

# SHIBA MSP (SLMB) & LIS workbook

April 1, 2024

Statewide Health Insurance Benefits Advisors  
(SHIBA)

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# Message from the SHIBA program team

Dear Volunteers,

As we continue our journey in making a positive Medicare counseling impact, it is essential to equip ourselves with the necessary knowledge and skills. The case scenario and activities included in this workbook aim to enhance your effectiveness as Medicare counselors.

Please take the time to engage with the content, reflect on the case, and make notes on the slide discussions. We encourage you to discuss your thoughts with fellow volunteers during our upcoming sessions.

Thank you for your commitment to making a positive impact, and we hope you find this workbook beneficial in your journey of continuous learning.

Your dedication and efforts contribute significantly to our mission. Thank you for being an essential part of our team.

Best regards,

SHIBA team

# Low Income Subsidies (LIS) or Extra Help overview

## About LIS

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- Program of Social Security Administration (SSA).
- SSA determines eligibility for the benefits.
- SSA estimates the value of Extra Help at \$5,300/year.

## Extra Help & Part D

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All Medicare beneficiaries with Extra Help have:

- \$0 Part D deductible.
- \$0 plan premium for benchmark Part D plan (PDP) .
- Maximum co-pays of \$4.50 for generic and \$11.20 for brand-name drugs on plan formulary.

## Extra Help eligibility requirements

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Available to beneficiaries:

- With income below 150% of Federal Poverty Level (FPL). Qualifying beneficiaries in single person households must have incomes at/below \$22,590 per year (\$30,660 for a married couple).

and

- Limited assets \$17,220 for a single person or \$34,360 for a married couple living together.

## **Automatically qualify - Extra Help notification**

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What's the notice called?

- [Deemed Status Notice \(PURPLE Notice No.11166\).](#)

Why did a beneficiary get it?

- They automatically qualify for Extra Help paying for their Medicare drug coverage because at least one of these conditions applies:
  - They have both Medicare and Medicaid.
  - They're in a Medicare Savings Program.
  - They get Supplemental Security Income (SSI) benefits.

## **Beneficiary action**

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- Keep the notice (see next page).
- No need to apply to get Extra Help.
- Compare Medicare drug plans to find one that meets their needs.

# Deemed Notice example



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard  
Baltimore, MD 21244-1850

<BENEFICIARY FULL NAME>  
<ADDRESS>  
<CITY STATE ZIP>

<file creation date>

You're getting this notice because you automatically qualify for Extra Help paying Medicare Part D drug coverage costs. **Please keep this notice for your records.**

## **What does it mean to automatically qualify for Extra Help?**

Getting Extra Help means you'll pay no more than <gen\_amt> for a generic drug and no more than <brd\_amt> for a brand-name drug in a Medicare Part D drug plan in 2024. **You automatically qualify for this help starting <effective date> at least until December 31, <year>.**

**Note:** You can only get Extra Help if you live in one of the 50 states or Washington D.C.

## **Medicare will enroll you in a Part D drug plan**

Medicare will enroll you in a plan to make sure you get help paying for drug coverage. You'll get a yellow or green notice from Medicare telling you what plan you'll be enrolled in.

If you need drug coverage after <effective date> but before your new Medicare drug plan starts, your pharmacist can bill Medicare's Limited Income Newly Eligible Transition (NET) Program.

Also, if you paid for any prescriptions before you got this notice, and you were eligible for Medicare and Medicaid, you may be able to get back part of what you paid. Call Medicare's Limited Income NET Program for more information at 1-800-783-1307. TTY users can call 711.

## **What if I don't want a Medicare Part D drug plan?**

If you don't want to be in any Medicare drug plan, you can opt out of this drug coverage. Call 1-800-MEDICARE (1-800-633-4227) and tell them you want to "opt out." TTY users can call 1-877-486-2048. Caution: If you opt out, you won't get Medicare drug coverage or Extra Help paying your drug costs.

## **What if I'm already in a Medicare Part D drug plan?**

If you've had any prescriptions filled since <effective date>, you may be able to get back part of what those prescriptions cost. Call your plan for more information.

