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April 23, 2001

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 242

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

Enclosed are revisions to Article 10, Income Eligibility, of the Medi-Cal Eligibility Procedures Manual. This transmittal includes updated procedures for application of medical bills toward share of cost under Hunt v. Kizer and an exhibit containing notification forms to advise individuals of the status of their medical bills submitted to the county. These procedures and forms update and supersede the procedures and forms in the Hunt v Kizer All County Welfare Directors Letter 93-63. Camera ready copies of English and Spanish versions of the sample forms in these procedures will be transmitted to counties via a separate mailing.

Description Procedure Revision	**Description**
Article 10	County processing of medical bills (includes update Hunt v Kizer procedures)

Filing Instructions

Remove Pages	**Insert Pages**
Article 10R Table of Contents Page PTC-11	Article 10R Table of Contents Page PTC-11
	Article 10R TC-1 and 2
	Article 10R Article 10R-1 through 10R-17
	Article 10R Exhibit A to Article 10R

If you have any questions concerning a specific revision, please contact Dave Rappolee of my staff at (916) 657-0153.

Sincerely,

Original signed by

Shar Schroepfer, Chief
Medi-Cal Eligibility Branch

ARTICLE 10 -- INCOME

10A -- SSI/SSP PAYMENT STANDARDS

10B -- AID TO FAMILIES WITH DEPENDENT CHILDREN STANDARDS

10C -- PUBLIC LAW PAYMENTS INCOME EXEMPTIONS

10D -- SENIOR CITIZENS RENT ASSISTANCE

10E -- COST OF IN-HOME SERVICES AS AN INCOME DEDUCTION FOR AGED, BLIND, AND DISABLED-MEDICALLY NEEDY (ABD/MN)

10F -- INCOME IN KIND VALUES AND POLICIES RELATING TO THEIR USE

10G -- TREATMENT OF MONEY RECEIVED FROM NONFAMILY MEMBERS LIVING IN THE HOME

10I -- TITLE II DISREGARD ELIGIBILITY DETERMINATIONS –OBSOLETE, SEE "PICKLE" HANDBOOK

10J -- VETERAN'S BENEFITS

10K -- COMMUNITY PROPERTY INCOME AVAILABLE IN LONG-TERM CARE (LTC) SITUATIONS

10L -- APPLICATION OF THE $30 PLUS ONE-THIRD AND $30 DEDUCTION

10M -- INCOME FROM SELF-EMPLOYMENT

10P -- TREATMENT OF VETERAN'S EDUCATIONAL BENEFITS

10Q -- INCOME DEDUCTION FOR PERSONS IN LICENSED BOARD AND CARE FACILITIES

10R -- APPLICATION OF OLD AND CURRENT MEDICAL BILLS TOWARD SHARE OF COST (INCLUDES HUNT V. KIZER PROCEDURES)

ARTICLE 10 – INCOME

10A -- SSI/SSP PAYMENT STANDARDS

10B – AID TO FAMILIES WITH DEPENDENT CHILDREN STANDARDS

10C – PUBLIC LAW PAYMENTS INCOME EXEMPTIONS

1. PL 94-385 and PL 97-35 – Home Energy Assistance
2. PL 95-171 – Disaster Assistance
3. PL 96-420 – Payments Distributed Under the Maine Indian Claims Settlement Act of 1980

10D – SENIOR CITIZENS RENT ASSISTANCE

1. Background
2. Eligibility Requirements
3. Impact on Income

10E -- COST OF IN-HOME SERVICES AS AN INCOME DEDUCTION FOR AGED, BLIND, AND DISABLED-MEDICALLY NEEDY (ABD/MN)

10F – INCOME IN KIND VALUES AND POLICIES RELATING TO THEIR USE

10G -- TREATMENT OF MONEY RECEIVED FROM NONFAMILY MEMBERS LIVING IN THE HOME

1. Ten Percent of Gross (Title 22 Section 50515(a)(2))
2. Net Profit From Self-Employment (Title 22 Section 50508(a)(4))
3. Income In Excess of Contributor's Share of Household Costs (Title 22 Section 50515(a)(2))

10I -- TITLE II DISREGARD ELIGIBILITY DETERMINATIONS – OBSOLETE, SEE "PICKLE" HANDBOOK

10J -- VETERAN'S BENEFITS

1. Background
2. Referral
3. Client Responsibility

10K -- COMMUNITY PROPERTY INCOME AVAILABLE IN LONG-TERM CARE (LTC) SITUATIONS

10L -- APPLICATION OF THE $30 PLUS ONE-THIRD AND $30 DEDUCTION

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10R -- APPLICATION OF OLD AND CURRENT MEDICAL BILLS TOWARD SHARE OF COST (INCLUDES HUNT V KIZER PROCEDURES)

PART 1: INTRODUCTION AND OVERVIEW OF THE PROVISIONS OF THE HUNT V KIZER LAWSUIT

INTRODUCTION: APPLYING MEDICAL BILLS TOWARD SHARE OF COST BEFORE HUNT V KIZER

Previous to the Hunt v Kizer lawsuit, Medi-Cal individuals could apply toward a particular month's share of cost (SOC) only those medical expenses incurred in the month in which they were being applied toward SOC. Individuals were not permitted to apply medical bills for medical expenses incurred in previous months (old medical bills) toward their SOC for a current month, nor could individuals save medical bills from current months and apply them as old medical bills toward a future month's SOC.

In the early 1990's, the Department of Health Services (DHS), pursuant to its settlement agreement in the Hunt v Kizer litigation, changed its policy to allow "old" medical bills to be applied toward the SOC under certain circumstances. This procedure manual section delineates the current policy and procedures for acceptance and application of old medical bills toward SOC under Hunt v Kizer. These policies and procedures were finalized and originally communicated to counties in All Counties Welfare Director Letter No. 93-63, and were effective October 5, 1993.

SUMMARY OF THE CURRENT HUNT V KIZER RULES ON APPLYING MEDICAL BILLS TOWARD SOC

Individuals are allowed to apply medical bills from previous months (old medical bills) toward their current month's SOC provided these old medical bills were unpaid at the time they were submitted to the county. Individuals are also permitted to save old or current medical bills and apply them as old medical bills toward their SOC in a future (later) month, provided these old medical bills remain unpaid. Individuals are allowed to use credit card or collection agency statements as evidence of medical expenses.

