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Authorized Signature

**Number:** SS-IM-05-003  
**Issue Date:** 01/12/2005

**Topic:** Medical Benefits

**Subject:** Change to 30 Day Pend Process

**Applies to (check all that apply):**

- |                                     |                               |                                     |                                      |
|-------------------------------------|-------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/>            | All DHS employees             | <input type="checkbox"/>            | County Mental Health Directors       |
| <input checked="" 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:**

On July 1, 2004, a "30 day pend" process was implemented requiring CAF/SS review for other medical programs prior to ending EXT, MAA, MAF, and SAC programs.

**Effective January 1, 2005:**

- GAM and OSIPM have been added to the affected programs.
- The pend period has been increased to 45 days, and to 90 days if a disability determination is required to determine OSIPM eligibility.
- Two new rules, OAR 461-170-0130, "Acting on Reported Changes; EXT, GAM, MAA, MAF, OSIPM, SAC" and OAR 461-180-0085, "Effective Dates; Redeterminations of EXT, GAM, MAA, MAF, OSIPM, SAC" support the program requirements.

The requirements are summarized as follows:

- When a client reports a change that could reduce or end medical benefits, or

when the Department initiates a redetermination of eligibility, the benefit group must be reviewed for all medical program eligibility prior to reducing or ending benefits.

- If the Department has the necessary information to determine eligibility for all medical programs appropriate case action is taken. This could include continuing current medical eligibility, converting to a different plus program, reducing benefits (a reduction notice is required) or ending benefits (a decision notice and DHS462A is required).
- If the Department needs additional information to determine eligibility for all medical programs, the client is pended for 45 days (90 days if a disability determination is required to determine OSIPM eligibility – a presumptive eligibility referral may need to be completed) and current medical benefits remain open (medical benefits remain open even if a referral is made to another cluster for an eligibility determination). If the Department receives the required information prior to the end of the pend period, the Department determines eligibility for all medical programs, and takes appropriate case action. This could include continuing current medical eligibility, converting to a different plus program, reducing benefits (a reduction notice is required) or ending benefits (a decision notice and DHS462A is required).
- If the information is not received within 45 days the Department takes appropriate case action at the end of the 45 day period (90 days if a disability determination is required to determine OSIPM eligibility). This could include reducing benefits (a reduction notice is required) or ending benefits (a “did not respond” decision notice is required).

Note: If circumstances or information needed to determine eligibility is expected to be received after the 45 or 90 day deadline and the client has no control over the circumstances or information, the pend period can be extended.

The attached flowchart provides a schematic representation of the pend process.

*If you have any questions about this information, contact:*

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