

2146 – QUALIFYING INDIVIDUALS - 2

POLICY STATEMENT	Qualifying Individuals – 2 (QI-2) is a class of assistance (COA) in which Medicaid pays 1/7 percent of the amount of the Medicare home health benefits being transferred from Medicare Part A to Medicare Part B. QI-2 individuals must meet financial criteria based on a percentage of the Federal Poverty Level (FPL). Eligibility determination is identical to QI-1 except that the coverage is time limited depending on available State funds and the income limit is higher than the QI-1 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 the QI-2 income limit but greater than the QI-1 income limit. <p>QI-2 pays only 1/7 percent of the cost of the Medicare home health benefit, which is transferred to Part B Medicare. This amount is subject to change every year with the COLA.</p> <p>Retroactive coverage (three months prior and intervening months) is allowed under this COA. QI-2 eligibility cannot pre-date January 1998.</p> <p>The QI-2 income limit is based on the Federal Poverty Level (FPL). The FPL/QI-2 income limit is subject to change between February and April of each year. Therefore, the annual January RSDI COLAs are disregarded in determining QI-2 eligibility until the effective month of the new QI-2 income limit.</p> <p>In-kind support and maintenance (ISM) is not considered in determining QI-2 eligibility:</p> <p>NOTE: The Standard of Promptness for processing a QI-2 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 class of assistance, 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 this application form, which is available from Central Supply, or reproduce it locally.)

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-2 eligibility.

Step 1 Accept the A/R's QI-2 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 not provided or available
- a RSDI Award Letter
- a Medicare card
- BENDEX under Clearinghouse on the system
- a 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-2 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, he/she is not considered entitled for purposes of eligibility for QI-2.)

Step 4 Determine all basic eligibility criteria except LOS, LOC and Application for Other Benefits. Refer to Chapter 2200, Basic Eligibility Criteria.

**PROCEDURES
(cont.)**

NOTE: To fulfill the TPR requirement on a QI-2 applicant who has a TPR, copy the application and send to the DMA TPL Unit only if the QI-2 applicant becomes Medicaid eligible under another COA. Attach a copy of the insurance card if available.

Step 5 Determine financial eligibility using QI-2 income and resource limits. Refer to Chapter 2500, ABD Financial Responsibility and Budgeting to determine the following:

- w
- w
- to use
- w

NOTE: For all applications and annual redeterminations: The A/R's statement of income and resources provided on the application/review form is acceptable verification. No further verification is required unless questionable. If BENDEX/SDX or other information known to the agency indicates an amount