PART 2: APPLYING MEDICAL BILLS TOWARD SOC; OTHER PROVISIONS

I. DEFINITIONS

Current Month: This refers to the current calendar month with respect to the reader. For example, the current month would be whatever month you are in when you read this. The current month changes each month.

Future Month: A future month is any month which is future to the current month.

Previous Month: A previous or past month is any month which occurred prior to the current month.

Current Medical Bills: The term "current medical bill" refers to a medical bill which is/was incurred in the same month (month of eligibility) for which it will be applied toward the individual's SOC. As used in these procedures, the term "current medical bill" does not refer to the bill's chronological age. A medical bill incurred several months ago, and hence chronologically old, is nevertheless considered a current medical bill for the purpose of Hunt if the bill is applied by the individual toward his/her SOC in the same month in which the bill was incurred.

Old Medical Bills: The term "old medical bill," as used in these Hunt Procedures, refers to a medical bill which was incurred in a month previous to the month for which it will be applied toward the individual's SOC.

Old and current medical bills are sometimes treated differently and subject to different requirements for purposes of determining whether they can be applied toward SOC. The most notable difference is that current medical bills may be applied toward SOC whether unpaid or paid, while old medical bills must be unpaid before they can be applied toward SOC. Old medical bills applied toward SOC must be submitted to the county for processing. Some of the Hunt medical-bill qualifying criteria and verification requirements (Section III of these procedures, p. 14), and other requirements, are different for current and old medical bills.

Month In Which A Medical Bill Is Incurred: A medical bill is incurred on the date the medical service or drug is provided. The month in which a medical bill is incurred is the month in which this date of service falls.

Medical Bills Spanning Two Or More Months: In some instances, a medical bill will show a single medical expense for a medical service, such as a hospital stay, which was rendered over multiple days and therefore shows multiple dates of service. A medical bill showing such a multiple-day medical expense spanning more than one month is incurred in each month containing one or more dates of service for that expense. For example, a medical bill showing a single medical expense for a medical service, such as a hospital bed charge, might show the dates of service as March 27, 1992 through April 7, 1992. This medical expense has been incurred in both March and April.

When a medical bill spans two months, a portion of that bill is incurred in each month. If an individual submits such a medical bill to the county, the county must determine how much of the bill was incurred in each month. To calculate the portion of the medical expense that was incurred in the first month the county should first calculate the daily charge for the medical service by dividing the medical expense for that service by the number of dates of service for that expense, and then multiply the daily charge by the number of dates of service falling within the first month. Similarly the amount of the bill

incurred in the second month is the daily charge multiplied by the number of days of service in the second month.

For example, suppose a individual submits to the county for application toward his/her SOC for May 1992 a medical bill which was incurred over a two month period. The medical bill shows a charge of $400 for a four day stay in a hospital that began May 29, 1992 and ended June 1, 1992 billed to the individual. (Assume the rest of the bill was paid by another person).

The portion of this bill incurred in May is found by first calculating the daily charge. The daily charge is $400 (the total amount billed to the individual) divided by 4 (the number of days in the service period). The daily charge is then multiplied by 3 (the number of days of the service period falling in May) to obtain $300 as the amount billed to the individual for May. This $300 is the portion of this bill which may be applied toward the individual's May SOC. (The portion of the bill incurred in June is $100, the product of the $100 daily charge and the one date of service falling in June.)

These multiple-month medical bills may be applied toward SOC in the same way regular bills are. In the above example, if the individual elects not to apply the May portion of the bill toward his/her May SOC, this May portion may be applied toward June's SOC if it meets the Hunt requirements. The June portion of the bill cannot be applied toward May's SOC because this portion of the bill did not exist in May.

Unpaid Old Medical Bills: Unpaid old medical bills are old medical bills which are unpaid at some time in the month in which they are submitted to the county (i.e. the old medical bills have not been paid previous to the month of their submission). If a portion of the old medical bill has been paid, the unpaid portion may still be applied toward the individual's SOC.

Medical Bills and Medical Expenses: Medi-Cal can accept for application toward a individual's SOC only medical bills for bona fide medical expenses. Expenses for medically-related services qualify as bona fide medical expenses if the service was rendered by a State-licensed health-care provider.

Expenses for medically-related equipment, supplies or drugs qualify as bona fide medical expenses if the equipment, supply-item or drug was:

1. Prescribed by a physician as necessary to treat a medical condition and;

2. Is customarily considered by the medical profession as primarily for health care and medical treatment and;

3. Is intended, and will be used, solely for the health care and medical treatment of the individual.

(3. cont.) Medi-Cal presumes that medical expenses for drugs and supplies which are available only through a prescription are necessary to treat a medical condition and that expenses for these items are therefore bona fide medical expenses.

This presumption does not apply to medically-related equipment, drugs and supplies which a physician has prescribed but which are available without a prescription. For drugs, supplies, and medical equipment which have been prescribed, but which are available without a prescription, counties may require, at their discretion, that the individual obtain a statement from the prescribing health-care provider attesting that each of the three above- numbered requirements are satisfied. The statement must include a short description of the condition being treated and must name the drug, supply, or medical equipment which the physician has prescribed.

If the county is uncertain whether the drug or other item is available without a prescription, the county may require that the individual obtain a statement from the provider stating either that the item or drug is available only through a prescription, or attesting that each of the three above-numbered requirements are satisfied.

The county may disallow the application toward SOC of a medical expense for a drug or other item which is available without a prescription despite a provider's statement attesting to the three above-numbered items if the provider's statement is contrary to common sense. For example, a spa would not satisfy condition No. 2 above, despite the provider's statement that this condition is satisfied.

Remedy: The word "remedy" is used in these procedures to denote certain benefits belonging to the Medi-Cal individual which have arisen as a result of the Hunt v Kizer lawsuit (Remedies are described in Section II of these procedures.)

II. APPLYING OLD UNPAID MEDICAL EXPENSES (BILLS) TOWARD SOC

Applying Unpaid Old Medical Bills Toward Share of Cost: An individual may apply an old medical bill toward his/her SOC when all of the conditions below are satisfied.

1. The old medical bill, or the portion of the old medical bill, which will be applied toward SOC was unpaid at some time in the month of its submission to the county (i.e. was not paid previous to the month of submission.) This condition is satisfied if the bill is unpaid at some time during the month of its submission (except where a bill was paid by the individual in a previous month and then "refunded" by the provider in the month of its submission.)

