

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941



May 11, 1997

Letter No.: 97-19

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

MEDICARE PARAGRAPH IN THE DHS 7025 (1/97), ENGLISH AND SPANISH

The purpose of this All County Welfare Directors Letter is to inform the counties that the English and Spanish versions of the DHS 7025 has been revised as of 1/97 (see enclosure). It now includes a Medicare paragraph which can be found in the third paragraph of the DHS 7025 (1/97). The text reads as follows:

"If you are eligible for Medicare and your Medi-Cal eligibility is discontinued, the State will no longer pay your premium for Medicare Part B. For more information, contact your county welfare department or your Social Security district office."

Currently, we intend to exhaust the existing supply of the DHS 7025 (7/96) that is in the Department of Health Services (DHS) Warehouse before distributing the 1/97 version. The 1/97 versions of the DHS 7025 will be available at the DHS Warehouse, 1037 North Market Boulevard, Suite 9, Sacramento, California, 95834, May 1, 1997. Both the English and Spanish version of the DHS 7025 (1/97) will be included in Pickle Handbook Letter Number 15.

An advance, camera-ready copy of the DHS 7025 (1/97), both in English and Spanish, has been sent to the Pickle Program Coordinators. If you have any questions, please contact Ms. Sylvia Finberg of my staff at (916) 657-0080.

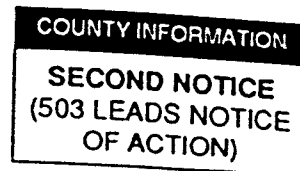
Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

TICE OF ACTION



DATE:

TO: Medi-Cal Beneficiaries Discontinued
From SSI/SSP on January 1

FROM: County Welfare Department

RE: Your Medi-Cal benefits will end

You were notified by the Social Security Administration (SSA) in December that your SSI/SSP was discontinued as of January 1 of this year. The reason your SSI/SSP checks were stopped is because you received an increase in your Social Security benefits. Although this increase made you ineligible for your SSI/SSP checks, you also were notified by the State Department of Health Services that you would continue to receive Medi-Cal until the county welfare department determines whether you will be able to get a zero share of cost Medi-Cal card under the Pickle Amendment. The county must evaluate your Pickle eligibility for Medi-Cal.

However, you have not responded to the State Department's notice and we were unable to reach you by telephone. Therefore, your Medi-Cal will automatically be discontinued on April 30.

If you are eligible for Medicare and your Medi-Cal eligibility is discontinued, the State will no longer pay your premium for Medicare Part B. For more information, contact your county welfare department or your Social Security district office.

If you have information that you would like to be considered, please contact your county eligibility worker immediately.

IF YOU DISAGREE WITH THIS ACTION AND YOU WANT TO APPEAL THE DISCONTINUANCE, YOU MAY REQUEST A STATE HEARING BY FOLLOWING THE INSTRUCTIONS ON THE BACK OF THIS NOTICE.

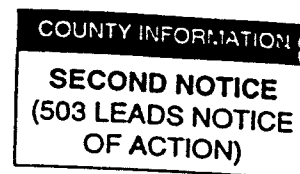
NOTE: THIS NOTICE WILL NOT AFFECT ANY MEDI-CAL BENEFITS YOU MAY ALREADY BE RECEIVING UNDER ANOTHER MEDI-CAL PROGRAM. DO NOT THROW AWAY YOUR PLASTIC ID CARD. YOU MAY BE ABLE TO USE IT AGAIN.

If your SSI/SSP checks have been started again since January 1 of this year, please ignore this letter.

This notice is a result of a court decision in the case of *Lynch v. Rank*, U.S. District Court, Northern District of California, Number C-83-2340 WHO.

For additional information contact:

NOTIFICACIÓN DE ACCIÓN



FECHA:

PARA: Beneficiarios de Medi-Cal descontinuados de los programas SSI/SSP el 1° de enero

DE: Departamento de Asistencia Pública del Condado (County Welfare Department)

REF.: Sus beneficios de Medi-Cal serán descontinuados

Administración del Seguro Social (SSA) le informó en diciembre que su SSI/SSP fue descontinuado a partir del 1° de enero de este año. Sus cheques de SSI/SSP fueron descontinuados porque usted recibió un aumento en sus beneficios del Seguro Social. A pesar de que ese aumento ya no le da derecho a recibir cheques de SSI/SSP, usted también fue notificado por el Departamento de Servicios de Salud del Estado de que usted continuaría recibiendo beneficios de Medi-Cal hasta que el departamento de asistencia pública del condado determine si usted puede obtener una tarjeta de Medi-Cal sin parte del costo bajo la Enmienda Pickle. El condado deberá evaluar su elegibilidad bajo el programa Pickle para Medi-Cal.

Sin embargo, usted no ha respondido a la notificación del Departamento del Estado ni tampoco hemos podido mantenernos en contacto con usted por teléfono. Por lo tanto, sus beneficios de Medi-Cal serán descontinuados automáticamente a partir del 30 de abril.

Usted tiene derecho a recibir Medicare y le descontinúan su elegibilidad para recibir Medi-Cal, el Estado dejará de pagar la cuota de la Parte B de Medicare. Para mayor información, llame al departamento de asistencia pública de su condado o a la oficina de Seguro Social de su distrito.

Usted tiene información que le interesaría que fuera tomada en consideración, comuníquese con su trabajador de elegibilidad inmediatamente.

NO ESTÁ DE ACUERDO CON ESTA ACCIÓN Y DESEA APELAR LA DESCONTINUACIÓN, PUEDE SOLICITAR UNA AUDIENCIA ESTATAL SIGUIENDO LAS INSTRUCCIONES AL REVERSO DE ESTA HOJA.

NOTA: ESTA NOTIFICACIÓN NO AFECTARÁ OTROS BENEFICIOS DE MEDI-CAL QUE USTED PUDIERA ESTAR RECIBIENDO BAJO OTRO PROGRAMA DE MEDI-CAL. NO TIRE SU TARJETA DE IDENTIFICACIÓN DE PLÁSTICO. TAL VEZ PUEDA VOLVER A USARLA.

Usted ha vuelto a recibir cheques de SSI/SSP desde el 1° de enero de este año, entonces ignore el contenido de esta carta.

Esta notificación es producto de una decisión tomada por la corte en el caso de *Lynch v. Rank*, U.S. District Court, Northern District of California, Número C-83-2340 WHO.

Para mayor información, comuníquese con: