

**DEPARTMENT OF HEALTH SERVICES**

714/744 P Street  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 657-0258



May 14, 2001

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons  
All County Health Executives  
All County Mental Health Directors  
All County RAMOS Coordinators  
All County MEDS Liaisons

Letter No.: 01-32

**NEW AID CODE 6N, SPECIAL INDICATOR CODE D5, AND PROCESSING OF  
SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT  
(SSI/SSP) NO LONGER DISABLED ADULT AND CHILD RECIPIENTS**

Ref.: All County Welfare Directors Letter (ACWDL) No. 97-28, 97-43, and 97-56

The purpose of this ACWDL is to inform counties of a new zero share of cost (SOC) aid code, 6N, to identify former SSI/SSP no longer disabled adult and child recipients. The recipient will normally stay in aid code 6N while an appeal is pending on the cessation of their SSI/SSP disability cash benefits or during the 65-day period an appeal can be requested. The new aid code 6N, located on the Medi-Cal Eligibility Data System (MEDS) INQM screen, will be assigned by the Department of Health Services (DHS) instead of aid code 64 or 24 for individuals who are in this status. To further identify these recipients, a special indicator code "D5" will also appear on the MEDS INQM screen and will be visible in the "Pickle" field. Implementation date for both the new aid and special indicator codes will be effective June 2001 month of eligibility. Immediately upon receipt of this ACWDL, counties should prepare for the implementation of the new aid and special indicator codes.

An ACWDL regarding the SSI/SSP no longer disabled "grandfathered" children and new aid code 6P is issued in a separate ACWDL.

**IMPLEMENTATION OF NEW AID CODE 6N:**

**I. Conversion Process**

DHS will convert certain former SSI/SSP no longer disabled adult and child recipients who are in either aid code 64 (disabled) or 24 (blind) to the new aid code 6N. Individuals who will be converted will also display the following information on the MEDS screens:

All County Welfare Directors  
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- SSI/SSP payment status (PS) code of N07 (no longer disabled), N08 (no longer blind), or T31 (system-generated termination). The PS is located on the MEDS INQX screen.
- The eligibility status code (ESC) must end in 6.
- The government responsibility code (GRC) must be 3.

At conversion, these recipients will also be assigned a special indicator code "D5". The special indicator code "D5" will remain in the "Pickle" field as long as the SSA disability appeal is pending. (See Enclosure 1, "MEDS User Manual, Data Element Dictionary" regarding special indicator code "D5".)

## **II. Ongoing Process**

On an ongoing basis as SSI/SSP no longer disabled recipients are identified, the recipients are automatically sent a Notice Type 26 and placed in aid code 6N with special indicator code "D5". The Notice Type 26 informs the individual that if a timely SSI appeal is filed because he or she does not agree with SSA's decision that he or she is no longer disabled, Medi-Cal will continue through the SSA appeals process (see Enclosure 2 for the revised Notice Type 26).

These recipients will remain in aid code 6N with the above ESC and GRC through the SSA appeals process or the 65-day period that an appeal can be requested. The SSA appeal status is located on the MEDS INQP screen under "Appeal-Level". During the period that these cases are in the SSA appeal process, counties should not attempt to take them over unless it would be more advantageous for the individual and/or family members if the individual were in a different category.

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### **III. End of the SSA Appeals Process**

Once the SSI appeal becomes final (a denial decision is made at a certain level of appeal, 65 days pass and the recipient does not file to the next level of appeal, or the Appeals Council denies the claim), the recipient no longer retains a disability linkage. When this happens, DHS sends a Notice Type 22 and Medi-Cal redetermination forms to the former SSI/SSP adult or child recipient for return to the county's Ramos coordinator within 30 days from the date of the notice. The county should be able to readily identify this particular packet of redetermination forms because the MC 211A, "Medi-Cal Redetermination Former SSI/SSP Recipient Adult/Child--No Longer Disabled", is printed on blue colored paper.

