STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
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June 5, 1997

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

Letter No.: 97-23

PROCESSING FORMER SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT (SSI/SSP) "NO LONGER DISABLED" RECIPIENTS WHO HAVE PENDING SOCIAL SECURITY ADMINISTRATION (SSA)/SSI APPEALS

The purpose of this All County Welfare Directors Letter (ACWDL) is to inform counties that:

1. Former SSI/SSP "no longer disabled" cases (i.e., SSI Payment Status Code N07) cases are entitled to receive extended Medi-Cal benefits during the SSI appeals process and Medi-Cal "redetermination" process.

2. State Programs-Disability Evaluation Division (SP-DED) will return DED cases on individuals with pending SSI disability appeals.

3. Counties will need to report Medi-Cal applications (initial "redeterminations") of former SSI/SSP recipients to the Medi-Cal Eligibility Data Systems (MEDS).

I. EXTENDED MEDI-CAL BENEFITS DURING THE SSI APPEALS PROCESS AND INITIAL MEDI-CAL "REDETERMINATION" PROCESS

A. SSI Appeals Process

As a result of new instructions from the federal government, all SSI/SSP Payment Status N07 cases are eligible for extended zero share of cost (SOC) Medi-Cal benefits until they receive a FINAL decision on their SSI/SSP case. A decision becomes "final" when an individual does not or cannot appeal the SSI/SSP decision any further. This also covers the 65-day period following the denial of an appeal in which the next level of appeal can be filed.

To find SSI appeals information, the county can go into the MEDS INQP screen. The bottom of the screen will show "Appeal and NOA Information":

III. FORMER SSI/SSP RECIPIENT WITH NO PENDING SSI APPEALS

A. Former SSI/SSP Recipient Returns Ramos Forms

When a former SSI/SSP recipient has had a "final" SSI/SSP decision, the federal government states that the former SSI/SSP recipient must undergo a "redetermination" process rather than an application process for continuation of Medi-Cal benefits. If a former SSI/SSP recipient returns the Ramos forms for a redetermination from the county, Medi-Cal eligibility will be extended during the time the county is completing the Medi-Cal redetermination.

IN THE INTERIM PERIOD, COUNTIES SHOULD NOT DENY OR DISCONTINUE MEDI-CAL ELIGIBILITY FOR SSI/SSP PAYMENT STATUS NO7 CASES THAT ARE PENDING AN INITIAL "REDETERMINATION" UNTIL FURTHER INSTRUCTIONS ARE RECEIVED. CONTINUE TO JUST FLAG THE CASE.

IV. REPORTING MEDI-CAL APPLICATIONS AND "REDETERMINATIONS" TO MEDS

A. Important County Action Needed

As a result of the changes described in Section III above, it will be critical for counties to report Medi-Cal applications "redeterminations" to MEDS on a timely flow basis to prevent erroneous termination of Medi-Cal benefits.

Counties should take IMMEDIATE steps to reprogram their automated systems to automate the MEDS reporting process. Until those changes are made, counties will need to manually report cases to MEDS. The EW20 using an ESAC of P or the EW34 transactions will allow counties to manually report redeterminations to MEDS. Counties should immediately train staff to utilize the enclosed advance copy of the Data Element Dictionary pages for manually reporting redeterminations. The EW34 instructions are new instructions and the EW20 using an ESAC of P transaction was provided in the past. Final copies of all new or revised MEDS Network User Manual pages will be sent in a separate MEDS Manual Revision Letter at some future date. We plan to begin accepting the added data element input transactions beginning ***June 26, 1997***.

This ACWDL will be followed by additional ACWDLs. Please contact Ms. Marie Taketa of my staff at (916) 657-1250 if you have questions regarding this ACWDL. If you have questions on reporting Medi-Cal cases to MEDS, please call Ms. Bonnie Kinkade of my staff at (916) 657-1469.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, CHIEF
Medi-Cal Eligibility Branch

Enclosure

6.3.4 EW34 - Modify Applicant/Appeal Information

PURPOSE

The EW34 transaction is used to report receipt or denial of an application** when the client is already known to MEDS. If the client is not currently eligible on MEDS, client information may also be updated in conjunction with reporting of the application receipt or denial. Expansion of this transaction to report appeal information will be added later.

