

## 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:

- o Provide draft copies of three separate Notice of Discontinuance County Registers.
- o Provide a description of the register identifying persons entering long-term care (LTC).
- o 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 Discharge 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

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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

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	SHARE OF COST:	COMMENTS:
12345678901234	123-56-7890	123456789012345678901234567890 2 3 4 5	9999	
12345678901234	123-56-7890	123456789012345678901234567890 2 3 4 5	9999	
12345678901234	123-56-7890	123456789012345678901234567890 2 3 4 5	9999	
12345678901234	123-56-7890	123456789012345678901234567890 2 3 4 5	9999	
12345678901234	123-56-7890	123456789012345678901234567890 2 3 4 5	9999	
TOTAL FOR THIS COUNTY		ZZZZ9		

XXXXXXXXXXXXX COUNTY

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

BENEFICIARY ID	SOCIAL SECURITY NUMBER	BENEFICIARY NAME AND ADDRESS	COMMENTS:
12345678901234	123-56-7890	123456789012345678901234567890 2 3 4 5	_____
12345678901234	123-56-7890	123456789012345678901234567890 2 3 4 5	_____
12345678901234	123-56-7890	123456789012345678901234567890 2 3 4 5	_____
12345678901234	123-56-7890	123456789012345678901234567890 2 3 4 5	_____
12345678901234	123-56-7890	123456789012345678901234567890 2 3 4 5	_____

TOTAL FOR THIS COUNTY

ZZZZ9

PANVALET INFORMATION

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES

RUN DATE 99/99/99

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XXXXXXXXXXXXXXXXXX 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	DATE OF ADMISSION:	COMMENTS:
12345678901234	123-56-7890	123456789012345678901234567890	123456789012345678901234567890	12/45/78	
		2	2		
		3	3		
		4	4		
		5	5		
12345678901234	123-56-7890	123456789012345678901234567890	123456789012345678901234567890	12/45/78	
		2	2		
		3	3		
		4	4		
		5	5		
12345678901234	123-56-7890	123456789012345678901234567890	123456789012345678901234567890	12/45/78	
		2	2		
		3	3		
		4	4		
		5	5		
12345678901234	123-56-7890	123456789012345678901234567890	123456789012345678901234567890	12/45/78	
		2	2		
		3	3		
		4	4		
		5	5		
12345678901234	123-56-7890	123456789012345678901234567890	123456789012345678901234567890	12/45/78	
		2	2		
		3	3		
		4	4		
		5	5		

ANVALET INFORMATION

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES

RUN DATE 99/99/9

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XXXXXXXXXXXXXXXXXX COUNTY

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

BENEFICIARY ID	SOCIAL SECURITY NUMBER	BENEFICIARY NAME AND ADDRESS	COMMENTS:
2345678901234	123-56-7890	123456789012345678901234567890 2 3 4 5	_____ _____ _____ _____ _____
2345678901234	123-56-7890	123456789012345678901234567890 2 3 4 5	_____ _____ _____ _____ _____
2345678901234	123-56-7890	123456789012345678901234567890 2 3 4 5	_____ _____ _____ _____ _____
2345678901234	123-56-7890	123456789012345678901234567890 2 3 4 5	_____ _____ _____ _____ _____
2345678901234	123-56-7890	123456789012345678901234567890 2 3 4 5	_____ _____ _____ _____ _____

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.