DEPARTMENT OF HEALTH SERVICES

RIA RAA RIITALET SIGRAMBIITO IQAII YIGIA



December 24, 1987

TO: All County Welfare Directors

Letter: 87 - 79

All County Administrative Officers

SUBJECT: SSI/SSP RECIPIENTS DISCONTINUED EFFECTIVE

JANUARY 1987 (LYNCH V. RANK (PICKLE)

POTENTIAL ELIGIBLES)

REFERENCE: All County Welfare Directors Letter

84-57 and 86-61

Listing and Notices

The 503 Leads File Report containing the names and addresses of Medi-Cal beneficiaries who will be discontinued from SSI/SSP in January 1988 due to the Title II (RSDI) cost-of-living increase will be mailed to the Pickle Coordinator the first week in January 1988. These individuals have received a notice (Attachment I) from the Department of Health Services (DHS) advising them that if they are not contacted by their local county welfare department (CWD) by March 5, 1988 they are to contact the CWD in the county in which they live. In addition, these individuals will receive a second notice (Attachment II) advising them of their discontinuance effective April 30, 1988 if the county welfare department has not taken action to reestablish their ongoing Medi-Cal eligibility by notifying DHS via MEDS. Alpine, Amador, Mariposa, Mono, San Benito, and Sierra Counties do not have any of these beneficiaries residing in their county. Attachment III is a sample layout of the 503 Leads File Report.

Please note, the listing may include the names of some individuals whose SSI/SSP benefits were scheduled to be discontinued effective January 1, 1988 but whose benefits have been reinstated prior to that date. The notice from DHS contains a disclaimer stating "If your SSI/SSP benefits have been reinstated since January 1, 1988 please disregard this notice". These individuals must be contacted by the CWD to verify that they understood the message and that a Pickle eligibility determination is not necessary.

The procedures to follow when making this contact are described in All County Welfare Directors Letter 84-57.

You will receive another copy of this listing in February, March and April 1988. Additional names will not be added to the listings, however the names of those individuals who have been reinstated on SSI/SSP, whose Pickle status has been updated, or who have been determined eligible for Medi-Cal as a Pickle eligible

All County Welfare Directors
All County Administrative Officers
Fage 2

will be deleted. Once all the names have been deleted, your county will no longer receive a listing.

The individuals listed on the 503 Leads File Report have been granted up to four months of continuing Medi-Cal eligibility (January through April 1988), pending a Pickle eligibility determination by the CWD. If Medi-Cal eligibility is established as a Pickle aid type, CWDs will submit updates to the Medi-Cal Eligibility Data System (MEDS), to establish ongoing eligibility. Since these records have a future term date, an EW20 transaction must be submitted as an Inter Program Transfer (IPT). The Pickle status code will automatically be updated by these transactions.

However if a beneficiary is determined to be currently ineligible for Madi-Cal benefits as a Pickle aid type, CWDs are required to sibmit an EW60 transaction, (Modify Pickle Status Information), to MEDS, to update the Pickle status to show the beneficiary is patastially Pickle eligible (Tickler file). Submission of this miansuction will indicate that the county has contacted the teneficiary and that he/she is not eligible for Medi-Cal as a Pickle aid type at this time. In this instance only, the update of the Pickle status by an EW60 will cause renewal to terminate the peneficiary's Medi-Cal eligibility effective the end of that menth. For persons not Pickle eligible who are found to be ABD Medically Needy eligible, normal reporting procedures are to be followed after the EW60 transaction.

Due to the continuing reporting requirements resulting from the Lynch v. Rank court order and the need for accountability for this program, at both the state and county level, it is necessary at this time that each county designate a permanent Pickle contact person. This should be the person responsible for the day-to-day maintenance of the program. Please report the name, address and telephone number of this person to RaNae Dunne, DHS, Medi-Cal Eligibility Branch, 714 P Street, Room 1650, Sacramento, California 95814; (916) 324-4955 no later than January 26, 1988.

Thank you for your assistance. Any policy questions should be directed to RaNae Dunne at (916) 324-4955, ATSS 454-4955. MEDS questions should be directed to your State MEDS liaison.

