

## The Case Maintenance Process

- 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.

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.

**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.