

DEPARTMENT OF HEALTH SERVICES

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



May 9, 1991

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 91-47

SUBJECT: TREATMENT OF DISABLED ADULT CHILDREN WHO HAVE BEEN DISCONTINUED
FROM SSI/SSP

The purpose of this letter is to reiterate ACWDL 87-49. Effective November 1986, the Employment Opportunities for Disabled Americans Act (Public Law 99-643) amended the Social Security Act to provide categorical (one-month zero share of cost) Medi-Cal to Disabled Adult Children (DAC) who lose SSI/SSP eligibility because their Title II/RSDI increases or because of initial entitlement to Title II. As of July 1987, Disabled Adult Children who are discontinued from SSI/SSP and SSI/SSP based Medi-Cal, are identified to the State through the Social Security Administration (SSA) Supplied State Data Exchange (SDX) computer tape.

To be eligible, the DAC people must be at least 18 years of age and have previously received SSI/SSP on the basis of blindness or a disability which began before the person reached age 22. He/she must also: 1) currently receive Retirement, Survivors and Disability Income (RSDI) benefits as a result of this blindness or disability and 2) have been discontinued from SSI/SSP as a result of either having begun receiving RSDI or receiving an increase in the amount of his/her RSDI benefits. Anyone not meeting these requirements is not eligible as a DAC person and must have his/her Medi-Cal application processed in accordance with Title 22, Section 50153.

The Department of Health Services (DHS) will provide one-month of zero share of cost Medi-Cal to these individuals to allow them adequate time to complete the application process at the County Welfare Department (CWD). Through the MEDS Ramos process DACs are issued "Disabled Adult Child" Ramos "Notice Type" 10 in addition to the following forms: a CA 1, MC 210, MC 210B, and MC 239C. DAC eligibility on MEDS changes from aid code 60 (disabled SSI/SSP) to aid code 66 (disabled-Pickle eligible) and from aid code 20 (blind-SSI/SSP) to aid code 26 (blind-Pickle eligible). If a timely State hearing is requested by a DAC, aid-paid pending applies and a zero share of cost Medi-Cal card is granted through the month of the hearing unless otherwise ordered by the Administrative Law Judge (ALJ). The DAC State hearing process is designed after the Ramos, State hearing process.

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County Responsibilities

DHS sends counties the RS-XVIO7-R025 report listing which provides DAC names, address and the current Title II/RSDI amount prior to SSI/SSP discontinuance. When the county receives the RS-XVIO7-R025 they must contact each DAC individual on the list to determine if assistance is needed in completing the forms required for the application process. A Pickle eligibility determination must be completed when the DAC completes the forms.

People who are discontinued from SSI/SSP due to admission to a long-term-care facility should not be included in the extended eligibility process. If the CWD finds that someone on the DAC-RS-XVIO7-R025 report list has entered LTC. A regular Medi-Cal determination must be completed in accordance with Title 22, CAC, Section 50153. LTC people are sent a Ramos notice # type 7 and the Ramos process generates a different county report for counties similar to the DAC report.

When completing the Pickle financial eligibility computation, the amount of RSDI/Title II benefits considered must never be greater than the amount the person was receiving at the time of his/her SSI/SSP discontinuance. The Title II amount must be verified by using the income amount provided on the DAC RS-XVIO7-R025 list, by an award letter, verification from SSA or viewing the check or direct deposit statement. If the person was discontinued from SSI/SSP prior to January 1987, a disregard computation is necessary in order to determine the income amount of RSDI received at the time of the SSI/SSP discontinuance. This amount is to be used when determining all present and future Pickle eligibility.

For anyone discontinued after January 1987, a Disregard Computation Worksheet (DHS 7029) is unnecessary since the actual RSDI/Title II amount at the time of the SSI/SSP discontinuance should be the current amount reported on the DAC list. When completing the Financial Eligibility Worksheet, use the verified Title II/RSDI income amount for these people.

A Pickle Screening Worksheet (DSH 7020) is not required for DACs. Instead, the CWD must confirm that each person meets the eligibility criteria outline in 1 and 2 of the first page of this letter. If the DAC eligibility criteria is met and the person meets all other Pickle income and resource eligibility requirements, he/she is to be issued an ongoing zero share of cost Medi-Cal card (aid code 26, if person is blind; aid code 66 if disabled). Since there are so few of these individuals, not every county receives a RS-XVIO7-R025 DAC listing. The DAC listing has been ongoing since 1987, if the county would like to assign another individual other than the one we already have, to receive the

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DHS monthly DAC listing please notify Mary Maestas-Sandoval at (916) 327-7155, ATSS 467-7155 prior to May 30, 1991. Counties failing to designate a new contact person by May 30, 1991 will have the listings sent to the original designee or the County Medi-Cal Liaison.

Any questions regarding this letter should be directed to Mary Maestas-Sandoval at the above number.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 10
NOTICE PREPARATION DATE:

MEDI-CAL
NOTICE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL --
EXTENDED MEDI-CAL ELIGIBILITY
(Disabled Adult Child -- Pickle)

EE00017

Social Security Number:

Beneficiary ID Number:

The Social Security Administration (SSA) has notified us that you are no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP). Because SSA informed us that you are not receiving an SSI/SSP check now, you will not receive an SSI/SSP Medi-Cal card after _____.

The regulations which require this action are California Administrative Code, Title 22, Sections 50127 and 50703.

IF YOU HAVE CONTACTED SSA AND HAVE BEEN TOLD THAT YOU WILL ONCE AGAIN RECEIVE AN SSI/SSP CHECK, PLEASE DISREGARD THIS NOTICE. SSA WILL NOTIFY THE DEPARTMENT OF HEALTH SERVICES TO RESUME ISSUANCE OF YOUR MEDI-CAL CARD. THIS REINSTATEMENT PROCESS NORMALLY TAKES 4 TO 6 WEEKS. IF YOU HAVE A MEDICAL EMERGENCY AND NEED YOUR MEDI-CAL CARD BEFORE THE REINSTATEMENT PROCESS HAS BEEN COMPLETED, CONTACT YOUR LOCAL SSA OFFICE AND THEY WILL ISSUE YOU AN ELIGIBILITY REFERRAL FORM WHICH YOU CAN TAKE TO THE LOCAL COUNTY WELFARE DEPARTMENT AND OBTAIN ANY MEDI-CAL CARDS TO WHICH YOU ARE ENTITLED.

Even though you will not receive an SSI/SSP Medi-Cal card after _____, you HAVE BEEN GRANTED ONE MONTH OF EXTENDED MEDI-CAL ELIGIBILITY. YOU WILL RECEIVE AN EXTENDED ELIGIBILITY MEDI-CAL CARD ONLY FOR THE MONTH OF _____.

IF YOU WANT TO CONTINUE YOUR MEDI-CAL COVERAGE AFTER THAT, you must take the following actions: COMPLETE THE ENCLOSED APPLICATION, ~~and the statement of facts~~ AND THE STATEMENT OF FACTS. MAIL THEM NO LATER THAN _____ to:

If you complete and return these forms by _____ the county will review your application and determine your continuing Medi-Cal eligibility immediately. Later, the county will set up an appointment for you to complete additional forms and for your required interview with your county eligibility worker.

If you do not follow these instructions, your Extended Medi-Cal Eligibility will end _____. If you want Medi-Cal again, you will have to apply at the County Welfare Department.

Keep this letter to show the county welfare department. It will help them to determine your Medi-Cal status.

PLEASE READ THE ENCLOSED REQUEST FOR FAIR HEARINGS