

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 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 the client moved to another state.
- **The Worker obtains information the client receives Medicaid in another state.**
- The Worker has information the client died.

The Case Maintenance Process

- The client reports, prior to receipt of an SDX Need-to-Evaluate alert, 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 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 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.