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

June 23, 1997

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

Letter No.: 97-28

PROCESSING FORMER SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT (SSI/SSP) "NO LONGER DISABLED" RECIPIENTS, INCLUDING THE DRUG ADDICTED AND/OR ALCOHOLIC (DA&A) **AND** MEDICALLY NEEDY ONLY (MNO)-DISABLED DA&A BENEFICIARIES

Ref.: This All County Welfare Directors Letter (ACWDL) **SUPERSEDES** the following:
ACWDL Nos. 96-23, 96-30, 96-52, 96-65, and 97-23
Medi-Cal Eligibility Branch Information Letter Nos. I-96-28 and I-96-37
EMC2 DHS Nos. 96092, 96176, 96177, 97028, 97030, 97031, 97037, and 97040

COUNTIES ARE TO IMPLEMENT THE FOLLOWING PROCEDURES UPON RECEIPT OF THIS ACWDL.

THE INSTRUCTIONS IN THIS LETTER ALSO APPLY TO THE "NO LONGER DISABLED" POPULATION.

The purposes of this ACWDL are to:

1. Notify counties that the procedures in this ACWDL apply immediately to ALL former adult (as defined by SSI) SSI/SSP "no longer disabled" recipients and not just to the DA&A recipients;

2. Notify counties of new federal changes affecting individuals who were receiving Social Security Disability Insurance (SSDI) (Title II) and/or SSI/SSP disability cash benefits because of drug addiction and/or alcoholism (Public Law 104-121 signed on March 29, 1996);

3. Provide procedures on how to process former SSI/SSP "no longer disabled" (Payment Status N07) recipients (including those who were terminated due to DA&A);

4. Provide procedures for reporting former SSI/SSP "no longer disabled" (Payment Status N07) recipient's initial Medi-Cal redeterminations and denials to the Medi-Cal Eligibility Data System (MEDS);

5. Provide information on how to identify, redetermine, continue, or discontinue MNO-Disabled DA&A Medi-Cal beneficiaries; and

6. Provide information on how to process MNO-Disabled beneficiaries whose disability was established on the basis of SSDI Title II DA&A disability cash benefits.

This is to also advise counties of the importance of checking the MEDS' INQX, INQM and INQP screens whenever any former SSI/SSP recipient applies for Medi-Cal.

Separate ACWDLs and procedures about other groups of former SSI/SSP recipients (i.e., no longer disabled children, qualified aliens, etc.) will be issued in the future.

A separate ACWDL with further instructions regarding State appeals process for N07 cases will also be issued in the future.

Please contact the following members of my staff:

If you have any questions regarding procedures for processing Payment Status N07 "no longer disabled" former SSI/SSP recipients and MNO DA&A beneficiaries, call Ms. Marie Taketa at (916) 657-1250.

If you have questions about reporting Medi-Cal cases to MEDS, call Ms. Bonnie Kinkade at (916) 657-1469.

If you have a request to reinstate a case to MEDS because there is a pending SSI appeal but there is NO SSI appeal information present on MEDS, call Ms. Lea Shalabi at (916) 654-5689.

If you have questions regarding Medi-Cal Family Budget Unit or Qualified Medicare Beneficiary, call Ms. Marge Buzdas at (916) 657-0726.

This ACWDL will be followed by Medi-Cal Eligibility Procedure Manual sections.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, CHIEF
Medi-Cal Eligibility Branch

Enclosures

ENCLOSURE 1

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NOTE: For purposes of this ACWDL, all references to former SSI/SSP "no longer disabled" (Payment Status N07) recipients will be referred to as N07. All references to SSDI Title II disabled recipients will be referred to as Title II.

I. BACKGROUND

A. Public Law 104-121

Public Law 104-121 was enacted on March 29, 1996, and prohibits Title II and SSI/SSP disability cash benefits, Medicare and Medicaid coverage to people who are disabled because of Drug Addiction and/or Alcoholism (DA&A). This provision applied immediately to persons who filed for disability benefits or whose disability cases were not completed on or after March 29, 1996. Persons who were receiving disability benefits based on DA&A before enactment of the law were to be terminated on January 1, 1997.

B. Social Security Administration (SSA) Notices

The SSA sent notices during the month of June 1996 regarding the termination of cash benefits to Title II and SSI/SSP recipients where DA&A was material to their disability determination. The notices informed them that benefits would be terminated at the end of December 1996, and that they could appeal the termination.

C. SSA Appeals

- To appeal timely with SSA, an individual must file the appeal within 65 days of the SSA notice, unless good cause for late filing can be established.
- If the appeal was filed within 15 days of SSA's notice, SSI recipients could receive SSI aid paid pending and Medi-Cal (under Goldberg v. Kelly) until a decision is made on that appeal.
- If the appeal was filed by July 28, 1996 and no decision was made on the appeal by December 31, 1996, SSI recipients could receive extended SSI cash and Medi-Cal benefits until a decision is made on that appeal.
- Title II beneficiaries were not eligible for aid paid pending.

D. Impact On California

In California, there were a total of 5,912 Title II and 37, 621 SSI/SSP DA&A disability cash recipients who received an SSA termination notice in June 1996. We estimate that approximately 90 percent of these recipients filed an SSA appeal. Of those who have appealed, about 33 percent were found disabled under

another impairment. Many of the others continue to file further levels of appeal.

E. Delayed Implementation

Although Public Law 104-121 mandates termination of DA&A beneficiaries by December 31, 1996, implementation in California has been delayed due to the following:

- untimely Medi-Cal notices of action issued by the Department of Health Services (DHS) in December 1996;
- recent changes in federal policies;
- incomplete SSA appeals information on the State Data Exchange (SDX);
- Medi-Cal systems programming needed to comply with recent federal policies; and
- development of new policies and procedures to implement the latest mandated changes.

II. OVERVIEW OF RECENT CHANGES IN FEDERAL POLICIES

As a result of federal welfare reform policies, the following changes must be made for the "no longer disabled" population:

A. Automatic Continuation Of Medi-Cal Benefits During Title II/SSI Disability Appeals Process

Medi-Cal benefits must continue for any beneficiary who is terminated from Title II and/or SSI/SSP disability benefits due to cessation of disability and who appeals the Title II/SSI-SSP termination. The continuation of Medi-Cal benefits includes the 65-day period following the date of:

- the Title II and/or SSI/SSP notice of planned action; or
- the latest Title II and/or SSI/SSP appeal decision, if unfavorable, in order to file the next level of appeal (even if an appeal is not filed).

Due to the numerous levels of appeals and the extensive backlogs in SSA hearings, beneficiaries who appeal the loss of disability benefits could continue to receive Medi-Cal for several years* before receiving a "final" decision on their case. A decision becomes "FINAL" when the beneficiary does not or cannot appeal the termination of Title II or SSI/SSP disability benefits any further. Medi-Cal benefits will continue through the 65-day period following the denial of an appeal in which the next level of appeal can be filed.

* The first level of SSA appeal (reconsideration) can take approximately six

months and the second level of appeal (hearing) can take up to two years, depending upon the degree of backlog.

NOTE: A new Medi-Cal MNO applicant who has a disability appeal pending at SSA, but who is **NOT** currently receiving Medi-Cal (i.e., through SSI/SSP or as MNO-Disabled) is **NOT** to receive automatic eligibility for Medi-Cal. If such an individual applies for Medi-Cal as a MNO-Disabled applicant, he/she must go through the usual Medi-Cal application process (e.g., income, resources, linkage requirements must be met).

1. A former SSI/SSP recipient receives Aid to Families With Dependent Children (AFDC)/Temporary Assistance to Needy Families (TANF) while SSI appeal is pending

   A former SSI/SSP recipient who receives AFDC/TANF while his/her SSI appeal is pending does not lose his/her right to continued SSI-based Medi-Cal benefits at zero share of cost (SOC) after AFDC/TANF benefits terminate. Until a "final" decision is rendered on the SSI appeal, the individual continues to be eligible for zero SOC Medi-Cal and counties need to ensure that the client does not lose Medi-Cal eligibility as he/she moves from one public assistance program to another.