2. The bill is not more than four years old as of the date of its submission. If the bill is more than four years old, it is subject to the Statute of Limitations, and not acceptable toward SOC, unless it falls under one of the exceptions to the Statute of Limitations. (See Section V of these procedures.)

3. The old medical bill satisfies the qualifying criteria (see Section III.A of these procedures), verification requirements (see Section III.B of these procedures) and other applicable conditions discussed in these procedures.

4. An old medical bill submitted for application toward SOC must not have previously been applied toward SOC and must not have been for a medical expense which is subject to payment by the Medi-Cal program.

Individuals may also save and accumulate unpaid medical bills from a current month and then submit these bills as old medical bills toward their SOC in a later month. An old medical bill may also be applied toward a past month IF the bill was incurred previous to that past month and IF the individual had not already met his/her SOC in that past month. These bills cannot be applied to months more than 12 months previous to the month of their submission (months for which a Letter of Authorization would be necessary) unless the individual could qualify for a Letter of Authorization on grounds of administrative error.

III. QUALIFYING CRITERIA AND VERIFICATION REQUIREMENTS FOR CURRENT AND OLD MEDICAL BILLS

A. Qualifying Criteria: This Section lists the criteria which a medical bill must satisfy before the county can apply the bill toward SOC. All the below criteria (Nos. 1-6) apply to UNPAID OLD medical bills. Criteria 3-6 apply to CURRENT medical bills; criteria 1 and 2 do not apply to current medical bills.

1. The old medical bill must be unpaid at some time in the month of the bill's submission to the county (i.e. the bill must not have been paid previous to the month in which it is submitted). To ease administration, the county may consider this requirement satisfied when the bill's date of issuance falls within 90 days of the bill's submission to the county (see also Section III.B.7 of these procedures), unless the individual indicates that the bill has been paid or the county has reason to believe that the bill has been paid since the bill's issuance date.

2. The old medical bill is less than four years old as of the date of the bill's submission, with certain exceptions (see Statute of Limitations, Section V of these procedures.)

3. That portion of the old or current medical bill for which a third party is liable must first be subtracted from the amount billed to the individual.

4. The portion of a current or old medical bill previously used to meet Medi-Cal SOC may not be re-applied toward SOC.

5. The current or old medical bill must be an original bill, an authenticated copy, or an acceptable substitute (see Section VI of these procedures).

6. The current or old medical bill must satisfy the list of verification requirements discussed in this Section, see below.

If completely paid previous to the month of their submission, unpaid old medical bills cannot be applied toward SOC. If partly paid previous to the month of their submission, only the portion of the old medical bill which remains unpaid in the month of submission can be applied toward SOC.

Current medical bills can be applied toward SOC whether paid or unpaid (provided they meet other applicable requirements.)

B. Verification Requirements For Current And Old Medical Bills: Current and old medical bills applied towards an individual's SOC must contain certain items of information. These items are called the medical bill's "verification" requirements. These verification requirements assure that submitted medical bills are accurate and valid. They apply both to current medical bills and to old medical bills, except where noted. The verification requirements which must be satisfied are:

1. Current and old medical bills must show the name and address of the provider who provided the service.

2. Current and old medical bills must show the name of person who received the medical service.

3. Current and old medical bills must contain a short description of the medical service received.

4. Current and old medical bills must show a "Procedure Code" (a medical reference number).

5. Current and old medical bills must show either the provider's Medi-Cal provider identification number, taxpayer identification number, or provider license number.

6. Current and old medical bills must show the date(s) the medical service was provided.

7. Current and old medical bills must show the date on which the bill was issued. If the bill is an unpaid old medical bill, its billing date must be within 90 days of the date the bill is received by the county.

8. Current and old medical bills must show the amount owed solely by the individual and not subject to third party coverage. If the individual has other health care coverage, the amount billed solely to the individual may be demonstrated by a bill which shows the total amount of the bill and a separate amount billed to the individual. If the individual has other health care coverage, and the bill does not show the total amount billed for the service, and a separate amount billed to the

individual, the county may require that the individual obtain a statement from his/her provider or health insurer showing the total amount for the service and the amount for which the individual is solely liable. A statement from the individual's health insurer may include either a statement showing how much the insurer will pay or a check or pay stub from the insurer which properly references the medical service paid for and which shows how much the insurer paid. If the individual does not have other health care coverage, the county may treat the total billed amount as the amount owed solely by the individual.

Some of the numbered verification requirements listed above may be supplied by the individual in a sworn statement (Section VII of these procedures) if they are missing from the medical bill. When an old medical bill fails to meet the qualifying criteria, verification requirements, or other requirements discussed in these procedures, and the individual is unable to cure the deficiency in a manner consistent with the procedures delineated within these procedures, the county must reject the medical bill following the procedures in Section VIII of these procedures.

IV. LIMITATIONS ON USE OF OLD MEDICAL BILLS APPLIED TOWARD SOC

A. Old Medical Bills: Month of Submission and Month of Application. Individuals do not have the right to submit an old medical bill and designate a month several months in the future as the month in which their old medical bill is to be applied toward their SOC. If the individual wants to apply an old medical bill toward his/her SOC in a future month, the county may require the individual to submit the old medical bill in that future month. At its discretion, the county may accept old medical bills for application toward SOC one month in advance.

Individuals may apply old medical bills toward a past month's SOC provided that the individual's SOC was not met in that past month (i.e. the individual was not "certified" eligible"). Such bills must have been incurred previous to that past month. These bills cannot be applied to months more than 12 months previous to the month of their submission (months for which a Letter of Authorization would be necessary) unless the individual would qualify for a Letter of Authorization on the ground of administrative error.

The county should presume that the individual intends to apply an old medical bill in the month in which he/she submits it, unless he/she indicates otherwise. In order to avoid misunderstanding, and potential disputes, the county may require a individual to submit written identification of the past month in which the individual wishes to apply the old medical bill toward his/her SOC. The county may also require written statement from the individual if he/she wishes to apply the old medical bill in the month after the month of submission.

