

2.11 SSI RECIPIENTS AND DEEMED SSI RECIPIENTS

A. PROCEDURE WHEN CLIENT MOVES

1. Change Of Address

When the client reports he has moved, the Worker changes the address in the data system.

2. Loss Of Contact

If the client's Medicaid card is returned to the county office and a new address is not listed on the County List of SSI recipients and he has not reported a new address, his case is closed after proper notice.

3. The SSI Recipient Moves To Another State

When the client moves to another state, the client's name appears on the Need to Evaluate printout.

If the Worker receives information that the client has moved to another state and he is not yet listed on a Need to Evaluate printout, the Worker must:

- Notify SSA of the new address and indicate the Medicaid case is being closed because the individual has moved out of the state.
- Close the SSI Medicaid case after proper notice.

B. ACTION REQUESTED BY THE BMS MEDICARE BUY-IN UNIT

See Chapter 22.

C. CLOSURE OF THE SSI MEDICAID CASE

The Worker closes the SSI Medicaid case when:

- The client appears on the Need to Evaluate printout and the Worker determines he is no longer eligible for SSI Medicaid.
- The Worker has information that the client has moved to another state.

- The Worker has information that the client died.

When an individual no longer receives SSI because SSA determines he is no longer disabled, SSI Medicaid must be continued for 60 days from the date of the SSA notification that SSI will be stopped. It is continued after the 60-day period when:

- The individual is not eligible under any other Medicaid coverage group; and

NOTE: Medicaid for this purpose must be under a full-coverage group with no spenddown requirement for the individual.

- The individual has requested an appeal of the decision in a timely manner, as determined by SSA.

The SSI Medicaid continues until a decision is made after the SSA hearing regardless of whether or not the individual continues to receive an SSI payment. A decision after the hearing occurs when the SSI Medicaid recipient has no right to further administrative appeal. See Chapter 4 for verification of appeal status. See Appendix A of this chapter for SDX information.

EXAMPLE: When a recipient fails to appeal an adverse SSA Administrative Law Judge (ALJ) decision to the Appeals Council and the Appeals Council decides not to review the case on its own motion, the ALJ decision is the decision after the hearing for purposes of continued Medicaid, if the 60-day deadline for requesting or initiating an Appeals Council review has expired. If, however, a timely request is made for an Appeals Council review, the decision after the hearing is the Appeals Council's decision to either deny a review or a final decision on the appeal.

When an SSI Medicaid **AG**, also certified for Food Stamp **benefits**, is closed and there is sufficient information to continue Food Stamp **benefits**, **benefits must continue without** interruption.

No interruption in benefits means that the client must receive his first issuance of Food Stamp **benefits** anytime in the calendar month immediately following the effective month of the closure of the SSI Medicaid **AG**.