## **Get help & more information**

For help understanding this notice, call your State Health Insurance Assistance Program at <SHIP Phone Number> for free, personalized health insurance counseling. Or, call 1-800-MEDICARE (1-800-633-4227) for help. TTY users can call 1-877-486-2048.



CMS Product No. 11166 –  
PURPLE December 2023

# Counseling case preparation

## Learning objective

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By preparing for the call with Laura, you will be equipped to provide her with accurate information, guidance, and support regarding her confirmed eligibility for Specified Low-income Medicare Beneficiary (SLMB) & LIS.

## Counseling case update

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Laura has received letters indicating her eligibility for the SLMB and LIS programs and seeks clarification from her counselor, Brian.

## Activities

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You are preparing to return a call to Laura.

<b>Question</b>	<b>Answer</b>
What do you do to prepare for this session?	
What information do you need to convey?	
What would you consider to be in your scope for this session?	



# Counseling case work

## Learning objective

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To improve counselor's communication and technical skills when counseling clients on SLMB & LIS benefits.

## Activities

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- Listen to the counseling session and evaluate it using the provided checklist.
- Go through the checklist and evaluate each item using the following criteria:
  - **Yes:** The item was fully addressed in the counseling session.
  - **Somewhat:** The provided information was incomplete.
  - **No:** The issue was not addressed but should have been addressed in the session.
  - **Not Applicable (N/A):** The item didn't apply in this case.
- Provide brief explanations for your evaluations in "Comments."
  - For any checklist items marked as "No," explain why the counselor should have addressed them.
  - For any checklist items marked as "Somewhat," suggest how the counselor could have incorporated the missing elements into the session.
  - For any checklist items marked as "Not Applicable," explain why.

## Counseling session checklist

SLMB and LIS related counseling session checklist for skills assessment	Yes/No, Somewhat, N/A	Comments
<p><b>1. Explain what to expect (based on start date &amp; client situation):</b></p> <p><b>NOTE:</b> They will get letters explaining everything (if they have not already).</p>		
<p>Had Part B and paid Part B Premiums:</p> <ul style="list-style-type: none"> <li>• Social Security "checks" will increase by \$170/month.</li> <li>• Part B will be paid by the state, so it is no longer deducted from monthly SS check.</li> <li>• Social Security issues reimbursements for (up to) 3 retroactive payments.</li> </ul>		
<p>Needs to be renewed each year (expect notices and respond).</p>		
<p>Check for comprehension.</p>		
<p><b>NOTE:</b> If a client is over 65 and just starting Part B (and they are in their FIRST 6-months of having both A &amp; B) they are also eligible for Medigap guaranteed issue. This is generally not a feasible option for clients eligible for Medicare Savings Plans (MSPs).</p>		

<p><b>2. Explain LIS/Extra Help (enrolled automatically):</b></p> <p>When WA state transmitted information to Federal government:</p>		
<p>If applicable – Late enrollment penalties waived (Parts B &amp; D):</p> <ul style="list-style-type: none"> <li>• Lowers premium (maybe \$0, depends on medication coverage).</li> <li>• \$0 Part D deductible.</li> <li>• Low Rx Co-pays (\$0 - \$4.50 for generics, \$0-\$11.20 for brand name).</li> </ul>		
<p>Eligible for Special Enrollment Period (SEP) allowing them to sign up for or change their Part D or Medicare Advantage Plan (MAP) now:</p> <ul style="list-style-type: none"> <li>• The month before → 3 months from start date of MSP.</li> <li>• Example: May 1st SLMB start – April change for May 1<sup>st</sup> (May, June, July).</li> </ul>		
<p>Eligible for SEP allowing them to change their Part D or MAP once per (calendar) quarter during year:</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> three quarters – change for the next month.</li> <li>• 4<sup>th</sup> quarter: Open Enrollment to change for next year.</li> </ul>		
<p>Check for comprehension.</p>		