B. Old Medical Bills Applied to Consecutive Months SOC Commencing With Month Of Submission: An old medical bill submitted for application toward SOC which exceeds the individual's SOC for the month in which it is being applied toward his/her SOC,

must continue to be applied toward the individual's, MFBU's, or individual's SOC in consecutive months starting with the month after the bill's submission until the sum of the monthly SOC amounts to which the bill has been applied equals the unpaid amount on the old medical bill which was billed to the individual. Otherwise, large numbers of partially used old medical bills may accumulate in county Medi- Cal case files. Maintaining records on the amounts of each bill not applied toward SOC, and re-evaluation of such bills to assess whether any portion of the bill had been paid since the bill was last used to meet SOC would be extremely time consuming, costly, and complex, and the inevitable misunderstanding between individuals and counties would result in frequent disputes.

C. Prioritizing Old Medical Bills For Application Toward SOC: Although Medi-Cal pays for a very broad range of medical services (covered medical expenses), the individual may submit a medical expense for a medical service which is not subject to payment by the Medi-Cal program either because the medical service or item is not covered by Medi-Cal or because the provider is not a Medi-Cal provider. These kinds of medical services are called non-covered medical services. Although they are non-covered services, they may be applied toward SOC if they are medical services.

If the individual submits multiple medical bills for application toward SOC, and if these medical bills exceed the SOC, counties should advise individuals to select bills for uncovered medical expenses for application toward SOC before selecting covered services. Individuals who seek medical care as Medi-Cal individuals are expected to identify themselves to the provider as Medi-Cal individuals and to inquire with the provider as to whether he/she is a Medi-Cal provider and whether he/she can bill the service to Medi-Cal. The individual who submits medical expenses should therefore know whether the expense is uncovered.

V. STATUTE OF LIMITATIONS FOR OLD MEDICAL BILLS

Only that portion of an old medical bill not paid previous to the month of submission, and for which the individual is still legally liable, may be applied toward SOC. If a medical bill is more than 4 years old, measured from the date of submission, it is presumptively voidable under the applicable Statute of Limitations in California law, and the individual is not legally liable for such a bill. Counties must disapprove these bills, unless the individual can demonstrate that his/her medical bill falls into one of the exceptions to the Statute of Limitations. These exceptions are listed below.

1. The medical expenses has been reduced to judgment in a formal judicial proceeding.

2. There is a contract between the provider of the service and the recipient of the service extending the statute of limitation beyond four years and the bill falls within the contract period.

3. The individual has made a payment on the bill within the last four years.

4. There is other reasonable written verification showing the person is still liable for the expense.

VI. SUBSTITUTE MEDICAL BILLS AND OTHER SUPPORTING DOCUMENTATION FOR MISSING VERIFICATION ITEMS

A. Kinds of Medical Expense Statements Which May "Substitute" For The Health-Care Providers Medical Bill: Generally medical bills submitted toward SOC must be formal heath-care provider billing statements or invoices. For purposes of this procedure manual section, these provider billing statements or invoices are "conventional" billing statements. In addition to conventional billing statements, Medi-Cal will also accept as medical bills certain alternative billing statements. These alternatives, called "substitute billing statements," may be credit card billing statements, collection agency billing statements, and other written billing statements by a provider. Before one of these substitute billing statements may be applied toward SOC, they must meet all applicable qualifying criteria (Section III.A of these procedures), verification requirements (Section III.B of these procedures), and other applicable standards (e.g. originality requirement) delineated in these procedures. Qualifying substitute billing statements may be applied toward SOC even though unaccompanied by a conventional provider invoice or billing statement.

B. Credit Card Statements Used As Substitute Medical Bills: When a individual wishes to apply a credit card billing statement which shows a medical expense as a substitute unpaid medical bill toward his/her SOC, he/she must, in addition to satisfying the qualifying criteria, verification and other requirements for old medical bills, demonstrate that the charged medical expense has not been paid previous to the month of submission of the bill. To demonstrate this, the individual must provide credit card statements to the county for every month beginning with the month in which the medical expense was incurred through the month previous to the one in which the credit card statement was submitted to the county. These statements must show that no payments have been made on the charge-card account since the medical expense was incurred.

If any of these subsequent credit-card statements reveal payments made to the charge-card account, the amount of the charged medical expense which may be applied toward SOC must be reduced by a amount commensurate to the amount of the subsequent payment(s). If the individual is unable to provide all of the credit card statements necessary to show his/her payment record since the date of the credit card statement showing the charged medical expense, the county cannot accept the credit card billing statement for application toward the individual's SOC.

Credit card statements applied toward SOC as substitute medical bills need not be dated within 90 days of the submission of the bill (Section III.B.7 of these procedures), nor does the individual need to obtain a statement from the provider stating that the bill is still unpaid. The individual, by demonstrating that he/she has

made no subsequent payments on the charged medical expense, accomplishes the purposes of these two conditions.

Interest charged by the credit card company on a charged medical expense cannot be applied toward SOC.

C. Alternative Billing Statements Which Fail To Qualify As Substitute Medical Bills: When an alternative billing statement fails to qualify as a substitute medical bill, it cannot, by itself, be applied toward SOC. But such alternative billings statements may still be submitted toward SOC in combination with a conventional provider billing statement or invoice in order to supply information missing from the conventional billing statement or invoice. For example, a conventional invoice which cannot be accepted for application toward SOC because certain verification information, such as the billing date, or amount separately billed to the individual, is missing, may be rendered acceptable if accompanied by a credit card or collection agency statement containing the missing information. Alternative billing statements may be used to update the conventional statement in order to meet the 90-day verification requirement.

Before accepting a substitute billing statement submitted for the purpose of augmenting a provider billing statement, the county must determine that the substitute bill is a valid billing statement and that it is a bill for the same service as the conventional provider billing statement or invoice which it augments.

D. Other Supplemental Documentation For Medical Bills Missing Verification Items: A conventional provider billing statement may be supplemented with original supporting documentation such as a handwritten note, signed or initialed by the provider, which provides the verification items missing from the billing statement. Such supplemental documentation cannot be submitted in place of the conventional provider billing statement.

E. Original Medical Billing Statements verses Photocopies: All medical bills, including substitute medical bills, submitted by the individual to the county for application toward the individual's SOC must either be original billing statements, or if photocopies, must be signed, initialed, or signature-stamped by the provider. If not signed, initialed, or signature-stamped by the provider, a medical-bill photocopy may still be acceptable for application toward SOC if there is other, original supporting documentation that corroborates the validity and accuracy of the bill. For example, such corroborative evidence could be a statement from the provider that the bill photocopy is a valid bill and the amount billed to the individual is owed solely by the individual. Such corroborative statements must properly reference the billing statement.

Credit card or collection agency statements must either be original statements or, if copies, be signed, initialed or signature-stamped by the manager of the account and this person must have legal authority to represent the billing organization. Conventional or substitute medical bills which have been altered are unacceptable

except that provider billing statements updated by the provider are acceptable when the provider has signed or initialed the notation which updates the billing statement.

VII. INDIVIDUAL'S AND COUNTY'S OBLIGATION TO OBTAIN VERIFICATION INFORMATION; INDIVIDUAL'S SWORN STATEMENT

A. Individual's Obligation To Obtain Verification Information: Medical bills submitted to the county to meet SOC must satisfy the qualifying criteria and verification requirements (Section III of these procedures) and any other applicable requirements before they can be accepted by the county. The individual is under the obligation to make an effort to obtain verification information missing from the medical bill. The individual has made an effort when he/she has contacted the provider and requested a new bill, acceptable photocopy (see Section VI.E of these procedures), or other acceptable documentation, such as a note from the provider, which contains the missing verification items. Individuals may be required to sign an affidavit stating that they have made such an effort.

When an individual is mentally incapacitated, or comatose, the individual's representative, a conservator, spouse, or other relative, must act on the individual's behalf, and make an effort to obtain verification information missing from old medical bills (see 22 CCR 50163). If such a individual does not have a representative, the county is obligated to assist in obtaining the necessary verification information, see paragraph below.

B. County's Obligation To Assist Individuals In Obtaining Verification Information: If the individual submits a medical bill to the county but has been unable to obtain all the required verification items after having made an effort to do so, the county must assist in obtaining the information subject to the following paragraph.

A county's duty to assist is predicated upon the individual providing an original old medical bill from the provider or a (non-photocopied) acceptable substitute bill. A piece of paper which has no identifying information is not a medical bill. Copies from bookkeeping records are not medical bills. The county may require the individual to furnish the provider's name and telephone number, if these are missing from the medical bill, as prerequisites to the county's assistance in obtaining missing verification information. The county is not required to obtain a medical bill for a individual who claims to have a medical expense but has no medical bill.

A county's assistance may consist of a phone call or letter to a provider requesting that the provider, verbally or in writing, provide the county with the necessary information. When a county obtains verification information needed for a bill from a provider by telephone, the county should note that information on the old medical bill and the eligibility worker noting the information should initial the entry. Approved old medical bills should be kept in the case file.

C. Individual's Sworn Statement: If the individual has made an effort to obtain the missing verification requirements but was unable to do so, and the county was unable to obtain the missing information, the individual may make a written, sworn statement attesting to certain of the verification items. Individuals may attest to verification requirements numbered 1 through 6 in Section III.B of these procedures. Individuals may not attest to verification requirement No. 7, "the date the bill was issued", and verification requirement No. 8, the amount of the bill owed solely by the individual. In those instances where the individual alleges that the date of service for a bill is in the same past month for which he/she wants to apply the medical bills toward SOC, and this date of service does not correspond to the date of the bill, the individual may not attest to this date because it is also the billing date. When the individual may not attest to a verification requirement, he/she must provide verification in the form of an original bill, a signed, initialed or signature-stamped photocopy, or a provider's statement which shows the required information.

Before accepting a individual's sworn statement, the county must determine that the individual has knowledge of the information to which he/she attests. This is especially true when the individual attests to the provider's identification number, the procedure code, or the type of service. If the individual cannot satisfactorily explain how he/she obtained the information, the county may refuse to accept the sworn statement.

VIII. ACCEPTING AND REJECTING MEDICAL BILLS; HUNT NOTICES: "HUNT FIRST DISAPPROVAL LETTER", "HUNT SECOND DISAPPROVAL LETTER," "HUNT MEDICAL BILLS APPROVED LETTER"

A. Rejecting and Accepting Medical Bills For Application Toward A Individual's SOC: A medical bill submitted by the individual may be rejected by the county because it fails to meet one or more of the criteria or requirements enumerated in these procedures or because the bill, in combination with the other bills submitted by the individual, fails to meet the individual's SOC. All rejected medical bills must be returned to the individual. The individual is responsible for keeping these returned bills if the individual wishes to re-submit them at a later date. The individual may re-submit returned bills when he/she has corrected the problem which caused the bills to be rejected. Counties should keep copies of the rejected medical bills. Copies, or ledgers, of bills rejected only because insufficient qualifying medical bills were submitted to meet SOC, might expedite the process of re-evaluating these bills in the event the individual re-submits them at a later date.

Medical bills submitted by the individual are acceptable for application toward the individual's SOC only when such bills meet all the qualifying criteria and verification requirements of these Procedures. If the bills are not acceptable, the county must reject the bills. If the bills are acceptable, and applied toward SOC, counties must keep the original of all such bills and provide a copy of the bills to the individual who submitted them.

When an old medical bill has been previously submitted by the individual and rejected by the county, it may be re-submitted. In such cases, the old medical bill is evaluated for application toward SOC in the month in which it is resubmitted, and not the earlier month of submission, except when the bill has been re-submitted within the 10 day period allowed by the Hunt First Disapproval Letter (see below) or when the medical bill has been re- submitted for application toward SOC in the past month in which the bill was incurred in accordance with 22 CFR Section 50746.

B. Hunt Notices (Approval Letter, First Disapproval Letter, and Second Disapproval Letter): This paragraph is applicable only when a medical bill has been submitted to the county for application toward the individual's SOC. After the county has rejected or accepted the medical bills submitted for application toward SOC, the county is required to notify the individual by issuing the appropriate form letter(s)/notices (discussed below and attached as Exhibit A). The county is required to complete and transmit these forms only when the county is the entity applying the medical bill toward the individual's SOC. The county is not required to complete and transmit these forms when the medical expenses which the individual wants to apply to his/her SOC for the month have been processed by the provider.

C. Hunt Notice For Accepted Medical Bills (Hunt Approval Letter): When the county has determined that a medical bill is acceptable for application toward the individual's SOC, the county shall complete and send to the individual a Hunt v. Kizer "Medical Bills Approved Letter" (Approval Letter). A copy of this Approval Letter is attached as part of Exhibit A. This Approval Letter should be sent within 30 days of the individual's submission of the approved bills. The county must keep copies of these Approval Letters for its files.

