD = Qualified Disabled & Working Individuals RC = Refuse Cash SS = Eligible for AF/SSI/APA in 1972 ST = APA Eligible	NH = Nursing Home	SL = SLBM	AS BB GF NS RC SL SS ST PM	

**ADDENDUM 7  
Prescription Drug Plans Available in Alaska as of October 10, 2005**

<b>Company Name</b>	<b>Plan Name</b>	<b>Premium</b>	<b>Deductible</b>
Aetna Life Insurance Co. 1-800-445-1796	Aetna Medicare Rx Essentials	\$35.46	\$250
	Aetna Medicare Rx Plus	\$46.01	None
	Aetna Medicare Rx Premier	\$61.93	None
CIGNA HealthCare 1-800-735-1459	CIGNATURE Rx Value Plan	\$34.65	\$250
	CIGNATURE Rx Plus Plan	\$40.15	None
	CIGNATURE Rx Complete	\$47.38	None
Coventry AdvantraRx 1-800-882-3822	AdvantraRx Value	\$25.19	None
	AdvantraRx Premier	\$37.77	None
	AdvantraRx Premier Plus	\$50.48	None
Medco Health Solutions, Inc. 1-800-758-3605	YOURx Plan	\$35.45	\$250
Community Care Rx MEMBERHEALTH 1-866-684-5353	Community Care Rx Basic	\$29.28	\$250
	Community Care Rx Choice	\$37.34	\$250
	Community Care Rx Gold	\$41.31	Reduced
PacifiCare Life & Health Insurance Company 1-800-943-0399	PacifiCare Saver Plan	\$24.26	None
	PacifiCare Select Plan	\$37.93	None
	PacifiCare Comprehensive Plan	\$40.31	None
SilverScript 1-866-552-6106	SilverScript	\$27.44	\$250
	SilverScript Plus	\$54.39	Reduced
Sterling Plus Rx 1-888-858-8572	Sterling Prescription Drug Plan	\$55.96	Reduced
Unicare 1-866-892-5335	Medicare RX Rewards	\$23.27	\$250
	Medicare RX Rewards Plus	\$31.28	None
	Medicare RX Rewards Premier	\$41.71	None
United HealthCare 1-888-867-5564	AARP Medicare Rx Plan	\$23.96	None
	United Medicare MedAdvance	\$26.57	None
WellCare 1-888-423-5252	WellCare Signature	\$20.05	None
	WellCare Complete	\$40.41	None
	WellCare Premier	\$42.64	None

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