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Authorized Signature

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Topic: Other

Subject: More 2008 Accuracy Summit's Q&As

Applies to (check all that apply):

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| <input type="checkbox"/> | All DHS employees | <input type="checkbox"/> | County Mental Health Directors |
| <input type="checkbox"/> | Area Agencies on Aging | <input type="checkbox"/> | Health Services |
| <input checked="" type="checkbox"/> | Children, Adults and Families | <input checked="" type="checkbox"/> | Seniors and People with Disabilities |
| <input type="checkbox"/> | County DD Program Managers | <input type="checkbox"/> | Other (please specify): |

Message:

*More 2008 Accuracy Summit's Q&As
July 29, 2008, Do the Due:*

Question 1: What do we do when verification is not received until after the 45th day and the 77B close notice has already been sent? Do we need to send another close notice? Is the worker required to hold the medical benefits open until a new timely notice is sent?

Answer 1: If the client did not request an extension of time or provide the verifications by the 45th day, the 77B closure notice is adequate for closing benefits. However, a new date of request was established and must be honored. Determine eligibility using the new DOR, but do not BED the case again (do not "BED on a BED"). Benefits will end and remain closed while the worker reviews eligibility. If the client is later determined to be eligible, benefits can begin on the first of the month after the month where benefits ended.

Question 2: What if the client established a new date of request after the 45th day for a BED'd case before benefits ended, and the worker was able to establish the client was no longer eligible before the benefits ended?

Answer 2: Because the client did not provide requested verifications before the 45th day, the benefits closed correctly with the BED notice (77B). Treat this as you would a new applicant; send a denial for being over income and send the 462.

Question 3: What about a case where the client receives a final notice for the six- or 12-month medical eligibility period, but before benefits actually close they provide a new application, and in reviewing it, the worker determines they are over income for ongoing benefits? A final closure notice was already sent. Does that cover the need for a closure notice?

Answer 3: No. The final close notice says we could not make a decision because we did not have enough information to determine that they were still eligible, so benefits are going to close. However, now they have provided more information. We now have to provide new notices before we can close benefits.

Do not confuse the date of request that is established at the end of a current eligibility period with a date of request that is established after the 45th day but before benefits end on a BED'd case. If it is at the end of the original eligibility period and we know that the client is no longer eligible, and we have time to send a timely closure notice, we must do so: the final close notice that went out mid-month is no longer a good notice. And, if we do not have time for a timely closure notice before the end of that month, we must now BED the case for the following month so we can give them the correct 10-day closure notice (notices 456 and 462).

For example, benefits ending in June, final notice goes out June 15, client provides an application June 20. On June 25, the worker reviews the application and the client is over income. We can no longer consider the June 15 notice to be a good closure notice because we now have information that tells us they are over income. We also do not have time for a closure notice for June. Restore medical with a BED date for July, and in July, send a 456 for over income and a 462, remove the BED date and close benefits at the end of July.

Question 4: When a client has TANF and MAA, and goes over earned income and is now eligible for EXT, can we move to EXT for the beginning of the next month when TANF must continue through the next month because there is no time for a 10-day notice?

Answer 4: Yes, there is no longer an edit in place to prevent a case from having EXT and TANF at the same time.

Question 5: When a 7475 is due for an EXT recipient, and they do not turn it in, but before the EXT ends they send in a new application for medical assistance, we need to ask if there was good cause for not completing and returning the 7475. If we can establish there is good cause, can we take the information they provided on the OHP 7210 or 415F and use it in lieu of the 7475, or must we pend for the completed 7475?

Answer 5: Yes, we can use the OHP 7210 or 415F in lieu of the 7475, as long as there was good cause for not filing the 7475 timely.

Question 6: If a woman is currently on Medicaid (OHP-OPU or MAA) and provides verification of pregnancy, do we need to make a new eligibility determination before continuing her medical? (Pregnancy may tie her to the boyfriend in the household for a new filing group.)

Answer 6: If mom is currently on MAA and provides proof of pregnancy, we do not need to make another eligibility determination for her before coding with the DUE date and adding the unborn. If she is OPU, convert to OPP and add the DUE date.

Note: *In an MAA household, we may need to redetermine eligibility for others in the household, considering household composition and income for continuing MAA. If you determine eligibility for others in the household, and the family is no longer eligible for MAA using current household income or resources, move the others onto the OHP program they are eligible for. The pregnant woman can remain on MAA on the same case as the family members receiving OHP, through the birth of the baby and for two months post-partum.*

However, if the woman initially applies as a pregnant woman (as a new applicant), consider income of the father of UB if he is in the household.

Question 7: When reviewing for MAA, and the applicant has two cars, do we exclude some of the value of the vehicles when considering resources?

Answer 7: Yes. Per 461-135-0360: exclude up to \$10,000 equity value of all licensed and unlicensed motor vehicles. To get to the resource value of vehicles, add the equity values together (the bluebook value on a vehicle, less the amount owed against the vehicle) and then exclude the first \$10,000. The remaining equity of the vehicles is a countable resource.

Question 8: When I have a mom and her only child on an MAA case, and the child moves in with dad, and when dad applies, the child is then eligible on dad's OHP case, do I need to send a reduction notice for the child?

Question 8: Not if the child is moving from one case to another case without a break in benefits. Per 461-175-0200: *A timely continuing benefit decision notice (see OAR [461-001-0000](#)) is sent whenever benefits or support service payments authorized by OAR [461-190-0211](#) are reduced or closed, or the method of payment changes to protective, vendor, or two-party.* In this case, there would be no reduction of benefits for the child, who would close on mom's case in order to open on dad's, with no break in benefits.

However, for mom, you must BED the case and then review for all other medical assistance. If mom's medical must be closed or reduced, then a timely reduction or closure notice is absolutely required.

Question 9: If mom applies for MAA medical with her child, stating child's dad left the household and she does not know where he has gone, is there a time limit of 30 days before mom and child can be MAA eligible?

Answer 9: Yes. In order to determine deprivation based on continued absence, dad (or the absent parent) must have been gone from the household for 30 days, or the absent *parent* and *dependent child* must have established separate, verifiable residences. If there is no verifiable address for the absent parent, the worker must wait 30 days from the date the absent parent left before opening medical for the mom and child, if they were otherwise eligible. (See OAR 461-125-0130) There are a few other exceptions for determining deprivation by absence in this rule.

However, that policy is being reviewed to see if it meets the intent of the programs. If a change is made, a transmittal will be sent.

If you have any questions about this information, contact:

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