DHS Oregon Department of Human Services

Children, Adults and Families

Information Memorandum Transmittal

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Topic: Medical Benefits

Subject: SSP Medical Extended Medical, Due Process & Miscellaneous Policy Questions and Answers

Applies to (check all that apply):

- ☐ All DHS employees
- ☐ Area Agencies on Aging
- ☐ Children, Adults and Families
- ☐ County DD Program Managers
- ☐ County Mental Health Directors
- ☐ Health Services
- ☐ Seniors and People with Disabilities
- ☒ Other (please specify): CAF SSP only.

Message: We've listed actual questions and answers about Extended Medical, Due Process and miscellaneous policy below. A "Q &A" about the new citizenship policy will be provided in a separate transmittal soon.

Due Process

Question: I have an EXT medical and the child was removed by CW. I am confused as what to do with the remaining adult. Due I close effective end of month or transition into OHP by pending for eligibility info.?.

Answer: The due process requirements affect all medical programs (although only SSP medical programs allow the "BED" coding).

We're required to keep the case open pending a review and eligibility decision for all other medical. Keep her on EXT until you determine if she's eligible for other medical and you can meet the notice requirements (such as a 10-day notice of reduction prior to computing into OPU).

It's at http://dhsmanuals.hr.state.or.us/B/461-170-0130.htm "Acting on Reported Changes; EXT, GAM, MAA, MAF, OHP, OSIPM, SAC" and also in the FSM medical chapter in redeterminations of eligibility.

Question: I am in need of clarification regarding the BED coding. Do we code the BED when a client requests medical? For instance, a client's maa medical ends on 06/30/06 and they call in and request an application on 06/15/06... do we code the BED then or when they return the application?
I know that there are apps that come in that are auto sent to the client, but some times for some reason they don't get these and need to request.
Also, it's my understanding that if we are converting and don't have enough info and the benefit is due to close we should place the BED coding on the case. Is this correct?

Answer: Yes, add the BED coding when a date of request is established if necessary to prevent the automatic closing of medical and/or TANF.

The date of request may be established before the redetermination is submitted or it may be that the submission of the redetermination is what creates the DOR. Either way, you may need to add the BED code if you need more time to make an eligibility decision. (Some branches add the BED code before the redetermination is given to the worker).

You may need to prevent the automatic closure only because the decision to close was made after the 10-day notice deadline. In that scenario, the BED is to keep the case open solely to give time for the 10-day notice and the BED end date will be the next month.

Question: If a client doesn't respond within the new 45 day limit but does respond between the 45 day limit time period and the end of the month due process time period do we establish a new dor and bed date "ad infinitum"? If not, please explain why.

Answer: Unless granted good cause, clients have 45 days to verify eligibility for medical or there has to be a new DOR and a new 45 timeframe. We still need to make an eligibility decision based on the new DOR but we can let the case automatically end benefits. They would have already been sent a 77B (incomplete review) close notice and since we couldn't make a determination about which medical programs, if any, the client was eligible for, we don't have to send a DHS 462A notice.

In this scenario, we would let the CM system automatically close the case while we make a decision based on the new DOR. We're under no obligation to keep the case open forever, even with the new due process requirements.

The policy is at http://dhsmanuals.hr.state.or.us/B/461-180-0085.htm and http://dhsmanuals.hr.state.or.us/B/461-180-0090.htm, both of which also

refer to http://dhsmanuals.hr.state.or.us/A/461-115-0190.htm

Question: Here is a scenario:

OPU client, STD date of 06/06.
Client completes and turns in application with DOR of 6/07/06.
Client OVI using June as the budget month.
Client claims income has been reduced so worker slides budget month to July and pends for June income verification
Worker puts a BED date of 08/06. (45 days = 07/22/06)
Client turns in verification of June income on 07/17/06.
Worker determines client is still OVI. However, client still claims income has been reduced.
Worker has client re-sign application and establishes new DOR of 07/17/06. (45 days = 08/31/06).
Worker pends for verification of July income and changes BED date to 09/06.

How long do we keep this up?

If the client is found eligible using August as the budget month, do we count July and Aug as part of the new eligibility period? STD date 12/06?

Answer: You probably should have sent a 10-day close notice and 462A denial notice and closed 7/31/06. Although the applicant responded to the request for more verification, they didn't verify eligibility within the 45 days and didn't have good cause for the extension.