   The **only exception** is when the county determines that the individual is ineligible for Medi-Cal (e.g., excess resources or has a change in income that results in a SOC).

2. A former Title II/SSI/SSP recipient who is approved for AFDC/TANF and is subsequently discontinued from AFDC/TANF goes into the Edwards lawsuit process

   If the AFDC/TANF beneficiary described in number one above is terminated from AFDC/TANF, DHS will convert the individual to aid code "64" when MEDS shows an eligibility status code of "999" (e.g., no eligibility), or an aid code is reported to MEDS which provides less than full scope Medi-Cal (includes County Medical Services Program (CMSP) and other limited scope eligibility). The county Medi-Cal program policy liaisons will receive a monthly listing of the cases controlled by DHS.

3. A former MNO-Disabled beneficiary receives AFDC/TANF while SSA appeal is pending

   Similar to number one above, a MNO-Disabled beneficiary who lost Title II disability cash benefits but who is eligible for AFDC/TANF, will

continue to be treated as though he/she is disabled while there is an SSA appeal pending and until a "final" decision is rendered. Counties will need to ensure that the beneficiary does not lose Medi-Cal eligibility as a disabled individual as long as the SSA appeal is pending. If the beneficiary reports a change in circumstance (e.g., property, income, etc.), the county must take appropriate action on the case.

Counties will need to periodically check with the client (i.e., at annual redetermination) or SSA to see if the SSA appeal is still pending on cases where the client is receiving Medi-Cal as a MNO-Disabled individual and there is an SSA disability appeal pending. **MEDS will not be able to give information on Title II appeals.**

4. Treatment of the former disabled SSI/SSP recipient in the Medi-Cal family budget unit (MFBU)

When a former disabled SSI/SSP recipient is appealing the loss of SSI/SSP disability benefits and he/she is a member of a MNO MFBU, the individual is considered a public assistance beneficiary for Medi-Cal purposes until:

- the SSI appeal is determined;
- the individual does not or cannot appeal the SSI decision any further; and
- the individual is redetermined under Medi-Cal Only.

Counties can identify these cases via MEDS screens INQX, INQM and INQP screens. The INQX screen will display Payment Status N07 with an aid code "64". DHS will control these cases throughout the entire SSI appeals process.

NOTE: There will be some N07 cases that subsequently change to different payment status codes (e.g., N02--recipient is inmate of public institution, T01--death of recipient, etc.). DHS developed a backup indicator to identify these cases. The backup indicator is found in the MEDS INQP screen. The letters "ND" will appear in "NOA-TYPE" to identify these N07 cases. The "ND" will be overlaid by "22" when DHS sends Ramos Notice Type 22 and forms. The MEDS INQM screen will indicate that the case was receiving SSI-based Medi-Cal under aid code "60" and was converted to aid code "64".

5. Change of address occurs on a pending SSI disability appeal case

When the beneficiary or former SSI/SSP representative payee reports a change of address to the county and there is a pending SSI disability appeal, counties must advise the beneficiary or representative payee to report the address change to SSA so the information can be corrected for their Medi-Cal benefits (via the SDX).

B. Automatic Continuation Of Medi-Cal Benefits During The Medi-Cal "Redetermination" Process

Due to a new federal interpretation, the process for determining Medi-Cal eligibility of "no longer disabled" former SSI/SSP recipients will no longer be referred to as an "application" process. This is because these individuals are already receiving Medi-Cal benefits through their SSI/SSP linkage. Instead, this process is now referred to as a "*redetermination*".

Similar to the Edwards lawsuit for the AFDC cases, Medi-Cal benefits must continue at zero share of cost for persons losing SSI/SSP disability cash benefits due to cessation of disability while eligibility is redetermined under Medi-Cal rules. Since this group lost their disability linkage, DHS will mail the usual packet of forms and a newly developed notice (see Section IX) so that eligibility can be redetermined under Medi-Cal Only. These "redeterminations" must be prompt to ensure against premature termination of benefits and proper administration of the Medi-Cal program. The redetermination will not be initiated until after the beneficiary receives a "final" Title II/SSI-SSP disability decision (see Section II.A. for definition of a "final" decision).

NOTE: Separate instructions will be issued at a later date regarding redetermination of SSI/SSP disabled children who are found "no longer disabled".

C. Dual DHS Notices To Former SSI/SSP Representative Payees And Recipients

Whenever there is an SSI/SSP representative payee on the SSI/SSP case, DHS will issue Medi-Cal notices to both the former SSI/SSP representative payee and the beneficiary, unless:

1. The beneficiary's address is undeliverable. In situations where the beneficiary has an undeliverable address (identified by DHS), the forms and notice will be mailed to the former SSI/SSP representative payee.

2. The beneficiary is under 18 years of age or he/she is legally incompetent (identified by DHS). The forms and notices will be mailed only to the

former SSI/SSP representative payee.

D. Change In Preparing County Position Statements On Hearing Requests

If on redetermination, the county discontinues benefits because Medi-Cal eligibility does not exist, the county must issue a dual purpose NOA, MC 318 (4/97) (see Enclosure 4) which specifies loss of SSI-based Medi-Cal and denial of Medi-Cal because no linkage factor could be established. Should the beneficiary appeal the notice, the county will also be responsible for preparing a dual position statement (see Enclosure 2 for suggested sample language to be used on position statements).

Counties must always check MEDS for the presence of SSI appeal information before entering a denial to MEDS in case the beneficiary was reinstated to SSI (see Section IV.A. for explanation of SSI appeal codes). If an SSI appeal is pending, the system will not accept an application (redetermination) date, denial reason, or denial date from the county.

If DHS sends Notice Type 23 along with Ramos hearing rights (MC 239 BACK (C) RAMOS) to terminate Med-Cal benefits due to client's failure to return the forms, DHS will prepare the position statement if a state hearing is filed.

III. TERMINATED ADULT SSI/SSP "NO LONGER DISABLED" RECIPIENTS

A. Payment Status N07

Terminated SSI/SSP DA&A recipients are identified on the MEDS as N07, which is the code for "no longer disabled ". Because SSA removed the DA&A indicators from the SDX, there is no way to distinguish the beneficiaries who are DA&A from those who are not. However, this distinction would not affect the manner in which counties will process "no longer disabled" SSI/SSP cases. The total number of N07 cases in California for the month of December 1996 was 25,033. The majority of these N07 cases were found "no longer disabled" because of DA&A.

B. Reinstatement Of Medi-Cal Benefits By Department of Health Services

As a result of the federal policy changes, DHS reinstated approximately 17,500 N07 cases during the months of January and February of 1997. No further N07 cases were terminated by DHS pending release of these instructions.

DHS did not reinstate any of the following cases:

- If already on SSI/SSP (payment status code C01) with a Government Responsibility (GOVT-RESP) code of 2;
- Has a (GOVT-RESP) code of 1 (county controlled) and was receiving full scope Medi-Cal (SOC or no SOC);
- Deceased (payment status code T01);
- Public institution (payment status code N02); or
- Has an Eligibility Status (ELIG-STAT) code ending with 71 (Goldberg-Kelly SSI/SSP payment continuation), aid code "60" with (GOVT-RESP) code of 2.

C. Identification Of Cases Under State Control

The cases which DSB has taken over will usually show N07 on the MEDS INQX screen, "ND" in "NOA-TYPE" in the INQP screen, and the INQM screen will show the following:

- AID-CODE 64
- GOVT-RESP 3
- TERM-DT No term date or term date set in the future
- ELIG-STAT Any combination of digits in the first two positions with the third digit of 6.

NOTE: DHS has found some cases where the county erroneously took over some of these MEDS records by putting beneficiaries into a CMSP aid code. DHS has put those cases back on Medi-Cal under aid code "64" so that they can be processed.

