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SSP Medical Program

Authorized Signature

Number: SS-IM-06-001

Issue Date: 01/09/2006

Topic: Medical Benefits

Subject: New and Revised NoticeWriter Notices

Applies to (check all that apply):

- | | | | |
|--------------------------|-------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> | All DHS employees | <input type="checkbox"/> | County Mental Health Directors |
| <input type="checkbox"/> | Area Agencies on Aging | <input type="checkbox"/> | Health Services |
| <input type="checkbox"/> | Children, Adults and Families | <input type="checkbox"/> | Seniors and People with Disabilities |
| <input type="checkbox"/> | County DD Program Managers | <input checked="" type="checkbox"/> | Other (please specify): CAF SSP |

Message:

In the past few months, we've made several NoticeWriter notice revisions and added a few new notices to support CAF SSP medical programs. The notice names and a brief description are listed below. It's not a complete list; we didn't include notices with minor changes.

To see a complete list of NoticeWriter notices, enter NOTM, CM (or FS, GS or SP) on a clear screen. Press {enter}. A list of available NoticeWriter notices will be displayed by category: CM system related, food stamp related, general or Spanish language notices. To select a specific notice from the list, enter a non-blank character to the left of the notice name. Press {enter}.

Most of the notices have not been translated yet. When they are, the Spanish language version will be added to the "SP" list of notices.

Revised Notices

CMCBCM7 "BCCM Ends; No Longer Eligible". Available in Spanish.

CMCBCM8 "BCCM Ends; Turning Age 65". Available in Spanish.

CMC00CL "Unable to Locate or Other State Benefits – Close". Basic decision notice when the client has moved without a new address or has moved and is receiving benefits in another state. Does not allow for continuing benefits if the client requests a

hearing.

CMC00CI “Resident of Public Institution”. Revised for clarity.

CMC00CR “Eligibility Review/Verification Not Done – Close”. Revised for clarity.

CMD00DU “Unable to Locate – Deny”. Basic decision notice for denying the application. Does not give right to continued benefits; should not be used for closing benefits.

CMRMDCS “No DCS Cooperation”. Close notice for ending medical benefits due to no DCS cooperation.

New Notices

CMC0NSB “Moved to Other State – Close”. Timely continuing decision notice when the client has moved to another state and is not receiving benefits from that state. Gives the right to continued benefits when requesting a hearing.

CMC0OPP “OHP Closes – Pregnancy Ends”. Statewide Processing Center workers use this new notice when closing OHP-OPP benefits the end of the current month and want clients to have the opportunity to reapply for medical benefits without a break in assistance. Available in Spanish.

CMR2STD “Reduce Benefits to Standard”. Timely continuing decision notice of reduction when reducing medical benefits to the Standard benefit package. Available in Spanish.

GSRETRO “Retroactive Medical Approved”. Allows notification of up to three different time periods of retroactive medical, including benefit package.

GSXTMED “Extended Medical Approved”. Allows the end date to be manually entered.

Notice Suggestions?

If you have medical program related NoticeWriter notices you think should be revised or added, please contact one of the CAF SSP medical program analysts:

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If you have any questions about this information, contact:

Contact(s):	see above		
Phone:		Fax:	
E-mail:			