<b>3. Explain options for Part D/MAPD coverage</b>		
Does client currently have Part D or MAPD plan?		
<p><b>Yes:</b> Current plan will update costs for Extra Help.</p> <ul style="list-style-type: none"> <li>• What coverage do they have?</li> <li>• Do they like it?</li> <li>• Do they have problems with it?</li> </ul>		
<p>Explain options because they now have Extra Help:</p> <ul style="list-style-type: none"> <li>• PDP – Extra Help for Rx only, still have co-pays/deductibles for Medicare A &amp; B.</li> <li>• MAPD – Rx &amp; Medical in one plan. Co-pays, networks for medical + extra benefits like dental, vision, hearing, and fitness.</li> <li>• D-SNP – special MA plans for people with Medicare &amp; Medicaid or MSPs, generally lower co-pays and more robust extra benefits + care coordination.</li> </ul>		
<b>Either:</b> Can compare plans or change coverage if desired.		
Check for comprehension.		
<b>4. Would they like to see if there is something that works better for them?</b>		

Is this something to discuss during this call or should you schedule follow-up?		
Follow-up: set appointment or if they want to call back, give deadline for changes (month & SEP).		
Deadline for changes: _____ Appointment information: _____		
Check for comprehension.		

See [Appendix A](#): Checklist for SLMB & LIS counseling (full version).

# Counseling case homework

## Activities

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Reflect on the importance of each checklist item in the context of counseling and how they contribute to a successful session.

Review the transcript and focus on how Brian provides the necessary information about SLMB and Extra Help.

Can you provide the same information in a simple, understandable manner?

How can a counselor ensure that the client understands the renewal process for the SLMB program?

What, if anything, would you add to Brian's explanation, and why?

## Scenario transcript

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**Laura:** Hi, Brian, I was calling you back! We spoke last month about my application for *Washington Connection* and my coverage. I did receive a letter in the mail that I'm eligible for a program called SLMB. I understand that's going to help pay for my Medicare premiums. And I also got a letter that said I'm eligible for something called LIS. I was hoping you could kind of help me understand that a little bit better.

**Brian:** Yeah, good to hear from you, Laura. So, like your letter says, you're eligible for a program called SLMB, and that's a kind of Medicare Savings Program. It takes care of your Part B premium. How that works is – the State will be paying your premium. So, your monthly Medicare Part B premium, which is \$174.70 a month, will no longer be deducted from your monthly social security check. So, when you see that check, it should be a little bit more each month now. Another thing to be aware of for the SLMB program is that every year you have to go through a renewal process to make sure you still qualify for it. So, just keep your eyes open for one of those letters.

**Laura:** Okay, that sounds great. What about this LIS part?

**Brian:** LIS stands for low-income subsidy. It's also called the "Extra Help" program. It's a federal program that helps lower the cost of your prescription drugs. It reduces the Part D deductible. You'll pay \$0 for that - and reduces the monthly premiums as well to \$0, in most cases. So, with the "Extra Help" or LIS program, the only thing you should be paying is some pretty small co-pays for your drugs.

**Laura:** Oh, that's great. I get some of my prescriptions through the VA. But I do pick up some of the pharmacy. So, is there anything else I need to sign up for?

**Brian:** Now that you have that letter, you have a few options. I'll go ahead and just go through those with you here. So, you could just do a stand-alone prescription drug program, if you'd prefer to go back to original Medicare. Another option is a Medicare Advantage plan with a prescription drug benefit. If I remember correctly, that's what you currently have. Is that correct?

**Laura:** Yeah, that's right. I am still pretty happy with that one.

**Brian:** Okay, so you're pretty familiar with the Medicare Advantage plan. There's an option of just a Medicare Advantage plan without the prescription drug

portion. Since you mentioned, you do get some of your prescription drugs through the VA. Then there's also something called a D-SNP plan. That is something for people on SLMB and other kinds of Medicare Savings Programs. They're designed for people who are on Medicare and Medicaid so it can help coordinate. It might *not* be the best in your situation since SLMB doesn't cover the Medicare Advantage premiums. So, it wouldn't help out in that regard.

**Laura:** I am pretty happy with the plan I'm currently on. But maybe we could get together and do a plan comparison, like maybe next month, and I could see if it's still the best option for me.