**The term "application" includes Medi-Cal redetermination of former SSI/SSP recipients (ie., Ramos cases).

USAGE CONSIDERATIONS

- A MEDS database record must already exist for the client.
- Since some counties do not assign FBU and person numbers to applicants and since a county may accept an application for forwarding to another county, MEDS will accept zeroes in serial, FBU and person number on the EW34. A valid aid code must be entered; counties may use either IE or a no share of cost aid code that reflects the linkage under which the application is being considered. County ID Cross Reference File records WILL NOT be built for County IDs reported on EW34s.
- MEDS will clear the COUNTY-ID-PER-MEDS and the NEW-COUNTY-ID against the County ID Cross Reference File and, if a match is found, the MEDS-ID (if reported) and birthdate must match.
- If a MEDS-ID is reported, then the COUNTY-ID-PER-MEDS would be the county ID associated with the application and the NEW-COUNTY-ID field would not be used.
- If no MEDS-ID is reported, then a County ID known to MEDS must be reported in the COUNTY-ID-PER-MEDS field. If the client is reapplying for Medi-Cal and a prior case is being reopened, that previous County ID can be reported in the COUNTY-ID-PER-MEDS with nothing reported in NEW-COUNTY-ID. Otherwise, the County ID associated with the application would be reported in the NEW-COUNTY-ID field.
- When the NEW-COUNTY-ID is present, the County in the COUNTY-ID-PER-MEDS need not match the submitting County but the County in the NEW-COUNTY-ID must match the submitting County.
- When the NEW-COUNTY-ID is not present, the County in the COUNTY-ID-PER-MEDS must match the submitting County.
- The County ID (NEW, if present; otherwise, PER-MEDS) will update the Pending Application/Appeal Segment on MEDS (along with District, Worker and Case Name) for use in generating worker alerts.

- This transaction must contain either Denial Date and Denial Reason or Application Date; when an application has been processed on an expedited basis, all three fields may be reported on the same transaction.

- When a county has completed a determination for a client who has been discontinued from SSI/SSP eligibility for cessation of disability or alien status and is currently Ramos continuing eligible on MEDS and the county has determined that the client is not eligible for full scope Medi-Cal, the EW34 must be used to report the date of the determination (DENIAL-DATE), the reason for ineligibility for full scope Medi-Cal (DENIAL-REASON) and the Notice of Action date (NOA-DATE). Since the county-issued NOA will advise the client that their Ramos eligibility for Medi-Cal will be terminated, the NOA-DATE must be reported on the EW34 transaction so that MEDS will know whether the Ramos eligibility should be discontinued at the end of the current month or at the end of the upcoming month based on timely notice requirements.

EW34 PROCESSING

When a client has been discontinued from SSI/SSP eligibility for cessation of disability or alien status and is currently Ramos continuing eligible on MEDS, reporting on receipt or denial of an application by a county will either continue or discontinue the Ramos eligibility.

When a recipient has been reported by a prenatal care provider to be eligible under the Presumptive Eligibility Program for pregnant women, reporting on receipt or denial of an application by a county will either continue or discontinue the Presumptive Eligibility reported by the provider.

