

2.11 SSI RECIPIENTS AND DEEMED SSI RECIPIENTS

A. PROCEDURE WHEN CLIENT MOVES

1. Change Of Address

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

2. Loss Of Contact

If the client's Medicaid card is returned and a new address is not **shown** on **SOLQ** nor reported **by the client, the AG** is closed after proper notice.

3. The SSI Recipient Moves To Another State

When the client moves to another state, the **Worker receives a** Need to Evaluate **alert**.

If the Worker receives information that the client moved to another state and he **has not received** a Need to Evaluate **alert**, the Worker must:

- Notify SSA of the new address and indicate the Medicaid **AG** is being closed because the individual moved **to another** state.
- Close the SSI Medicaid **AG** after proper notice.

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

See Chapter 22.

C. CLOSURE OF THE SSI MEDICAID **AG**

The Worker closes the SSI Medicaid AG when:

- **The Worker receives an SDX Need-to-Evaluate alert and determines the individual is no longer eligible for SSI Medicaid.**
- **The Worker receives information that the client moved to another state.**
- **The Worker has information that the client died.**
- **The client reports, prior to receipt of an SDX Need-to-Evaluate alert, that he no longer receives an SSI payment because SSA determined he is no longer eligible. This does not include a temporary suspension of SSI payments to recover an overpayment.**

- Information from Social Security's State Online Query (SOLQ) shows that the individual's SSI payment was terminated.
- The individual is eligible to enroll in Medicare and fails to do so.
- The individual fails to cooperate with BCSE to obtain medical support for a child for whom the individual can legally assign support rights.

When the closure of SSI Medicaid is for a reason other than a move to another state or death, the Worker must evaluate the individual for all other Medicaid coverage groups, including Deemed SSI Medicaid coverage.

NOTE: When the reason for SSI termination is that SSA determined the individual no longer disabled, policy below for continued Medicaid must be followed.

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 **full-coverage** Medicaid group **without a spenddown**; and
- 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.