TATE OF CALIFORNIA–HEALTH AND WELFARE AGENCY PETE WIL

)EPARTMENT OF HEALTH SERVICES
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December 8, 1997

TO: All County Welfare Directors
All County Adminstrattive Officers
All County Medi-Cal Specialists/Liaisons
All County RAMOS Coordinators

Letter No.: 97-56

E-MAIL NUMBER 97130, DATED OCTOBER 23, 1997

The purpose of this letter is to inform counties that a new temporary supplemental form will be sent with the next Former Supplemental Security Income (SSI) Adult No Longer Disabled Recipient-Notice Type 22 mailing dated on or about November 19, 1997, and also to remind counties to submit application information to the Medi-Cal Eligibility Data System (MEDS) on or before the fifteenth of each month.

The Department of Health Services (Department) discovered that questions necessary to complete the redetermination of eligibility for SSI No Longer Disabled cases were not included in the blue-colored "Medi-Cal Redetermination Former Supplemental Security Income/State Supplental Program (SSI/SSP) Recipient Adult--No Longer Disabled" (MC 211A) form. Because of the short timeframes involved with the next RAMOS mailing run, the Department has created a supplemental form to be mailed with the MC 211A.

This supplemental form will include questions about the recipient's Social Security Administration (SSA) appeal status as well as a question about physical and/or emotional problem(s) not considered by SSA. A copy of this form has been enclosed for your information. The questions have been submitted to various members of the Forms Committee for review and information already received from Forms Committee members has been incorporated into the copy enclosed with this letter. Once the questions have been finalized, they will be added to the MC 211A .

Counties may copy and use the enclosed supplemental form to obtain information about the recipient's SSA appeals status and the recipient's current disability status. Recipients who received Notice Type 22 with the October 19, 1997 RAMOS run may need to supply this information.

Recently, the Department has been made aware that some counties have mistakenly entered redetermination form information on Notice Type 22 cases after the RAMOS run date, but before MEDS Renewal. The Department wishes to reiterate that this information must be reported to MEDS on or before the fifteenth of each month in order to be received in time for the RAMOS run. If the county does not report the redetermination information timely, a Notice Type 23 discontinuance will be sent and benefits will be terminated. In these situations, the county **must** send a recision notice and report eligibility manually each month until the redetermination process is complete. We recommend that counties check the "Medi-Cal Only

Register of SSI/SSP No Longer Disabled Notice Type 23" monthly listing to determine if a former SSI no longer disabled recipient, who submitted redetermination forms, was erroneously discontinued. Counties are also reminded that discontinuance after a redetermination has been completed must be given with ten-day notice.

If you have questions about this matter or other issues related to SSI No Longer Disabled cases, please call Leanna Pierson of my staff at (916) 654-0630.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

SUPPLEMENTAL QUESTIONS FOR MEDI-CAL REDETERMINATION FORMER SSI/SSP RECIPIENT ADULT--NO LONGER DISABLED

	COUNTY USE ONLY
1. Do you currently have a pending appeal on your SSI case with the Social Security Administration (SSA) because you do not agree with SSA's decision that you are no longer disabled? [ ] Yes [ ] No	[ ] Proof of SSI appeal, if not apparent on MEDS
a. If "yes", when did you file the appeal with SSA?_____ Month/Year	
b. Have you reapplied for SSI benefits because of a physical and/or emotional problem(s) that is either NEW or that you did not tell SSA about before? [ ] Yes [ ] No	
c. If "yes", what date was the SSI application filed?_____ Month/Year	
2. Do you have a physical and/or emotional problem(s) that you did not tell SSA about before SSA made the decision that you are no longer disabled? [ ] Yes [ ] No	[ ] DED packet on new or not previously considered condition
a. Is this physical and/or emotional problem(s) expected to last at least a year? [ ] Yes [ ] No	
b. Please explain this physical and/or emotional problem(s):_____	