**Brian:** Yeah, definitely, that's something we can do. Another thing to be aware of - since you're on this SLMB, Medicare Savings Program - you actually can switch your coverage more often than most people. You can still do open enrollment like everyone else. And then for each quarter of the year: for first, second, and third quarter, you can also change. If you do change your coverage, it'll kick in at the beginning of the month after you change your coverage.

**Laura:** Okay, that's great.

**Brian:** We can go ahead and get together whenever works for you to go over that plan comparison tool and find a Medicare Advantage plan for you.

**Laura:** Okay, yeah, maybe at the end of next month.

**Brian:** I also have a few questions that I'd like to ask you, if that's okay. They're just for data collection purposes.

**Laura:** Oh, sure.

**Brian:** Okay, thanks. So, how did you learn about the SHIBA program to begin with?

**Laura:** My neighbor told me about it.

**Brian:** Oh, awesome. Good to hear that we're out there. What would you say your current gender is?

**Laura:** Oh, I wasn't expecting that. (Pause). But I'm female.

**Brian:** Okay, thanks. I appreciate it. These questions – if you don't feel comfortable, you can always decline to answer. They're just so that our organization makes sure we're reaching everyone and everyone's getting the help they need.

**Laura:** Oh, sure. Yeah, that's fine.



**Brian:** Okay, thanks. I've a couple more for you. Would you consider yourself to be transgender?

**Laura:** No.

**Brian:** Okay, thanks. Could I get your race as well?

**Laura:** Well, my ancestors are all from Ireland. So, I guess, white.

**Brian:** Okay, I'll go ahead and put that down. Well, thanks for answering those questions for me. Anything else I can help you out with while I've got you here?

**Laura:** Nope, not at this time. Thanks, Brian.

**Brian:** You're welcome. I'll talk to you next week.

# STARS

## Counseling session Beneficiary Contact Form (BCF)

SHIBA STARS Beneficiary Contact Form (BCF)			
<b>* Items marked with asterisk (*) indicate required fields</b>			
Date of Contact*: <b>03/01/2024</b>			
MIPPA Contact*:	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> No	NOTE: Remember to screen EVERY client for low-income programs & always check YES for MIPPA, even if they're above 150% of FPL.
Send to SMP:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b>No</b>	SIRS eFile ID: (*required if sending record to SMP)
Counselor Information*			
Session Conducted By*:	<b>Brian</b>	ZIP Code of Session Location*:	State of Session Location*:
Partner Organization Affiliation*:	<b>Sound Outreach</b>	<b>98405</b>	<b>Washington</b>
		County - Session Location*:	
		<b>Pierce</b>	
Beneficiary & Representative Name and Contact Information			
<i>Beneficiary</i>		<i>Representative</i>	
First Name: <b>Laura</b>		First Name: _____	
Last Name: _____		Last Name: _____	
Phone: <b>( 360 ) - 555 - 5555</b>		Phone: ( _____ ) - _____ - _____	
Email: _____		Email: _____	
Beneficiary Residence *			
State *: <b>WA</b>	Zip Code * _____	County *: <b>Pierce</b>	
Date of Contact *: 03/01/2024			
How did Beneficiary Learn About SHIP* (select only one):			
<input type="checkbox"/> CMS Outreach	<input type="checkbox"/> Partner Agency	<input type="checkbox"/> State SHIP Website	<input type="checkbox"/> Other
<input type="checkbox"/> Congressional Office	<input type="checkbox"/> Previous Contact	<input type="checkbox"/> SHIP TA Center	<input type="checkbox"/> Not Collected
<input type="checkbox"/> Employer	<input type="checkbox"/> SHIP Mailings	<input type="checkbox"/> SSA	
<input checked="" type="checkbox"/> <b>Friend or Relative</b>	<input type="checkbox"/> SHIP Media	<input type="checkbox"/> State Medicaid Agency	
<input type="checkbox"/> Health/Drug Plan	<input type="checkbox"/> SHIP Presentation	<input type="checkbox"/> 1-800-Medicare	
Method of Contact* (select only one):		Beneficiary Age Group* (select only one):	Beneficiary Gender* (select only one):
<input checked="" type="checkbox"/> <b>Phone Call</b>	<input type="checkbox"/> US Mail or Fax	<input type="checkbox"/> 64 or less	<input checked="" type="checkbox"/> <b>Female</b>
<input type="checkbox"/> Email	<input type="checkbox"/> Face to Face at Site/Event Site	<input type="checkbox"/> 85 +	<input type="checkbox"/> Not Collected
<input type="checkbox"/> Web-based		<input checked="" type="checkbox"/> <b>65 - 74</b>	<input type="checkbox"/> Male
		<input type="checkbox"/> Not Collected	<input type="checkbox"/> Other
		<input type="checkbox"/> 75 - 84	
Beneficiary Race* (multiple selections allowed):		Beneficiary Language*:	
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	English is Beneficiary's Primary Language <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	
<input type="checkbox"/> Asian		Receiving or Applying for Social Security Disability or Medicare Disability* (select only one):	
<input type="checkbox"/> Black or African American	<input checked="" type="checkbox"/> <b>White</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Other		
	<input type="checkbox"/> Not Collected		
Have you or a family member ever served in the military?			
<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No <input type="checkbox"/> Unsure			
Beneficiary Monthly Income* (select only one):		Beneficiary Assets* (select only one):	
<input checked="" type="checkbox"/> <b>Below 150% FPL</b>	<input type="checkbox"/> Not Collected	<input type="checkbox"/> Below LIS Asset Limits	<input checked="" type="checkbox"/> <b>Not Collected</b>
<input type="checkbox"/> At or Above 150% FPL		<input type="checkbox"/> Above LIS Asset Limits	