D. "Hunt First Disapproval Letter": When the county rejects a medical bill submitted by the individual for application toward his/her SOC, the county must inform the individual of the reason for the rejection, and return the rejected bill to the individual. The individual must then correct the problem before re-submitting the bill.

The county must document rejected medical bills by completing and issuing a "Hunt First Disapproval Letter" (First Disapproval Letter) (attached as part of Exhibit A) to the individual. This First Disapproval Letter will inform the individual which medical bills were rejected and indicate for each rejected bill the reason for its rejection. The individual may resubmit the bill once the reason which caused its rejection is corrected. This First Disapproval Letter must be issued within ten days of the individual's submission of the disapproved medical bills. The county must keep a copy of each First Disapproval Letter which it issues.

To complete this First Disapproval Letter, enter the name of the billing provider, the billing date, and the amount of the bill on the lines indicated on the form. Then on the space provided next to these lines, enter the number(s) corresponding to the numbered paragraphs at the bottom of this form which describe the reason(s) for which the medical bill failed to qualify for application toward SOC. Some of these

numbered paragraphs describe multiple, related items. The blank parenthetical enclosure "( )" after the applicable item should be checked.

E. "Hunt v Kizer Second Disapproval Letter" For Disapproved Old Medical Bills": The individual has 10 days from the issuance date (post-mark date) of the First Disapproval Letter (see above paragraph) to correct the problem which caused the medical bill(s) to be rejected. The county has discretion to increase this 10 day period by a reasonable amount. If the individual fails to correct the problem by submitting replacement medical bill(s) or supporting documentation containing the missing verification information (see Section VI of these procedures, p. 19) where this is appropriate, or by otherwise providing sufficient additional, qualifying medical bills to meet the individual's SOC where this is appropriate, by the end of the 10 day period, the county must complete and issue a "Hunt v. Kizer Second Disapproval Letter" (Second Disapproval Letter) (attached as part of Exhibit A) to the individual. If the individual responds by mail, the 10 days is measure by the post-mark date of the individual's response.

This Second Disapproval Letter, which will be a "Notice of Action" (NOA) advising the individual of his/her rights to a fair hearing, must be issued within 30 days of the end of the above-mentioned 10 day period. The county must keep a copy of each Second Disapproval Letter which it issues.

The First and Second Disapproval Letters serve similar functions: informing the individual that certain medical bills cannot be applied toward SOC until certain problems associated with those medical bills have been corrected. Neither form actually curtails an individual's right to re- submit a medical bill once the problem with that bill has been corrected. Even the issuance of the Second Disapproval Letter does not bar the individual from re-submitting a medical bill once the problem with that bill has been corrected.

When an individual re-submits a medical bill for which the county has previously issued a First and Second Disapproval Letter, and the county rejects the bill for the reason(s) indicated on the previously issued disapproval letters, the county need not re-issue any additional disapproval letters for that bill unless the county discovers that it failed to list in the previously issued disapproval letters all of the reasons for which that medical bill should have been disapproved. If the bill is rejected for a reason not previously indicated, another Second Disapproval Letter must be issued.

IX. PROCEDURES FOR COUNTY PROCESSING OF MEDICAL BILLS UNDER HUNT V KIZER

A. CURRENT Medical Bills MAY Be Brought To County: The individual will generally have his/her current medical bills processed and applied toward his/her SOC by his/her provider using the provider's Point of Service (POS) devices at the time the individual receives the medical service. This device connects with the Medi-Cal centralized eligibility database and immediately registers the individual's incurred

medical expenses with that database and updates the individual's SOC balance for the month.

Individuals have the option of bringing current medical bills to counties for application toward SOC. Individuals obtaining medical services from providers who do not participate in the Medi-Cal program must bring their current medical bills to the county for processing because such providers do not have POS devices and are unable to process their bills.

B. Old Medical Bills MUST Be Brought To The County: Individuals must submit to their county old medical bills which they wish to apply toward their SOC as old medical bills (for definition of current and old medical bills, see Section I of these procedures.) Providers may not process and apply old medical bills toward SOC. Only the county shall process and apply old medical bills toward SOC.

C. County Processing of Medical Bills Brought To Counties: The POS Device Alternative and the "Medi-Cal Eligibility Data Systyem (MEDS) SOC Adjustment" Alternative.

1. Verification Elements:

a. The Procedure Code: All medical bills must contain a procedure code --see Section III.B.4 of these procedures. If the procedure code is missing from a medical bill, the county should make a phone call to the provider and request the procedure code. If obtained, the procedure code must be entered onto the county's copy of the old medical bill. The entry should be initialed by the county worker making the entry. If the procedure code cannot be obtained, notate what effort was made to obtain it.

b. Other Health Care Coverage and the Unreimbursed Amount of the Bill: For any medical bill submitted to the county, only the unreimbursed amount of the bill can be applied toward the individual's SOC. When a individual does not have other health care coverage, and there is no reimbursement to the individual from a third party, the amount which the provider has billed the individual will be the provider's total bill for the service. All of the billed amount can be applied toward SOC.

If the individual submitting the bill has other health care coverage, the county must determine how much of the bill will be paid by the third party before accepting the bill for application toward the individual's SOC. Only that portion of the bill that is not reimbursable (i.e. the amount of the bill that will not be covered by the insurer or other third party) can be applied toward SOC.)

For bills subject to partial payment by a third party, if the provider has entered on the bill both a total amount indicating what the total charge for the service is, and a separate, lesser figure as the amount owed by the individual, the county may apply this lesser amount toward the individual's SOC under the assumption that the provider is billing the individual's insurer for the amount subject to third party payment. If the bill does not show a separate, lesser amount billed to the individual,

the individual must demonstrate how much of the bill will be paid by the third party by submitting: 1) a statement from the provider indicating how much the provider believes will be paid by the insurer, 2) a statement from the insurer indicating how much of the bill will be paid by them, or 3) a check stub from the insurer which properly references the bill being paid and indicates how much was paid. These amounts must be subtracted from the total amount of the bill and the remainder applied toward SOC.

