

DEPARTMENT OF HEALTH SERVICES

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November 27, 1996



TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 96-65

Discontinuance of Medi-Cal Medically Needy Only (MNO)-Disabled Drug Addiction and/or Alcoholism (DA&A) Beneficiaries AND Processing of Terminated DA&A Supplemental Security Income and State Supplementary Payment (SSI/SSP) Recipients

Ref.: All County Welfare Directors Letter (ACWDL) Nos. 96-23, 96-30, and 96-52

Counties are to implement the following procedures upon receipt of this ACWDL.

The purpose of this ACWDL is to provide counties with instructions on how to identify, redetermine, continue, or discontinue the MNO-Disabled DA&A Medi-Cal beneficiaries. Also included are instructions on what to do with the SSI/SSP DA&A recipients who will be terminated from cash benefits and SSI/SSP-based Medi-Cal effective December 31, 1996.

Public Law 104-121, which was enacted on March 29, 1996, requires that persons who are currently receiving Social Security Administration (SSA) Title II and/or Title XVI (SSI/SSP) disability benefits where DA&A was material to the disability determination have their cash benefits terminated by January 1, 1997. These provisions also pertain to Medicare and Medicaid health coverage. This has resulted in the need for counties to identify MNO-Disabled cases to determine if DA&A was material to the disability determination and to discontinue the beneficiary if no other linkage can be established and State Programs-Disability Evaluation Division (SP-DED) cannot establish disability on some other basis.

Effective March 29, 1996, no new Medi-Cal applicant will be eligible to receive Medi-Cal as a disabled individual if DA&A is material to the disability determination. For example, if an SSA Title II disability recipient came into the county to apply for Medi-Cal as a MNO-Disabled applicant and the SSA award letter stated the recipient is disabled due to DA&A, the county cannot automatically grant Medi-Cal based on disability. A full DED packet would need to be submitted to SP-DED if the applicant claims to be disabled. Unless other linkage can be established in order to grant eligibility, counties will pend the application until a disability determination is made.

I. MNO-DISABLED DA&A CASES

County Action On MNO-Disabled DA&A Cases

Since there is no list of beneficiaries who were determined disabled where DA&A was material to the disability determination, counties will need to identify these cases within their MNO-Disabled caseload (Aid Codes 64 and 67). These cases should be identified no later than the annual redetermination or medical reexamination, whichever is earlier.

Counties can identify the DA&A cases by finding specific DA&A information on the MC 221, Disability Determination and Transmittal form. Counties will need to locate the most recent MC 221 or the SP-DED attachment to the MC 221 in each case and look for specific annotations in Item 14, a Reg-Basis Code; in Item 15, a Diagnosis; and in Item 16, a Listing when applicable.

To identify DA&A cases, counties will need to look for the following information on the MC 221:

- Item 13 will have the box "Is Disabled" checked;
- Item 14 will have "Reg-Basis Code" of A61, A62, or A63;
- Item 15 will include a diagnosis of Alcoholism, Alcoholic Liver Disease, Substance Abuse or Addiction, or Drug Abuse or Addiction. There may, in addition, also be other diagnoses as pancreatitis, personality disorder, low back pain, etc.; and
- Item 16 will usually show a listing of 12.09 if the "Reg-Basis Code" is A61. Item 16 may show a listing number of 12.09 if the "Reg-Basis Code" is A62. Item 16 will be blank if the "Reg-Basis Code" is other than A61 or A62.

(See Enclosures 1, 2 and 3 for examples of MC 221s where disability was approved based on DA&A.)

In cases where the initial disability determination was based on DA&A and upon **REEXAMINATION** it was found that DA&A continued to be a disabling condition, counties will look for the following information on the MC 221:

- Item 13 will have the box "Continues to be Disabled" checked and a new reexam date will appear;
- Item 14 "Reg-Basis Code" will have A65; and
- Item 15 will have a diagnosis of Alcoholism, Alcoholic Liver Disease, Substance Abuse or Addiction, or Drug Abuse or Addiction.

When the counties find DA&A cases, they should flag them, and do the following:

1. Determine if the beneficiary can be found eligible for Medi-Cal on some basis other than disability. If the beneficiary can be found eligible without a disability linkage, the case will not need to be flagged. If other linkage can be established, counties will need to change the aid code.

In cases where there are different linkage categories in the same household, the loss of a MNO-Disabled linkage could result in a change in allowable income deductions and subsequently a change in the share of cost (SOC). If a resulting change in SOC should occur, counties will need to send a Medi-Cal Notice of Action (NOA), "Change in SOC," MC 239 C-M. The "Change in SOC" NOA will not be revised because the suggested language given below will only apply to those who have been identified as DA&A. After a period of time, counties should no longer have beneficiaries who are disabled due to DA&A. In order to address this current situation, however, the following suggested sample language has been developed which counties may choose to use:

"Your share of cost has been changed to \$ _____ per month beginning _____ because: *you are not disabled according to the new federal law which says that a person cannot get Medi-Cal benefits based on disability where drug addiction and/or alcoholism was the main reason for the disability. Your Medi-Cal will not stop because you are still able to get it for another reason. But your household will not be eligible for any type of special income deductions which are given to the disabled. This is why your share of cost has changed.*

If you disagree with the decision that your disability is based mainly on drug addiction and/or alcoholism or if you have other physical or mental problems, be sure to let us know right away."

Counties should cite the usual California Code of Regulations (CCR), Title 22 sections for change in share of cost and add *section 50223 of the CCR, as well as, Section 223(d) (2) of the Social Security Act* (see Enclosure 4).

If the above beneficiary should contact the county BEFORE the date of the discontinuance and allege other physical and/or mental impairments which may include DA&A, counties should submit a full DED packet to SP-DED and DO NOT change the previous SOC until SP-DED makes a determination. The reason for this is that it is not clear whether the beneficiary's addiction/abuse continues to be material to the disability determination.

When submitting the MC 221, mark Item 8 as an "*Initial Referral*" and Item 10 should state "*DA/A Beneficiary, Determination Needed Due To P. L. 104-121*". If SP-DED should determine that the beneficiary is disabled, continue with the previous SOC if there are no other changes. If SP-DED determines that the beneficiary is not disabled, send "Change in SOC" NOA, informing the beneficiary that special income deductions given to disabled persons will no longer be given to the beneficiary's household since SP-DED cannot find the beneficiary to be disabled. Ensure that the beneficiary is sent SP-DED's personal denial notice (PDN) which explains the reason for the disability denial determination. Counties should send the PDN with the "Change in SOC" NOA, preferably, or send the PDN separately.