The MEDS INQP screen shows the date that the Notice Type 26 or 22 was mailed. This information is located in the fields identified as "NOA-Date" and "NOA-Type".

### **COUNTY RESPONSIBILITY**

#### **I. Reporting Receipt of Redetermination Forms From Beneficiaries in Aid Code 6N**

As previously discussed in ACWDL Nos. 97-28, 97-43, and 97-56, counties must report receipt of the redetermination forms to MEDS no later than the Ramos cut-off date two months after the Notice Type 22 was mailed. Failure to report the receipt of the redetermination forms will cause DHS to issue a Notice Type 23 informing the beneficiary that eligibility for SSI-based Medi-Cal will be discontinued for failure to return the redetermination forms.

If the county failed to report the redetermination to MEDS and discovers that a Notice Type 23 was erroneously sent and eligibility was erroneously terminated, the county must rescind the DHS NOA, restore Medi-Cal eligibility to the beneficiary, and report month-to-month eligibility to MEDS until the redetermination is completed. If the county determines that the beneficiary is eligible for Medi-Cal under another program, the county will grant Medi-Cal under the appropriate program. If it is determined that the beneficiary is not eligible under any other program, the county should send a

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timely NOA, the MC 318 (4/97), "Discontinuance of SSI/SSP-Based Medi-Cal/Denial of Medi-Cal – No Linkage" and discontinue the case.

If disability is the only linkage to establish Medi-Cal eligibility and the beneficiary alleges a NEW period of disability and a NEW impairment(s) not previously considered by SSA, the county will discontinue benefits. The redetermination forms will be considered as new Medi-Cal application forms. A complete disability packet will be sent to State Programs-Disability and Adult Programs Division (SP-DAPD) with an annotation in item 10 of the MC 221, "Disability Determination and Transmittal" form, "**Former SSI Status N07 Recipient, Alleges New Impairment.**"

## II. Periodic Aging Reports

Counties will receive periodic aging reports (see Enclosure 4) on redetermination forms that were reported to MEDS but which are still pending in aid code 6N. These reports will be generated until the county either takes over the MEDS record as an approved case under a different category or reports a discontinuance to MEDS. These reports will be sent to the Ramos coordinator in each county until the county takes action on the case.

## III. New MEDS Programming and New Notice Type 28

Additional MEDS programming has been initiated so that if a county determines an SSI/SSP no longer disabled recipient to be eligible for CalWORKs, for example, and later discontinues the case, the system will look to see if the beneficiary continues to have an appeal pending at SSA. If there is an SSA appeal still pending, the beneficiary will automatically be restored under aid code 6N, GRC 3, ESC ending in 6, and a new Notice Type 28 (see Enclosure 3) will automatically be mailed to the beneficiary.

The Notice Type 28 rescinds the county action to discontinue Medi-Cal eligibility. The Notice Type 28 informs the beneficiary that the previous notice from the county to discontinue Medi-Cal benefits has been rescinded because the beneficiary continues to have an appeal pending with SSA. If a Notice Type 28 is sent, it will appear on the MEDS INQP screen similar to the Notice Types 26, 22, and 23.

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## **REVISIONS TO COUNTY PROCEDURES DUE TO REVISED FEDERAL INSTRUCTIONS**

### **I. Treatment of Income/Resources of Former SSI/SSP Recipients in Aid Code 6N**

In infrequent situations, the county may become aware of changes in the income and/or resources of a former SSI/SSP no longer disabled recipient who has an appeal pending with SSA. In the event of this situation, counties will use SSI/SSP income/resource methodologies as in "Pickle" to determine Medi-Cal eligibility. In order to compute income, refer to sections 8 and 9 of the "Pickle Handbook". Resource limits can be found in sections 10 through 14 of the "Pickle Handbook".

**PLEASE NOTE:** This revises previous instructions provided under ACWDL No. 97-43 which advised counties to disregard changes in income for administrative ease. The federal government advises that such changes cannot be disregarded.