D. Previous Medi-Cal Notices Issued To Reinstated Beneficiaries

The beneficiaries who were reinstated to Medi-Cal by DHS were sent a notice on February 11, 1997 informing them of the following:

1. The State should not have sent two previous notices which were dated December 18, 1996 and January 16, 1997.

2. Medi-Cal was restored effective January 1, 1997 and will continue beyond January 31, 1997.

3. The individual would not need to do anything further to continue Medi-Cal benefits at this time.

4. If an SSI appeal is pending, Medi-Cal benefits will continue throughout the SSI appeals process.

5. If no SSI appeal is pending, the individual will be contacted later with additional instructions.

IV. AUTOMATIC CONTINUATION OF MEDI-CAL FOR BENEFICIARIES IN SSI DISABILITY APPEALS STATUS

DHS will automatically continue Medi-Cal benefits for beneficiaries in SSI disability appeals status. Since most SSI first level appeal information was not accessible through the SDX, DHS obtained the information directly from SSA. This information was entered on the MEDS INQP screen.

Based on this information, DHS will only send notices and forms to individuals who have exhausted their SSI disability appeals process. The forms and notices will initiate the start of the "*redetermination*" process. These "redeterminations" are considered new intakes.

A. Identifying Pending SSI Appeals On MEDS

Counties can identify which cases have a pending SSI appeal by viewing the MEDS INQP screen. The bottom of the INQP screen displays the "APPEAL AND NOA INFORMATION". For counties, the following fields are important:

"APPEAL-DATE": This field will either give the date an appeal was filed, or the date a decision was rendered on the appeal. The date will change according to the code in the "APPEAL-LEVEL" field.

If a former SSI/SSP disabled recipient should file a Medi-Cal redetermination, and the county identifies on the INQP screen that there is an SSI appeal pending, a denial NOA should be issued as described in Section IV.D. below.

"APPEAL-LEVEL": Many codes can appear in the "APPEAL-LEVEL", however, the key codes for counties are the following:

- A First level appeal (reconsideration) filed
- B Reconsideration dismissed or withdrawn
- C Reconsideration denied
- D Reconsideration approved in full or in part (i.e., later onset established than requested by claimant or closed period of disability approved)

P Second level appeal (hearing before the ALJ) filed
Q Hearing dismissed or withdrawn
R Hearing denied
S Hearing approved in full or in part
W Third level appeal (Appeals Council Review) filed
X Appeals Council Review dismissed or withdrawn
Y Appeals Council Review denied
Z Appeals Council Review approved in full or in part

NOTE: Any appeals information which is prior to June of 1996 should be further explored by the county to see if it is related to the SSI/SSP cessation of disability. The reason for this is that information from the SDX does not change until it is updated and overlaid by new information.

"NOA-DATE": This field will give the date of the most recent NOA which was mailed to the former SSI/SSP disabled recipient. The NOA can be either generated by DHS or the county.

"NOA-TYPE": This field will give the most recent type of NOA sent to the former SSI/SSP disabled recipient. The following codes will appear in this field:

22 The beneficiary was sent a DHS generated Notice Type 22. This notice informs the beneficiary that cash benefits were terminated; however, he/she will continue to receive Medi-Cal while a redetermination is made. In order to be redetermined for Medi-Cal, the beneficiary must complete the enclosed forms.

23 The beneficiary was sent a DHS generated Notice Type 23. This notice informs the beneficiary that the SSI-based Medi-Cal will be discontinued because no forms were submitted to the county welfare office.

CO The beneficiary was sent a county generated NOA. This informs the beneficiary that the SSI-based Medi-Cal will be discontinued as a result of the redetermination. No linkage could be established to continue Medi-Cal eligibility.

ND Loss of SSI/SSP disability status (**no NOA issued**). This code is posted at Ramos processing when DHS receives SDX information that a case is N07. This code will stay on the system until it is overlaid by another code which will most likely be Notice Type 22.

NOTE: The State hearing request or the SSI appeal NOA date will NOT appear in the above fields.

B. Beneficiary Alleges Filing An SSI Appeal--No Appeals Information On MEDS

If a beneficiary alleges that an SSI disability appeal was filed but there is no appeals information on MEDS, the cause may be due to: (1) a lag between the date an SSI appeal is filed/decided and when it posts to the MEDS record; (2) the SSA field staff did not post the appeals information to the SDX; or (3) the client did not file a timely appeal.

When in doubt about the status of an SSI appeal, the county will need to obtain verification from the local SSA field office. Counties should also request that SSA update the SSI appeals information on their computer system if the appeal information on MEDS does not agree with SSA's verification. (See Section VI.D. on how to reinstate Medi-Cal benefits for former SSI/SSP disabled recipients who have an SSI disability appeal pending, but was not posted to MEDS.)

C. State Programs-Disability Evaluation Division (SP-DED) Return Of DED Packets That Have An SSI Appeal Pending (Reg Basis Code Z56)

During December 1996 and January 1997, counties submitted DED packets to SP-DED on N07 cases in accordance with earlier instructions. SP-DED has been holding these cases pending further instructions from DHS. They have identified several hundred cases that have an SSI appeal pending. Since the federal government requires continuation of Medicaid benefits during the SSI appeals process, SP-DED has no jurisdiction on these cases. They will return these cases to the counties beginning June 30, 1997.

The MC 221 will show a Reg Basis Code of Z56 (this code indicates that a disability determination was not processed) and Item 16 will be annotated with the following remark: "FEDERAL DISABILITY APPEAL PENDING--CASE STILL UNDER SSA JURISDICTION".

D. County Action On Returned DED Packets That Have An SSI Appeal Pending

Upon receipt of the Z56 cases from SP-DED, counties will take the following action:

1. Clear the pending redetermination on the county system.

2. Send a denial NOA, MC 239A, or any county system generated denial notice with the following suggested language:

"No action has been taken on your Medi-Cal application dated _____ because you are still getting Medi-Cal benefits from your SSI/SSP case. Even though your SSI/SSP cash benefits stopped, you are still getting Medi-Cal benefits because you filed an appeal to get back your cash benefits. You will keep getting Medi-Cal benefits until your SSI/SSP appeal has been decided.

When a final appeal decision is made on the termination of your SSI/SSP cash benefits, you will get another notice about your Medi-Cal benefits. You do not need to make another Medi-Cal application unless you get another notice telling you to do so."

Medi-Cal sends all of its notices about your Medi-Cal benefits to the address that the Social Security office has for you. If Social Security has an old or incorrect address for you, Medi-Cal has no way of contacting you about your Medi-Cal benefits. While your SSI appeal is pending, tell the Social Security office every time you move or change addresses. When you tell Social Security you moved or changed addresses, tell them that you have an SSI appeal pending. If you do not do this, you may not get important letters telling you about your Medi-Cal benefits or that your Medi-Cal benefits may be stopped."

"These rules apply: Code of Federal Regulations, Title 42, Section 431.230, and State Medicaid Manual Section 3272.2."

The county may then close the case and it will not need to be flagged.

E. Processing Cases Which Were Previously Returned By SP-DED As Reg Basis Code Z53

1. During the months of January through March of 1997, if the county received a Z53 denial from SP-DED (which means that SP-DED adopted the SSA/SSI disability determination), and the county had denied the case, the county will need to retrieve the prior file on those cases which were previously identified as N07. (This is because SP-DED did not previously check for SSI appeals information as there was no requirement to continue a former disabled SSI/SSP recipient on Medi-Cal during the SSI appeal process.)

2. The MEDS INQP screen will need to be checked to see if there is an SSI appeal pending.

3. If there is no SSI appeal pending, the county will need to report the redetermination, denial date and denial NOA date to MEDS if no Medi-Cal eligibility can be established (see Section VI.A. for instructions on

reporting redeterminations to MEDS).

