

2145 - QUALIFYING INDIVIDUALS - 1

POLICY STATEMENT	Qualifying Individuals – 1 (QI-1) is a class of assistance (COA) that pays the monthly premium for Medicare supplemental Medical Insurance (Part B) for individuals who meet financial criteria based on a percentage of the Federal Poverty Level (FPL). Eligibility criteria are identical to SLMB except that the coverage is time limited depending on available State funds and the income limit is higher than the SLMB limit.
BASIC CONSIDERATIONS	<p>To be eligible under this COA, an A/R must meet the following conditions:</p> <ul style="list-style-type: none"> • The A/R is entitled to Part A Medicare coverage. • The A/R meets all basic eligibility criteria. <p>EXCEPTION: Application for Other Benefits, Third Party assignment, Length of Stay (LOS) and Level of Care (LOC) are not requirements under this COA.</p> <ul style="list-style-type: none"> • The A/R has countable resources of less than or equal to twice the SSI resource limit. • The A/R has countable net income of less than QI-1 income limit but greater than the SLMB income limit. <p>QI-1 pays only the monthly premium for Part B Medicare for the QI-1 eligible individual.</p> <p>Retroactive coverage (three months prior and intervening months) is allowed under this COA. QI-1 eligibility cannot pre-date January 1998.</p> <p>The QI-1 income limit is based on the Federal Poverty Limit (FPL). The FPL/QI-1 income limit is subject to change between February and April of each year. Therefore, the annual January RSDI COLAs are disregarded in determining QI-1 eligibility until the effective month of the new QI-1 income limit.</p> <p>In-kind support and maintenance (ISM) is NOT considered in determining QI-1 eligibility.</p> <p>NOTE: The Standard of Promptness for processing a QI-1 application is 10 working days from the date of receipt of the application.</p>

**SPECIAL
CONSIDERATIONS**

The 1999 Government Performance Results Act simplified the policy and procedures for this COA, and has changed the application process. In addition to applying at the county office, an A/R may apply with the local Community Health Center or with HICARE on a simplified application form, DCH 700, Medicare Savings for Individuals. (County DFCS shall also use Form 700 for initial applications and annual reviews. It is available from Central Supply.)

The local Community Health Center and HICARE will forward all applications to DMA, who will forward the applications to the appropriate county departments. The application date is the date stamped as received by DMA.

PROCEDURES

Follow the steps below to determine QI-1 eligibility.

Step 1 Accept the A/R's QI-1 application. Since this is a time limited program, it is important to take and process applications in chronological order.

Step 2 Contact the A/R by telephone only if information provided on the application is not sufficient to process the case.

NOTE: A face-to-face contact and office interview is not required at initial application or annual redetermination.

Step 3 Verify Part A Medicare entitlement by one of the following:

- client statement, if copy of card or other written verification is provided or available
- a RSDI Award Letter
- a Medicare card
- BENDEX under Clearinghouse on the system
- an MBR Query Card
- notification from a local SSA office.

NOTE: If the A/R has not been approved for Part A Medicare but is entitled to free Part A, obtain notification from SSA and process QI-1 as though the A/R is currently covered by part A Medicare. (If an A/R is required to pay a premium to receive Part A Medicare, they are not considered entitled for purposes of eligibility for QI-1.)

**PROCEDURES
(cont.)**

Step 4 Determine all basic eligibility criteria except LOS, LOC and Application for Other Benefits. Accept A/R's statement regarding citizenship and residency. Refer to Chapter 2200, Basic Eligibility Criteria