2. If disability is the only linkage to continue Medi-Cal, counties will send the newly developed Medi-Cal NOA, "Discontinuance of Benefits", MC 314 DA&A (9/96) which will be available both in English and Spanish (see Enclosures 5 and 6). **Do not discontinue a DA&A beneficiary earlier than December 31, 1996. Also ensure that the ten-day notice is given.**

The NOAs, MC 314 DA&A (9/96) and MC 314 DA&A SP (9/96), can be ordered through the Department of Health Services Warehouse any time after November 29, 1996. In the meantime, a camera-ready copy of both English and Spanish versions of the MC 314 DA&A will be sent to each county Medi-Cal program liaison.

3. If the beneficiary responds to the discontinuance NOA BEFORE the date of the action and informs the county that he/she continues to be disabled due to any impairment including DA&A, counties should NOT discontinue the case if he/she remains otherwise eligible. The reason is that it is not clear whether a beneficiary's addiction/abuse is still the primary impairment; therefore, counties will refer these cases to SP-DED for a determination. Counties should have the beneficiary complete a full DED packet. The case will be continued until a disability determination is made by SP-DED who will determine if there are other significant impairments or if DA&A remains to be material to the disability determination.

- Instructions on Submitting the MC 221

Mark Item 8 of the MC 221 as an "*Initial Referral*". In Item 10 state the following: "*DA/A Beneficiary, Determination Needed Due To P. L. 104-121*".

- Case Denied by SP-DED

If SP-DED determines that the beneficiary is not disabled because the impairment(s) he/she alleges does not warrant a finding of disability, SP-DED will return the MC 221 as "not disabled". Upon receipt of the MC 221, the county will discontinue the case and send the beneficiary a discontinuance NOA, MC 239A. Counties will inform the beneficiary that the case is discontinued because SP-DED found him/her to be not disabled. Counties should ensure that SP-DED's PDN is forwarded to the beneficiary either attached to the NOA, preferably, or separately mailed.

On the Z53 denial cases, counties will need to state similar language which is on the MC 239 SD, Medi-Cal Notice of Action, Denial of Benefits Due to a Federal Social Security Disability Determination. Counties will essentially need to inform the beneficiary that SSA had made a disability denial decision which the State was required to adopt. Along with the discontinuance NOA, the MC Information Notice 13, "Important Information Regarding Your Appeal Rights, Social Security Information" must be included.

There may be circumstances where the county has already flagged MNO-Disabled cases where disability was based on the SSA Title II DA&A disability cash benefit. For example, a case was terminated due to 12 months of suspension for noncompliance of DA&A treatment program which resulted in the termination of the SSA cash benefit. This was reported to the county and in turn the county was able to identify the case as DA&A and flag for future discontinuance. The county should follow the same procedures as above for the MNO-Disabled.

- Case Appealed By Beneficiary

Should the beneficiary file a timely appeal on the MNO disability case, aid paid pending will be granted if requested, and Medi-Cal benefits will continue pending the hearing.

- Case Allowed by SP-DED

If SP-DED determines that the beneficiary is disabled under another impairment and DA&A is not material to the disability determination, SP-DED will send the MC 221 back to the county with Item 13 marked "Is Disabled" and a "Reexam Date" will also be given. In such instances, counties will continue to aid the beneficiary as a MNO-Disabled individual and that particular case will no longer need to be flagged as a DA&A case.

II. **TERMINATED SSI/SSP DA&A RECIPIENTS (RAMOS CASES)**

In June 1996, counties were informed that SSA sent notices to Title II and/or Title XVI (SSI/SSP) DA&A recipients to inform them of the new federal law and that the recipient should file an appeal of the Title II and/or SSI/SSP disability case within a specific period of time if he/she: (1) disagreed with the decision that his/her disability was based on DA&A, (2) has other impairments other than DA&A or, (3) would be attaining 65 years of age by January 1, 1997.

The SSI/SSP DA&A terminated recipients will fall under the Ramos v. Myers procedures. For more information on Ramos v. Myers, see Article 5E of the Medi-Cal Eligibility Procedures Manual (MEPM). The reason for termination will be cessation of disability. *These recipients will NOT receive an automatic one month extension of Medi-Cal benefits.* Medi-Cal Eligibility Data System (MEDS) will display these individuals with payment status code N07 on the QX screen. Payment status code N07 means disability cessation, and does not necessarily mean that an individual is DA&A.

The SSI/SSP DA&A terminated recipients who will receive Ramos notices in December of 1996 are those who did not file an appeal through SSA within the specified time limit; or who did appeal timely and upon SSA's redetermination of the disability case, the recipient had no other impairment(s) severe enough to warrant a finding of disability; or DA&A was still found to be material to the disability determination. A State system generated new Ramos notice has been developed for those who are discontinued from SSI/SSP due to cessation of disability (see Enclosure 7). In addition, revisions have been made to the MC 239 Back (C), "Your Right To Appeal This Action" (see Enclosure 8). The MC 239 Back (C) is sent to all recipients who fall under Ramos and not just the cessation of disability cases.

The SSI/SSP recipients who appealed timely and timely requested aid paid pending will receive continued SSI/SSP cash benefits and Medi-Cal through SSA until a determination has been rendered. If that particular case is determined to be not disabled or not age 65, a Ramos notice will go out in the month that the determination was made (i.e., after December 1996).

County Action On SSI/SSP DA&A Terminated Cases (Ramos)

When an SSI/SSP DA&A terminated recipient contacts the county because he/she received a Ramos notice along with the Medi-Cal forms, the county will follow the regular Medi-Cal eligibility determination process. However, the county should question the applicant to determine whether he/she received an SSA termination notice in June 1996 informing the applicant that SSI/SSP benefits will terminate by January 1, 1997 due to the new federal law. This is important because counties will need to identify this information on the MC 221 should it become necessary to submit a DED packet (see third bullet below).

To further assist counties to identify these applicants, starting December 1996 and continuing for several months, counties will be sent a list of Ramos cessation of disability cases which have been identified with the payment status code of N07. Though these disability cessation cases will not necessarily be all DA&A cases, it should be the majority of the cases since disability cessation cases are usually infrequent. Unless otherwise notified, these listings will be sent to the counties' Ramos coordinators.