2. POS Method For Applying Medical Expenses Toward SOC: For current and old medical bills submitted to the county for application toward SOC, the county should use its POS devices to register with MEDS the application of the bills toward the individual's SOC. If the medical bill is large relative to the individual's SOC, and would meet the individual's SOC in multiple months (such that it would present tracking or administrative difficulties to use the POS device to apply the bill toward SOC in multiple months) or it would otherwise be a hardship on the county, the county may process these bills by "adjusting" the SOC on MEDS (discussed below). When using this latter method, counties must implement a reminder system that will ensure that the SOC adjustments terminate after the medical bill has been "used up."

   If the bill exceeds the SOC for the month in which it is first applied, the balance of it must be applied in the next, and consecutive months, until all of the bill has been applied toward SOC. As would be true were the medical bill processed by the provider, once the bill has been applied toward SOC (or, as described in the next subsection, the SOC "reduced" on MEDS), the bill is "used up" and cannot be reapplied toward SOC in any other month. For bills which exceed the individual's monthly SOC, and which must therefore be applied toward SOC in multiple consecutive months, as each portion of the bill is applied toward SOC, it becomes "used up". Bills, or in the case of bills applied over multiple months, portions of such bills, are used up as each bill, or portion thereof, is applied toward SOC (or used to "reduce" SOC), regardless of whether the SOC was met in that month.

3. Processing Medical Bills On MEDS: As mentioned above, as a limited alternative to the recommended method of using the POS to apply medical bills submitted to the county toward the individual's SOC, counties may "reduce" the individual's SOC by means of the county's MEDS terminal. When "adjusting" SOC on MEDS, counties must complete the relevant portions of the MC 176 M form. In the "Underpayment Adjustment Box," column III, line 15, on this form, the county should enter the letters "OMB" for old medical bill, and record the individuals SOC before and after adjustment. This record should be maintained in the case file. When a county manipulates the MEDS SOC figure for a individual, that case must be flagged manually or on MEDS (REDETERM-MONTH) so that the MEDS SOC figure can be reset to the individual's actual SOC at the end of the submitted medical bill's effective period.

   While counties are provided the mechanical alternative of applying medical bills toward the SOC by adjusting the system SOC on MEDS, the case's real SOC is in

fact not changed by this adjustment. Medical expenses do not reduce the SOC. Only reductions in countable income reduce the SOC. Medical expenses are applied to, or used to meet, the SOC. The MEDS SOC adjustment is simply an administrative means to apply medical expenses toward the SOC. When a medical expense is applied toward SOC by making a MEDS SOC adjustment, the MEDS system no longer reflects the case's true SOC. The case's true SOC must of course continue to be tracked by the county so that the MEDS SOC can be reset after the medical bills which the county is applying to the SOC via a MEDS adjustment are "used up."

4. "Zeroing Out the SOC"—No SOC Aid Code: When a county reduces a individual's SOC to zero on MEDS for a particular month, the county must change the individual's aid code for that month to a no-SOC aid code. The certification date for the individual having met his/her SOC should set at the first of the month to enable providers who rendered services to the individual in that month to bill Medi-Cal regardless when in the month the services were rendered.

5. County Retention of Medical Bills: When a medical bill has been accepted by the county for application toward the individual's SOC, the bill and any accompanying documentation must be retained by the county in the case file. Do not return the original bill or supporting documentation to the individual. When a medical bill has been rejected, the county must return the original bill to the individual. The county may photocopy the bill for its files.

   Counties using MEDS to adjust SOC should devise tracking procedures to prevent individuals' from re-submitting old medical bills already applied toward SOC. Copies of medical bills accepted toward SOC must be kept on record so that the Department of Health Services may review them.

X. INFORMING INDIVIDUALS OF THEIR RIGHTS UNDER THE HUNT LAWSUIT: DISTRIBUTING THE MEDI-CAL PAMPHLET

Distributing The Medi-Cal Pamphlet: Counties must provide the Medi-Cal Pamphlet to individuals during the initial eligibility determination for a new case and for cases for which eligibility is being determined for Medi-Cal only for individuals and families who are being (or have been) discontinued from CalWORKs, SSI, or other public programs that conferred Medi-Cal eligibility as an adjunct to their program. Medi-Cal Pamphlets must also be provided to individuals during the Medi-Cal redetermination process for continuing Medi-Cal cases. This pamphlet need not be issued on a monthly or annual basis.

EXHIBIT A: List of Documents

HUNT V. KIZER MEDICAL BILLS APPROVAL LETTER

HUNT V. KIZER FIRST DISAPPROVAL LETTER

HUNT V. KIZER SECOND DISAPPROVAL LETTER

RECORD OF MEDICAL BILLS SUBMITTED AND ACCEPTED FOR APPLICATION TOWARD SHARE OF COST -- HUNT V. KIZER

Note: Camera-ready copies of the documents contained in this Exhibit, including Spanish versions, have been transmitted to counties via an All County Welfare Directors Letter.

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH SERVICES MEDI-CAL PROGRAM

Issuance Date: _____

County Address

HUNT V KIZER MEDICAL BILL APPROVAL LETTER

Client Address

Case Name: _____
Case Number: _____
District: _____

The medical bill(s) which you submitted were approved and applied toward your Share of Cost in the amount of:

$ _____
Total Share of Cost Credit

This amount will be applied toward your Share of Cost for the following months: _____

_____

_____

_____

For medical bills which are disapproved, if any, you will receive separate notification which will identify which of the medical bills you submitted to the county were disapproved and the reasons for the disapproval.

Please call your Eligibility Worker (EW), below, if you need assistance.

_____	_____	_____	_____
(Eligibility Worker)	(Phone Number))	(County Hours)	(Date)

HK App. Letter (Eng.) (1/01)

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH SERVICES MEDI-CAL PROGRAM

Issuance Date: _____

HUNT V KIZER MEDICAL BILL
FIRST DISAPPROVAL LETTER

County Address

Client Address

Case Name: _____

Case Number: _____

District: _____

For Medical Bills Submitted on the following date(s): _____

You brought some medical bills to the county to apply against your Share of Cost (SOC). The county is currently unable to accept some of these medical bills. To determine why the medical bills, listed below, cannot be used, find the number entered on the "Disapproval codes" line (below) next to the listed bill and then read the same-numbered paragraph which follows. These numbered paragraphs are disapproval reasons which tell you why the medical bills which you submitted cannot be used and what you can do to correct the problem.

For disapproval reasons (numbered paragraphs) 1-10 below, you may fix the problem by getting another bill from your provider, or a copy of the bill which is initialed, or signed, or stamped by the provider, or by getting an acceptable statement from an authorized representative of your provider, which shows the missing information. Give this revised bill to your eligibility worker.