If the former SSI/SSP no longer disabled recipient is over the SSI/SSP income or resource limits, the recipient must be redetermined for Medi-Cal using the Medically Needy Only-Disabled income/resource computations. If the computation results in a share of cost (SOC) during the period that he or she still has an appeal pending with SSA, counties will establish a Medi-Cal case and report eligibility to MEDS using aid code 67 and manually track the SSI appeal. This means that counties will need to advise beneficiaries to report when they have exhausted their SSA appeals process. Counties should also periodically check the appeals level on the MEDS INQP screen to determine the current status of the SSI appeal. Medi-Cal eligibility must also be continued for 65 days from the date of the SSI disability cessation notice or appeal decision letter.

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If you have any questions regarding this letter, please contact Ms. Marie Taketa of my staff at (916) 657-1250. If you have questions regarding computation of Medi-Cal eligibility based on instructions given in the "Pickle Handbook", please call Ms. Cecilia Kelley at (916) 657-0168. Questions regarding the SSI/SSP no longer disabled "grandfathered" children should go to Ms. Janeen Jimenez at (916) 657-1248.

Sincerely,

ORIGINAL SIGNED BY  
MARLENE RATNER for  
Shar Schroepfer, Chief  
Medi-Cal Eligibility Branch

Enclosures

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**MEDS USER MANUAL**  
**APPENDIX B - DATA ELEMENT DICTIONARY**

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<b>MEDS NETWORK NAME:</b>	<b>PICKLE</b>	<b>DED NO.</b>
<b>NARRATIVE NAME:</b>	<b>Pickle Tickler Code, No Longer Disabled Indicator</b>	
<b>AKA NAMES:</b>	<b>PICKLE-TICKLER, NLD-IND</b>	
<b>SOURCE:</b>	<b>County; MEDS</b>	
<b>LENGTH:</b>	<b>2</b>	

**DEFINITION:** Pickle Type and Status. Identifies classification for evaluating Pickle eligibility.

The no longer disabled indicator identifies a grandfathered no longer disabled child or a non-grandfathered no longer disabled adult or child.

**VALUES:**

**SPECIAL CONSIDERATIONS:**

No longer disabled children are statutorily protected ("grandfathered") for Medi-Cal if they continue to meet the pre-PRWORA SSI disability criteria, current SSI income/resource requirements, and are under the age of 18. No longer disabled adults and children are NOT statutorily protected ("non-grandfathered") if they lose their disability status due to reasons other than welfare reform (e.g., their disability improved). However, if they appeal the cessation of disability to the Social Security Administration (SSA), they are entitled to Medi-Cal benefits during SSA's appeal process.

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**MEDS USER MANUAL**  
**APPENDIX B - DATA ELEMENT DICTIONARY**

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DED NO. 2032

**MEDS NETWORK NAME:** PICKLE-STATUS  
**NARRATIVE NAME:** Pickle Status  
**AKA NAMES:** No Longer Disabled Status  
**SOURCE:** County, MEDS  
**LENGTH:** 1

**DEFINITION:** The pickle status identifies the status of a Potential Pickle eligible in regards to a follow-up subsequent to a COLA termination or the annual notification regarding increases in the SSI/SSP cost of living allowance.

The no longer disabled status identifies the status of a no longer disabled adult or child.

**VALUES:**

- 4 Grandfathered no longer disabled child
- 5 Non-grandfathered no longer disabled adult or child
  
- 0 No status update received yet.
- 1 Recipient is a potential Pickle eligible.
- 2 Recipient has requested not to be contacted.
- 3 Loss of contact/recipient whereabouts unknown.
- 6 Recipient is not a potential Pickle eligible (erroneously identified as a potential Pickle eligible in MEDS).
- 7 Immediate Need ID Card issued as SSI/SSP recipient who is pending Social Security confirmation of reestablished SSI/SSP eligibility.
- 9 Potential Pickle eligible is deceased.

**SPECIAL CONSIDERATIONS:** The only valid values of the pickle status for input by counties are '1', '2', '3', '7', and '9'. The remaining values are set by MEDS. Input values '7' and '9' will not appear on inquiries since they do not update the Pickle Status code on the database. When a value '7' is reported, the Pickle Tickler information is eliminated from the database. When a value '9' is reported the Death Code (DEATH-CD) will be set to a 'P' and the current date will be posted as the Death Date (DEATH-DT).

The values of 4 and 5 for the no longer disabled status are set by MEDS and are not valid for input.



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**MEDS USER MANUAL**  
**APPENDIX B - DATA ELEMENT DICTIONARY**

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DED NO. 2031

**MEDS NETWORK NAME:** PICKLE-TYPE  
**NARRATIVE NAME:** Pickle Type  
**AKA NAMES:** No Longer Disabled Type  
**SOURCE:** County, MEDS  
**LENGTH:** 1

**DEFINITION:** The pickle type identifies the type of Potential Pickle eligible and the source of the information.

The no longer disabled type identifies that the recipient is a no longer disabled adult or child.

**VALUES:**

**D** No longer disabled adult or child  
**A** Potential Pickle based on aid code reported by a County.  
**C** COLA terminated SSI/SSP eligible.  
**M** Potential Pickle recipient moved into state and notified county.  
**P** Potential Pickle identified by county.  
**Q** 2.3% Reduction 8/94  
**R** 2.7% Reduction 8/93  
**S** 5.8% Reduction 10/92  
**T** Terminated SSI/SSP recipient also receiving Title II benefits.  
**V** 4.9% Reduction 10/95

**SPECIAL CONSIDERATIONS:** The only valid values of pickle type for input by counties are 'M' and 'P'. The remaining values are set by MEDS.

The no longer disabled type is set by MEDS and is not valid for input.

Department of Health Services  
Medi-Cal Program

Notice Type 26  
November 14, 2000



Social Security Number: 111-11-1111  
Beneficiary ID Number: 34-64-9111111111

JOHN SMITH

11111 MAIN ST  
SACRAMENTO CA 95811-1111

FORMER SSI/SSP  
"NO LONGER DISABLED/BLIND"

### IMPORTANT INFORMATION ABOUT YOUR MEDI-CAL

The Social Security Administration (SSA) told us that you are no longer eligible to receive Supplemental Security Income/State Supplementary Payment (SSI/SSP) disability cash benefits. This is because SSA found that you are no longer disabled or blind.

**IF YOU FILE A TIMELY SSI/SSP DISABILITY APPEAL BECAUSE YOU DO NOT AGREE WITH SSA'S DECISION THAT YOU ARE NO LONGER DISABLED, MEDI-CAL WILL CONTINUE THROUGHOUT YOUR SSI/SSP APPEALS PROCESS.**

If you have an SSI appeal pending, be sure to report any address changes to the Social Security office. This is because Medi-Cal sends all of its notices about your Medi-Cal benefits to the address that the Social Security office has for you. If Social Security has an old or incorrect address for you, Medi-Cal has no way of contacting you. Be sure to tell Social Security that you have an SSI appeal pending.

If SSA tells you that you are eligible to get SSI/SSP cash benefits again, this notice does not apply to you. You will automatically get Medi-Cal through SSI/SSP.

If you do not have an SSI appeal pending or the SSI appeal is over, you will get another notice with additional instructions. **YOU DO NOT NEED TO DO ANYTHING NOW BECAUSE YOUR MEDI-CAL WILL CONTINUE.**

#### OTHER INFORMATION:

- 1) If you live with members of your immediate family who get cash assistance from California Work Opportunity and Responsibility to Kids (CalWORKs), tell the county worker right away that you are no longer getting SSI/SSP disability benefits.
- 2) If you want to see if you get CalWORKs or other cash assistance, contact your local county welfare office.
- 3) Be sure to keep this notice. If you have a problem with your Medi-Cal eligibility, show this notice to your local county welfare office. If your Medi-Cal stops while your SSI appeal is pending, contact your local county welfare department right away.