V. INSTRUCTIONS FOR REDETERMINING FORMER SSI/SSP RECIPIENTS WITH PAYMENT STATUS N07

A. Initial Redetermination Required

1. Medi-Cal benefits must be continued until a N07 recipient is redetermined for Medi-Cal Only.

2. The forms that need to be completed will remain the same, i.e., SAWS 1, MC 210 (do not use the short form for redetermining the N07 cases), etc.

3. For N07 cases, the initial redetermination process begins AFTER the SSI appeals process is complete (i.e., a "final" decision has been rendered).

B. Procedure/Schedule For Processing December 31, 1996 Through March 31, 1997 Payment Status N07 Termination Record Group

1. On June 16, 1997, DHS will send Notice Type 22 and redetermination forms if the former SSI/SSP disabled recipient has a "final" SSA disability decision or if there is no SSI disability appeal pending. If the recipient has no address, the forms will go to the former SSI/SSP representative payee.

2. These beneficiaries will be informed that they will have until July 20, 1997 to return the redetermination forms to the county. SSI-based Medi-Cal will continue until the redetermination is completed or no forms are returned.

3. Shortly after June 16, 1997, DHS will mail a shorter notice and no forms to the former SSI/SSP representative payee advising the representative payee that the former SSI/SSP recipient was sent a notice and forms. The notice futher informs the representative payee that the recipient will need to complete and return the redetermination forms to determine if Medi-Cal eligibility can be established on another basis (see Enclosure 9).

4. The county should report the redetermination to MEDS on a flow basis (see Section VI.A. for instructions on reporting redeterminations to MEDS).

5. If the county does not report receipt of a Medi-Cal redetermination to MEDS by August 15, 1997, DHS will automatically send a Notice Type 23 to the beneficiary and the former SSI/SSP representative payee. Medi-

Cal benefits will be automatically terminated on August 31, 1997.

6. If the county rescinds the discontinuance of a case that was automatically terminated by DHS, the county will need to report month-to-month eligibility until the redetermination is processed.

C. Procedure/Schedule For Processing New/Ongoing Payment Status N07 Cases

1. There will be no mailing in July 1997.

2. Whenever DHS receives SDX information regarding N07 cases. DHS will wait 65 days to see if the former SSI/SSP recipient files an SSI disability appeal. If no SSI disability appeal is filed, DHS will issue Notice Type 22 and redetermination forms to the former SSI/SSP disabled recipient. After state programming is completed, DHS will be able to send a list of those cases which DHS issued Notice Type 22 to the county Ramos coordinators.

3. At the August 1997 Ramos processing (approximately August 15th), redetermination forms and Notice Type 22's will be sent by DHS to the April and May 1997 N07 group who are outside of their SSI appeal period.

4. The former SSI/SSP N07 recipients will be notified that they have one month, about September 20, 1997, to return the forms to the county.

5. Counties have until October 15th, to report the redetermination to MEDS.

6. DHS will terminate the SSI-based Medi-Cal effective October 31, 1997 if the county does not report a redetermination. A Notice Type 23 (Enclosure 10) will be automatically issued. DHS will be able to send the county Ramos coordinator a list of cases where a Notice Type 23 was issued.

7. If the county reports a redetermination after renewal, the county will need to report month-to-month eligibility until the redetermination is processed.

NOTE: Beginning with the September 1997 Ramos processing, the monthly DHS mailings and MEDS reporting process will follow the same schedule as described above as for the April "no longer disabled" group.

VI. REPORTING RECEIPT OF REDETERMINATIONS TO MEDS

A. New County Action

1. EW 20 with ESAC of P or EW34 transactions will allow counties to manually report redeterminations to MEDS (see Enclosure 3 for county online procedures on the EW34 and EW 20 transactions).

   NOTE: Replace the Enclosure which was enclosed with ACWDL 97-23, dated June 5, 1997 which gave instructions for reporting information to MEDS with Enclosure 3 in this ACWDL (several revisions have been made).

2. It will be critical that counties report receipt of redeterminations to MEDS to prevent an erroneous DHS notice of action and termination of benefits. **Counties can begin reporting to MEDS as of June 26, 1997.**

3. Until the counties' automated systems are ready for reporting redeterminations to MEDS, counties can manually report information on initial redetermination to MEDS via the EW20 using an ESAC of P or EW34 transactions.

4. Reporting information to MEDS can be done at any time; however, redeterminations must be reported by the 15th of the second month following the date the notice Type 22 was issued to prevent issuance of the discontinuance notice Type 23. (This gives the counties almost one month from the date the client is supposed to return the forms to report to MEDS.)

B. After A Redetermination Is Reported To MEDS

1. Whenever an initial redetermination is reported to MEDS, DHS will NOT discontinue the case; therefore, it is crucial for counties to complete the redetermination timely.

2. If no other linkage can be established, counties will need to report the denial date, denial reason, and date of the denial NOA, MC 318 to MEDS.

3. If the recipient will not receive full scope Medi-Cal, the county will need to report a denial to MEDS to terminate Ramos eligibility. Limited scope (i.e., pregnancy, TB, renal dialysis, etc.) Medi-Cal can then be established if applicable.

4. The county denial NOA date is important. From the county NOA date, DHS will be able to determine whether to discontinue the SSI-based Medi-Cal case in the current month or the following month.

5. Counties will be sent an "Edwards-like" worker report if a redetermination

that was reported to MEDS is still pending after 90 days. The report will be sent to the county Medi-Cal Program Liaison on a quarterly basis.

C. When Beneficiary Moves To A Different County

When a beneficiary moves to a different county and the first county already reported the receipt of a redetermination to MEDS, the first county must also complete processing the redetermination by either approving or denying if on MEDS.

NOTE: As long as a redetermination is reported to MEDS before DHS sends a 10-day discontinuance notice (Notice Type 23), the beneficiary will automatically continue to receive Medi-Cal.

D. When Counties Need To Request DHS Reinstatement Of Medi-Cal Benefits

If SSA disability appeals information is not posted to MEDS from the SDX until after DHS issues a 10-day notice of action, or the beneficiary informs the county that an appeal was filed and it was not posted to SDX/MEDS, the county must contact Ms. Lea Shalabi at DHS to reinstate Medi-Cal benefits.

VII. CASE JURISDICTION

A. SP-DED Jurisdiction

Counties must check the MEDS INQP screen to determine if the former SSI/SSP beneficiary has filed any SSI appeal since June of 1996.

1. If the client filed an SSA appeal which is now a "final" decision, alleges a NEW condition which was not previously considered by SSA, and the redetermination resulted in establishing no other linkage to Medi-Cal, the county must send a 10-day notice of action and **DISCONTINUE** the case. The county will also complete a new DED packet, but the client would not need to fill out a new application since redetermination forms were just completed.

   - On Item 10 of the MC 221, annotate "*FORMER SSI PAYMENT STATUS N07 RECIPIENT, ALLEGES NEW IMPAIRMENT*".

   - If SP-DED should deny the new disability, the county will need to issue denial NOA, MC 239A and attach SP-DED's personal denial notice.

B. SSA Jurisdiction

If the former SSI/SSP recipient filed an SSI appeal since June of 1996, and if the disability decision is now "final", the case is in the jurisdiction of SSA if the client does NOT allege a new condition which was not considered by SSA. If it has been within the past 12 months from SSA's decision and the client alleges a worsening or additional evidence, the county should refer the client back to SSA to request a reopening of the SSI/SSP case.

VIII. MNO-DISABLED DRUG ADDICTED AND/OR ALCOHOLIC CASES

A. County Action On MNO-Disabled DA&A Cases--SP-DED Made The Disability Determination

Since there is no list of beneficiaries who were determined disabled by SP-DED where DA&A was material to the disability determination, counties will need to identify these cases within their MNO-Disabled caseload (aid codes 64 and 67). These cases should be identified no later than the annual redetermination or medical reexamination, whichever is earlier.

