STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941

May 11, 1997

Letter No.: 97-19

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

MEDICARE PARAGRAPH IN THE DHS 7025 (1/97), ENGLISH AND SPANISH

The purpose of this All County Welfare Directors Letter is to inform the counties that the English and Spanish versions of the DHS 7025 has been revised as of 1/97 (see enclosure). It now includes a Medicare paragraph which can be found in the third paragraph of the DHS 7025 (1/97). The text reads as follows:

> "If you are eligible for Medicare and your Medi-Cal eligibility is discontinued, the State will no longer pay your premium for Medicare Part B. For more information, contact your county welfare department or your Social Security district office."

Currently, we intend to exhaust the existing supply of the DHS 7025 (7/96) that is in the Department of Health Services (DHS) Warehouse before distributing the 1/97 version. The 1/97 versions of the DHS 7025 will be available at the DHS Warehouse, 1037 North Market Boulevard, Suite 9, Sacramento, California , 95834, May 1, 1997 . Both the English and Spanish version of the DHS 7025 (1/97) will be included in Pickle Handbook Letter Number 15.

An advance, camera-ready copy of the DHS 7025 (1/97), both in English and Spanish, has been sent to the Pickle Program Coordinators. If you have any questions, please contact Ms. Sylvia Finberg of my staff at (916) 657-0080.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

TICE OF ACTION

COUNTY INFORMATION

SECOND NOTICE
(503 LEADS NOTICE OF ACTION)

DATE:

TO: Medi-Cal Beneficiaries Discontinued From SSI/SSP on January 1

ROM: County Welfare Department

RE: Your Medi-Cal benefits will end

ı were notified by the Social Security Administration (SSA) in December that your SSI/SSP was discontinued as January 1 of this year. The reason your SSI/SSP checks were stopped is because you received an increase in ır Social Security benefits. Although this increase made you ineligible for your SSI/SSP checks, you also were ified by the State Department of Health Services that you would continue to receive Medi-Cal until the county lfare department determines whether you will be able to get a zero share of cost Medi-Cal card under the Pickle endment. The county must evaluate your Pickle eligibility for Medi-Cal.

vever, you have not responded to the State Department's notice and we were unable to reach you by telephone. erefore, your Medi-Cal will automatically be discontinued on April 30.

ou are eligible for Medicare and your Medi-Cal eligibility is discontinued, the State will no longer pay your mium for Medicare Part B. For more information, contact your county welfare department or your Social urity district office.

ou have information that you would like to be considered, please contact your county eligibility worker ediately.

YOU DISAGREE WITH THIS ACTION AND YOU WANT TO APPEAL THE DISCONTINUANCE, YOU MAY QUEST A STATE HEARING BY FOLLOWING THE INSTRUCTIONS ON THE BACK OF THIS NOTICE.

TE: THIS NOTICE WILL NOT AFFECT ANY MEDI-CAL BENEFITS YOU MAY ALREADY BE RECEIVING DER ANOTHER MEDI-CAL PROGRAM. DO NOT THROW AWAY YOUR PLASTIC ID CARD. YOU MAY BE E TO USE IT AGAIN.

ur SSI/SSP checks have been started again since January 1 of this year, please ignore this letter.

s notice is a result of a court decision in the case of ***Lynch v. Rank***, U.S. District Court, Northern District of fornia, Number C-83-2340 WHO.

additional information contact:

OTIFICACIÓN DE ACCIÓN

COUNTY INFORMATION

SECOND NOTICE (503 LEADS NOTICE OF ACTION)

ECHA:

PARA: Beneficiarios de Medi-Cal descontinuados de los programas SSI/SSP el 1° de enero

DE: Departamento de Asistencia Pública del Condado (County Welfare Department)

REF.: Sus beneficios de Medi-Cal serán descontinuados

Administración del Seguro Social (SSA) le informó en diciembre que su SSI/SSP fue descontinuado a partir del de enero de este año. Sus cheques de SSI/SSP fueron descontinuados porque usted recibió un aumento en s beneficios del Seguro Social. A pesar de que ese aumento ya no le da derecho a recibir cheques de SSI/SSP, ted también fue notificado por el Departamento de Servicios de Salud del Estado de que usted continuaría cibiendo beneficios de Medi-Cal hasta que el departamento de asistencia pública del condado determine si usted ede obtener una tarjeta de Medi-Cal sin parte del costo bajo la Enmienda Pickle. El condado deberá evaluar su gibilidad bajo el programa Pickle para Medi-Cal.

embargo, usted no ha respondido a la notificación del Departamento del Estado ni tampoco hemos podido nernos en contacto con usted por teléfono. Por lo tanto, sus beneficios de Medi-Cal serán descontinuados tomáticamente a partir del 30 de abril.

usted tiene derecho a recibir Medicare y le descontinúan su elegibilidad para recibir Medi-Cal, el Estado dejará pagar la cuota de la Parte B de Medicare. Para mayor información, llame al departamento de asistencia pública su condado o a la oficina de Seguro Social de su distrito.

usted tiene información que le interesaría que fuera tomada en consideración, comuníquese con su trabajador elegibilidad inmediatamente.

NO ESTÁ DE ACUERDO CON ESTA ACCIÓN Y DESEA APELAR LA DESCONTINUACIÓN, PUEDE LICITAR UNA AUDIENCIA ESTATAL SIGUIENDO LAS INSTRUCCIONES AL REVERSO DE ESTA HOJA.

TA: ESTA NOTIFICACIÓN NO AFECTARÁ OTROS BENEFICIOS DE MEDI-CAL QUE USTED PUDIERA TAR RECIBIENDO BAJO OTRO PROGRAMA DE MEDI-CAL. NO TIRE SU TARJETA DE IDENTIFICACIÓN PLÁSTICO. TAL VEZ PUEDA VOLVER A USARLA.

usted ha vuelto a recibir cheques de SSI/SSP desde el 1° de enero de este año, entonces ignore el contenido de a carta.

a notificación es producto de una decisión tomada por la corte en el caso de ***Lynch v. Rank***, U.S. District Court, rthern District of California, Número C-83-2340 WHO.

ra mayor información, comuníquese con: