

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

August 3, 1988

TO: All County Welfare Directors Letter No.: 88-57
All County Administrative Officers

SUBJECT: EXTENDED FILING DATE UNDER OBRA '87 PROVISIONS WHICH RESTORE AND
CONTINUE MEDI-CAL ELIGIBILITY FOR CERTAIN DISABLED WIDOW(ER)S

REFER TO: All County Welfare Directors (ACWD) Letters No. 86-54, 87-5, and
88-33

The above referenced ACWD Letters described the procedures counties were to follow to preserve Medi-Cal status under the COBRA 1985 provisions for certain disabled widow(er)s who lost SSI benefits because of 1983 changes which increased their Title II widow(er)s benefits. Notices were mailed by DHS to individuals identified by SSA's computer tape as potential eligibles under the COBRA '85 provision. The notices advised them to contact their local county welfare office no later than June 30, 1987. ACWD Letter 88-33 informed counties that OBRA 1987 provisions extended the final filing date to June 30, 1988 for disabled widow(er)s to apply for Medicaid protection under the 1985 amendments.

The purpose of this letter is to inform counties that the Department of Health Services (DHS) is extending the final filing date from June 30, 1988 to August 15, 1988 for 13 individuals who were not previously identified. This decision is based on the fact that the DHS recently received a computer tape from HCFA via SSA which had 13 additional individuals who did not receive a previous notice which informed them of the OBRA '87 provisions. Therefore, DHS will send a notice to these individuals to inform them of the extended filing date (attached). These notices will be mailed the week of July 25, 1988. Counties will be able to identify these new individuals by the notice which will indicate August 15, 1988 instead of June 30, 1988 as the final filing date.

To determine the individuals Title II disregard entitlement, counties will need to verify the following through SSA or, if available through the individual:

- a. SSI date of termination (termination must have taken place sometime in 1984 in order for the individual to be eligible);
- b. gross amount of Title II in January 1984; and
- c. the current gross amount of Title II.

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The disregard is computed by subtracting (b) from (c). Example:

<u>Date of Termination</u>	<u>Gross Amount of Title II 1/84</u>	<u>Current Gross Amount of Title II</u>	<u>Disregard Amount of Title II</u>
4/15/84	\$310.00	\$483.00	\$483.00
			<u>-310.00</u>
			<u>\$173.00</u>

The following counties have been identified from the SSA tape as having residents who were not previously notified:

<u>County</u>	<u>No. of Individuals</u>
Kings	1
Los Angeles	7
Riverside	1
San Bernardino	2
San Francisco	1
Santa Clara	1

Counties are to follow procedures contained in ACWD Letters No. 86-54, 87-5 and 88-33. If you have any questions please contact RaNae M. Dunne at (916) 324-4955/ATSS 454-4955.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: July 31, 1989

Si Ud. necesita un interprete, favor de comunicarse con su trabajador del condado.

NOTICE PREPARATION DATE:

Beneficiary ID Number:

NOTICE OF POSSIBLE MEDI-CAL ELIGIBILITY
WITHOUT SHARE OF COST

Our records indicate that you have been identified as potentially eligible for continued zero share of cost Medi-Cal under the 1985 Consolidated Omnibus Budget Reconciliation Act (COBRA) as it related to your Social Security benefits. If you are one of the persons covered by the COBRA Act, you will be eligible for continued Medi-Cal coverage without a share of cost. To be eligible you must contact your local county welfare department at the address listed below no later than August 15, 1988. Please take this notice with you to the county welfare department. It will help them to determine your Medi-Cal status. If you are now receiving Medi-Cal without a share of cost, you do not have to do anything about this notice. However, if you are not now receiving Medi-Cal or if you are required to meet a share of cost before you receive your Medi-Cal card, this notice is important. PLEASE READ IT CAREFULLY!

If you are one of the persons covered by the COBRA Act, you will be eligible for Medi-Cal without a share of cost. To be eligible, all of the following conditions must apply to you:

1. You were under age 60 when you first began receiving Social Security benefits; and
2. You are now receiving Social Security benefits and have been continuously since December 1983; and
3. You received Social Security Disabled Widows or Widowers benefits in January 1984; and
4. At any time you received both SSI/SSP and Social Security benefits in the same month; and
5. You no longer receive SSI/SSP as a result of the 1983 increases in your widows or widowers benefits.

To find out if you are entitled to receive Medi-Cal without a share of cost, contact your local county welfare department at the following address:

If you are eligible for Medi-Cal under the COBRA Act, you may receive up to three months retroactive Medi-Cal (effective three months from the date you apply).

Applications for Medi-Cal without a share of cost under COBRA filed after August 15, 1988 will not be eligible for consideration under the COBRA Act. It would be to your advantage to apply at the county welfare department as soon as possible in order to obtain maximum benefits.

If you need assistance, or have questions, you should check your Social Security records, call your local Social Security Office, or contact the Department of Health Services, Medi-Cal Eligibility Branch, attention RaNae M. Dunne at (916) 324-4955.