1. Identifying Initial Case DA&A Determinations

Counties can identify most MNO DA&A cases by finding specific DA&A information on the MC 221, Disability Determination and Transmittal form. Counties will need to locate the most recent MC 221 or the SP-DED attachment to the MC 221 in each case and look for specific annotations in Item 14, a Reg-Basis Code; in Item 15, a Diagnosis; and in Item 16, a Listing when applicable.

To identify most DA&A cases, counties will need to look for the following information on the MC 221:

- Item 13 will have the box "Is Disabled" checked;
- Item 14 will have "Reg-Basis Code" of A61, A62, or A63;
- Item 15 will include a diagnosis of Alcoholism, Alcoholic Liver Disease, Substance Abuse or Addiction, or Drug Abuse or Addiction. There may also be other diagnoses as pancreatitis, personality disorder, low back pain, etc; and
- Item 16 will usually show a listing of 12.09 if the "Reg-Basis Code" is A61.
- Item 16 will be blank if the "Reg-Basis Code" is other than A61 or A62.

NOTE: The above examples are not all inclusive and if there is drug or

alcoholism indicated anywhere on the MC 221, a new disability packet must be completed. (See Enclosures 5, 6 and 7 for examples of MC 221s where SP-DED approved disability based on DA&A.

2. Identifying DA&A Determinations Made on Reexamination Cases

In cases where the initial disability determination was based on DA&A and upon reexamination was found that DA&A continued to be a disabling condition, counties will look for the following information on the MC 221:

- Item 13 will have the box "Continues to be Disabled" checked and a new reexamination date will appear;
- Item 14 "Reg-Basis Code" will have A65; and
- Item 15 will have a diagnosis of Alcoholism, Alcoholic Liver Disease, Substance Abuse or Addiction, or Drug Abuse or Addiction.

3. Processing the Identified DA&A Cases--SP-DED Denies Disability

Once a case is identified to have DA&A involvement, do the following:

(a) If the DA&A case is identified at redetermination, have the beneficiary complete a full DED packet. DO NOT change linkage category or send notice to discontinue case unless an unfavorable disability decision is received from SP-DED.

(b) If the DA&A case is identified at any time other than at redetermination, immediately have the beneficiary complete a DED packet and require a specific return date. If the beneficiary does not submit a completed DED packet by the specified date, counties must follow established procedures for additional contacts. If the beneficiary still does not cooperate, then send a timely discontinuance notice and discontinue the case for noncooperation.

(c) When submitting the MC 221, mark Item 8 as "Initial Referral" and Item 10 annotated as "*DA&A REDETERMINATION REQUIRED*". Not inserting this comment may cause SP-DED to inadvertently return the case without a disability determination.

(d) If SP-DED determines that the beneficiary is not disabled, SP-DED will return the MC 221 as "not disabled".

- Upon receipt of the MC 221, the county will send the beneficiary a discontinuance notice of action (NOA), MC 239A if no other linkage can be established informing the beneficiary that the case is discontinued because SP-DED found him/her to be not disabled.
- Ensure that SP-DED's Personal Denial Notice (PDN), which explains the reason for the disability denial, is forwarded to the beneficiary either attached to the NOA preferably, or separately mailed.
- If there is other linkage, for instance to AFDC, and a member of the household loses disability linkage, this could result in the loss of the special income deduction given to disabled persons. This could cause a change in the share of cost (SOC) or could result in a SOC. If the SOC changes, the county will need to send a NOA informing the household of the change and also attach the PDN.
- Discontinue full scope benefits if no Medi-Cal eligibility exists.

NOTE: NOA, MC 314 DA&A (9/96) and MC 314 DA&A SP (9/96), Discontinuance of Benefits, will no longer be utilized. These forms will be obsoleted. Counties should destroy stock on hand.

4. Processing the Identified DA&A Case--Disability Approved by SP-DED

   (a) If SP-DED determines that the beneficiary is disabled under another impairment, other than DA&A, counties will receive a MC 221 with Item 13 marked "Is Disabled" and a "Reexam Date" will be given.

   (b) Counties will continue to aid the beneficiary as a MNO-Disabled individual and the case will no longer be flagged as a DA&A case.

B. County Action On MNO-Disabled DA&A Cases Where Disability Determination Is Based On The Title II Disability Award

1. There are MNO-Disabled cases where disability linkage was established by the county due to receipt of Title II disability cash benefits. The county can identify that Title II benefits were based on DA&A when the beneficiary either reports loss of Title II disability cash benefits in January of 1997, or he/she claims that cash benefits were terminated due to DA&A.

2. Before any action is taken, counties MUST ask the beneficiary the following:

   - Is there an SSA appeal pending?
   - Has there been an SSA appeal decision of "not disabled" rendered within the last 65 days?
   - Does the beneficiary intend to pursue the next level of SSA appeal?

   If the answer is "yes" to any of the questions, the beneficiary MUST furnish verification of the status of his/her SSA appeal. Counties should assist the beneficiary in obtaining the verification via the SSA 1610 or through other means which the county is currently utilizing. (Title II appeals information is not available on MEDS.)

3. For individuals already on Medi-Cal, federal rules regarding Social Security disability appeals state that unless the SSA disability determination is a "FINAL" decision, Medi-Cal CANNOT be discontinued (see Section II.A. for definition of a "final" decision).

4. Counties must send a timely notice of action and **DISCONTINUE** a MNO-Disabled beneficiary who was given a "final" decision to terminate his/her Title II disability benefits if no other linkage can be established.

5. A new Medi-Cal application will be taken if the individual had a "final" decision on an SSA appeal and claims to have a new impairment which was not considered by SSA. Counties must have the individual complete a full DED packet and annotate in Item 10 of the MC 221, "*TERMINATED TITLE II RECIPIENT ALLEGES A NEW IMPAIRMENT NOT CONSIDERED BY SSA*".

   ONLY if SP-DED finds the individual to be disabled will the county restore Medi-Cal benefits.

C. Tracking MNO-Disabled Cases That Have Title II Appeal Involvement

1. Unfortunately, since Title II appeals information is not available through any automated system accessible by the State or the counties, counties will need to manually track any MNO-Disabled cases where the disability linkage was established on Title II disability award and there is an SSA disability appeal pending.

2. Whenever a Medi-Cal beneficiary who is receiving Title II only disability benefits is found no longer disabled by SSA and files an SSA appeal,

counties will need to periodically check (i.e., at annual redetermination) with the beneficiary or the local SSA office to determine the status of the appeal.

3. If the beneficiary received a "final" SSA decision of "no longer disabled", the county must redetermine the case for other linkage. If no other linkage can be established, the case will need to be discontinued.

D. Discontinuance Of Medicare For Disabled Recipients

1. Any individual who was terminated from Title II due to DA&A was also terminated from Medicare.

2. If Title II disability cash benefits are restored at a later date, the individual will not need to begin another two year waiting period before Medicare is resumed if Medicare was not terminated more than five years prior. If an individual is found "no longer disabled" by SSA and his/her Medicare is terminated, counties should ensure that the QMB portion of the MEDS record is terminated.

IX. REVISED AND/OR NEW NOTICES OF ACTION

A. NOA To All Other Payment Status N07 Cases

Notice Type 22 (Enclosure 8) is an automated notice that DHS will issue to former SSI/SSP N07 recipients who have a "final" SSI disability decision. This notice will NO LONGER have Ramos hearing rights attached. It will be used as an informational notice informing the recipient that Medi-Cal eligibility must be redetermined and that if the Medi-Cal forms are not returned by a certain date, then another notice will be forthcoming.

Notice Type 22 will be issued about June 16, 1997 to the December 31, 1996 through March 31, 1997 N07 termination record group if a good address exists.

B. NOA To Former SSI/SSP Representative Payees

Notice Type 22B (Enclosure 9) is an automated notice that DHS will issue on or about June 18, 1997 to the former SSI representative payee (see Section V.B.3.).