<b>Sexual Orientation*</b>	
Which of the following best represents how you think of yourself (select ONE):	
<input type="checkbox"/> Lesbian or gay <input type="checkbox"/> Straight, that is, not gay or lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> I use a different term _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	
<b>Gender Identity*</b>	
What is your current gender (select ONE):	Do you consider yourself to be transgender?
<input checked="" type="checkbox"/> <b>Female</b> <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> I use a different term: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> Prefer not to answer
<b>Topics Discussed* (At least one Topic Discussed selection is required. Multiple selections allowed)</b>	
<b>Original Medicare (Parts A &amp; B)</b> <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Coordination of Benefits <input type="checkbox"/> Eligibility <input type="checkbox"/> Enrollment/Disenrollment <input type="checkbox"/> Fraud & Abuse <input type="checkbox"/> Late enrollment penalty <input type="checkbox"/> QIO/Quality of Care	<input type="checkbox"/> Plans Comparison <input type="checkbox"/> QIO/Quality of Care <input type="checkbox"/> Supplemental Benefits Please explain: _____ <b>Part D Low Income Subsidy (LIS/Extra Help)</b> <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Application Assistance <input type="checkbox"/> Application Submission <input checked="" type="checkbox"/> <b>Benefit Explanation</b> <input type="checkbox"/> Claims/Billing <input checked="" type="checkbox"/> <b>Eligibility/Screening</b> <input type="checkbox"/> LI NET/BAE
<b>Medigap &amp; Medicare Select</b> <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Complaints <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Fraud & Abuse <input type="checkbox"/> Guaranteed Issue Rights <input type="checkbox"/> Marketing/Sales Complaints & Issues <input type="checkbox"/> Plan Non-Renewal <input type="checkbox"/> Plan Comparison	<b>Other Prescription Assistance</b> <input type="checkbox"/> Manufacturer Programs <input type="checkbox"/> Military Drug Benefits <input type="checkbox"/> State Pharmaceutical Assistance Programs <input type="checkbox"/> Union/Employer Plan
<b>Medicare Advantage (MA and MA-PD)</b> <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Chronic Condition Special Needs Plans <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Disenrollment <input type="checkbox"/> Dual Eligible Special Needs Plans <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Enrollment <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> Institutional Special Needs Plans <input type="checkbox"/> Marketing/Sales Complaints & Issues <input type="checkbox"/> Plan Non-Renewal	<b>Medicaid</b> <input type="checkbox"/> Application Submission <input checked="" type="checkbox"/> <b>Benefit Explanation</b> <input type="checkbox"/> Claims/Billing <input checked="" type="checkbox"/> <b>Eligibility/Screening</b> <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> Medicaid Application Assistance <input type="checkbox"/> Medicare Buy-in Coordination <input type="checkbox"/> Medicaid Expansion (ACA) Transition to Medicare <input type="checkbox"/> Medicaid Recertification <input type="checkbox"/> Medicaid Managed Care <input type="checkbox"/> MSP Application Assistance <input type="checkbox"/> MSP Application Submission <input type="checkbox"/> QMB Improper Billing <input type="checkbox"/> Recertification <input type="checkbox"/> Other

