

Mike McCormick

Authorized Signature

Number: SPD-AR-12-019

Issue Date: 4/26/2012

Topic: Medical Benefits

Due Date:

Subject: SSI Medical Only Yearly Review 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 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): |

Action Required:

Workers who complete system reviews for SSI medical only clients on a yearly basis to determine continued eligibility for SSI and OSIPM do not need to send either the SDS 539R *Rights and Responsibilities* or the DHS 9001 *Client Discrimination Complaint Form*. Both listed forms are for use at either initial determinations or when benefit eligibility is redetermined; desk audits are not a determination of benefits.

If, during the yearly review, the worker determines the client is no longer receiving SSI and determines the client eligible for a different medical benefit, the SDS 539R and the DHR 9001 would need to be sent to the client.

If the worker determines or redetermines the client eligible for a companion benefit such as services or SNAP at the time of the desk audit, the SDS 539R and the DHR 9001 would need to be sent to the client.

The only clients who will not receive the SDS 539R and the DHR 9001 are SSI medical only, non services clients at the time of their yearly review; please continue to send the SDS 539R and the DHR 9001 to the SSI medical clients receiving services and all SSI medical only clients at the initial eligibility determination.

Reason for Action:

APD recently became aware of an inconsistency in procedures throughout the state when workers complete an SSI medical only yearly review This transmittal clarifies and standardizes expectations specifically related to required forms for an SSI medical only yearly review. SPD Worker Guide B.8 section 2 will be updated with the clarification.

Elimination of the SDS 539R and the DHR 9001 mailing at the time of the yearly review will reduce the amount of time needed to complete a desk audit and save money on both printing and mailing.

Field/Stakeholder review: Yes No

If yes, reviewed by: **APD Operations Committee, APD Hearings, APD Field Services, APD Medicaid Policy**

If you have any questions about this action request, contact:

Contact(s):	Karen Gulliver		
Phone:	503-569-7034	Fax:	503-945-6296
E-mail:	karen.l.gulliver@state.or.us		