

Deanna Hartwig
Authorized Signature

Number: SPD-IM-05-001
Issue Date: 01/05/2005

Topic: Medical Benefits

Subject: Decision Notices for the General Assistance Program (GA) and Presumptive Medicaid (OSIPM)

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): |

Message: The administrative rules in OAR 461, division 175, apply to decision notices. The Department is required to provide a client with a decision notice whenever cash or medical is approved, denied, reduced, or closed. A decision notice must include several items of information including:

- 1) The Department's Action;
- 2) The Reason for the action; and
- 3) The Rules that support the action.

The other required items of information are provided on the form used for the notice.

The attachments provide guidance to staff in preparing decision notices for GA and Presumptive Medicaid clients. You may encounter a situation not covered by attachment #3. Feel free to call the program analyst in that event.

If you have any questions about this information, contact:

Contact(s):	Erika Miller	Sharon Gilles
Phone:	503-945-5974	(503) 945-6373
Fax:	503-373-7902	
E-mail:	Erika.e.miller@state.or.us sharon.l.gilles@state.or.us	

Attachments:

- 1) Blank Form DHS 0540
- 2) Sample completed Form DHS 0540
- 3) Suggested language for decision notice

Attachment 3

Actions matched to Reasons & Rules

Action #1 Denial of GA cash benefits

On _____ your application for General Assistance cash benefits has been denied.

Reason and Rules

1) OAR 461-135-0700(3)(a)

To be eligible for GA cash benefits, you must apply for disability benefits under the Social Security Act, and you have not done so.

2) OAR 461-135-0700(3)(a)

To be eligible for GA cash benefits, you must not be eligible for Title II Social Security Disability Insurance Benefits. The Social Security Administration has determined that you (or the person whose benefits you are attempting to draw from) have a work history that meets the non-disability requirements for Title II of the Social Security Act, which makes you ineligible for GA cash benefits.

3) OAR 461-125-0510

You do not meet the impairment criteria of the GA program.

4) If the client does not meet some other eligibility requirement of the GA program, you might try one or more of the following, as applicable:

For instance:

461-155-0210

Your income of \$_____ exceeds the income limit of \$_____ for the GA program.

461-160-0015

The value of your resources, \$_____, exceeds the resource limit for the GA program.

461-135-0700(1)

Explain how the client's household composition is an eligibility problem.

5) OAR 461-135-0700(4)(a)

You have not filed a claim for SSI (limited to GA/GAM)

Action #2 Closure of GA Cash Benefits

Your GA cash benefits will be closed effective ____ (date) ____.

Reason & Rules

1) OAR 461-135-0700(3)(a)

To be eligible for GA cash benefits, you must apply for disability benefits under the Social Security Act, and you have not done so.

2) OAR 461-135-0700(3)(a)

To be eligible for GA cash benefits, you must not be eligible for Title II Social Security Disability Insurance Benefits. The Social Security Administration has determined that you (or the person whose benefits you are attempting to draw from) have a work history that meets the non-disability requirements for Title II of the Social Security Act, which makes you ineligible for GA cash benefits.

3) OAR 461-125-0510

You do not meet the impairment criteria of the GA program.

4) The client does not meet some other eligibility requirement of the GA program:

For instance:

461-155-0210

Your income of \$_____ exceeds the income limit of \$_____ for the GA program.

461-160-0015

The value of your resources, \$_____, exceeds the resource limit for the GA program.

461-135-0700(1)

Explain how the client's household composition is an eligibility problem.

5) OAR 461-135-0705(2)

You have been found ineligible for SSI in a decision made by an Administrative Law Judge for the Social Security Administration's Office of Hearings and Appeals.

6) OAR 461-135-0700(4)(a)

You have not filed a claim for SSI (limited to GAM)

Action #3 Denial of Disability-related Medical Assistance

On _____ your application for medical assistance has been denied.

Reasons & Rules

1) OAR 461-135-0700(4)(a)

You have not filed a claim for SSI (limited to GA/GAM)

2) OAR 461-120-0330

You have not filed a claim for disability benefits under the Social Security Act.

3) OAR 461-135-0700(3)(a)

To be eligible for GA medical benefits, you must not be eligible for Title II Social Security Disability Insurance Benefits. The Social Security Administration has determined that you (or the person whose benefits you are attempting to draw from) have a work history that meets the non-disability requirements for Title II of the Social Security Act, which makes you ineligible for GA medical benefits. (Limited to GA/GAM)

4) OAR 461-125-0510 OAR 410-120-1210

You do not meet the impairment criteria of the General Assistance Medical Program, so you are ineligible for medical assistance through the General Assistance Program package of benefits.

5) OAR 461-125-0370 OAR 410-120-1210

You do not meet the disability criteria of the OSIPM program, so you are ineligible for medical assistance through the OHP Plus package of benefits.

Action #4 Closure or reduction of disability-related medical assistance

On _____ your medical assistance benefits will be closed.