<b>Medicare Part D</b> <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Disenrollment <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Enrollment <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> Late Enrollment Penalty <input type="checkbox"/> Plans Comparison		<b>Other Insurance</b> <input type="checkbox"/> Active Employer Health Benefits <input type="checkbox"/> COBRA <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Long Term Care (LTC) Insurance <input type="checkbox"/> LTC Partnership <input type="checkbox"/> Marketplace Transition to Medicare <input type="checkbox"/> Other Health Insurance <input type="checkbox"/> Retiree Employer Health Benefits <input type="checkbox"/> Tricare For Life Health Benefits <input type="checkbox"/> Tricare Health Benefits <input type="checkbox"/> VA/Veterans Health Benefits <input type="checkbox"/> Other	
<b>Topics Discussed (multiple selections allowed) (continued from p. 2) *</b>			
<b>Additional Topic Details</b> <input type="checkbox"/> Ambulance <input type="checkbox"/> COVID-19 <input type="checkbox"/> Dental/Vision/Hearing <input type="checkbox"/> DMEPOS <input type="checkbox"/> Duals Demonstration <input type="checkbox"/> ESRD <input type="checkbox"/> Health Savings Accounts <input type="checkbox"/> Home Health Care <input type="checkbox"/> Hospice		<input type="checkbox"/> Income Related Monthly Adjustment Amount <input type="checkbox"/> Medicare.gov account <input type="checkbox"/> New Medicare Card <input type="checkbox"/> New to Medicare <input type="checkbox"/> Preventive Benefits <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Transportation	
<b>Total Time Spent on This Contact *</b> ___ Hours ___ Minutes		<b>Status *</b> <input type="checkbox"/> In Progress <input type="checkbox"/> Completed	
<b>Special Use Fields</b>			
Original PDP/MA-PD Cost: _____		Field 3: _____	
New PDP/MA-PD Cost: _____		Field 4: _____	
		Field 5: _____	

## Activities

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Review the form, focusing on:

- The demographic data.
- The information discussed in counseling sessions.

Highlight any item for which you believe the necessary information is missing.

Do you feel that the BCF provides sufficient information to prepare for a future conversation with Laura?

How important do you think BCF's completeness is to ensure the continuity and effectiveness of counseling?

## Learning outcome

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Can you explain what role BCF plays in ensuring the thoroughness and continuity of counseling sessions?

# Final reflections

## **Learning outcome**

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How has your understanding of SLMB and LIS improved through this training?

How will you apply what you've learned in your future counseling sessions?

## **Share with us!**

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Share an idea for how the SHIBA team and sponsors can help support the volunteer advisors even more/better via email at:

[OICMedicareTrainingFeedback@oic.wa.gov](mailto:OICMedicareTrainingFeedback@oic.wa.gov)

Thank you for your participation.

# Counselor challenge

## April challenge

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Dear Counselors,

We invite you to engage in a meaningful exercise that not only enhances your counseling skills but also showcases the invaluable work you do as volunteers. In light of Laura's inquiry about the SLMB and LIS programs, we encourage you to craft your own response, drawing from your knowledge and experience. This exercise can be undertaken individually or as a group collaboration, offering a chance to combine diverse perspectives and expertise.