- Counties must determine MNO linkage and determine if the applicant is otherwise eligible. If MNO linkage other than disability can be established and he/she is otherwise eligible, counties must put the applicant on Medi-Cal as an MNO individual as soon as possible.
- If disability is the only linkage to establish eligibility, counties must process a DED packet if the applicant states that he/she has any impairment(s) which would prevent him/her from doing any type of work on a continuous basis. Emphasis should be placed during the interview to find out if the applicant has any physical and/or mental impairments which may also include DA&A. If the applicant states that his/her condition precludes any work activity, the county must have the applicant complete a full DED packet. If the applicant is unwilling to cooperate and the county has made two attempts to contact the applicant, deny the case for "failure to provide information".

- When completing the MC 221, Item 8 should be checked as an ***"Initial Referral"***. Item 10 should state ***"SSI Termination Due to DA&A , P. L. 104-121"***.

If it is not possible to determine if the SSI/SSP termination involved DA&A, i.e., the applicant does not know, is not willing to admit, was not aware of any notice that was sent by SSA in June 1996 possibly because the representative payee was not able to notify the applicant, etc., counties must check Item 8 on the MC 221 as an ***"Initial Referral"*** and in Item 10 state ***"SSI Termination"***.

SP-DED will query all these cases and try to determine if DA&A was material to the SSI/SSP disability case.

- Submit a complete DED packet as soon as possible and pend the application until SP-DED makes a disability determination.
- If SP-DED determines that the applicant is disabled, grant the applicant Medi-Cal as a MNO-disabled individual. If SP-DED determines that the applicant is not disabled, send the applicant the standard denial NOA informing him/her that the case was denied because he/she was found not disabled and did not have any other linkage for Medi-Cal eligibility. Ensure that the applicant is sent SP-DED's PDN.

Terminated SSI Recipient Appeals

If the terminated SSI/SSP recipient requests an appeal under Ramos, he/she would be appealing the discontinuance of his/her SSI/SSP-based Medi-Cal. This appeal will be processed through state hearings. If the applicant files timely and requests aid paid pending, aid paid pending will be granted. Counties will be able to identify if a case is on aid paid pending by going into the MEDS screen and looking in the eligibility status area. The third digit in the eligibility status area will show the digit 6 which indicates that the client is receiving aid paid pending. If the client should also file a MNO Medi-Cal disability application and SP-DED should determine that the client is disabled while the case is on aid paid pending, counties will determine if otherwise eligible and put the client on Medi-Cal in the usual manner.

III. REVISED PROCEDURES FOR PROCESSING SSI/SSP RECIPIENTS WHO WERE TERMINATED DUE TO 12 MONTHS OF SUSPENSION/SANCTION FOR NONCOMPLIANCE WITH DA/A TREATMENT

The ACWDL 96-23 informed counties that SSI/SSP DA&A recipients who are noncompliant with required treatment will be terminated after 12 months of suspension/sanction. While on suspension/sanction the INQX MEDS screen will identify these individuals with payment status code of N10 or N11 and upon termination the payment status code will convert to T31. Instructions given in ACWDL 96-23 informed counties that such individuals will be sent a Ramos notice and if he/she timely contacted the county to apply for Medi-Cal and alleged that he/she continued to be disabled due to DA&A, the county would continue Medi-Cal if otherwise eligible under the appropriate disability aid code. In such circumstances a DED packet was not required. Counties were also instructed to flag these cases for discontinuance by December 31, 1996.

Please Note Change: Due to P. L. 104-121, we were recently informed that no new DA&A applicant can be eligible for Medi-Cal after March 29, 1996. As a result, if any SSI/SSP DA&A recipient is terminated due to 12 months of suspension/sanction and either timely or untimely applies for Medi-Cal through the county, the county must first determine whether the applicant is eligible under any linkage factor other than disability. If not eligible under any other linkage category, and the applicant claims to be disabled, counties will have the applicant complete a full DED packet and submit it to SP-DED. The case will need to be pending until SP-DED makes a disability determination. If SP-DED determines that the applicant is not disabled, counties will deny the case. If SP-DED determines that the applicant is disabled and DA&A is not material to the disability determination, counties will grant Medi-Cal if otherwise eligible.

IV. OVERVIEW OF ALL DA&A RECIPIENTS WHO RECEIVE DISABILITY CASH AND/OR MEDI-CAL BENEFITS

- A. SSI/SSP DA&A recipients who are noncompliant with required treatment will continue to be identified and suspended/sanctioned. After 12 months of noncompliance, the SSI/SSP recipient will be terminated. The INQX MEDS screen will identify these terminated individuals with a payment status code of T31. **The SSA monitoring, suspension/sanction, and termination procedure will continue only until December 31, 1996.**

Until the end of December, if an applicant in payment status code of T31 comes into the county to apply for Medi-Cal, counties will determine if he/she is eligible for Medi-Cal under a linkage other than disability. If disability is the only linkage for Medi-Cal eligibility, counties must have the applicant complete a full DED packet and pend the application while a disability determination is completed. If SP-DED should determine that the applicant is disabled, counties will grant Medi-Cal eligibility as a MNO-Disabled if also otherwise eligible. Counties will not need to flag this case because SP-DED would determine disability under an impairment(s) other than DA&A.

- B. During June of 1996, SSA sent termination notices to Title II and SSI/SSP disabled DA&A cash recipients whose DA&A was material to the disability determination. The notice informed the recipient that because of a new federal law their claim would be terminated effective January 1, 1997. These recipients were also informed to appeal the notice if they felt that there were other impairments other than DA&A. They were given 65 days from the date of the notice in which to appeal (to receive a determination under a different impairment), unless good cause was established which could extend that timeframe. SSI/SSP recipients who filed an appeal within 15 days of the SSA notice are to be afforded aid paid pending should SSA not be able to redetermine their case by the end of December. SSA Title II disabled cash recipients are not eligible for aid paid pending.

In California there were a total of 5,912 Title II and 37,621 SSI/SSP DA&A recipients who received an SSA termination notice in June 1996.

- C. Effective March 29, 1996, no applicant would be found disabled if DA&A is material to the disability determination. This also means that after March 29, 1996 if a Title II disability recipient came into the county to apply as a MNO-disabled applicant and the SSA disability award letter stated that the recipient was disabled due to DA&A, the county cannot grant Medi-Cal based on disability. A full DED packet will need to be submitted to SP-DED and the county will need to pend the Medi-Cal application until SP-DED makes a determination.
- D. Since SSA has recently removed the DA&A indicator codes of A, B, and D from the system which generates information to MEDS, the Department of Health Services will NOT be able to identify any DA&A SSI/SSP or Title II recipients to the counties.
- E. SP-DED will send counties the new MNO cases that have been denied since Public Law 104-121 has been enacted where DA&A was determined to be material to the disability determination. Counties should use NOA, MC 313 DA&A (8/96), "Denial of Benefits" to deny the case. This was previously issued in ACWDL 96-52 dated September 13, 1996 (see Enclosure 9).

- F. Counties can identify MNO-Disabled DA&A cases by looking at the MC 221. The NOA, MC 314 DA&A (9/96), "Discontinuance of Benefits", will be sent to those beneficiaries who were identified as DA&A.
- If the MNO-Disabled beneficiary should contact the county before the action to discontinue is taken and inform the county that the prior disability should not have been determined on DA&A, that other impairment(s) exists which the beneficiary wishes to be evaluated, or he/she continues to be addicted to drugs and/or alcohol which has continued to affect his health, the county will continue Medi-Cal eligibility and submit a full DED packet.
 - If the MNO-Disabled beneficiary should file a timely appeal, he/she would be granted aid paid pending, pending the hearing.
 - Cases which have been identified or will be identified as MNO-Disabled cases based on the SSA Title II DA&A disability cash benefits will also need to be sent the MC 314 DA&A NOA and the same procedures as above will need to be followed.
- G. The MNO-Disabled DA&A beneficiaries who reside in households where there are other linkage categories and who are no longer disabled because they have been identified as DA&A may cause a change to the household's Medi-Cal linkage. The household's SOC may also change because special income deductions for the disabled will no longer apply if the DA&A beneficiary is no longer linked to disability. When the SOC changes, the county will do the following:
- Send the DA&A beneficiary a "Change in SOC" NOA with explanation that the change in SOC to the household was a result of a new federal law which states that an individual can no longer be found disabled if DA&A was material to the disability determination. The household would no longer be able to receive special income deductions which are given to those who are found disabled.
 - If the DA&A beneficiary contacts the county before the action is taken and states that he/she has other impairments, that DA&A should not have been material to the previous disability determination, or DA&A still is detrimentally affecting him/her physically or mentally, the county should not take action to change the SOC. Instead, submit a full DED packet to SP-DED and await a disability determination before taking appropriate action either to change the SOC, if found not disabled, or continue the previous SOC if found that disability continues.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
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H. Terminated SSI/SSP DA&A recipients who become Ramos cases may apply to the county and/or file a Ramos hearing. Counties should question the applicants to determine if they were one of the SSI/SSP recipients who received a termination notice in June of 1996 informing them that benefits would terminate as of January 1, 1997 due to new federal law.

- One month automatic extension of benefits will NOT be given.
- Linkage factors other than disability must be determined.
- If disability is the only linkage and if the applicant alleges other impairments or claims that DA&A is still a problem that continues to affect him mentally and/or physically, counties will pend the Medi-Cal application and submit a full DED packet to SP-DED within 10 days if possible.
- Counties will await SP-DED's disability determination before either granting Medi-Cal benefits, if also otherwise eligible, or denying the Medi-Cal application.

Counties can identify a case as receiving aid paid pending via MEDS. If the third digit in the eligibility status area shows "6", this indicates that this is an aid paid pending case.

A chart has been developed to further assist counties on what should be done in cases involving MNO-Disabled DA&A beneficiaries as well as SSI/SSP terminated DA&A recipients (Ramos cases). It may be helpful to use the enclosed chart as a desk-aid (see Enclosure 10).

This ACWDL will NOT be followed by a MEPM revision. If you have any questions regarding the above information, please contact Marie Taketa of my staff at (916) 255-0936.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

County Welfare Department Address

Retain Copy 4 --- ENCLOSURE 1
 (Send copies 1, 2, and 3 to DED)
DO NOT MAIL TO APPLICANT

		County No. Aid Code Case Number	
		- - -	
DED ADDRESS		1. Applicant Name (Last, First, Mi)	
		2. Soc. Sec. No.	3. Date of Birth
		- - -	- - -
		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	
		7. Mailing Address	
5. Date Applied	6. List Retro Month(s)		
	Mo Yr Mo Yr Mo Yr _____/_____/_____/_____/_____/_____		
		Telephone No.: () _____	
8. Type of Referral (check appropriate box(es))		9. Is applicant in a hospital?	
<input type="checkbox"/> Initial Referral <input type="checkbox"/> Retro-Onset <input type="checkbox"/> Reevaluation <input type="checkbox"/> Reexamination <input type="checkbox"/> Redetermination <input type="checkbox"/> Resubmitted Packet <input type="checkbox"/> SGA-Disabled <input type="checkbox"/> OBRA <input type="checkbox"/> IRCA <input type="checkbox"/> Pickle-Blind <input type="checkbox"/> IHSS <input type="checkbox"/> SGA IHSS		<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Hospital: _____	
10. County Worker Comment(s) (If More Space Needed, Attach Separate Sheet) <input type="checkbox"/> See Attached Sheet			

☐ 90 Day Status Letter Attached☐ Presumptive Disability Approved

11. File Reviewed and Approved for Transmittal	Telephone	12. Date Sent
Worker No. _____ Worker Name _____ (print name)	() _____	

DED USE ONLY

13. It is determined that the applicant	14. No Determination
<input checked="" type="checkbox"/> Is Disabled <input type="checkbox"/> Is Blind <input type="checkbox"/> Continues to be Disabled Disability/Blindness Onset Date <u>9/95</u> Reexam Date <u>1/99</u> <input type="checkbox"/> Was Disabled from _____ to _____ <input type="checkbox"/> Is Not Disabled <input type="checkbox"/> Is Not Blind <input type="checkbox"/> Ceases to be Disabled	<input type="checkbox"/> Cooperation Issue <input type="checkbox"/> Withdrawal of <input type="checkbox"/> Whereabouts Unknown Application <input type="checkbox"/> No Response <input type="checkbox"/> Other
	Reg-Basis Code <u>A61</u>
15. Diagnosis <u>1. Alcoholism</u> <u>2. Pancreatitis</u>	
16. Basis For Decision (This is NOT a Certification for IHSS) <input type="checkbox"/> See Attached Sheet	
Listing <u>12.09</u>	

17. Analyst <u>A. Rite</u>	18. Date <u>1/8/96</u>	19. Physician <u>[Signature]</u>	20. Date <u>1/8/96</u>
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DISABILITY DETERMINATION AND TRANSMITTAL☐ OAKLAND☐ LOS ANGELES