(By the way, they didn't need to resign the application; a verbal request is OK).

The submission of the pended items on 7/18 establishes a new DOR, but it was after the 45 days and they didn't have good cause for an extension. If they're eligible with the new DOR, we can reopen.

Question: The date of request is 7/20/6. 45 days = 9/3/6. Bed date is 09/06. The 45 days is up on 9/3/6 but the client technically has until 9/30/6 to respond, right?

Answer: No, they don't have until 9/30/06; they only have until the 45th day. If they respond by the 45th day, if they're ineligible, their case still closes at the end of the calendar month after the 10-day notice period following the 45th day even though the eligibility decision is made prior to that date.

If they don't respond, then the BED code stays on, the case is automatically sent the 77B notice and the case automatically ends during end of month processing.

It all has to do with the fact that we're closing rather than denying ongoing OHP. Responding after the 45th day does establish a new DOR.

Question: I was given an ohp 7210 with receive date of 7-17-6 to process. Client's ohp case auto closed as she turned 19 in July. Client ohp was just certified as OPC in June. Converting client from OPC to OPU is a reduction in benefits and can't be done until Sept due to 10 day rules. When I try to update the case, with the client as an eligible AD with c/d of OPC, BED=9/2006 CMUP will not process case into VP status.

Answer: The CM system automatically sends 10-day close notices when CHP/OPC children are going to turn 19. An application is also automatically mailed to them.

With the new BED coding, the CM system should have allowed the 19 year old to remain on OPC while the OPU eligibility decision was being made and the 10-day notice of reduction is sent.

If the BED coding is not working as you expect, please call the DHS Service Desk or let us know of your question or concern. There have been a few system problems with the new BED coding and OIS is working on fixing the problems.

Question: In the past I was trained that when I approve an maa case I needed to add one month to the review due date for the date I wanted it to be approved through. I am hearing from more than once source that the "problem" that required that additional month to be added is fixed and we are now to put the actual month we want benefits to end if not determined continued eligible with an application. Is this correct? Example if food stamp f2f is due in 03/2007 I would normally put a review date on maa for 04/2007 for them to be able to reapply for both programs at the same time with the same application. Do I now code the review for 03/2007 (the actual month)?

Answer: You would still code the medical review as 04/2007. A review date of 04/2007 means it has to be completed no later than 3/31/07 to meet the 04/2007 review completion deadline.

With the new autoclose for MAA/MAF and TANF, if the review date is 04/2007 and no BED is added to the case, the MAA/MAF/TANF case will

automatically close 3/31/07.

We've requested the RVW date field be converted to a month/day/year format.

Question: When floating the budget month for OPU clients does this also change the start date of the medical? For instance, have a client who's dor is June 15 2006.. using the prior three months puts him over income. If I use July as the budget month and he's eligible would the medical begin on 08/01/06 or 07/01/06?

Answer: With the BED coding, it's unlikely the medical will end prior to the decision to float the budget month:

DOR 6/15/06. BED is added, so medical is ongoing. Not eligible using June as the budget month. If it's too late to send a 10-day close notice, the medical stays open into July.

We float the budget month to July, they clear eligibility and the STD end date is 12/06.

Same scenario, except we have to float into August. If it's too late to send a 10-day close notice for July, they're going to get July benefits with no overpayment. Count the July benefits as part of the 6 months, so the STD ends 12/06.

NOTE: Any OHP benefits beyond the current 6-month eligibility period count as part of the next 6-month eligibility.

Extended Medical

Question: I was looking at the EXT med quarterly report form (7475) and I noticed that the due date on the form is for the 10th of the month, instead of the 21st. It also indicates on the form that "Your benefits will stop if you do not complete and return this form by the 10th of the month shown above . I was under the impression that they had to turn it in by the 21st, not the 10th. Does it just say the 10th to give the client time to get it in by the 21st?

Answer: You're right, the report is due no later than the 21st but we purposely put the 10th on the form partly because we wanted them to turn it in earlier but mainly because we thought we were going to combine the M5 APR and

EXT quarterly report process. Unfortunately we couldn't get that to work and had to abandon the endeavor. We'll be revising the 7475 to say it's due by the 21st.

