

DEPARTMENT OF HEALTH SERVICES

714 744 P STREET
SACRAMENTO, CA 95814

August 26, 1987

TO: All County Welfare Directors
All County Administrative Officers

Letter: 87 - 49

SUBJECT: TREATMENT OF DISABLED ADULT CHILDREN WHO
HAVE BEEN DISCONTINUED FROM SSI/SSP

Effective November 1986 the Employment Opportunities for Disabled Americans Act (Public Law 99-643) amended the Social Security Act to provide categorical (zero share of cost) Medi-Cal to a limited group of persons who are over 18 years of age and who have had their SSI/SSP discontinued for specified reasons. Beginning July 1987 the Social Security Administration (SSA) will identify such potentially eligible persons through a change in the SDX records. A new Medicaid eligibility code (field 50) of "D" will indicate that the person is a Social Security disabled adult child (DAC) who has lost SSI/SSP eligibility due to either: entitlement to receive Title II DAC benefits or an increase in Title II DAC benefits. Medi-Cal eligibility for individuals affected by this change must be determined in a manner similar to Pickle eligibles.

To be eligible, the DAC people must be over 18 years of age and have previously received SSI/SSP on the basis of blindness or a disability which began before the person reached age 22. He/she must also: 1) currently receive Retirement, Survivors and Disability Income (RSDI) benefits as a result of this blindness or disability and 2) have been discontinued from SSI/SSP as a result of either having begun receiving RSDI or receiving an increase in the amount of his/her RSDI benefits. Anyone not meeting these requirements is not eligible as a DAC person and must then have his/her Medi-Cal application processed in accordance with Title 22, Section 50153.

The Department of Health Services (DHS) will provide these individuals with one month of extended (zero SOC) Medi-Cal eligibility to allow them adequate time to complete the application process at the county welfare department (CWD). At the time that DHS is notified of the SSI/SSP discontinuance, the affected population will be sent a Notice of Action (copy attached), a CA 1, MC 210, MC 210B, and a MC 239C. Individuals sent a Notice of Action and application forms will have their aid code changed to 66 during the extended eligibility period and aid paid pending (with zero SOC) will be granted if a request for a state hearing is received timely. This procedure is designed after the Ramos process.

County Responsibilities

DHS will send each CWD a listing containing the names, addresses and the amount of the current RSDI check for each DAC individual. When the CWD receives the listing, the CWD must contact each person to determine if assistance is needed in completing the application process. At the time either the forms are returned or the DAC person comes into the CWD a Pickle eligibility determination must be completed.

People who are discontinued from SSI/SSP due to admission to a long term care facility should not be included in the extended eligibility process. If the CWD finds that someone on the DHS listing has entered LTC, a regular Medi-Cal determination must be completed in accordance with Title 22, CAC, Section 50153. These people are sent a Ramos notice and the CWD receives a separate monthly listing of the names and addresses of the persons entering LTC.

When completing the Pickle financial eligibility computation the amount of RSDI benefits considered must never be greater than the amount the person was receiving at the time of his/her SSI/SSP discontinuance. This amount must be verified by using the amount provided on the DHS list, by an award letter, verification from SSA or viewing the check or direct deposit statement. If the person was discontinued from SSI/SSP prior to January 1987, a disregard computation is necessary in order to determine the amount of RSDI received at the time of the SSI/SSP discontinuance. This amount is to be used when determining all present and future Pickle eligibility.

For anyone discontinued after January 1987 a Disregard Computation Worksheet (DHS 7029) is unnecessary since the actual RSDI amount at the time of the SSI/SSP discontinuance should be the current amount reported on the DHS list. When completing the Financial Eligibility Worksheet use the verified amount of RSDI benefits for these people.

A Pickle Screening Worksheet (DHS 7020) is not required for DACs. Instead, the CWD must confirm that each person meets the eligibility criteria outlined in 1 and 2 above. If those criteria are met and the person meets all other Pickle income and resource eligibility requirements he/she is to be issued a zero share of cost Medi-Cal card (aid code 26, if person is blind; aid code 66 if disabled).

The first listing will be provided to CWDs no later than September 30, 1987. Since there are so few of these individuals each CWD may not receive a monthly listing. Any CWD wishing to

All County Welfare Directors
All County Administrative Officers
Page 3

designate a specific person to receive this original listing and all subsequent monthly listings must notify Kristi Allen (916) 324-4961, ATSS 454-4961 prior to August 17, 1987. Counties failing to designate a contact person by that date will have the listings sent to the County Medi-Cal Policy Liaison.

Any questions regarding this letter should be directed to Kristi Allen at the above number.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: December 31, 1987

te of California - Health and Welfare Agency
artment of Health Services
ical Assistance

NOTICE TYPE 10
NOTICE PREPARATION DATE:

MEDI-CAL
CE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL --
EXTENDED MEDI-CAL ELIGIBILITY
(Disabled Adult Child -- Pickle)

EE00017

Social Security Number:

Beneficiary ID Number:

Social Security Administration (SSA) has notified us that you are no longer
gible to receive a Supplemental Security Income/State Supplementary Payment
I/SSP). Because SSA informed us that you are not receiving an SSI/SSP check
, you will not receive an SSI/SSP Medi-Cal card after _____.

regulations which require this action are California Administrative Code,
le 22, Sections 50227 and 50703.

YOU HAVE CONTACTED SSA AND HAVE BEEN TOLD THAT YOU WILL ONCE AGAIN RECEIVE
SSI/SSP CHECK, PLEASE DISREGARD THIS NOTICE. SSA WILL NOTIFY THE DEPARTMENT
HEALTH SERVICES TO RESUME ISSUANCE OF YOUR MEDI-CAL CARD. THIS REINSTATE-
P PROCESS NORMALLY TAKES 4 TO 6 WEEKS. IF YOU HAVE A MEDICAL EMERGENCY AND
D YOUR MEDI-CAL CARD BEFORE THE REINSTATEMENT PROCESS HAS BEEN COMPLETED,
FACT YOUR LOCAL SSA OFFICE AND THEY WILL ISSUE YOU AN ELIGIBILITY REFERRAL
1 WHICH YOU CAN TAKE TO THE LOCAL COUNTY WELFARE DEPARTMENT AND OBTAIN ANY
I-CAL CARDS TO WHICH YOU ARE ENTITLED.

n though you will not receive an SSI/SSP Medi-Cal card after
_____, you HAVE BEEN GRANTED ONE MONTH OF EXTENDED MEDI-CAL ELIGI-
ITY. YOU WILL RECEIVE AN EXTENDED ELIGIBILITY MEDI-CAL CARD ONLY FOR THE
IH OF _____.

YOU WANT TO CONTINUE YOUR MEDI-CAL COVERAGE AFTER THAT, you must take the
lollowing actions: COMPLETE THE ENCLOSED APPLICATION, ~~THAT IS BEING WORKED~~
THE STATEMENT OF FACTS. MAIL THEM NO LATER THAN _____ to:

you complete and return these forms by _____ the county will
ew your application and determine your continuing Medi-Cal eligibility
diately. Later, the county will set up an appointment for you to complete
tional forms and for your required interview with your county eligibility
er.

you do not follow these instructions, your Extended Medi-Cal Eligibility
end _____. If you want Medi-Cal again, you will have to
p as the county welfare department.

this letter to show the county welfare department. It will help them to
amine your Medi-Cal status.

PLEASE READ THE ENCLOSED REQUEST FOR FAIR HEARING