C. NOA To Former SSI/SSP Recipients Who Do Not Return Forms

Notice Type 23 (Enclosure 10) is an automated 10-day discontinuance notice that DHS will issue to former SSI/SSP N07 recipients who are required to have a redetermination in order to continue Medi-Cal and who do **NOT** return the Medi-

Cal forms. Attached to this notice will be the Ramos MC 239 (Back) (C) (Enclosure 11) regarding State hearing rights.

X. FLAGGING DISCONTINUED DRUG ADDICTED AND/OR ALCOHOLIC CASES

This is to advise counties to continue to flag, list, or use other means that will identify cases which were denied or discontinued and DA&A was material to the SSA, SSI or SP-DED disability determination. This advice continues to be given for precautionary measures in case, for any reason, the cases need to be re-reviewed in the future. It is advisable to flag these cases until January 1, 1999.

SUGGESTED LANGUAGE FOR COUNTY POSITION STATEMENT

If the county receives redetermination forms from a payment status N07, former SSI/SSP "no longer disabled" recipient, and no linkage factor can be established, a Notice of Action, MC 318 (4/97) must be sent to the beneficiary. The MC 318 will inform the beneficiary that the redetermination was denied and that the SSI/SSP-based Medi-Cal will be discontinued.

If the beneficiary should appeal the above notice, he/she will file the appeal through the county. When the county receives such an appeal request, the county should first check the MEDS INQP screen to ensure that the client does not have an SSI appeal pending or that he/she is not back on SSI/SSP. Since the county is taking action to both deny the county redetermination and discontinue the SSI/SSP-based Medi-Cal, a dual position statement will be needed.

The following is only **SUGGESTED** language that can be utilized in the county position statement to address the discontinuance of the SSI/SSP-based Medi-Cal:

"The issue in this fair hearing is whether the County of _____ properly discontinued the claimant's SSI/SSP-based Medi-Cal effective _____.

_____ County discontinued the claimant from SSI/SSP-based Medi-Cal effective _____ because the Department of Health Services (DHS) received an SDX (SSI/SSP eligibility file) record from the Social Security Administration advising that the claimant was being discontinued from SSI/SSP cash assistance because of the cessation of the claimant's disability and the claimant was not eligible for Medi-Cal under any other linkage factor after conducting a redetermination of Medi-Cal eligibility.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50227 and 50703.

On _____, _____ County checked the most recent information on the Medi-Cal Eligibility Data System and found that no action has been taken to change the termination status and no SSI/SSP appeal is pending.

Therefore, _____ County terminated the claimant's SSI/SSP-based Medi-Cal effective _____, after mailing a Notice of Action dated _____ to the claimant or authorized representative at least ten (10) days before the above referenced effective date."

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. If an Application Date is not included on an EW34, the County in COUNTY-ID-PER-MEDS must match the County in the Pending Application/Appeal Segment on MEDS.

- 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

INQP Screen Layout

```
----+----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|
--------------------------------------------------------------------------------
```

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.

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.

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.

DED NO. 2045

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.

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.

ND Loss of SSI/SSP Disability Status (no Notice of Action issued).

OO Loss of SSI/SSP eligibility (no Notice of Action issued).

DED NO. 0185
5185

MEDS NAME: TERM-REAS

VALUES: System Generated

B	Hold, Questionable Eligibility
D	Hold, Pending Federal Review
J	Hold, Rejected Eligibility 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 - MEDS issued NOA
X2	Ramos eligibility terminated - County 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.

ENCLOSURE 4

State of California—Health and Welfare Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL
NOTICE OF ACTION
DISCONTINUANCE OF SSI/SSP-BASED MEDI-CAL
AND
DENIAL OF MEDI-CAL—NO LINKAGE

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name/number: _____

Worker telephone number: _____

This affects: _____
(Name)

The Social Security Administration (SSA) told us that you were no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) disability check since SSA did not find you disabled or blind.

You were sent a Medi-Cal notice telling you that you may be eligible for Medi-Cal in some other way. The Medi-Cal notice also told you to fill out the forms that were sent with the notice and mail them to the county welfare office listed in the notice.

After reviewing the forms that you sent back, we found that you are not eligible for Medi-Cal because you do not meet any of the basic rules for Medi-Cal which are:

- Over 65 years old
- Blind or disabled
- Under 21 years old
- Pregnant
- The parent/caretaker relative of a child whose parent(s) is/are absent from the home, deceased, incapacitated, or unemployed
- Eligible for the refugee program
- Recipient of SSI/SSP
- Have active tuberculosis

THIS MEANS YOUR SSI/SSP-BASED MEDI-CAL BENEFITS WILL STOP AS OF _____.

If you have questions about this action or if there is other information about your situation that you did not tell us, please contact us to make an appointment right away.

DO NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD (BIC). If you become eligible for Medi-Cal, you can use it again.

The regulations which require this action are California Administrative Code, Title 22, Sections 50055, 50183, 50203, and 50703.

YOU SHOULD CONTACT THE COUNTY WELFARE DEPARTMENT AND/OR REQUEST AN APPEAL IF YOU FEEL YOU MEET ANY OF THE RULES FOR MEDI-CAL STATED ABOVE.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE ON HOW TO APPEAL

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. **For all other child care programs, your benefits will NOT stay the same until your hearing.**
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Ma a copy of the front and back for your records. Then, send take this page to:

Your worker will get you a copy of this page if you ask. Anoth way to ask for a hearing is to call 1-800-952-5253. If you a deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Departme

of _____ County about m

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ Child Car

☐ Other (list) _____

Here's why: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

☐ Check here and add a page if you need more space.

☐ I want the person named below to represent me at this hearing I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

_____

☐ I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

_____

Phone: _____

My case number: _____

My signature: _____

Date: _____

ENCLOSURE 5

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY — MENT OF HEALTH SERVICES

County Welfare Department Address

Retain Copy 4
(Send copies 1, 2, and 3 to DED)
DO NOT MAIL TO APPLICANT

County No. | Aid Code | Case Number

DED ADDRESS

1. Applicant Name (Last, First, Mi)

2. Soc. Sec. No. | 3. Date of Birth | 4. Sex ☐ M ☐ F

7. Mailing Address

Telephone No.: ( )

*5. Date Applied | *6. List Retro Month(s) Mo Yr Mo Yr Mo Yr

*8. Type of Referral (check appropriate box(es))
☐ Initial Referral ☐ Retro-Onset ☐ Reevaluation
☐ Reexamination ☐ Redetermination ☐ Resubmitted Packet
☐ SGA-Disabled ☐ OBRA ☐ IRCA
☐ Pickle-Blind ☐ IHSS ☐ SGA IHSS

9. Is applicant in a hospital? ☐ Yes ☐ No
Name of Hospital:

10. County Worker Comment(s) (If More Space Needed, Attach Separate Sheet) ☐ See Attached Sheet

☐ 90 Day Status Letter Attached ☐ Presumptive Disability Approved

11. File Reviewed and Approved for Transmittal — Telephone — 12. Date Sent
Worker No. _____ Worker Name _____ ( )
(print name)

DED USE ONLY

13. It is determined that the applicant
☒ Is Disabled ☐ Is Blind ☐ Continues to be Disabled
Disability/Blindness Onset Date 9/95
Reexam Date 1/99
☐ Was Disabled from _____ to _____
☐ Is Not Disabled ☐ Is Not Blind ☐ Ceases to be Disabled