Question: About the 7475 - does it matter if it is turned in before the 1st of the 4th month (form was received on the 24th of the 3rd month)

Answer: It doesn't matter.

Question: What if they report having no income on the 7475?

Answer: It doesn't matter until the second quarterly report. Go ahead and change the IE1 to IE2 for the 8th (!) month of the EXT. (It has to be the 8th month because they have until the 21st day of the 7th month to get the second quarterly report in, after the 10-day notice deadline. If they get it in early enough to allow for a 10-day notice and are no longer eligible, you could close the end of the 7th month if the notice has been sent).

Convert to IE2 but still pend for MAA; unless there is something that affects EXT eligibility in the pend notice, it won't affect the EXT if they don't respond to the pend. You could deny the MAA and still keep the EXT ongoing.

Question: I have a client on EXT coded IE1 she turned in a DHS7475 with no reported child care expenses let it close and she will get a notice? Do they HAVE to have child care expense in order to continue to be eldg for EXT ??? Or do I coed her IE2 add a month and narrate?

Answer: No, they don't have to have child care expenses to keep getting EXT. We ask for their out of pocket child care expenses because it's a deduction from the earned income and we use the adjusted earned income for the 185% FPL test.

But - we don't need to worry about the 185% test until the second quarter's 7475 is turned in.

The 185% test doesn't affect the first 6 months of EXT.

She turned in her quarterly report so if she still has a dependent child in the home, code the case with an IE2 for the end of the 8th month. We'll worry about her income and child care when she turns in the second quarterly report (due no later than the 21st day of the 7th month).

Question: We received one of our first ext change reports and the client is no longer working. Do we close for the end of August or do we let the client have the first full 6 months of ext elig? The manual does not seem to address this. It only address for the additional reports and sending closure notices then. If we close on 8/31/06 because no longer working what notice do we use? Where can I find this info in the manual?

Answer: You need to review for MAA. If not eligible for MAA, leave on EXT. Add the IE2 for the end of the 8th month of EXT.

If not eligible for MAA, you can keep the EXT open. As long as they turn in the first quarterly report and have a dependent child in the home they get the first 7 months of EXT (IE2 with the 7th month as the end date.)

Your best bet for info about the notices is the BED cheat sheet.

Question: If a client does not report timely that they have a job that takes the HH OVI for MAA, are they still eligible for EXT...

Example: Family in MAA (CRS) and SRS for FS. Family's MAA ended 6/30 with no review completed to continue medical. When they submitted the SRS report on 7/11, they report earned income above MAA standards with a job which started in May. Would they be EXT eligible? Had the medical not ended would they have been EXT eligible with EXT beginning 6/06 with the job starting in May?

Answer: Yes, they can still be EXT eligible; it's the same benefit package, just a different program, so the months on MAA that they should have been on EXT are not an overpayment. However, the months on MAA do count toward the EXT months.

Were they over the MAA income limit in May? If so, then that was the first of the EXT eligibility period with an IE1 end date of 10/06.

Since they let their medical end, I wouldn't automatically give them EXT, but we are required to let them know of potential EXT eligibility and ask if they want it. I'd also ask if they have or can get health insurance through their employer.

Question: When processing the 7475 are we using a compute action?

Answer: A compute to change the EXT n/r is best and what I would recommend, but CM will allow them to be updated on a change action, too.

Question: I've read through the manual and want to make sure that I am determining EXT eligibility correctly for a client. Situation: Mom and son have been receiving MAA and meet 3 of the 6 rule. The MAA review is due by 07/31/06. DOR 07/11/06. On 415f Mom lists herself, son and her other child, a daughter. Her daughter has been receiving MAA with her dad; her MAA ends 07/31/06.

Mom & son will be EXT eligible, but I will now determine the daughter for OHP, right? In the manual it states that Brittany needs to be part of the MAA benefit group when these benefits end. Since she wasn't I am assuming that I determine her for OHP.

Answer: Yes, that's correct; there's no EXT eligibility for the daughter, but she could be OHP eligible.

Question: I have a client and children that were on MAA medical that ended 06/30/2006. She then submits a 415F request and file date 07/10/06 requesting medical. Per a phone call to her she has been working since 04/06 and did not report it. What action do I take.

