...NIA—HEALTH AND WELFARE AGENCY PETE WILSON, Governor

...RTMENT OF HEALTH SERVICES
... STREET
...42732
...ENTO, CA 94234-7320
... 657-2941

July 14, 1995

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 95-41

DISCONTINUED INCOME-ELIGIBLE IN-HOME SUPPORTIVE SERVICES (IHSS) RECIPIENTS

Ref.: Electronic Mail (E-Mail) Message No. 93201

The purpose of this letter is to provide counties with final instructions for processing extended Medi-Cal for discontinued IHSS-Only Medi-Cal beneficiaries.

Effective with the September month of eligibility, the Department of Health Services (DHS) will sort terminated IHSS beneficiaries (Aid Codes 18, 28, and 68) on the basis of termination reason. DHS will then take the following actions:

- Issue an extended month of zero share-of-cost (SOC) Medi-Cal for all beneficiaries with termination reasons other than death, institutionalization, or loss of state residence.
- Insert a termination date in the system for the end of the month of extended Medi-Cal eligibility.
- Send a termination Notice of Action (NOA) (copy enclosed) to the IHSS beneficiary along with Medi-Cal application forms SAWS 1, MC 210, MC 219, and MC 13.
- Provide the beneficiaries (via the termination NOA) with the date by which they must return the application forms to the county (the fifth of the month during which they receive the extended Medi-Cal), and the name and address of the Ramos coordinator for the county in which the beneficiary resides.
- Provide counties with a monthly listing report of those beneficiaries receiving the one month extension.

E-Mail No. 93201 issued December 14, 1993 informed counties that DHS was in the process of designing and implementing a system similar to Ramos for discontinued IHSS-Only Medi-Cal beneficiaries. This E-Mail requested that counties NOT discontinue income-eligible IHSS beneficiaries but issue zero SOC Medi-Cal under Aid Codes 14, 24, or 64. Those beneficiaries who are still receiving zero SOC Medi-Cal because of these instructions should now be given adequate notice of discontinuance (with the enclosed NOA as a guide) and provided with application forms SAWS 1, MC 210, MC 219, and MC 13 to complete if continued Medi-Cal is desired.

If you have any questions regarding IHSS, please contact Ms. Rosa Estes of the California Department of Social Services at (916) 387-4590. If you have any questions regarding the one month extended Medi-Cal eligibility, please contact Ms. Alice Mak at (916) 654-0573 or Ms. Bonnie Kinkade at (916) 657-1469.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Section

Enclosures

MEDI-CAL
NOTICE OF ACTION

DISCONTINUANCE OF IHSS-ONLY MEDI-CAL--
EXTENDED MEDI-CAL ELIGIBILITY

Beneficiary Name
Address
City

Social Security Number:
XXX-XX-XXXX

The Department of Social Services has notified you that you are no longer eligible for In-Home Supportive Services (IHSS) effective _____. Because you are no longer eligible for IHSS, your eligibility for IHSS-based Medi-Cal benefits have also stopped.

Even though you will not be eligible for IHSS-based Medi-Cal benefits after _____, you have been granted extended Medi-Cal through the month of _____.

If you want to continue your Medi-Cal coverage after that, you must take the following action:

If you have a spouse, or a child under 21 living in the home, and he/she is already receiving Medi-Cal benefits, contact your family's Medi-Cal eligibility worker. You do not need to complete the enclosed application forms.

If you do not have a spouse, or a child under 21 living in the home receiving Medi-Cal benefits, you must complete the enclosed application forms and mail them by_____to:

If there are things you don't understand about the application forms, fill them out as best you can and enclose a note in the same envelope you mail your application forms in asking the county for help. You may also call the telephone number listed above if you have questions.

The county will review your application and determine your continuing Medi-Cal eligibility. If necessary, they may contact you for further information. After the county has received your application, you will continue to receive Medi-Cal until a determination has been made on your ongoing eligibility.

Because your IHSS was terminated, you are responsible for paying your in-home provider. If you are found eligible for Medi-Cal with a share of cost, your payment to your in-home provider, MAY, under certain circumstances, be subtracted from your income, reducing any Medi-Cal share of cost you might have. Ask the county for more information about this.

If you do not return the application, your extended Medi-Cal eligibility will end. If you want Medi-Cal again, you will have to apply at your county welfare department.

The regulation which requires this action is Welfare and Institutions Code section 12305.

If the State has been paying your Medicare Part B premiums, you may again be eligible for this benefit. If you don't get your application in on time, there may be a break in coverage during which Part B premiums may be taken out of your Title II Social Security check, or you may receive a bill for your Part B premiums. To minimize this break, contact your county welfare office as soon as possible to apply for Medi-Cal.

You should include any bill which you have received from the Social Security Administration for your Part B premiums when you apply to the county welfare office. If premiums have been withheld from your check, notify the county welfare office when you apply. They will advise you how to get a refund or get the bill paid for by Medi-Cal.

Keep this letter. It may help the county welfare department determine your Medi-Cal status.

DO NOT THROW AWAY YOUR PERMANENT PLASTIC CARD! YOU CAN USE IT AGAIN IF THE COUNTY FINDS YOU ELIGIBLE FOR MEDI-CAL.