

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
 BOX 942732
 SACRAMENTO, CA 94234-7320

(916) 657-2941



July 18, 1995

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 145

TO: All Holders of the Medi-Cal Eligibility Procedures Manual

Enclosed are new procedures Article 4U--Notices of Action (NOA). Several requests for clarification have been received from the counties which indicates that the issuance of these procedures is timely. We would like to remind all manual holders that Article 4 starts with letter 'H' due to removal of parts 4A through 4G as instructed in Procedures Manual Letter 132. Procedures 4A through 4G became part of Article 22.

Procedure RevisionDescription

Article 4U

Notices of Action--Procedures to address the correct completion of a NOA, who may receive a NOA beyond the applicant/recipient, adequate and timely notices, authorized representative issues, Minor Consent NOA completion and a copy of the MC 239V which is to be used for Minor Consent approvals.

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Article 4 Table of Contents
 page 1 and 2

None

4U-1 through 4U-3

None

4U-4 MC 239V Notice of Action

If you have any questions concerning this article, please direct them to Gary Varner of my staff at (916) 654-5321.

Sincerely,

Original signed by

Frank S. Martucci, Chief
 Medi-Cal Eligibility Branch

Enclosures



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- Article 4** -- APPLICATION PROCESS
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 - 4I -- DILIGENT SEARCH PROCEDURES
 - 4J -- PROMPTNESS REQUIREMENT
 - 4K -- PROCESSING MEDICALLY INDIGENT ADULTS (MIAs) APPLICANTS
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 - 4M -- VERIFICATION OF UNCONDITIONALLY AVAILABLE INCOME
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 - 4O -- ONE MONTH EXTENDED ELIGIBILITY (EDWARDS V. MEYERS)
 - 4P -- CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
 - 4Q -- PROCEDURES FOR LONG-TERM CARE (LTC) ADMISSIONS AND DISCHARGES FOR SSI/SSP AND MEDI-CAL RECIPIENTS
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- 4Q -- PROCEDURES FOR LONG-TERM CARE (LTC) ADMISSIONS AND DISCHARGES FOR SSI/SSP AND MEDI-CAL RECIPIENTS
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4U--NOTICES OF ACTION

Federal regulations (Title 42, Code of Federal Regulations, Section 435.912) require that the welfare department:

"must send each applicant a written notice of the agency's decision on his application, and, if eligibility is denied, the reasons for the action, the specific regulation supporting the action, and an explanation of his right to request a hearing."

In addition, Section 431.210 states that the notice must provide an explanation of the circumstances in which aid paid pending applies.

I. Completion of Notices of Action

Approval Notices of Action (NOA) must be sent to the applicant within the time standards specified in Title 22, Code of California Regulations, Section 50177. Approval NOAs must contain the names of the individuals affected, the application date and effective date, if different, and any other information specific to the case, such as share of cost, restricted benefit information, etc.

For persons in a nursing facility, the original NOA should be mailed to the applicant at the nursing facility, and, if requested by the family, a copy to the administrator of the facility. Speed letters and other "conditional notices" are not required to be sent to the administrator. In addition, the county shall send a copy to the individual's representative if another person is acting on his/her behalf.

For any adverse NOA (such as a denial, increase in share of cost or other change in benefits), the appropriate section numbers of Title 22 must be included which would refer the individual to the corresponding regulation. The citation of section numbers for non-adverse NOAs is optional.

NOAs sent to deny or discontinue Medi-Cal benefits must also have the specific reasons stated that necessitated the action. A NOA issued to deny an applicant who has not provided information requested and needed for the eligibility determination, for example, should specifically list the items that had been previously requested but not provided.

EXAMPLE:

Bob and Delores Doe apply on June 1, 1995. During the intake face-to-face interview on June 9, 1995, the applicants are advised that they need to provide their last three pay stubs, a copy of the current bank statement for a savings account at Wells Fargo Bank, and the current statement for a checking account at their credit union. At this time, they are given a written request for these items which are due on June 19. On June 20, the eligibility worker (EW) receives two pay stubs for Mr. Doe and three for Mrs. Doe, and a bank statement for the credit union account, but the Wells Fargo account statement and the May 19 pay stub for Mr. Doe are still needed. The EW send a speed letter to the Doe's stating that the Wells Fargo statement and the May 19 pay stub for Mr. Doe must be received by June 30 or the application will be denied.

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On July 3 a denial NOA is sent with the following message:

"Your application dated June 1, 1995 for Medi-Cal is denied. The reason for this denial is:

You did not provide the following information requested on June 9 and June 20, 1995:

pay stub dated 5/19/95 for Bob
Wells Fargo bank statement #42315424 for May 1995."