Sincerely,

Original signed by

Frank S. Martucci, Chief Medi-Cal Eligibility Branch All County Welfare Directors
All County Adminstrative Officers
Fage 3

Attachment I to Medi-Cal Policy Liaisons only

ca: Medi-Cal Liaisons Medi-Cal Program Consultants

Expiration Date: December 31, 1988

|pantTent||or=Health||Services|| |dical=Essistance| NOTICE PREPARATION DATE:
DECEMBER 15, 1987

MEDIHOAL NOTICE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL LE EXTENDED MEDI-CAL ELIGIBILITY (503 Leads - Pickle)

PN00001-

MI

LAST FIRST
FIRST MI CAST
FIRST ADDRESS LINE
SECOND ADDRESS LINE
THRO ADDRESS LINE

ZIP CODE

- : Maci-Cal Beneficiaries Discontinued From SDI/SSP On January 1, 1988
- : CONTINUED MEDI-CAL BENEFITS

where recently notified by the Social Security Administration (SSA) that your SSI/SSP is discontinued. That notice also instructed you to contact your county welfare departing of the state your Medi-Cal benefits to continue. You should disretand a information contained in that notice that pertained to your Medi-Cal penefits.

e reason your SSI/SSP checks were discontinued is that you received an increase in your ial Security benefits. Although this increase makes you ineligible for your SSI/SSP LCK, you will continue to receive Medi-Cal benefits until your county welfare departnt notifies you otherwise.

you so not near from your county welfare department by March 15 or if you have any estions about your Medi-Cal benefits, you should contact the county welfare department rithe county in which you live. To assist you, we have listed below the address and lebhone number of the county welfare department in your area.

you have already been in contact with the county welfare department and you know that ur application for Medi-Cal has been processed, or is being processed, follow the structions that the county provided at the time of your interview. There is no need rigou to contact them again, unless requested to do so by the county, or if you are doubt as to your Medi-Cal status.

your SSI/SSP benefits have been reinstated since January 1, 1988 please disregard is notice.

Alpine County
Dept of Social Services
P. O. Box 277
Markleeville, Ca 96120
916-694-2235

| MORKER A1 | ELIG-STATUS 001 -PUCKES-CHG 2-11-87 | ELIG~STATUS 001 2~10~86 | ELIG-STATUS 003 2-11-87 | ELIG-STATUS 596 -PICKLE-CHG 2-11-87 |
|---|---|--|--|---|
| 1 | SEX ELIG-STATUS F 001 LAST-PLCKEE-CHC 12-11-87 | SEX ELIG-STATUS N 001 LAST-PICKLE-CHG 12-10-86 | rs. L | SEX |
| SACRAMENTO BISTRICT 999 | IVED | RTRTIDATIC O9 -30 - 944 B SST-LAST-RECEIVED 12 - 86 | BTRTHDATE SEX 04-01-936 M SST-LAST-RECETVED T 12-87 | 81 - 19 - 927 NG - 17 - 87 NG - 12 - 87 |
| DEPARTMENT OF HEALTH FICES 503 LEADS FILE REPORT | 1 | MEDS - 10 599-99-9999 PICKLE-TICKLER SS1 C0 | MEDS-1D 999-99-9999 PICKLE-TICKLER SSI CO | MEDS-1D 999-99-9999 PICKLE-TICKLER 50 |
| STATE C. CALLFORNIA MEDI-CAL ELIGIBILITY DATA SYSTEM REPORT NO. REPORT DATE 503 | AIZ | COUNTY-1D 99-99-9999999-9-99 IIN Z CA 95814 | COUNTY-ID 99-99-999999-9-99 E | СОUNIY-ID 99-99-9999999-9-99 ЈАМЕЅ |
| STAUR C. CALIFORMEDI-CAL ELIGIB REPORT NO. | CASE-NAME DOE ANY PLACE ANY STREET ANY TOWN, CALIFORNIA | SE-NANE LTH LTH CRAMENTO | E-NAME MAN MAN MAN P STRE RAMENTO | - NA ANE ANE |