County Welfare Department Address

ENCLOSURE 2

Rec'd Copy 4
(Send copies 1, 2, and 3 to DED)
DO NOT MAIL TO APPLICANT

		County No. Aid Code Case Number - - -	
DED ADDRESS		1. Applicant Name (Last, First, Mii)	
		2. Soc. Sec. No. - - -	3. Date of Birth - - -
		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	
*5. Date Applied		7. Mailing Address	
*6. List Retro Month(s) Mo / Yr Mo / Yr Mo / Yr		Telephone No.: ()	
*8. Type of Referral (check appropriate box(es))		9. Is applicant in a hospital?	
<input type="checkbox"/> Initial Referral <input type="checkbox"/> Retro-Onset <input type="checkbox"/> Reevaluation <input type="checkbox"/> Reexamination <input type="checkbox"/> Redetermination <input type="checkbox"/> Resubmitted Packet <input type="checkbox"/> SGA-Disabled <input type="checkbox"/> OBRA <input type="checkbox"/> IRCA <input type="checkbox"/> Pickle-Blind <input type="checkbox"/> IHSS <input type="checkbox"/> SGA IHSS		<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Hospital: _____	
10. County Worker Comment(s) (If More Space Needed, Attach Separate Sheet) <input type="checkbox"/> See Attached Sheet			
<input type="checkbox"/> 90 Day Status Letter Attached		<input type="checkbox"/> Presumptive Disability Approved	
11. File Reviewed and Approved for Transmittal		Telephone	12. Date Sent
Worker No. _____ Worker Name _____ (print name)		()	

DED USE ONLY

13. It is determined that the applicant		14. No Determination	
<input checked="" type="checkbox"/> Is Disabled <input type="checkbox"/> Is Blind <input type="checkbox"/> Continues to be Disabled Disability/Blindness Onset Date <u>1/96</u> Reexam Date <u>6/97</u> <input type="checkbox"/> Was Disabled from _____ to _____ <input type="checkbox"/> Is Not Disabled <input type="checkbox"/> Is Not Blind <input type="checkbox"/> Ceases to be Disabled		<input type="checkbox"/> Cooperation Issue <input type="checkbox"/> Withdrawal of <input type="checkbox"/> Whereabouts Unknown Application <input type="checkbox"/> No Response <input type="checkbox"/> Other	
		Reg-Basis Code <u>A62</u>	
15. Diagnosis 1. <u>Drug Addiction</u> 2. <u>Personality Disorder</u>			
16. Basis For Decision (This is NOT a Certification for IHSS) <input type="checkbox"/> See Attached Sheet			Listing

17. Analyst <u>M. McCloud</u>	18. Date <u>6/2/96</u>	19. Physician <u>[Signature]</u>	20. Date <u>6/3/96</u>
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DISABILITY DETERMINATION AND TRANSMITTAL

☐ OAKLAND☐ LOS ANGELES

County Welfare Department Address

ENCLOSURE 3

Retain Copy 4
(Send copies 1, 2, and 3 to DED)
DO NOT MAIL TO APPLICANT

		County No. Aid Code Case Number	
		- - -	
DED ADDRESS		1. Applicant Name (Last, First, MI)	
		2. Soc. Sec. No.	3. Date of Birth
		- - -	- - -
		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	
		7. Mailing Address	
5. Date Applied	6. List Retro Month(s)		
	Mo Yr Mo Yr Mo Yr		
		Telephone No.: () - - -	
8. Type of Referral (check appropriate box(es))		9. Is applicant in a hospital?	
<input type="checkbox"/> Initial Referral <input type="checkbox"/> Retro-Onset <input type="checkbox"/> Reevaluation <input type="checkbox"/> Reexamination <input type="checkbox"/> Redetermination <input type="checkbox"/> Resubmitted Packet <input type="checkbox"/> SGA-Disabled <input type="checkbox"/> OBRA <input type="checkbox"/> IRCA <input type="checkbox"/> Pickle-Blind <input type="checkbox"/> IHSS <input type="checkbox"/> SGA IHSS		<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Hospital: _____	
10. County Worker Comment(s) (If More Space Needed, Attach Separate Sheet) <input type="checkbox"/> See Attached Sheet			

☐ 90 Day Status Letter Attached☐ Presumptive Disability Approved

11. File Reviewed and Approved for Transmittal	Telephone	12. Date Sent
Worker No. _____ Worker Name _____ (print name)	() _____	

DED USE ONLY

13. It is determined that the applicant	14. No Determination
<input checked="" type="checkbox"/> Is Disabled <input type="checkbox"/> Is Blind <input type="checkbox"/> Continues to be Disabled; Disability/Blindness Onset Date <u>12/95</u> Reexam Date <u>7/97</u> <input type="checkbox"/> Was Disabled from _____ to _____ <input type="checkbox"/> Is Not Disabled <input type="checkbox"/> Is Not Blind <input type="checkbox"/> Ceases to be Disabled	<input type="checkbox"/> Cooperation Issue <input type="checkbox"/> Withdrawal of <input type="checkbox"/> Whereabouts Unknown Application <input type="checkbox"/> No Response <input type="checkbox"/> Other
	Reg-Basis Code <u>A63</u>
15. Diagnosis <u>Substance Abuse</u> <u>Low back pain</u>	
16. Basis For Decision (This is NOT a Certification for IHSS) <input type="checkbox"/> See Attached Sheet	Listing

17. Analyst <u>J. Smith</u>	18. Date <u>7/8/96</u>	19. Physician <u>John Doe, MD</u>	20. Date <u>7/8/96</u>
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DISABILITY DETERMINATION AND TRANSMITTAL

☐ OAKLAND☐ LOS ANGELES

**MEDI-CAL
NOTICE OF ACTION
CHANGE IN SHARE OF COST**

ENCLOSURE 4

(COUNTY STAMP)

CASE NAME: _____

CASE NO.: _____

DISTRICT: _____

CHANGE IN SHARE OF COST FOR: _____

(SUGGESTED SAMPLE LANGUAGE BELOW IN ITALICS)

Your share of cost has been changed to \$ _____ (names) per month beginning _____ because:

Your new share of cost was determined as follows:

Monthly Gross Income	\$ _____
Monthly Net Nonexempt Income	\$ _____
Maintenance Need	\$ _____
Excess Income/Share of Cost	\$ _____

The regulations which require this action are California Code of Regulations, Title 22, Section(s): *(Reference the usual sections pertaining to share of cost changes and ADD sections 50223 and Section 223(d)(2) of the Social Security Act.)*

TAKE YOUR PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. DO NOT THROW AWAY YOUR PLASTIC CARD.

If you have questions about this action or if there are more facts about your conditions which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you.

You are not disabled according to new federal law which says that a person cannot get Medi-Cal benefits based on disability where drug addiction and/or alcoholism was the main reason for the disability. Your Medi-Cal will not stop because you are still able to get it for another reason. But your household will not be eligible for any type of special income deductions which are given to the disabled. This is why your share of cost has changed.