EW34 Screen Layout

```
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
| EW34          **   MODIFY APPLICANT/APPEAL INFORMATION   **    opr - mm/dd/yy|
|                                                                              |
|                                                                              |
| CASE-NAME ................. DISTRICT ...          EW-CODE ....              |
|                                                                              |
| COUNTY-ID: PER-MEDS __ __ _______ _ __             NEW .. .. ........ . ..   |
| MEDS-ID _________            BIRTHDATE _______     NEW-BIRTHDATE .......     |
|                                                                              |
| NAME: LAST ................ FIRST ............    INITIAL .                 |
| SSN-VER .      SEX .         ETHNIC .              LANGUAGE .                |
| CA-DL/ID-NO ********         HIC-NO ............   ALIEN-NO ********        |
|                                                                              |
| ADDRESS: LINE-1 ........................                                    |
|          LINE-2 ........................                                    |
|          CITY/ST ....................   STATE ...  ZIP-CODE ..... + ....    |
|                                                                              |
| PHONE ( ... ) ... - ....     REFUGEE/ALIEN .       INS-ENTRY-DATE ....       |
|                                                                              |
| APPLICATION-DATE ......                                                      |
| DENIAL-DATE ......           DENIAL-REASON .       NOA-DATE ......           |
| APPEAL-DATE ******           APPEAL-FLAG *         APPEAL-LEVEL *            |
|                                                                              |
| NEXT-TRANS ****              SAME-PERSON *         SAME-CASE *               |
|                                                                              |
-------------------------------------------------------------------------------
                                                                          EW34
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INQP Screen Layout

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----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
|      INQP      ** PENDING/DENIED APPLICATIONS & APPEALS **      opr - mm/dd/yy|
|                                                                              |
|  MEDS-ID     -  -      SSN-VER      GOVT-RESP      last name      , first   |
|  BIRTHDATE    -  -       SEX F  ALIEN-NO           address line 1            |
|  CHAINED-ID               LAST-MC/CP-CHG           address line 2            |
|  PRIOR-MEDS-ID              LAST-OTH-CHG           city, state        zip    |
|  LANGUAGE       ETHNIC       INS-ENTRY-MMYY        ADDRESS-FLAG              |
|  DEATH-DT           DEATH-CD     REFUGEE/ALIEN     PHONE                     |
|  CA-DL/ID-NO            CLIENT-INDEX-NO               HIC-NO                 |
|  PGM-ELIG:  MC/CP       SP1                 SP2                 FS     AFDC   |
|                                                                              |
|  ==================== COUNTY AND PE APPLICATION INFORMATION ================|
|  CASE-NAME                          DISTRICT                EW-CODE          |
|  COUNTY-ID                                                                   |
|  APPLICATION-DATE                   DENIAL-DATE             DENIAL-REAS      |
|  EXPECTED-DELIVERY-DATE             FAMILY-SIZE             TOTAL-INCOME     |
|                                                                              |
|  ========================== SSI DENIAL INFORMATION ========================|
|  DENIAL-DATE                        DENIAL-REAS             LAST-SDX-CHG     |
|                                                                              |
|  ======================== APPEAL AND NOA INFORMATION ======================|
|  APPEAL-DATE                        APPEAL-FLAG             APPEAL-LEVEL     |
|  NOA-DATE                           NOA-TYPE                                 |
|  OPTION __ < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST|
-------------------------------------------------------------------------------
```

DED NO. 3020

MEDS NAME: APPLICATION-DATE

NARRATIVE NAME: Application Date

AKA NAMES:

SOURCE: County LENGTH: 6

DEFINITION:

The date on which an application for Cash Assistance or Medi-Cal was received by the county.

VALUES:

Date reported in the format MMDDYY, where MM is month, DD is day and YY is the last two digits of the year.

SPECIAL CONSIDERATIONS:

Used on an EW34 to report receipt of an application. When an EW20 with an ESAC of P is used to report receipt of an application, MEDS builds the Application Date from the Eligibility Information Effective Date on the EW20.

DED NO. 3025

MEDS NAME: DENIAL-DATE

NARRATIVE NAME: Denial Date

AKA NAMES:

SOURCE: County LENGTH: 6

DEFINITION:

The date on which an application for Cash Assistance, Medi-Cal, or CMSP was denied by the county. Also used to report the date on which a discontinued SSI/SSP cash assistance client (ie Ramos eligible) is determined ineligible for full scope Medi-Cal.

VALUES:

Date reported in the format MMDDYY, where MM is month, DD is day and YY is the last two digits of the year.

SPECIAL CONSIDERATIONS:

Denial Reason is required whenever Denial Date is reported.

DED NO. 3029

MEDS NAME: DENIAL-REAS

NARRATIVE NAME: Denial Reason

AKA NAMES: DENIAL-REASON

SOURCE: County LENGTH: 1

DEFINITION:

This code identifies the reason for denial of an application for Cash Assistance, CMSP, or Medi-Cal. Also used to report the reason for ineligibility for full scope Medi-Cal for a client discontinued from SSI/SSP cash assistance (ie Ramos eligible).