With your permission, we aim to feature the most exemplary response in our upcoming email, celebrating the dedication and impact of our volunteers.

Please note that even if you prefer not to have your work featured, we value your participation and will provide feedback on your response. This feedback is an integral part of our ongoing efforts to envision and shape what mentoring will look like in our organization. It is a great opportunity for professional growth and to ensure we are all aligned in our approach to counseling.

Together, let's continue to make a difference in the lives of those we serve.

Warm regards,  
SHIBA Team

## April challenge instructions

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If you feel a part of the counseling session could be improved, please use the checklist to mark which sections need work and why. You can also create your own responses to Laura's inquiries.

### Our example:

**Laura:** Okay, that sounds great. What about this LIS part?

**Brian:** LIS stands for low-income subsidy. It's also called the "extra help" program. It's a federal program that helps lower the cost of your prescription drugs. It reduces the Part D deductible. You'll pay \$0 for that - and reduces the monthly premiums as well to \$0, in most cases. So, with the "extra help" or LIS program, the only thing you should be paying is some pretty small co-pays for your drugs.

### Your version:

**Laura:** Okay, that sounds great. What about this LIS part?

**You:**



## Key submission information

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- Date: Submit by April 24<sup>th</sup>.
- Email: [OICMedicareTrainingFeedback@oic.wa.gov](mailto:OICMedicareTrainingFeedback@oic.wa.gov).
- Subject: April counselor challenge.
- Consent for Sharing: Indicate if you are comfortable with us sharing your contribution.
- Names: Include the names of all participants.
- Service Area: Indicate what city/county you serve.

# Appendix A

## Checklist for SLMB & LIS counseling (full version)

SLMB and LIS related counseling session checklist for skills assessment	Yes/No, Somewhat, N/A	Comments
<p><b>1. Explain what to expect (based on start date &amp; client situation):</b></p> <p><b>NOTE:</b> They will get letters explaining everything (if they have not already).</p> <p>Identify if client is:</p>		
<p><b>(A)</b> New to Medicare</p> <ul style="list-style-type: none"> <li>• A &amp; B will start on eligibility date.</li> <li>• Part B will probably not be deducted from Social Security payment, but they will be reimbursed if it is due to processing time.</li> </ul>		
<p><b>(B)</b> Adding Part B after IEP or SEP Client was eligible for Medicare, but DID NOT HAVE Part B or employer coverage:</p> <ul style="list-style-type: none"> <li>• Automatically enrolled in Part B after state transmits information.</li> <li>• Will receive new Medicare card in the mail showing Part A &amp; Part B.</li> <li>• New card with A &amp; B can be printed or screenshot from Medicare.gov account.</li> </ul>		
<p><b>(C)</b> Had Part B and paid Part B Premiums:</p>		

<ul style="list-style-type: none"> <li>• Social Security “checks” will increase by \$170/month.</li> <li>• Part B will be paid by state, so will no longer be deducted from monthly SS check.</li> <li>• Social Security issues reimbursements for (up to) 3 retroactive payments.</li> </ul>		
Needs to be renewed each year (expect notices and respond).		
Check for comprehension.		
<p><b>NOTE:</b> If client is over 65 and just starting Part B (and in their FIRST 6-months of having both A &amp; B) they are also eligible for Medigap guaranteed issue. This is generally not a feasible option for clients eligible for MSPs.</p>		
<p><b>2. Explain LIS/Extra Help (enrolled automatically):</b></p> <p>When WA state transmitted information to Federal government:</p>		
<p>If applicable: Late enrollment penalties waived (Parts B &amp; D).</p> <ul style="list-style-type: none"> <li>• Lowers premium (maybe \$0, depends on medication coverage).</li> <li>• \$0 Part D deductible.</li> <li>• Low Rx co-pays (\$0 - \$4.50 for generics, \$0-\$11.20 for brand name).</li> </ul>		