If you disagree with the decision that your disability is based mainly on drug addiction and/or alcoholism or if you have other physical or mental problems, be sure to let us know right away.

(Eligibility Worker)_____
(Phone)_____
(Date)

**MEDI-CAL NOTICE OF ACTION
DISCONTINUANCE OF BENEFITS**

ENCLOSURE 5

(COUNTY STAMP)

Notice Date: _____

Case No.: _____

Worker Name/No.: _____

Worker Telephone No.: _____

Discontinuance for: _____
(Name)Your eligibility to receive Medi-Cal will be discontinued effective the last day of _____
(Month/Year)

A new federal law says that any person receiving Medi-Cal benefits based on disability where drug addiction and/or alcoholism (DA&A) was the main reason for the finding of disability must be discontinued. This means that you would not be disabled if you stopped using drugs and/or alcohol.

We cannot continue your Medi-Cal benefits because you are not disabled according to the new law and because you also do not meet any of the other basic rules for Medi-Cal which are the following:

- Over 65 years old or blind
- Under 21 years old
Pregnant
- The parent/caretaker relative of a child whose parent(s) is/are absent from the home, deceased, incapacitated, or unemployed (not working or working less than 100 hours per month and who meet federal unemployment requirements)
- Eligible for the refugee program
- Recipient of Aid to Families With Dependent Children or Supplemental Security Income/State Supplementary Payment (SSI/SSP)

YOU SHOULD APPEAL IF YOU BELIEVE THE FOLLOWING:

You disagree with the decision that your disability is based mainly on drug addiction and/or alcoholism and you want to have a new disability decision made.

You feel you meet any of the other rules for Medi-Cal stated above.

If you have any questions about this action or if there is additional information about your situation which you have not reported to us, please write or call to make an appointment to see us right away.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50005, 50006, 50167, 50201, 50205, 50209, 50211, 50213, 50215, 50219, 50221, 50223, 50251, and Section 223(d)(2) of the Social Security Act.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE ON HOW TO APPEAL

Notice Date: _____
Case Number: _____
Worker Name/Number: _____
Worker Telephone Number: _____
Denial For: _____
(Name)

Your application for Medi-Cal dated _____ has been denied.

The law says that a person cannot be found eligible for Medi-Cal benefits based on disability if the main reason for his/her disability is due to drug addiction and/or alcoholism (DA&A). This means that a person would not be disabled if he/she stopped using drugs and/or alcohol.

Because it was found that

- 1) Drug addiction and/or alcoholism is the main condition(s) contributing to your disability; AND
- 2) You have no other severe physical and/or mental condition(s) to find you disabled, we cannot grant you Medi-Cal eligibility.

You also do not meet any of the other basic rules for Medi-Cal which are the following:

- Over 65 years old or blind
- Under 21 years old
- Pregnant
- The parent/caretaker relative of a child whose parent(s) is/are absent from the home, deceased, incapacitated or unemployed (not working or working less than 100 hours per month and who meet federal unemployment requirements)
- Eligible for the refugee program
- Recipient of Aid to Families With Dependent Children or Supplemental Security Income/State Supplementary Payment

If you do not agree with this decision and you have other physical and/or mental condition(s) that could find you disabled, you have a right to appeal. You also have a right to appeal if you feel you meet any of the other rules for Medi-Cal stated above. The back of this notice tells you how.

If you have any questions about this action or if there is additional information about your situation which you have not reported to us, please write, or call to make an appointment to see us right away.

The regulation which requires this action is California Code of Regulations, Title 22, Sections 50005, 50006, 50167, 50201, 50205, 50209, 50211, 50213, 50215, 50219, 50221, 50223, 50251.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

NOTIFICACIÓN DE ACCIÓN SUSPENSIÓN DE BENEFICIOS

ENCLOSURE 6

(COUNTY STAMP)

Fecha de Notificación: _____

Nº de Caso: _____

Nº/Nombre del Trabajador: _____

Teléfono del trabajador: _____

La suspensión es para: _____
(Nombre)Su derecho a recibir beneficios de Medi-Cal será suspendido a partir del último día de _____
(Mes/Año)

Una nueva ley federal establece que se debe suspender el derecho a recibir beneficios de Medi-Cal por incapacidad a aquellas personas a las que se determinó incapacitadas principalmente por su adicción a las drogas y/o el alcoholismo (DA&A). Esto significa que usted no estaría incapacitado si dejara de usar drogas y/o alcohol.

No podemos continuar otorgándole beneficios de Medi-Cal debido a que, de acuerdo con la nueva ley, usted no está incapacitado. Además, usted tampoco cumple con ninguno de los requisitos básicos de Medi-Cal que se enumeran a continuación:

- Mayor de 65 años o ciego
- Menor de 21 años
- Embarazada
- El padre/madre/pariente a cargo del cuidado continuo de un niño cuyo padre, madre o ambos están ausentes de la casa, han fallecido, están incapacitados o desempleados (sin trabajo o que trabajan menos de 100 horas al mes y que reúnen los requisitos federales para desempleo)
- Elegible para el programa de refugiados
- Beneficiario de Asistencia para Familias con Niños Necesitados o Ingreso de Seguro Suplementario/Programa Suplementario del Estado (SSI/SSP)

USTED DEBERÍA APELAR SI USTED ESTÁ CONVENCIDO DE UNO DE LOS SIGUIENTES:

Usted está en desacuerdo con la determinación de que su incapacidad se debe principalmente a la adicción a las drogas y/o el alcoholismo y desea que se revise su caso a fin de llegar a una nueva determinación.

Usted considera que cumple con alguno de los requisitos de Medi-Cal arriba mencionados.

Si tiene alguna pregunta sobre esta acción o si existe información adicional sobre su situación que no nos haya facilitado, por favor escribanos o comuníquese con nosotros para hacer una cita cuanto antes.

La regulación que requiere esta acción es el Código de Ordenamientos de California, Título 22, secciones 50005, 50006, 50167, 50201, 50205, 50209, 50211, 50213, 50215, 50219, 50221, 50223, 50251 y la sección 223(d)(2) del Acta del Seguro Social.