Should I mail a 210 requesting POI for 07/06, 05/06, 04/06 and 03/06 due back in 45 days for medical (basic OHP). Or should I be looking at EXT from 04/06? and if so would I code IE1 thru 09/2006 (what about the 1st qtr already gone by she did not have a chance to submit the report in the 4th month?)

Answer: If she states information about her income that tells us she's over income for MAA, then no proof of income is needed, convert to EXT effective 4/1/06. I wouldn't worry about the break from 6/30 to 7/10 because we can restore to EXT if eligible.

Use an IE1 of 9/06 and narrate that she had good cause for not submitting a 7475 since she was on another medical program through client error.

Question: Looking at the new rules, she hasn't been on MAA for 3 of the last 6 months, but does EXT MED count as "MAA for 3 of last 6 months?"

Answer: No, EXT medical doesn't count toward the 3 months of MAA. Out of state medical doesn’t count toward the 3 months of MAA, either.

Miscellaneous, including Pursuit of Assets, UC and other

Question: QC cited me for a concurrent benefit error because I opened medical in Oregon while it was still open in another state. Why? I thought we could open medical in Oregon without waiting for the other medical to end.

Answer: We can, but it has to be narrated that the client couldn't access their out of state medical in Oregon. Because there was no narration, there was no way for QC to know why it was OK for the Oregon medical benefits to be opened. It's in http://dhsmanuals.hr.state.or.us/B/461-165-0030.htm

Question: QC is saying I needed to pend the client for UC, but it's a single parent household.

Answer: Any client that might be eligible for UC has to apply, it doesn't matter if it's a single parent or two parent household. You can open the children's medical when their eligibility has cleared, but you have to pend any adult for pursuit of any available asset, including UC for a single parent MAA or OHP client. It's in http://dhsmanuals.hr.state.or.us/A/461-120-0330.htm

NOTE: For MAA, failure to pursue assets results in ineligibility for the adult who isn't pursuing the asset. If the adult is the PWE and the asset is UC, then it may be part of the two-parent UN deprivation decision. If the PWE doesn't pursue UC as part of the deprivation decision, the entire filing group is ineligible for MAA.

For TANF, failure to apply for any available asset, including UC, results in the TANF filing group being ineligible for TANF.

For Assessment Program applicants, if an applicant is not pended for a UC determination, the reason must be narrated. For example, the eligibility worker:

- Already knows the claim would be invalid for lack of work hours, or
- Knows the claim would be denied for job quit, but has granted good cause, or
- The applicant is currently unable to work.

If not narrated, it is a medical QC error.

Question: QC said I had an error because I didn't pend my client for UC, but he can't work so why should I have to pend him?

Answer: Did you narrate that the client wasn't able to work? If not, that would result in an error; QC didn't know why you didn't pend for UC.

Question: I opened an Assessment Program case, but QC said I should have pended the case for UC.

Answer: Was the person that could get UC the PWE of a two-parent household? If so, then the UC decision could affect Assessment Program eligibility.

Clients are only assumed eligible for MAA on Assessment if the Assessment decision was correct. If the client was unable to work or you already know the client would be denied UC but has good cause for the UC denial, then your decision and the basis for the decision has to be narrated or QC will have to assume it wasn't addressed.

If they weren't the PWE, they would still have to be pended for UC, but it would be because they need to meet the pursuit of assets rule not because it could affect deprivation.

It doesn't matter if the application is for Assessment, or not, or whether it's two-parent or single-parent; the adult still needs to pursue assets.

NOTE: With the new DRA citizenship requirements, the assumed eligibility rule will be amended to clarify that Assessment Program clients aren't assumed eligible for MAA unless their citizenship is documented.

Question: Why does the CMP team at 5503 ask me to close a medical case in the middle of the month? We're not supposed to close medical until the end of the month.

Answer: When the CMP team is opening medical, they have to begin the medical when the child was admitted into the facility. They ask you to close your medical so they can open their medical for the child on the correct date and avoid duplicate benefits.

Question: When a child turns 18 in October how do we open him a new case (since there is no openings)? Can we use the same application with DOR for Mom's case in October to open medical for the 18 yr old or do they complete an application and we honor mom's DOR for the 18yr?