<p>Eligible for SEP allowing them to sign up for or change their Part D or MAP now:</p> <ul style="list-style-type: none"> <li>• The month before and 3 months from start date of MSP.</li> <li>• Example: May 1 SLMB start - April change for May 1st (May, June, July).</li> </ul>		
<p>Eligible for SEP allowing them to change their Part D or MAP once per (calendar) quarter during year.</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> three quarters - change for the next month.</li> <li>• 4<sup>th</sup> quarter: Open Enrollment to change for next year.</li> </ul>		
<p>Check for comprehension.</p>		
<p><b>3. Explain options for Part D/MAPD coverage</b></p>		
<p>Does client currently have Part D or MAPD plan?</p> <p><b>Yes:</b> Current plan will update costs for Extra Help.</p> <ul style="list-style-type: none"> <li>• What coverage do they have?</li> <li>• Do they like it?</li> <li>• Do they have problems with it?</li> </ul>		
<p><b>No:</b> Auto-enrolled in Part D coverage – will get letter.</p>		

<p>Explain options because they now have Extra Help.</p> <ul style="list-style-type: none"> <li>• PDP – Extra Help for Rx only, still have co-pays/deductibles for Medicare A &amp; B.</li> <li>• MAPD – Rx &amp; Medical in one plan. Co-pays, networks for medical + extra benefits like dental, vision, hearing, and fitness.</li> <li>• D-SNP – special MA plans for people with Medicare &amp; Medicaid or MSPs, generally lower co-pays and more robust extra benefits + care coordination.</li> </ul>		
<p>Either: Can compare plans or change coverage if desired.</p>		
<p>Check for comprehension.</p>		
<p><b>4. Would they like to see if there is something that works better for them?</b></p>		
<p>Is this something to discuss during this call or should you schedule follow-up?</p>		
<p>Follow-up: set appointment or if they want to call back, give deadline for changes (month &amp; SEP).</p>		
<p>Deadline for changes: _____</p>		

Appointment information: _____		
Check for comprehension.		

# Appendix B

## SHIBA job aid: Rainbow Chart

Program	Household size		Need to apply for LIS?	Copay/coinsurance plan's formulary drugs
	1	2		
<b>SSI-Related Medicaid Income Limit (AKA Categorically Needy/CN Medicaid S01, S02)</b>	<b>\$963</b>	<b>\$1,435</b>	NO	Copay: \$1.55 generic /\$4.60 brand Catastrophic Copay: \$0
<i>SSI Resource Limit</i>	<i>\$2,000</i>	<i>\$3,000</i>		
<b>MN – Medically Needy/Spenddown Income basis (S95, S99)</b>	<b>&gt; \$963</b>	<b>&gt; \$963</b>	NO	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
<i>MN Resource Limit</i>	<i>\$2,000</i>	<i>\$3,000</i>		
<b>MSP- QMB Income Limit 110% FPL (S03) No Resource/Asset Limit as of 1/1/2023</b>	<b>\$1,401</b>	<b>\$1,894</b>	NO	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
<b>MSP- SLMB Income Limit 120% FPL (S05) No Resource/Asset Limit as of 1/1/2023</b>	<b>\$1,526</b>	<b>\$2,064</b>	NO	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
<b>MSP- QI-1 Income Limit 138% FPL (S06) No Resource/Asset Limit as of 1/1/2023</b>	<b>\$1,752</b>	<b>\$2,371</b>	NO	
<b>Extra Help Income Limit 138% FPL Apply for MSP to eliminate Resource/Asset Limit</b>	<b>\$1,752</b>	<b>\$2,371</b>	NO <i>If approved for MSP first</i>	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
<b>Extra Help (effective 1/1/2024) Income Limit 138-150% FPL</b>	<b>\$1,903</b>	<b>\$2,575</b>	YES	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
<i>Resource Limit</i>	<i>\$17,220</i>	<i>\$34,360</i>		

# Resources

- [CMS.gov](https://www.cms.gov)
  - Guide to consumer mailings from CMS, Social Security, & plans in 2023/2024
- [Medicare.gov](https://www.medicare.gov)
  - [Forms, Publications, & Mailings](#)
  - [Help with drug costs](#)
- [SSA.gov](https://www.ssa.gov)
  - Understanding the Extra Help with Your Medicare Prescription Drug Plan