LEA AL REVERSO DE ESTA NOTIFICACIÓN CÓMO INICIAR EL PROCESO DE APELACIÓN

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

Notice Type 22
Notice Preparation Date:
MO/YR

MEDI-CAL DISCONTINUANCE OF SSI/SSP MEDI-CAL
NOTICE OF ACTION NO LONGER DISABLED

NAME

Social Security Number:

ADDRESS

Beneficiary ID Number:

The Social Security Administration (SSA) has told us that you are no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) program check. This is because SSA has found that you are no longer disabled. Because you are not receiving an SSI/SSP check, your SSI-based Medi-Cal will stop as of _____. (INSERT DATE OF SSI DISCONTINUANCE)

You may also be one of those recipients who is affected by the new federal law which says that a person must be discontinued from SSI/SSP and/or Medi-Cal if these benefits were based on a disability where drug addiction and/or alcoholism was the main reason for the disability. This means that if SSA had not considered your drug addiction and/or alcoholism, you would not have been found disabled.

The regulations which require this action are California Administrative Code, Title 22, Sections 50183, 50227, 50703, and Section 223(d)(2) of the Social Security Act.

IF YOUR SSI/SSP HAS STOPPED, THIS IS IMPORTANT TO YOU

Even though you are no longer eligible for an SSI/SSP Medi-Cal card, you may still be eligible for Medi-Cal benefits under another Medi-Cal category or another disability which was not looked at by SSA.

DO NOT THROW AWAY YOUR PLASTIC MEDI-CAL ID CARD. You can use it again if you become eligible for Medi-Cal.

DO YOU STILL WANT MEDI-CAL?

If you do, then follow these instructions:

- Complete the enclosed Medi-Cal forms
- Mail the forms IMMEDIATELY to your nearest County Welfare Department or to the following address:

(INSERT STANDARD RAMOS COUNTY CONTACT)

DO YOU NEED HELP WITH THE FORMS?

If you have questions on how to fill out the forms or if you have questions about Medi-Cal, contact your nearest County Welfare Department or the county at the address or phone number given above.

The county will contact you to set up an appointment for you to come in for an interview with a county worker. You **MUST** complete the forms and go to the interview before they can decide whether you can get Medi-Cal. If you do not return the forms and do not go to the interview, your Medi-Cal eligibility will end the month shown above.

KEEP THIS LETTER TO SHOW TO THE COUNTY WELFARE DEPARTMENT**WOULD YOU LIKE MORE INFORMATION?**

If you need more information about the changes in this notice, you may call the following:

- Toll-Free Number: 1-800-248-8068
- For the hearing impaired (TDD) only: 1-800-952-8349

PLEASE IGNORE THIS NOTICE IF

You have contacted SSA and have been told that you will once again receive an SSI/SSP check. SSA will tell the Department of Health Services to put you back on Medi-Cal which will take about 4 to 6 weeks. If you have a medical emergency and need Medi-Cal before the system can put you back on, contact your local SSA office and they will give you a form which you will need to take to your nearest County Welfare Department.

HAS THE STATE BEEN PAYING YOUR MEDICARE PART B PREMIUMS?

Even though you are no longer eligible for an SSI/SSP Medi-Cal card, you may still be eligible for Medi-Cal benefits under another Medi-Cal category. If the State has been paying your Medicare Part B premiums, you may again be eligible for this benefit. There may, however, be a break in coverage during which Part B premiums may be either taken out of your Title II Social Security check, or you may receive a bill for your Part B premiums. To reduce the break in coverage, we recommend that you contact your county welfare office as soon as possible to apply for Medi-Cal. If you received a Part B premium bill, you should take this bill to the welfare office when you apply. If premiums have been taken out of your check, you should tell the county welfare office when you apply. The county welfare office will tell you about how you can get a refund or get the bill paid for by Medi-Cal.

IF YOU WANT A FAIR HEARING
SEE ENCLOSED "YOUR RIGHT TO APPEAL THIS ACTION"

YOUR RIGHT TO APPEAL THIS ACTION ENCLOSURE 8

If you are dissatisfied with the action described on the attached notice, you may request a state hearing before an Administrative Law Judge of the California Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. If you decide to request a hearing, you must do so **WITHIN 90 DAYS OF THE MAILING DATE OF THE NOTICE**.

This hearing will determine if you were properly discontinued from SSI/SSP-based Medi-Cal. This hearing will not determine whether your eligibility for SSI/SSP was correctly discontinued. In order to determine your eligibility for Medi-Cal under another program, you must apply at the county welfare department.

A state hearing and aid paid pending described below will not be available if the only action you object to is an automatic change in your eligibility which is required by state or federal law. This denial of a state hearing is required by Title 22, CCR, Section 50951.

Aid Paid Pending

If you are now receiving Medi-Cal and ask for a state hearing **BEFORE THE EFFECTIVE DATE OF THE ACTION**, your Medi-Cal will continue with no change until the hearing.

State Regulations Available

State regulations, including those covering state hearings, are available at your local county welfare office.

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, attorney, or any other person whom you designate below. You are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of the Public Inquiry and Response Unit, 1-(800)-952-5253.

Information Practices Act Notice (California Civil Code, Section 1798, et. seq.)

The information you are asked to write in below is needed to process your hearing request. Processing may be delayed if the information is incomplete. A case file will be set up by the Chief Administrative Law Judge. You have the right to examine the materials that make up the record for decision and may locate this record by contacting the Public Inquiry and Response Unit (phone number shown below). Any information you provide may be shared with the county welfare department and with the U.S. Department of Health and Human Services (Authority: Welfare and Institutions Code, Section 14100.2).

How to Request a State Hearing

The best way to request a hearing is to fill in and send this entire notice to:

Administrative Adjudications Division
California Department of Social Services
P.O. Box 944243, Mail Station 19-97
Sacramento, CA 94244-2430

You may also request a hearing by calling the toll-free number of the Public Inquiry and Response Unit.

Public Inquiry and Response Unit (Public Information)

Toll-Free Number: 1-800-952-5253
For the deaf (TDD) only: 1-800-952-8349

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights. Assistance is also available in some languages other than English, including Spanish. You may write to:

Public Inquiry and Response Unit
California Department of Social Services
P.O. Box 944243, Mail Station 16-23
Sacramento, CA 94244-2430

REQUEST FOR A STATE HEARING (RAMOS)

Name (print)	Social Security number	Phone number	
Address (number, street)	City	State	ZIP code

I am requesting a state hearing because of an action taken by the State of California related to Medi-Cal. **I UNDERSTAND THAT FOR A DETERMINATION OF MY ELIGIBILITY FOR MEDI-CAL UNDER ANOTHER PROGRAM, I MUST APPLY TO THE COUNTY WELFARE DEPARTMENT.**

Reason(s) for my request: _____

speak a language other than English and need an interpreter. (The State will provide the interpreter at no cost to you.)