Answer: OHP medical (OPC, CHP) is for children up to age 19. At age 18, if they are still living with a parent, they are still part of the family with their parent(s) and siblings under age 19. The parent has to sign the application

and their income counts.

For MAA, an 18 year old HS graduate can no longer be on unless they apply on their own with their own children. They are removed from the MAA they were getting with their parent(s).

Question: I have a NPH -OHP case--- the guardians of two boys are not related to them, the court has awarded quardianship, they are not adopting them and they do not receive foster care monies The oldest boy turned eighteen in April--- he works and attends school, will be a senior this fall--- is his income exempted on OHP?

Answer: Yes, the earned income of 18 year olds is excluded for OHP. Treatment of earned income is (4) at http://dhsmanuals.hr.state.or.us/A/461-145-0130.htm

Definition of children for OHP is 1 (e) at http://dhsmanuals.hr.state.or.us/A/461-110-0110.htm

Question: On the OHP application (page 7) it states (regarding the bank accounts) that “The following information will not affect your eligibility for OHP". So why do we have to pend them for bank statements? Also, no where on the OHP application does it state that they need to provide proof of bank statements--do they?

Answer: The exclusion on page 7 applies to cars and non-liquid resources; they don't matter for OHP, but they do for MAA, MAF, etc.

Many pends are not necessary; for example, you do not need to pend for resources unless you find them questionable.

The OHP verification requirements are at http://dhsmanuals.hr.state.or.us/A/461-115-0705.htm

Question: The last few D4 cases I have had to cert or set up gave the error msg: 02031E "Excp code must be N on ECS child or C5 program". I use the "n" exemption code, but it still wants the ECS. Won't bypass or take the exemption. I either have to add the parents or use the ECS.

Answer: There's a system issue in that D4 cases are requiring the ECS when they shouldn't request it. It's something that will be fixed eventually but meanwhile it's OK to add the ECS.

Question: I am trying to determine if my client & her 2 children may be MAF eligible. She is a blended family. She has DPU, USDA, Child Support income. I deducted all of the USDA as an allowable cost.

She does the child care in her home & lists utilities, gas (for food shopping), cleaning supplies, & advertising as costs. She does not have any verification of any of these.

Answer: The reimbursements for children in the filing group aren't an allowable income exclusion (you can't deduct it) per http://dhsmanuals.hr.state.or.us/A/461-145-0570.htm

http://dhsmanuals.hr.state.or.us/A/461-145-0920.htm lists which can be excluded and which cannot be excluded.

For utilities, no expense is allowed if the office or shop is part of the dwelling in which the client lives. The others sound OK to use.

She doesn't need to provide verification of allowable exclusions unless they're questionable.

Question: I have a client, who applied for medical for herself and her children on 07/06/06. I denied the mother's medical on 07/11/06 due to no new enrollments for an OHP standard adult. I pended the children for the private health insurance information to see if it is cost-effective or not.

The mother turned in a proof of pregnancy w/ an EDD of 02/25/07 on Monday, 07/26/06. She did not report that she was pregnant on the 07/11/06 application. I called her and she states that she did not know that she was pregnant at the intake but found out later that day. She never called me to let me know. She meets all eligibility requirements for OPP medical. Should I start her medical 07/24/06 as that is the date she reported the pregnancy and let the 07/11/06 denial stand?

Answer: Yes, treat it as a new DOR for OPP and begin her medical 7/26/06.

Question: If person on FHIAP goes on maternity leave in July & employer confirms that the ESI will end 7/31/06, can I assume that there is no FHIAP eligibility & open MAA 8/1/06 (she is elig)? Or do I need something further from say FHIAP showing client has no FHIAP coverage?

Answer: Ask for proof that FHIAP has ended, or will be ending, and then you can go ahead and open MAA for 8/1/06 if eligible. The client probably has a notice from the employer or the insurance agency, and she should immediately

provide that info to FHIAP so she doesn't incur an overpayment.

Question: I just approved CHP for all the kids in the family--the OHP end date shows 01/31/07 & the CHP will end in 07/07--do I manually change the OHP end date or leave it as it to confuse the front desk?

Answer: The OHP cert end date doesn't have anything to do with CHP, OPP or OPU end dates. Front desk staff also need to know that OP6 children turning age 6 could have their medical end before the cert end date, too.

If you have any questions about this information, contact:

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