VALUES:

A Death of Applicant
B Application Withdrawn
C Moved Out of State
D Loss of Contact/Unable to Locate Applicant
E Failure to Cooperate
F Does Not Meet California Residency Requirements
G Excess Resources
H No Program Linkage
J No Deprivation
K All FBU Members Live in a Public Non-Medical Institution
L Existing AFDC/Medi-Cal/CMSP Recipient
M Existing SSI/SSP Recipient
N Receiving Medicaid in Another State
P Duplicate Pending Application
R Other

Z No Valid Data Reported (MEDS Generated)

SPECIAL CONSIDERATIONS:

Z is not a valid input value; it is generated by MEDS when other than one of the expected values is reported.

Denial Date is required whenever Denial Reason is reported.

MEDS NAME: NOA-DATE

NARRATIVE NAME: Notice of Action Date

AKA NAMES:

SOURCE: MEDS, County LENGTH: 6

DEFINITION:

The date on which the most recent Notice of Action was mailed to the client.

VALUES:

Date reported in the format MMDDYY, where MM is the month, DD is the day and YY is the last two digits of the year.

SPECIAL CONSIDERATIONS:

When the NOA-Date is reported, there must be a DENIAL-DATE on MEDS or on the transaction.

DED NO. 2049

MEDS NAME: NOA-TYPE

NARRATIVE NAME: Notice of Action Type

AKA NAMES:

SOURCE: MEDS LENGTH: 2

DEFINITION:

This code identifies the most recent type of Notice of Action sent to the client.

VALUES:

22 The client has been notified by MEDS about a pending loss of Ramos eligibility and the need to apply for Medi-Cal.

23 The client has been notified by MEDS that Ramos eligibility is ending.

CO The client has been notified by the county that Ramos eligibility is ending because the county has determined that the client is no longer eligible for full scope Medi-Cal. MEDS will show NOA-Type 'CO' when the county reports a NOA-Date to MEDS.

DED NO. 0185
5185

MEDS NAME: TERM-REAS

VALUES: System Generated

B Hold, Questionable Eligibility
D Hold, Pending Federal Review
J Hold, Rejected Eligilility Status Change
K Hold, Questionable Eligibility - RECON-County/Birthdate Discrepancy
L Hold, Questionable Eligibility - RECON-County ID Discrepancy
M Hold, Possible Termination - RECON-No Record on Tape
S Terminated after 2 months of Hold Status

AA Foster Care - Out of State
D1 Death Reported on SSI case via returned Medi-Cal card
D2 Death Reported on SSI case by MEB
D3 Death Reported on SSI case by Vital Statistics
FF Terminated via a File Fix to Correct Problem Records
M1 Ramos eligibility terminated by Medi-Cal Eligibility Branch
M2 Death Code removed by MEB, no other eligibility reported
SS Renewal Terminated Following Two Months of Hold Status
VV Presumptive Pickle Terminated due to Pickle Tickler Update
WW Renewal Termination - Current Aid Code is invalid
X1 Ramos eligibility terminated - County issued NOA
X2 Ramos eligibility terminated - MEDS issued NOA
YY Terminated by MEDS after 6 months continuing eligibility

SPECIAL CONSIDERATIONS:

Unique element numbers are used on reports to designate current and pending data. The data element number for current is 0185 for pending is 5185.

Using an EW20 to report a pending application

Receipt of an application for Medi-Cal may be reported via an EW20 by using an ESAC of P to indicate a pending application. When an EW20 with an ESAC of P is used to report receipt of an application, MEDS builds the Application Date from the Eligibility Information Effective Date on the EW20. County ID Cross Reference File records ARE BUILT for all County IDs reported on EW20s, so a county must have assigned a unique County ID (serial and person number) in order to report a pending application on an EW20. A valid aid code must be entered; counties may use either IE or a no share of cost aid code that reflects the linkage under which the application is being considered. Counties can use any letter or number they wish for the FBU, since it is not considered part of what makes a unique County ID. Counties that do not assign FBU and person numbers to applicants will have to use an EW34 rather than an EW20 to report pending applications to MEDS.