STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814
(916) 445-1912

May 6, 1982

To: All County Welfare Directors

Letter No. 82-26

SSI/SSP DISCONTINUANCE SYSTEM (RAMOS)

Reference: All County Letter 81-55

The purpose of this letter is to:

- Provide draft copies of three separate Notice of Discontinuance County Registers.
- Provide a description of the register identifying persons entering long-term care (LTC).
- Request input from the county on the report format and on the number of register copies required.

Notices of Action

Currently, the Department of Health Services (DHS) sends notices of action discontinuing SSI/SSP based Medi-Cal eligibility to those persons identified by the Social Security Administration as being discontinued from SSI/SSP since the previous month. Six types of notices are sent, depending on the reason for discontinuance. Of these six, the county is required to monitor responses only from persons receiving Excess Income and Extended Eligibility Notices of Action. As an interim procedure intended to provide the county with information on these individuals, DHS has been sending sets of duplicate copies of these two notices to county Ramos coordinators. This interim procedure will end within one or two months. At that time, DHS will begin sending the county Excess Income and Extended Eligibility Notice of Discontinuance Registers, as well as a Register of Persons Entering Long-Term Care. Draft copies of these registers are attached.

Register of Persons Entering Long-Term Care

This register will notify the county of those persons who have been discontinued from SSI/SSP and have been identified as entering a LTC facility. It is a two part listing.

The first part, "MC 171/SDX Discontinuance Match", identifies persons for whom DHS has received a Medi-Cal Long-Term Care Facility Admission and Dis-Charge Notification Form (MC 171) and who are subsequently discontinued from SSI/SSP. THE COUNTY IS REQUIRED TO CONTACT EACH INDIVIDUAL IN THIS GROUP, in accordance with California Administrative Code, Title 22, Section 50183.5.

The second part of the register, "SDX Living Arrangement Information Indicates LTC Status", contains information on persons for whom the State has not received an MC 171. However, information on the SDX indicates the person is

in an LTC facility. If an LTC facility is identified in the address, county contact is required. However, if no information is available on the LTC facility, no county contact is required.

County Requirements

At this time, only paper registers will be available. Since the county will be using the Notice of Discontinuance Registers in place of duplicate copies of Notices of Action, you must inform DHS of the number of copies of each of these registers you need in order to monitor and process your SSI/SSP discontinuance cases. In addition, please inform us of any necessary changes which should be made to the report format.

Please complete the form on Attachment II and return it to us by June 1, 1982.

If you have any questions, please contact your Medi-Cal program consultant.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branch

Attachments
cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8----+----9----+----0----+----1----+----2----+----3-

PANVALET INFORMATION

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

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XXXXXXXXXXXXXXX COUNTY

NOTICES OF DISCONTINUANCE -- SSI/SSP
REGISTER OF DISCONTINUED BENEFICIARIES
* REGULAR EXCESS INCOME *
ELIGIBILITY MONTH -- XXXXXXXXX 9999

BENEFICIARY ID	SOCIAL SECURITY NUMBER	BENEFICIARY NAME AND ADDRESS		
12345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	SHARE OF COST: COMMENTS:	9999
12345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	SHARE OF COST: COMMENTS:	9999
12345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	SHARE OF COST: COMMENTS:	9999
12345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	SHARE OF COST: COMMENTS:	9999
12345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	SHARE OF COST: COMMENTS:	9999

TOTAL FOR THIS COUNTY ZZZZ9

----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8----+----9----+----0----+----1----+----2----+----3-

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XXXXXXXXXXXXX COUNTY

NOTICES OF DISCONTINUANCE -- SSI/SSP
REGISTER OF DISCONTINUED BENEFICIARIES
*** EXTENDED ELIGIBILITY ***
ELIGIBILITY MONTH -- XXXXXXXXX 9999

BENEFICIARY ID	SOCIAL SECURITY NUMBER	BENEFICIARY NAME AND ADDRESS	
12345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	COMMENTS:
12345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	COMMENTS:
12345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	COMMENTS:
12345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	COMMENTS:
12345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	COMMENTS:

TOTAL FOR THIS COUNTY ZZZZ9

----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8----+----9----+----0----+----1----+----2----+----3-

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XXXXXXXXXXXXXXX COUNTY

REGISTER OF DISCONTINUED BENEFICIARIES
PERSONS ENTERING LONG-TERM CARE
MC171/SDX DISCONTINUANCE MATCH
ELIGIBILITY MONTH -- XXXXXXXXX 9999

*** COUNTY CONTACT REQUIRED ***

BENEFICIARY ID	SOCIAL SECURITY NUMBER	BENEFICIARY NAME AND ADDRESS	FACILITY NAME AND ADDRESS	
12345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	1234567890123456789012345678 90 2 3 4 5	DATE OF ADMISSION: 12/45/78 COMMENTS:
12345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	1234567890123456789012345678 90 2 3 4 5	DATE OF ADMISSION: 12/45/78 COMMENTS:
12345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	1234567890123456789012345678 90 2 3 4 5	DATE OF ADMISSION: 12/45/78 COMMENTS:
12345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	1234567890123456789012345678 90 2 3 4 5	DATE OF ADMISSION: 12/45/78 COMMENTS:
12345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	1234567890123456789012345678 90 2 3 4 5	DATE OF ADMISSION: 12/45/78 COMMENTS:

TOTAL FOR THIS TYPE OF DISCONTINUANCE ZZZZ9

----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8----+----9----+----0----+----1----+----2----+----3-

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REGISTER OF DISCONTINUED BENEFICIARIES
PERSONS ENTERING LONG-TERM CARE
SDX LIVING ARRANGEMENT INFORMATION INDICATES LTC STATUS
ELIGIBILITY MONTH -- XXXXXXXXX 9999

****COUNTY CONTACT REQUIRED ONLY IF ADDRESS****
INDICATES LTC FACILITY

ENEFICIARY ID	SOCIAL SECURITY NUMBER	BENEFICIARY NAME AND ADDRESS	
2345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	COMMENTS:
2345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	COMMENTS:
2345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	COMMENTS:
2345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	COMMENTS:
2345678901234	123-56-7890	1234567890123456789012345678 90 2 3 4 5	COMMENTS:

Department of Health Services
Medi-Cal Eligibility Branch
Attn: SSI/SSP Discontinuance System
714 P Street, Room 1692
Sacramento, CA 95814

County Name: _____

Register	Number Needed
Excess Income	_____
Extended Eligibility	_____
Persons in Long-Term Care	_____

These registers will be sent to the Ramos Coordinator in your county, unless you request otherwise.