DO NOT THROW AWAY YOUR MEDI-CAL BENEFITS IDENTIFICATION CARD (BIC).

## **INFORMACION IMPORTANTE ACERCA DE SU MEDI-CAL ANTERIORMENTE SSI/SSP "YA NO SIGUE INCAPACITADO(A)/CIEGO(A)"**

La Administración del Seguro Social (SSA) nos informó que usted ya no es elegible para recibir pagos basados sobre incapacidad de Seguridad de Ingreso Suplemental/Programa Suplemental del Estado (SSI/SSP). Esto es por que SSA decidió que usted ya no está incapacitado(a) o ciego(a).

SI USTED PRESENTA A TIEMPO UNA APELACIÓN DE SSI/SSP BASADO EN INCAPACIDAD PORQUE NO ESTÁ DE ACUERDO CON LA DECISIÓN QUE YA NO SIGUE INCAPACITADO(A), SUS BENEFICIOS DE MEDI-CAL CONTINUARÁN DURANTE EL PROCESO DE SU APELACIÓN DE SSI.

Si usted tiene una apelación de SSI pendiente, esté seguro(a) de reportar cualquier cambio de su dirección a la oficina del Seguro Social. Esto es por que Medi-Cal manda todas las notificaciones acerca de sus beneficios de Medi-Cal a la dirección que tiene la oficina de Seguro Social. Si SSA tiene una dirección vieja o incorrecta, Medi-Cal no tiene ninguna manera de comunicarse con usted. Asegúrese de informarle a la oficina del Seguro Social que tiene una apelación pendiente con SSI.

Si SSA luego le dice que usted es elegible para recibir beneficios de dinero de SSI/SSP otra vez, esta notificación no tiene que ver con usted. Usted recibirá Medi-Cal automáticamente a través de SSI/SSP.

Si no tiene una apelación de SSI pendiente o si ya terminó su apelación, usted recibirá otra notificación con mas instrucciones. NO TIENE QUE HACER NADA AHORA MISMO PARA QUE SU MEDI-CAL CONTINÚE.

### **MAS INFORMACIÓN:**

- 1) Si usted vive con miembros de su familia que reciben pagos bajo del Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños (CalWORKs/California Work Opportunity Responsibility to Kids [Program]), póngase en contacto con el/la trabajador(a) de CalWORKs y dígame que usted ya no está recibiendo beneficios por incapacidad de SSI/SSP.
- 2) Si usted quiere averiguar si califica para CalWORKs o cualquier otro programa de pagos, póngase en contacto con la oficina local de bienestar.
- 3) Esté seguro(a) de quedarse con esta notificación. Si tiene cualquier problema con su elegibilidad de Medi-Cal, vaya a la oficina de bienestar y enseñeles esta notificación. Si sus beneficios de Medi-Cal paran mientras su apelación de SSI esta pendiente, llame e informe a la oficina local de bienestar en seguido.

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIÓS DE MEDI-CAL (BIC). Usted continuará usando la misma tarjeta.

Department of Health Services  
Medi-Cal Program

Notice Type 28  
January 31, 2001



**RESCISSION OF A PREVIOUS NOTICE**

Social Security Number: 111-11-1111  
Beneficiary ID Number: 34-64-9111111111

JOHN Q PUBLIC  
C/O JANE PUBLIC  
11111 CAPITOL AVE  
SACRAMENTO CA 95811-1111

**FORMER SSI/SSP  
"NO LONGER DISABLED/BLIND"**

**IMPORTANT INFORMATION ABOUT YOUR MEDI-CAL**

The county may have sent you a discontinuance notice of action telling you that Medi-Cal benefits will be stopped. **THAT NOTICE SHOULD NOT HAVE BEEN SENT TO YOU AND YOUR MEDI-CAL BENEFITS WILL BE CONTINUED.**

Anyone who is getting an SSI/SSP disability cash benefit which is stopped because SSI/SSP later found that the person is no longer disabled, may continue to get Medi-Cal benefits if an appeal is filed timely with Social Security. We were informed that the SSI/SSP appeal on the discontinuance of your SSI/SSP disability cash benefits is still pending.

**WHILE THE APPEAL IS PENDING, YOU DO NOT NEED TO DO ANYTHING BECAUSE YOUR MEDI-CAL WILL CONTINUE.**

When you no longer have an SSI/SSP appeal pending, Medi-Cal will send you another notice.

If you have any questions about your Medi-Cal, your Medi-Cal stops while your SSI/SSP appeal is still pending, or you have a change of address, contact your local county welfare office and show them this notice. If you have a change of address, be sure to report it to Social Security and mention that you have an SSI/SSP appeal pending. If you do not report a change of address right away, future important Medi-Cal notices may not get to you in time or not at all.

(Reverso para Español)

**CANCELACION DE NOTIFICACION ANTERIOR**  
**INFORMACION IMPORTANTE ACERCA DE SU MEDI-CAL**  
**ANTERIORMENTE SSI/SSP "YA NO SIGUE INCAPACITADO(A)/CIEGO(A)"**

El condado probablemente le mandó una notificación informándole que sus beneficios de Medi-Cal iban a terminar. ESA NOTIFICACIÓN NO SE LE HUBIERA MANDADO Y SUS BENEFICIOS DE MEDI-CAL VAN A CONTINUAR.

Cualquier persona que recibe SSI/SSP pagos basados sobre incapacidad que se le fueron descontinuados por que SSI/SSP se dió cuenta que no seguía incapacitado(a), puede seguir recibiendo beneficios de Medi-Cal si appela a tiempo con Social Security. Fuimos informados que la apelación sobre la descontinuación de su SSI/SSP pagos basados sobre incapacidad todavía está pendiente.

MIENTRAS LA APPELACIÓN ESTÁ PENDIENTE, USTED NO TIENE QUE HACER NADA PARA QUE SU MEDI-CAL CONTINUARÁ.

Cuando su apelación de SSI/SSP ya no esté pendiente, Medi-Cal le mandará otra notificación.

Si tiene preguntas sobre su Medi-Cal, o si su Medi-Cal se termina mientras su apelación de SSI/SSP está pendiente, o si cambia dirección, póngase en contacto con la oficina local de bienestar y enséñeles esta notificación. Si cambia dirección, esté seguro de informarle a Social Security y mencione que tiene una apelación de SSI/SSP pendiente. Si no reporta cambio de dirección en seguida, pueda que en el futuro las notificaciones importantes de Medi-Cal no le llegen a tiempo o nunca las recibirá.

PROGRAM: XViXXXX  
 REPORT NO: XViXXXX-R001

STATE OF CALIFORNIA  
 DEPARTMENT OF HEALTH SERVICES

RUN DATE: 01-11-1999  
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COUNTY OF ALAMEDA

\* NO LONGER DISABLED \*  
 NOA TYPE 22/27 AGING REPORT

ELIGIBILITY MONTH -- JANUARY 1999

COUNTY-ID	MEDS-ID	BENEFICIARY NAME AND ADDRESS	BIRTHDATE	SEX	NOA TYPE	NOA DATE	PEND APP DATE
01-30-1234567-1-12	987-65-4321	LAST NAME....., FIRST NAME..... I C/O (IF PRESENT)..... STREET ADDRESS..... CITY/STATE..... ZIP..	01-01-1940	M	22	01-01-1999	01-01-1999
01-60-9123456789	123-45-6789	BUNNY, BUGGS C/O JACK RABBIT 123 COTTONTAIL ROAD N.W. HARE DESERT CA 95814	01-01-1940	M	22	01-01-1999	01-01-1999
01-60-9321549876	321-54-9876	WHITE, SNOW 123 DWARF LANE DISNEY CA 95814	01-01-1940	M	22	01-01-1999	01-01-1999