On _____ your medical assistance benefit package will be reduced.

Reasons & Rules

1) For reduction from Plus package to Standard package of benefits:

OAR 461-125-0370 and OAR 410-120-1210

To receive medical assistance through the OHP Plus benefits package, you must meet the disability criteria for the OSIPM program or be otherwise categorically eligible for Medicaid. You do not meet the disability criteria for the OSIPM program and are not otherwise categorically eligible for Medicaid. Because you are eligible for the OHP-OPU program, you are entitled to the Standard benefit package of the Oregon Health Plan (OAR 410-120-1210(2)(b)).



Notification of Planned Action

SENIORS AND
PEOPLE WITH
DISABILITIES

The action(s) listed below will be taken. If you have any questions please call your worker. You can read the back of this form for information about continuing your benefits and your hearing rights.

On _____ your application for _____ has been denied

SDS 540
Client

Planned action **1**

We must send this notice 10 calendar days before the effective date. Remember if an alternative format is required, we must mail 15 days prior to the effective date, to ensure compliance with rule 461-175-0030.

Date sent

On _____ your Food Stamps will be Closed Suspended
 Reduced to \$

Case number

On _____ your medical benefits will be Closed Suspended
 Reduced

Prime number

On _____ your financial assistance will be Closed Suspended
 Reduced to \$

Date of birth

On _____ your service benefits will be Closed Suspended
 Reduced

Social Security #

Program

Administrative rule and reason for action **2**

Oregon Administrative Rule(s):

Branch code

Worker

Phone#

If you want a hearing:

- If you are applying for benefits, read part 1 on the back of this notice
- If you are already getting benefits, read parts 1 and 2 on the back of this notice

Your Hearing Rights

The front of this notice may tell you the parts of this page that apply to your case. In some cases, none of them will apply.

Keep this notice! If you ask for a hearing, DHS will ask you for a copy of it.

Part 1 - About Hearings: *What to do when you do not agree with a DHS decision.*

- a. You have the right to talk with a person in charge. You may ask for a meeting by contacting your branch.
 - b. Under Oregon Revised Statutes Chapter 183, you have the right to ask for a hearing if you do not agree with a DHS decision. Hearings are held before an Administrative Law Judge who works for the Office of Administrative Hearings.
 - c. At the hearing, you can tell why you do not agree with the decision. You can have people testify for you. You can have a lawyer or someone else help you. *For General Assistance (GA), child care and cash for families (TANF)*, only a lawyer or someone from a non-profit legal service can represent you. We cannot pay the costs of witnesses or a lawyer. You may be able to get free legal services through a Legal Aid office or the local Bar Association.
 - d. If you do not ask for a hearing on time, you lose your right to have one. You must ask for a hearing within 45 days (90 days for food benefits) from the date on the notice about the decision. *For cash, child care or medical benefits*, you must fill out an Administrative Hearing Request form (DHS 0443). You can get this at a DHS office or by going to <http://www.dhs.state.or.us> and clicking on Forms. Someone at your branch office can help you fill out the form. Forms must be returned to a DHS office. *For food benefits*, you can ask for a hearing on a DHS 0443, by phone, in writing, or by asking a DHS staff member in person.
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Part 2 - Continuing Your Benefits: *How to keep getting benefits until your hearing.*

- a. You can ask that your benefits stay the same until the hearing decision. *For cash, child care, and medical benefits*, you do this on the Administrative Hearing Request form (DHS 0443). *For food benefits*, you can ask for continuing benefits on the DHS 0443, by phone, in writing, or by asking a DHS staff member in person.
 - b. You must ask your branch for a hearing and benefits by a certain date. The date is either the "effective date" on the notice or 10 days after the "date of notice." To keep getting benefits, you must ask by whichever date is later.
 - c. If you keep getting benefits and the hearing is not in your favor, you must pay back the benefits you should not have received.
 - d. If you don't keep getting benefits and the hearing is in your favor, we will give you benefits you should have received.
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Part 3 - About "Expedited" Hearings: *Can you have your hearing sooner than usual?*

You have the right to have your hearing within five working days in the following cases:

- a. Your request for Emergency Assistance or Temporary Assistance for Domestic Violence (TA-DVS) is denied.
 - b. You disagree with the amount or form of payment for Emergency Assistance or TA-DVS.
 - c. The department denied your request to keep getting benefits until your hearing.
 - d. Your request to get food benefits within seven days ("expedited" food benefits) is denied or you disagree with a DHS action that affects whether your household can get expedited food benefits.
 - e. You are getting medical benefits and you have been denied a medical service, and a medical review by DHS shows your medical condition is an immediate, serious threat to your life or health.
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DHS will not discriminate against anyone. This means DHS will help all who qualify. DHS will not deny help to anyone based on age, race, color, national origin, sex, religion, political beliefs or disability. You can file a complaint if you think DHS singled you out because of any of these things.
