

DEPARTMENT OF HEALTH SERVICES

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SACRAMENTO, CA 95814
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October 16, 1981

To: All County Welfare Directors

Letter No. 81-45

IMPLEMENTATION OF COURT SETTLEMENT -- RAMOS VS. MYERS

This letter is to provide you with general information regarding Department of Health Services (DHS) and county welfare department responsibilities for implementing the Ramos vs. Myers settlement and to request specific information be submitted to the Department by October 26, 1981.

Background

Suit was brought against the Department of Health Services in U.S. District Court over the effect the discontinuance of a Supplemental Security Income/State Supplemental Payment (SSI/SSP) cash grant has on a person's Medi-Cal coverage. As a result of the suit, a court order should be issued shortly requiring DHS to:

1. Extend no-cost Medi-Cal eligibility, including issuing Medi-Cal cards, for a certain group of SSI/SSP discontinued persons, until the county determines Medi-Cal-only eligibility based on current information from the client;
2. Determine an initial share-of-cost and issue an MC 177 for a second group of persons discontinued as the result of "excess income." The "initial share of cost" will be based on income information in the federal State Data Exchange (SDX) computer record, and will be used only until the client has supplied current information for a standard county determination;
3. Identify discontinued persons who are in long-term care, so counties can contact these persons directly and help them apply for Medi-Cal-only;
4. Issue a notice of action to all persons whose SSI/SSP-based Medi-Cal has been discontinued and inform them of the actions they must take to have Medi-Cal-only eligibility determined;
5. Mail an application for Medi-Cal-only, and a short-form version of the Medi-Cal Statement of Facts, to certain of the discontinued persons;
6. Afford a fair hearing to persons who wish to appeal loss of their SSI/SSP-based Medi-Cal, as long as they are entitled to appeal;
7. Grant aid paid pending to persons who appeal loss of their SSI/SSP-based Medi-Cal in timely fashion, as long as they are entitled to appeal.

State Responsibilities

DHS will perform those functions described in items 1-7 of the previous page.

County Responsibilities

The Ramos process is designed so that there will be a minimal increase in county workload or county activities. In general, counties will simply continue to do Medi-Cal-only redeterminations of discontinued SSI/SSP persons who request Medi-Cal-only, as they have in the past. The only changes from normal routine are:

1. Monitoring the return of Medi-Cal-only application forms for about 1,475 "extended eligibility" persons and "initial share of cost" persons per month statewide; and preparing and mailing out notices discontinuing the special eligibility status of those persons who did not complete the application process within specified frames.
2. Preparing Medi-Cal cards or issuing MC 177 forms to that subset of the 1,475 individuals who have returned their application forms on time but for whom county eligibility determination has not been completed by the end of the first month after SSI discontinuance.
3. Adjusting the share of cost downward for "initial share of cost" persons whose state-computed share of cost was too high because of the federal data used by the state.
4. Conducting the face-to-face interview with "extended eligibility" persons and "initial share of cost" persons, who apply for and qualify for regular Medi-Cal-only, after the initial county determination rather than before.

Attachment II is a chart summarizing the groups of individuals who will be sent notices and forms and the subsequent state, beneficiary, and county action required.

County Administrative Expense

Determining continuing Medi-Cal eligibility for those people discontinued from SSI/SSP-based Medi-Cal and identified in the Ramos process will not increase county administrative costs. Persons who eventually would go to the county welfare department to have Medi-Cal-only eligibility determined now will be referred immediately via the mail-out process. The county shall count, as an intake activity, each person discontinued from SSI/SSP-based Medi-Cal who applies for Medi-Cal-only, using the state-issued mail-out material.

Information Needed from Counties

Approximately 1,975 individuals statewide will receive a notice of action which refers them to the county welfare department. In order to ensure that

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forms returned to the county enter the eligibility process timely, counties must select a single county welfare department mailing location. Beneficiaries will be instructed to return forms to the county designated location. Five hundred of the 1,975 individuals do not receive "extended eligibility" or "initial share of cost" status. However, they will be sent an MC 210 Statement of Facts and an application form, which must be returned to the county if they want their eligibility determined under another program.

We request counties to identify the selected mailing address, complete the enclosed form (Attachment 1) and return it to the Department by October 26, 1981.

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

Sincerely,

Original signed by

Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants
Expiration Date: May 1, 1982

INTERIM SSI/SSP DISCONTINUANCE PROCESS

Attachment 2

Category and Number in Category	State Action	Client Action		County Action
		Required	Taken Timely	
Death; Loss of Contact; Loss of Residence 10,400/month statewide	Produce and send to Client: o Notice of Action o Notification of Right to Appeal	If SSA discontinuance was erroneous, client will contact SSA or DHS	N/A	None
Extended Eligibility 625/month statewide	Produce and send to Client: o Notice of Action o Notification of Right to Appeal o Application for Public Assistance (CA 1) o Medi-Cal Temporary Redetermination Form (MC 211) o "Extended Eligibility" Medi-Cal for first month under no share of cost and code Produce and send to County: o Copy of the Notice of Action The notice contains name, address, Medi-Cal ID No., SSN, deadline for filing for continued Medi-Cal only	Yes	Yes	o Standard intake processing, if client applies (a) Note: Provide a temporary Medi-Cal card, non share of cost aid code, if county eligibility determination is not completed in time for following month(s) Medi-Cal eligibility.
			No	o Complete and mail Notice of Action discontinuing Extended Medi-Cal eligibility if client does not apply by deadline
Excess Income -- Regular Share of Cost 850/month statewide	Compute initial SOC, based on income data in SDX discontinuance record Produce and send to Client: o Notice of Action o Notification of Right to Appeal o Application for Public Assistance (CA) o Medi-Cal Temporary Redetermination Form (MC 211) o Record of Health Care Costs -- Share of Cost (MC 177s) Produce and send to County: o Copy of Notice of Action (contains name, address, Medi-Cal ID No., SSN, deadline for filing for continue Medi-Cal only)	Yes	Yes	o Standard intake processing, if client applies (a) o Completed and returned MC 177 -- standard processing Note: Provide second month MC 177 using original state-determined share of cost if county eligibility determination is not completed in time for following month(s).
			No	o Complete and mail Notice of Action discontinuing Excess Income Medi-Cal eligibility if client does not apply by deadline.

Category and Number in Category	State Action	Client Required	T
<p>Long-term Care</p> <p>225/month statewide</p>	<p>Produce and send to Client:</p> <ul style="list-style-type: none"> o Notice of Action o Notification of Right to Appeal <p>Produce and send to County:</p> <ul style="list-style-type: none"> o Copy of Medi-Cal Long-term Care Facility Admission and Discharge Notification Form (MC 171) o Copy of Notice of Action 	No	
<p>Reason other than above</p> <p>500/month statewide</p>	<p>Produce and send to Client:</p> <ul style="list-style-type: none"> o Notice of Action o Notification of Right to Appeal o Application for Public Assistance (CA 1) o Statement of Facts for Medi-Cal (MC 210) 	Yes	

Action
taken Timely

County Action

Standard LTC Outreach and Eligibility Determination

Yes

Standard intake processing, if client applies

No

None

(a) Eligibility determination is to be made based upon MC 211 unless the information is inadequate. County may request beneficiary complete an MC 210. Also, face-to-face interview will be after initial determination.