If any of your medical bills have been disapproved due to denial reasons 1-6 below, and if you are unable to obtain the information in writing from your provider after you have made the effort to do so, you may be allowed to submit a sworn statement supplying the missing information if you know the missing information.

You must provide the missing information to your eligibility worker no later than 10 days from the post-mark date of the county's request for additional information or the medical bills will be again disapproved. The needed information, and the medical bills for which it is required, is indicated below. If you mail the additional information to the county, the 10 days is measured by the post-mark date of your response.

LISTING OF DISAPPROVED MEDICAL BILLS
(By provider name, date, and amount of bill)

Bill #1	_____ (Provider name)	_____ (Date of bill)	_____ (Amount of bill)	_____ (Disapproval code(s))
Bill #2	_____ (Provider name)	_____ (Date of bill)	_____ (Amount of bill)	_____ (Disapproval code(s))
Bill #3	_____ (Provider name)	_____ (Date of bill)	_____ (Amount of bill)	_____ (Disapproval code(s))
Bill #4	_____ (Provider name)	_____ (Date of bill)	_____ (Amount of bill)	_____ (Disapproval code(s))

HK Disapp. Letter 1 (Eng) (1/01)

DISAPPROVAL REASONS

1. The name, and/or the address, of the provider who performed the medical service was missing from the medical bill. Please obtain this information.

2. The name of the person who received the medical service was missing from the medical bill. Please obtain this information.

3. A description of the type of medical service received was missing from the medical bill. Please obtain this information.

4. The Procedure Code (a medical reference number used to identify the kind of service received) is missing from the medical bill. Please obtain this information.

5. The medical bill did not show the provider's identification number. For Medi-Cal providers, please obtain the provider's identification number (I.D.) For providers who are not Medi-Cal providers, please obtain the provider's provider-license number or federal tax I.D. number.

6. The date(s) the service was provided was missing from the medical bill. Please obtain this information.

For the information requested by the items 7-11 below, your sworn statement will not suffice. You must obtain a new bill which contains the information as explained above.

7. The date on which the bill was issued is missing or is not within 90 days of the date the bill was submitted to the county. Please obtain a replacement bill or provider-signed document which shows the bill is dated within 90 days of the date the bill is submitted to the county.

8. The medical bill does not show the current, unpaid balance for which you are solely liable to your provider, or you are no longer liable for the bill. Please obtain a replacement which shows this information unless you are no longer liable for the bill. If you are no longer liable for the bill, it cannot be applied toward your SOC.

9. The submitted medical bill was an unauthenticated copy or was altered. Please obtain an authentic, unaltered replacement.

10. This medical bill has already been applied toward your Share of Cost.

11. This bill does not qualify as a medical expense.

12. The bill was not an unpaid bill.

13. Other: _____

_____

_____

_____

Please call your Eligibility Worker (EW), below, if you need assistance.

_____	_____	_____	_____
(Eligibility Worker)	(Phone Number))	(County Hours)	(Date)

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH SERVICES MEDI-CAL PROGRAM

MEDI-CAL NOTICE OF ACTION

Client Address

County Address

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone: _____
Worker hours: _____
Notice for: _____

HUNT V KIZER SECOND DISAPPROVAL LETTER

For Medical Bills Submitted on the following date(s):

_____

You previously submitted medical bills to your county for application toward your SOC which were rejected. This will inform you which of these medical bill(s) continue to be disapproved. These disapproved medical bills are listed below. They cannot be used to meet your SOC until you correct the problems with these bills. The reasons(s) for the disapproval is/are listed below.

LISTING OF DISAPPROVED MEDICAL BILLS
(By provider name, date, and amount of bill)

Bill #1	(Provider name)	(Date of bill)	(Amount of bill)	(Disapproval code(s))
Bill #2	(Provider name)	(Date of bill)	(Amount of bill)	(Disapproval code(s))
Bill #3	(Provider name)	(Date of bill)	(Amount of bill)	(Disapproval code(s))
Bill #4	(Provider name)	(Date of bill)	(Amount of bill)	(Disapproval code(s))

DISAPPROVAL REASONS

1. Provider's name and/or address missing.
2. Name of person who received the medical service(s) is missing.
3. Description of service is missing.
4. Procedure Code is missing. (The medical Procedure Code is a medical reference number identifying the kind of medical service received.)
5. Provider Medi-Cal provider number, license number, or federal tax identification number is missing.
6. Date(s) on which the medical service was provided is missing.
7. Bill does not show a billing date; or bill was received by the county over 90 days from the date of the bill.
8. Bill does not show amount currently owed solely by the beneficiary; or beneficiary is not liable for part, or all, of the bill.
9. Original billing statement, or acceptable substitute, not provided (bill was altered or unauthenticated copy.)
10. Bill previously used to meet Share of Cost.
11. Bill does not qualify as a medical expense.
12. Bill was not an unpaid bill.
13. Other: _____

A medical bill which has been disapproved may be resubmitted if the missing information is obtained. Please call your Eligibility Worker, below, if you have questions.

(Eligibility Worker)	(Phone Number))	(County Hours)	(Date)

MC 239 HK (1/01)
This action is authorized under the Hunt v Kizer lawsuit.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

OR

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list)_____

Here's Why: _____

_____

_____

_____

_____

_____

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED CHANGED OR STOPPED

BIRTH DATE | PHONE NUMBER

STREET ADDRESS

CITY | STATE | ZIP CODE

SIGNATURE | DATE

NAME OF PERSON COMPLETING THIS FORM | PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME | PHONE NUMBER

STREET ADDRESS

CITY | STATE | ZIP CODE

NA BACK 9 (REPLACES NA BACK 8 AND EP 5) REQUIRED FORM - NO SUBSTITUTE PERMITTED

For Medical Bills Submitted: ______________________________
(Month – Year)

(Purpose of form: Counties may want to fill out this form and attach a copy of this form to the copy of the Hunt Approval Notice which the county keeps for its files so that the county knows which medical bills were approved.)

RECORD OF MEDICAL BILLS SUBMITTED AND ACCEPTED FOR APPLICATION TOWARD SHARE OF COST – HUNT V KIZER

Listing of Medical Bills Submitted/Approved:

(Provider Name)	(Date of Bill)	(Date of Service)	(Amount of Bill)