Language	Dialect
----------	---------

authorize the following person and/or organization to act on my behalf for purposes of this appeal:

Name	Phone number
Address (number, street)	City
State	ZIP code
Signature	Date

MEDI-CAL NOTICE OF ACTION DENIAL OF BENEFITS

ENCLOSURE 9

Notice Date: _____
Case Number: _____
Worker Name/Number: _____
Worker Telephone Number: _____
Denial For: _____
(Name)

Your application for Medi-Cal dated _____ has been denied.

The law says that a person cannot be found eligible for Medi-Cal benefits based on disability if the main reason for his/her disability is due to drug addiction and/or alcoholism (DA&A). This means that a person would not be disabled if he/she stopped using drugs and/or alcohol.

Because it was found that

- 1) Drug addiction and/or alcoholism is the main condition(s) contributing to your disability; AND
- 2) You have no other severe physical and/or mental condition(s) to find you disabled, we cannot grant you Medi-Cal eligibility.

You also do not meet any of the other basic rules for Medi-Cal which are the following:

- Over 65 years old or blind
- Under 21 years old
- Pregnant
- The parent/caretaker relative of a child whose parent(s) is/are absent from the home, deceased, incapacitated or unemployed (not working or working less than 100 hours per month and who meet federal unemployment requirements)
- Eligible for the refugee program
- Recipient of Aid to Families With Dependent Children or Supplemental Security Income/State Supplementary Payment

If you do not agree with this decision and you have other physical and/or mental condition(s) that could find you disabled, you have a right to appeal. You also have a right to appeal if you feel you meet any of the other rules for Medi-Cal stated above. The back of this notice tells you how.

If you have any questions about this action or if there is additional information about your situation which you have not reported to us, please write, or call to make an appointment to see us right away.

The regulation which requires this action is California Code of Regulations, Title 22, Sections 50005, 50006, 50167, 50201, 50205, 50209, 50211, 50213, 50215, 50219, 50221, 50223, 50251.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

PROCESSING DRUG & ALCOHOL ADDICTION (DA&A) CASES MNO - DISABLED*

1. Identifying DA&A Cases:

Find the most recent MC 221. DA&A cases are coded as follows:

- Item 13: "Is Disabled" or "Continues to be disabled";
- Item 14: Reg Basis Code of A61, A62, A63, or A65;
- Item 15: Shows diagnosis of: Alcoholism, Alcoholic Liver Disease, Substance Abuse or Addiction, or Drug Abuse or Addiction. May also include a diagnosis of pancreatitis, personality disorder, low back pain, etc.; and
- Item 16: If Item 14 is A61, then "12.09" is usually present. If Item 14 is A62, then "12.09" may be present. Otherwise, this item is blank.

2. **Determine if eligible on some basis other than disability.** If eligible, change aid code, income deductions, and SOC as necessary. Send NOA, if there is a SOC change. If no other basis for eligibility, go to next step.
3. **Send timely discontinuance NOA (MC 314).** *Do not discontinue prior to 12/31/96.* Provide aid paid pending the hearing, if requested timely.
4. **Should the bene contact the county *before* the date of the discontinuance and alleges to still be disabled for *any* reason, including DA&A, and is otherwise eligible, do not discontinue the case.**
 - Send full DED packet to SP-DED. MC 221 will be marked as follows: Item 8: "Initial Referral", Item 10: "DA/A Bene, Determination Needed Due to P.L. 104-121". Continue to provide benefits to the bene until SP-DED determination made.
 - If SP-DED finds bene to be not disabled, send standard discontinuance NOA informing bene that SP-DED can no longer find the bene to be disabled. Ensure that bene is provided SP-DED's PDN. If **Z53** denial (SP-DED adopted the SSA denial), send standard discontinuance NOA, with language similar to the MC 239SD (Denial of Benefits Due to a Federal Social Security Disability Determination) to explain the reason for the discontinuance and attach the MC Information Notice 13.
 - If SP-DED continues to find that bene is disabled, and bene remains otherwise eligible, continue to aid bene as disabled individual.
5. **Should the bene contact the county *after* the discontinuance date and alleges to continue to be disabled for *any* reason, including DA&A, take an application and complete a full DED packet.**
 - Send full DED packet to SP-DED. MC 221 will be marked as follows: Item 8: "Initial Referral", Item 10: "DA/A Applicant, Determination Needed Due to P. L. 104-121". Pend the application until SP-DED determination made.
 - If SP-DED finds applicant to be not disabled, send standard denial NOA informing applicant that SP-DED determined that he/she is not disabled and ensure that he/she is provided SP-DED's PDN. If **Z53** denial (SP-DED adopted the SSA denial), send MC 239SD and attach MC Information Notice 13.
 - If SP-DED approves disability and applicant is otherwise eligible, aid immediately.

* Any MNO Disabled applicant who received an SSA notice in 6/96 regarding termination of benefits by 1/1/97, must complete a full DED packet and await a SP-DED disability determination.

PROCESSING DRUG & ALCOHOL ADDICTION (DA&A) CASES
TERMINATED SSI/SSP (RAMOS)

1. **Identifying DA&A Cases:**

New Ramos notices for any SSI case terminated due to cessation of disability, including DA&A. These names will appear on a special monthly Ramos listing to be mailed to the county Ramos coordinator.

MEDS QX screen will show disability cessation cases with a **Payment Status Code of N07**. The DA&A indicator is no longer available on the SDX or BENDEX.

Ask client if he/she received a notice in 6/96 advising that benefits will cease by 1/1/97. If yes, this is a DA&A case.*

2. **Do NOT give additional month of extended benefits while determining MNO eligibility.** Provide aid paid pending the hearing, if requested timely.
3. **Determine if eligible on some basis other than disability.** If eligible, aid immediately. If no other basis, go to next step.
4. **Send full DED packet to SP-DED.** If client is uncooperative and county has made two attempts, deny due to noncooperation.
5. **MC 221 will be marked as follows:** Item 8: "Initial Referral" and Item 10: "SSI Termination Due to DA/A, P.L. 104-121."--

(If unable to determine whether there is DA&A involvement, mark the MC 221 as follows:
Item 8: "Initial Referral" and Item 10: "SSI Termination.")
6. **Pend the application** until SP-DED determination made.
7. **If disability denied by SP-DED,** send standard denial NOA.
8. **If disability approved by SP-DED** and client is otherwise eligible, aid immediately.

* Any MNO Disabled applicant who received an SSA notice in 6/96 regarding termination of benefits by 1/1/97, must complete a full DED packet and await a SP-DED disability determination.