The NOA must be specific so that the applicant knows exactly what must be provided to the county to determine Medi-Cal eligibility. Some applicants have numerous bank accounts, life insurance policies, etc., and a generic statement that they have not provided a "bank statement" or "life insurance policy" is not adequate without additional identifying information.

In addition, this denial NOA will cite sections 50167 (Verification Prior to Approval) and 50175 (Denial or Discontinuance Due to Lack of Information, Noncooperation or Loss of Contact). Every action that an application may be denied on must be stated on the NOA with the corresponding regulation sections cited.

II. ADEQUATE AND TIMELY NOTICE

"Adequate notice" must be mailed by the county to the applicant/beneficiary no later than the date of the action for the following situations:

- o Factual information has been received that the beneficiary is deceased.
- o A written statement that the applicant/recipient wishes to withdraw an application or discontinue Medi-Cal benefits.
- o The beneficiary signs a waiver of ten-day notice. This will normally occur when a change to the individuals' income, property or family makeup would result in termination, or increase in share of cost and the beneficiary knows that the adverse action must take place due to that change.
- o The beneficiary's whereabouts are unknown and mail has been returned indicating no forwarding address. If a new forwarding address is supplied by the post office, the county must re-mail the NOA to the new address.
- o If the new address indicates out-of-state residence.
- o If information is received that the beneficiary has been approved for Medi-Cal in another county.

"Timely notice" is a NOA mailed at least ten days before the date of the action specified in the NOA.

III. NOAs AND AUTHORIZED REPRESENTATIVES

Many times an applicant or beneficiary will designate another person or organization to act as the intermediary to funnel information between the applicant/beneficiary and the county. These "authorized representatives" (ARs) many times request that the county send a copy to them of every NOA which is sent to the applicant/beneficiary.

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Per All County Welfare Directors Letter (ACWDL) Nos. 91-98 and 93-84, the AR is only permitted a copy of a NOA which the applicant/beneficiary specifically requests be sent to the AR. The counties are not obligated to issue NOAs on a routine basis to anyone other than the applicant/beneficiary or for those listed in I on page 4U-1 of this procedure.

There is one exception to this policy. The county is required to provide copies to the AR of all NOAs or other correspondence that the county has sent to an applicant/beneficiary in regard to a hearing request or hearing issue if the county has received notification from the applicant/beneficiary that the AR is authorized to represent him/her. (ACWDL 95-30)

IV. MINOR CONSENT AND NOAs

A child applying on the basis of Minor Consent shall be given a NOA in the office at the conclusion of the interview/eligibility determination. MC 239V is the appropriate NOA to use for Minor Consent situations. This NOA has the appropriate section citations pre-printed on the form. The EW should advise the applicant/beneficiary to read and destroy the NOA if confidentiality may be compromised due to their living situation.

A copy of the MC 239V is attached.



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION APPROVAL OF BENEFITS

(COUNTY STAMP)

CASE NAME _____
CASE NO.: _____
DISTRICT: _____
THIS AFFECTS: _____

Your application for Medi-Cal benefits has been approved.

- You are entitled to receive Medi-Cal benefits beginning the first day of _____. You will receive a Medi-Cal Benefits Identification Card soon. **Do not throw this card away.** This card is good as long as you are eligible for Medi-Cal. Take this plastic card to your doctor or other Medi-Cal provider when you request medical services.
- Since your income exceeds the amount allowed for living expenses, you have a share of cost to pay or obligate toward your medical care. Your share of cost is \$_____ beginning _____. Your share of cost was computed as follows:

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

Your plastic card will show your provider if you have a share of cost to pay. The amount that you must pay or obligate to the provider will be automatically computed. The regulation which requires this action is California Code of Regulations, Title 22, Section 50653.

- You are eligible for Medi-Cal benefits for _____ only because you have applied for Minor Consent Services and must reapply each month that you need Medi-Cal. The regulations which require this action are California Code of Regulations, Title 22, Sections 50147.1 and 50163. You will receive a paper Medi-Cal identification card. Take this card to your medical provider when you obtain care for your Minor Consent need.
- You are eligible for Medi-Cal benefits for _____ only because _____. The regulations which require this action are California Code of Regulations, Title 22, Section(s): _____.
- You must bring or mail the verification listed below by _____ or your eligibility for Medi-Cal benefits will be discontinued effective the last day of _____.

The regulations which require this action are California Code of Regulations, Title 22, Section(s): _____.

Eligibility Worker

Phone

Date

MC 239V (1/95)

95-804-11

SECTION NO.: 50179, MANUAL LETTER NO.: 145
50179.5
50179.7

DATE: July 18, 1995 4U-4