14. No Determination
☐ Cooperation Issue ☐ Withdrawal of Application
☐ Whereabouts Unknown
☐ No Response ☐ Other

Reg-Basis Code A61

15. Diagnosis 1. Alcoholism
2. Pancreatitis

16. Basis For Decision (This is NOT a Certification for IHSS) ☐ See Attached Sheet — Listing 12.09

17. Analyst A. Rite | 18. Date 1/8/96 | 19. Physician [signature] MD | 20. Date 1/8/96

DISABILITY DETERMINATION AND TRANSMITTAL

☐ OAKLAND ☐ LOS ANGELES

* SEE BACK OF COPY 4

ENCLOSURE 6

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY — MENT OF HEALTH SERVICES

County Welfare Department Address

Retain Copy 4
(Send copies 1, 2, and 3 to DED)
DO NOT MAIL TO APPLICANT

County No. | Aid Code | Case Number

DED ADDRESS

1. Applicant Name (Last, First, Mi)

2. Soc. Sec. No. — —

3. Date of Birth — —

4. Sex ☐ M ☐ F

7. Mailing Address

Telephone No.: ( )

*5. Date Applied

*6. List Retro Month(s) Mo / Yr Mo / Yr Mo / Yr

*8. Type of Referral (check appropriate box(es))

☐ Initial Referral ☐ Retro-Onset ☐ Reevaluation
☐ Reexamination ☐ Redetermination ☐ Resubmitted Packet
☐ SGA-Disabled ☐ OBRA ☐ IRCA
☐ Pickle-Blind ☐ IHSS ☐ SGA IHSS

9. Is applicant in a hospital? ☐ Yes ☐ No
Name of Hospital:

10. County Worker Comment(s) (If More Space Needed, Attach Separate Sheet) ☐ See Attached Sheet

☐ 90 Day Status Letter Attached ☐ Presumptive Disability Approved

11. File Reviewed and Approved for Transmittal
Worker No. _____ Worker Name _____ (print name)
Telephone ( )

12. Date Sent

DED USE ONLY

13. It is determined that the applicant
☒ Is Disabled ☐ Is Blind ☐ Continues to be Disabled
Disability/Blindness Onset Date 1/96
Reexam Date 6/97
☐ Was Disabled from _____ to _____
☐ Is Not Disabled ☐ Is Not Blind ☐ Ceases to be Disabled

14. No Determination
☐ Cooperation Issue ☐ Withdrawal of Application
☐ Whereabouts Unknown
☐ No Response ☐ Other

Reg-Basis Code A62

15. Diagnosis 1. Drug Addiction
2. Personality Disorder

16. Basis For Decision (This is NOT a Certification for IHSS) ☐ See Attached Sheet

Listing

17. Analyst M. McClond 18. Date 6/29/96 19. Physician [signature] 20. Date 6/3/96

DISABILITY DETERMINATION AND TRANSMITTAL

☐ OAKLAND ☐ LOS ANGELES

* SEE BACK OF COPY 4

ENCLOSURE 7

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY — DEPARTMENT OF HEALTH SERVICES

County Welfare Department Address

Retain Copy 4
(Send copies 1, 2, and 3 to DED)
DO NOT MAIL TO APPLICANT

County No. | Aid Code | Case Number

DED ADDRESS

1. Applicant Name (Last, First, Mi)

2. Soc. Sec. No. — —

3. Date of Birth — —

4. Sex ☐ M ☐ F

7. Mailing Address

Telephone No.: ( )

*5. Date Applied

*6. List Retro Month(s) ___/___ ___/___ ___/___ (Mo / Yr)

*8. Type of Referral (check appropriate box(es))

- ☐ Initial Referral
- ☐ Reexamination
- ☐ SGA-Disabled
- ☐ Pickle-Blind
- ☐ Retro-Onset
- ☐ Redetermination
- ☐ OBRA
- ☐ IHSS
- ☐ Reevaluation
- ☐ Resubmitted Packet
- ☐ IRCA
- ☒ SGA IHSS

9. Is applicant in a hospital? ☐ Yes ☐ No

Name of Hospital: _____

10. County Worker Comment(s) (If More Space Needed, Attach Separate Sheet) ☐ See Attached Sheet

☐ 90 Day Status Letter Attached ☐ Presumptive Disability Approved

11. File Reviewed and Approved for Transmittal — Telephone ( )

Worker No. _____ Worker Name _____ (print name)

12. Date Sent

DED USE ONLY

13. It is determined that the applicant

☒ Is Disabled ☐ Is Blind ☐ Continues to be Disabled;
Disability/Blindness Onset Date 12/95
Reexam Date 7/97

☐ Was Disabled from _____ to _____
☐ Is Not Disabled ☐ Is Not Blind ☐ Ceases to be Disabled

14. No Determination

☐ Cooperation Issue ☐ Withdrawal of Application
☐ Whereabouts Unknown
☐ No Response ☐ Other

Reg-Basis Code A63

15. Diagnosis Substance Abuse
Low back pain

16. Basis For Decision (This is NOT a Certification for IHSS) ☐ See Attached Sheet

Listing

17. Analyst J. Smith — 18. Date 7/8/96 — 19. Physician John Doe, MD — 20. Date 7/8/96

DISABILITY DETERMINATION AND TRANSMITTAL

☐ OAKLAND ☐ LOS ANGELES

* SEE BACK OF COPY 4

ENCLOSURE 8

State of California -Department of Health Services

NOTICE TYPE 22A
NOTICE PREPARATION DATE:

IMPORTANT NOTICE
REGARDING YOUR MEDI-CAL

NO LONGER DISABLED ON SSI/SSP

DOE, JOHN A.
John A. Doe
C/O GENERAL DELIVERY
SACRAMENTO, 95814

Social Security Number:
xxx-xx-xxxx
Beneficiary ID Number:
34-60-xxxxxxxxx

You lost your Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits because the Social Security Administration (SSA) says you are no longer disabled. You may, however, get Medi-Cal while the county decides if you meet Medi-Cal eligibility rules in another way.

If you want the county to see if you are still eligible for Medi-Cal and for your Medi-Cal to continue while you are being redetermined, you MUST complete the enclosed forms and mail/give them to the following address by ___ _____(insert date)_____ :

(ENTER COUNTY RAMOS CONTACT HERE)

IF YOU DO NOT FILL OUT AND RETURN THE ENCLOSED FORMS BY _____ (insert date)_____, A MEDI-CAL NOTICE WILL BE SENT TO YOU TELLING YOU THAT YOUR MEDI-CAL BENEFITS WILL STOP. EVEN IF YOU HAVE ALREADY SENT FORMS TO THE COUNTY BECAUSE OF A PRIOR NOTICE, IT IS IMPORTANT THAT YOU FILL OUT AND RETURN THE ENCLOSED FORMS BY THE DATE SHOWN ABOVE.

IF YOU NEED HELP WITH THE MEDI-CAL FORMS OR YOU HAVE QUESTIONS ABOUT MEDI-CAL, contact the county welfare office shown above. The county may set up an appointment for you to see a county worker. You MUST complete the forms before the county can see if you are eligible for Medi-Cal in another way.

IMPORTANT INFORMATION: READ THIS SECTION IF YOU FILED AN SSI/SSP APPEAL OR ARE STILL WAITING FOR A DECISION ON THE SSI/SSP APPEAL.

If you have filed an appeal with SSA, you get Medi-Cal throughout the SSI/SSP appeals process and you do not need to fill out or return the forms sent with this notice. If you are appealing the SSA decision to stop your SSI/SSP disability cash benefits, but for some reason your Medi-Cal benefits are stopped, contact your county welfare office immediately.

PLEASE READ BACK OF THIS NOTICE

IF SSA INFORMED YOU THAT YOU WON YOUR SSI/SSP APPEAL, THIS NOTICE DOES NOT APPLY TO YOU. YOU WILL GET MEDI-CAL AUTOMATICALLY THROUGH SSI/SSP.

KEEP THIS NOTICE TO SHOW TO THE COUNTY WELFARE OFFICE.

DO NOT THROW AWAY YOUR BENEFIT IDENTIFICATION CARD (BIC).
If the county decides that you are still eligible for Medi-Cal for another reason, you can keep using your BIC.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50055, 50183, 50185, 50203, 50227 and 50703.

INFORMATION ABOUT FUTURE NOTICES

When you fill out the Medi-Cal forms for the county to redetermine whether you are eligible for Medi-Cal in some other way, please be sure that either the residence or mailing address that you put down is an address where you can get your mail. This is important because all future notices about your Medi-Cal benefits, eligibility, and appeal rights will be sent to that address.

(Notice Type 22A issued to "no longer disabled" former SSI recipient who are outside of SSI appeal period)

State of California -Department of Health Services

NOTICE TYPE 22B
NOTICE PREPARATION DATE:

INFORMATIONAL NOTICE TO SSI/SSP REPRESENTATIVE PAYEE

Rep Payee's Name
Recipient's Name
Rep Payee's Address

This is to advise you that an important notice regarding Medi-Cal benefits has been sent to the former Supplemental Security Income/State Supplementary Payment (SSI/SSP) recipient named above.

READ THIS SECTION IF THE FORMER SSI/SSP RECIPIENT DID NOT FILE (OR LOST) AN SSI/SSP APPEAL OR DOES NOT HAVE A CURRENT ONGOING SSI/SSP APPEAL:

The former SSI/SSP recipient must complete the forms that were sent with the Medi-Cal notice. If the recipient does not complete and return the forms by _____(insert date)_____, a notice will be sent to you and the recipient that says his/her Medi-Cal will stop and explains the Medi-Cal appeal rights the recipient has. Even if the recipient already sent forms to the county because of a prior notice, it is important that the recipient fill out and return the forms which were recently sent to him/her by the date shown above.

READ THIS SECTION IF THE FORMER SSI/SSP RECIPIENT FILED AN SSI/SSP APPEAL OR IS STILL WAITING FOR A DECISION ON THE SSI/SSP APPEAL:

If the former SSI/SSP recipient has filed an appeal with SSA, he/she can get Medi-Cal throughout the SSI/SSP appeals process and does not need to fill out or return the forms sent with the notice. If he/she is appealing the SSA decision to stop the SSI/SSP disability cash benefits, but for some reason Medi-Cal benefits are stopped, the recipient must contact the county welfare office immediately.

If the former SSI/SSP recipient WON the SSI/SSP appeal, he/she will not need to do anything. Medi-Cal benefits will be provided automatically.

INFORMATION ABOUT FUTURE NOTICES

When the former SSI/SSP recipient fills out the Medi-Cal forms for the county to redetermine whether he/she is eligible for Medi-Cal in some other way, he/she must put down either the residence or mailing address where he/she is sure to get mail. This is important because all future notices about Medi-Cal benefits, eligibility, and appeal rights will be sent to that address.

(Notice Type 22B issued to rep. payees of N07 recipients)

ENCLOSURE 10

State of California -Department of Health Services

NOTICE TYPE 23
NOTICE PREPARATION DATE:

MEDI-CAL
NOTICE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL
MEDI-CAL FORMS NOT RETURNED

JOHN A. DOE

Social Security Number:
xxx-xx-xxxx

XXX MEDI-CAL WAY
SACRAMENTO 95814

Beneficiary ID Number:
34-60-xxxxxxx-xxx

The Social Security Administration (SSA) told us that you were no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) program check on _____(insert date of SSI/SSP disc).

You were recently sent a Medi-Cal notice telling you that:

- You may be eligible for Medi-Cal in another way.
- You had to complete the forms that were sent with that notice in order to decide if you are eligible for Medi-Cal in another way.
- You had to mail the completed forms to the county welfare office whose address was shown on the notice.
- Failure to return those forms by the date shown on that notice would result in another Medi-Cal notice telling you that your Medi-Cal benefits would stop.

OUR RECORDS SHOW THAT YOU DID NOT COMPLETE AND MAIL THE FORMS TO THE COUNTY WELFARE OFFICE BY THE DATE SHOWN ON THE PAST MEDI-CAL NOTICE. THIS MEANS YOUR SSI-BASED MEDI-CAL BENEFITS WILL STOP AS OF_____(insert date of Medi-Cal discontinuance)_____.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50147, 50183, and 50185.

DO NOT THROW AWAY YOUR BENEFIT IDENTIFICATION CARD (BIC).
If you become eligible for Medi-Cal, you can use it again.

PLEASE NOTE: Should SSA tell you that you will once again receive an SSI/SSP check, SSA will also tell the Department of Health Services to put you back on Medi-Cal, this may take several weeks. If you have a medical emergency and need Medi-Cal before the system can put you back on, contact your local SSA office who will give you the form which you will need.

IF YOU WANT A FAIR HEARING
SEE ENCLOSED "YOUR RIGHT TO APPEAL THIS ACTION"

(Type 23 to be sent to former SSI "no longer disabled" recipients who do NOT return forms)

ENCLOSURE 11

YOUR RIGHT TO APPEAL THIS ACTION

If you are dissatisfied with the action described on the attached otice, you may request a state hearing before an Administrative aw Judge of the California Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. If you decide to request a hearing, you must do so **WITHIN 90 DAYS OF THE MAILING DATE OF THE NOTICE.**

This hearing will determine if you were properly discontinued from SSI/SSP-based Medi-Cal. This hearing will not determine whether your eligibility for SSI/SSP was correctly discontinued. In order to determine your eligibility for Medi-Cal under another program, you must apply at the county welfare department.

A state hearing and aid paid pending described below will not be available if the only action you object to is an automatic change in your eligibility which is required by state or federal law. This denial of a state hearing is required by Title 22, CCR, Section 50951.

Aid Paid Pending

f you are now receiving Medi-Cal and ask for a state hearing **BEFORE THE EFFECTIVE DATE OF THE ACTION**, your Medi-Cal will continue with no change until the hearing.

State Regulations Available

State regulations, including those covering state hearings, are available at your local county welfare office.

Authorized Representative

u can represent yourself at the state hearing. You can also be epresented by a friend, attorney, or any other person whom you esignate below. You are expected to arrange for the representative ourself. You can get help in locating free legal assistance by calling e toll-free number of the Public Inquiry and Response Unit, (800)-952-5253.

Information Practices Act Notice (California Civil Cod Section 1798, et. seq.)

The information you are asked to write in below is needed to proce your hearing request. Processing may be delayed if the informatic is incomplete. A case file will be set up by the Chief Administrati Law Judge. You have the right to examine the materials that mal up the record for decision and may locate this record by contactir the Public Inquiry and Response Unit (phone number shown below Any information you provide may be shared with the county welfa department and with the U.S. Department of Health and Huma Services (Authority: Welfare and Institutions Code, Section 14100.2

How to Request a State Hearing

The best way to request a hearing is to fill in and send this entir notice to:

Administrative Adjudications Division
California Department of Social Services
P.O. Box 944243, Mail Station 19-97
Sacramento, CA 94244-2430

You may also request a hearing by calling the toll-free number of th Public Inquiry and Response Unit.

Public Inquiry and Response Unit (Public Information)

Toll-Free Number: **1-800-952-5253**
For the deaf (TDD) only: 1-800-952-8349

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights. Assistance is also available in some languages other than English, including Spanish You may write to:

Public Inquiry and Response Unit
California Department of Social Services
P.O. Box 944243, Mail Station 16-23
Sacramento, CA 94244-2430

EQUEST FOR A STATE HEARING (RAMOS)

ne (print)	Social Security number	Phone number	
ress (number, street)	City	State	ZIP code

m requesting a state hearing because of an action taken by the State of California related to Medi-Cal. ***I UNDERSTAND THAT FOR A TERMINATION OF MY ELIGIBILITY FOR MEDI-CAL UNDER ANOTHER PROGRAM, I MUST APPLY TO THE COUNTY WELFARE PARTMENT.***

ason(s) for my request: _____

_____

_____

eak a language other than English and need an interpreter. (The State will provide the interpreter at no cost to you.)

uage	Dialect

thorize the following person and/or organization to act on my behalf for purposes of this appeal:

		Phone number	
(number, street)	City	State	ZIP code
signature		Data	