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**MEDI-CAL ELIGIBILITY MANUAL**  
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Article 18 -- STATE ADMINISTRATIVE HEARINGS

18A -- STATE HEARING PROCEDURES

18B -- STATE HEARINGS -- BLINDNESS OR DISABILITY CASES

18C -- STATE HEARINGS -- OVERPAYMENT ISSUES



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18A -- STATE HEARING PROCEDURES

The Department of Health Services contracts with the Department of Social Services (DSS) to conduct Medi-Cal state hearings and render proposed decisions. State hearings are administered in accordance with Title 22, California Administrative Code, Sections 50951 through 50953. DSS, Office of the Chief Referee, is responsible for maintaining a hearing system that meets federal requirements. DSS, Manual of Policies and Procedures, Division 22-000, are the regulations which govern DSS's hearing system.



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18B -- STATE HEARINGS --  
BLINDNESS OR DISABILITY CASES

An applicant for, or beneficiary of, Medi-Cal on the basis of disability or blindness who is found not disabled or blind has the right to request a state hearing.

1. Processing of Hearing Requests

To properly conduct a state hearing involving a disability or blindness issue, a hearing officer needs the disability file from the Department of Social Services' (DSS's) Disability Evaluation Division (DED) and additional medical and vocational information from the person requesting the hearing. When the county forwards to DSS's Office of the Chief Referee (OCR) a hearing request, it should include the following information about the person alleging disability or blindness:

- a. His/her name (it may differ from the case or claimant's name).
- b. His/her Social Security number.
- c. His/her birth date if available.
- d. The date of the application denial or the discontinuance.

This information will help DED to evaluate the individual's disability or blindness and OCR to speed up the hearing process.

2. Hearing Procedures

Even though a hearing may concern mainly the existence of disability or blindness, the determination of which is done by DED, the county must still fulfill its responsibilities of representation at the hearing because it is the Department of Health Services' agent in denying or terminating Medi-Cal benefits. DED will also assist in the process. The following are their responsibilities:

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County

DED

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| <p>1. Prepare a position statement explaining that the person was not disabled or blind based on DED's evaluation.</p> <p>2. Upon receipt of DED's reevaluation, inform the applicant or beneficiary of the results. If he/she is found disabled or blind, also explain, but not solicit, a hearing withdrawal.</p> <p>3. Unless the hearing request is withdrawn, attend the hearing to explain the basis for the county action and to provide required evidence.</p> | <p>Forward to OCR all available documents of its initial evaluation.</p> <p>Reevaluate disability or blindness when the hearing officer requests it and inform the county of the results.</p> |
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18C -- STATE HEARINGS -- OVERPAYMENT ISSUES

Overpayment issues involve actions by the county and the Department of Health Services' (DHS's) Recovery Branch: The county normally makes a determination that the Medi-Cal beneficiary has willfully failed to report required information (as defined in Title 22, California Administrative Code, Section 50781); the DHS's Recovery Branch determines the amount of the resulting Medi-Cal overpayment of the beneficiary's medical care.

When the request for a hearing involves an overpayment, the determination of which is done by the Recovery Branch, the county must still fulfill its responsibility of representation at the hearing because it is the DHS's agent in determining eligibility. The Recovery Branch will also assist in the process. The following are their responsibilities:

<u>County</u>	<u>Recovery Branch</u>
1. Prepare a position statement explaining the cause of the overpayment (e.g., unreported income) and its effect on the beneficiary's eligibility or share of cost. Provide copies of the beneficiary's MC 210 and MC 217.	Prepare a position statement explaining how the amount of the overpayment was determined.
2. Attend the hearing to explain the basis for the overpayment determination and to provide required evidence.	Attendance at the hearing is not necessary as long as its position statement fully explains the overpayment calculation.
3.	Comply with hearing decisions which order a reduction or cancellation of the overpayment collection.*

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\* Both the county and the DHS's Recovery Branch will receive a copy of the adopted decision.

