

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

March 19, 1984



To: All County Welfare Directors

Letter No. 84- 5

SSI/SSP RECIPIENTS DISCONTINUED EFFECTIVE JANUARY 1984 (LYNCH V. RANK LAWSUIT)

Listing and Notices

The attached listing contains the names and addresses of Medi-Cal beneficiaries who were discontinued from SSI/SSP in January 1984, due to the Title II cost-of-living increase. Also attached is a copy of the notice that DHS sent to these beneficiaries on February 7, 1984, advising them that they will be contacted by their county welfare department prior to March 1.

These beneficiaries were erroneously sent Ramos v. Myers notices in addition to their notices of discontinuance from SSI/SSP. These are not Ramos beneficiaries. They are currently eligible for no share-of-cost Medi-Cal under the Pickle Amendment. They are not to be processed using the Ramos v. Myers procedures.

County Responsibilities

DHS has been issuing and will continue to issue Medi-Cal cards through the April 1984 month of eligibility (MOE) for this group of Medi-Cal beneficiaries. Beginning with the May 1984 MOE, the appropriate county of residence will be required to issue a card to persons on this list, unless they have been determined ineligible through the redetermination process described below. Therefore, it will be necessary to immediately establish a Medi-Cal case for these individuals.

Counties must continue to issue a card to these individuals unless and until they are found ineligible through the process described below.

As soon as possible, but no later than April 15, 1984, the counties are required to make personal contact and to complete a redetermination of the Medi-Cal eligibility of each person on this list and their families. Eligibility must be redetermined according to the forms and procedures required by All County Welfare Directors Letter 83-74 and the revised procedures Section 10I. The county must ensure that the eligibility redetermination is completed promptly and if there is a delay, that these individuals continue to receive their Medi-Cal cards until such time as the redetermination is completed.

In processing a redetermination, the counties are required to adhere to the following:

1. With respect to personal contact, Title 22, California Administrative Code, Section 50163, 50165 and 50167 requirements are applicable. Additionally, in accordance with Section 50165, when the MC 210 is not returned in a timely manner, the county shall attempt to contact the

beneficiary to determine the reason for delay. In counties that use redetermination appointment notices, the same procedure applies if a beneficiary fails to make an appointment in a timely manner. The minimum effort in attempting contact shall be:

- o In cases where a telephone number for the beneficiary can be ascertained, an eligibility worker shall attempt, on at least two separate dates, to reach the beneficiary by telephone. An ascertainable telephone number is one that can be determined by matching the name and address on the attached list provided by the Department with a name and address in a current local telephone book.
- o In all cases where telephone contact is not established or the beneficiary has no telephone number that can be ascertained, a letter will be sent by the county welfare department, no later than April 1, 1984, to the address appearing on the attached list informing the beneficiary that he or she must contact the county welfare department immediately or he or she will not receive a May Medi-Cal card. The letter shall contain the name of an eligibility worker and a local telephone number.

2. The counties must assist recipients in completing the redetermination process as required by Title 22, CAC, Section 50101(a)(6) and (7). If a recipient is unable, due to a mental or physical disability, to complete the MC 210, the county shall attempt to have a relative or friend do so. If that is not possible, the county will assist in completing the form, at a face-to-face interview. If the recipient is homebound, the county has the option of a home visit to complete the form, or completing it over the telephone.

While the information may be obtained by telephone, the recipient is still required to sign the form, unless he or she is within the categories set forth in Section 50163. However, if the signed form is not returned, the county must make a personal contact, in accordance with the procedures mentioned in (1) above, to find out why the form was not returned, and to assist as necessary.

3. If, after following the procedures in 1 and 2 above, the county welfare department does not receive a completed MC 210 from a beneficiary whose name appears on the attached list, the county shall discontinue the beneficiary from the Medi-Cal program in accordance with Title 22, California Administrative Code, Section 50175.
4. All efforts by the county to make personal contact with these individuals must be carefully documented in the case file.

5. In cases in which recipients have representative payees, all notices and forms must be sent both to the recipient and the payee. If the representative payee's address is the only one available, notices and forms for the recipient and the representative payee must be sent to the same address. Applications must be processed by the county in which the applicant or beneficiary resides.

By May 1, 1984, the counties are required to mail a report, listing the name, address, social security number and Medi-Cal number of each person whose name appears on the attached list and who is residing within the county's jurisdiction to:

Kristi Banion
Department of Health Services
Medi-Cal Eligibility Branch
714 P Street, Rm 1692
Sacramento, CA 95814

In addition, the report must state the disposition of the case as a result of the redetermination (e.g., either currently eligible or discontinued) and, if discontinued, a brief statement as to the reason for discontinuance and a copy of the Notice of Action. If no one on the list resides in your county, you need not report.

Miscellaneous Requirements

I would also like to take this opportunity to remind you of two points that many counties have overlooked in the Lynch v. Rank lawsuit:

1. Counties were required to report in writing by December 15, 1983, what type of tickler system they had established to identify persons with Title II income, who were denied Pickle eligibility during the case review required by All County Welfare Directors Letter No. 83-74, but who may be eligible in the future. If you have not yet submitted this information, please send this it immediately, but no later than April 1.
2. During the case review process, counties are required to verify the date of SSL/SSP discontinuance in accordance with Title 22, CAC, Section 50167 for those people who do not bring in a "Notice of Possible Medi-Cal Eligibility without a Share of Cost". This verification is to be completed using the ~~same~~ procedure that counties normally use to verify information from the Social Security Administration (SSA) (i.e., SSA Form 1610 or CA 810). DHS cannot verify any date or other information for a person who did not receive either a November 8, 1983 or February 7, 1984 notice.

If a person has a notice and his/her name is not on your list, you should call Frances Schurer of my staff at (916) 445-1797 or ATSS 485-1797. If the person does not have a notice or his/her eligibility is being determined as a result of the case review, the information must be verified through SSA. Please do not ask DHS staff for this verification, as this information is not available to us.

If you have any questions concerning either this letter or the Lynch v. Rank lawsuit, they should be directed to Kristi Banion at (916) 445-1797 or ATSS 485-1797.

Thank you for your cooperation in complying with the extremely complex requirements of this litigation.

Sincerely,

Original signed by

Caroline Cabias, Chief
Medi-Cal Eligibility Branch

Attachment 

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants