

DEPARTMENT OF HEALTH SERVICES

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June 10, 1996

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 96-30

SAMPLE OF SOCIAL SECURITY ADMINISTRATION (SSA) NOTICES TO DISABLED RECIPIENTS WHOSE SOCIAL SECURITY AND/OR SUPPLEMENTAL SECURITY INCOME (SSI) CASH BENEFITS ARE BASED ON DRUG ADDICTION AND/OR ALCOHOLISM (DA&A)

Ref: All County Welfare Directors Letter (ACWDL) No. 96-23

The purpose of this letter is to provide counties with an explanation and copy of SSA sample notices which SSA will send to beneficiaries receiving Social Security Disability Insurance (Title II) and/or Supplemental Security Income (SSI) disability benefits based on DA&A. Several counties have requested a copy of SSA's notices so that county staff will be familiar with such notices should a client contact the county welfare department. SSA will send the notices on staggered days during the month of June 1996 according to the zip code and last two digits of the recipient's social security number.

BACKGROUND

ACWDL 96-23 dated May 22, 1996 explained how Public Law 104-121 prohibits Title II and/or SSI disability cash benefits and Medicare and Medicaid coverage to people who are disabled because of DA&A. SSA has developed sample notices to be sent to affected Title II and SSI recipients informing them of the new law, how it will affect them, and the actions which should be taken if the recipient does not agree with the action. There are four types of SSA notices which we have identified in the following manner: (1) notice to an SSI recipient (see enclosure 1), (2) notice to a Title II recipient who is the primary wage earner (see enclosure 2), (3) notice to a recipient who is receiving childhood disability benefits through the account of an adult primary wage earner (see enclosure 3), and (4) notice to a dependent who is receiving benefits through the account of a primary wage earner who was found disabled due to DA&A (see enclosure 4). The SSA notices inform the recipients of the following:

Recipient is receiving SSI

- If recipient disagrees that his/her current disability is based on DA&A, he/she should appeal the notice by requesting that a new disability decision be made.

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- If recipient is now blind, age 65 years, or will be age 65 years before January 1, 1997, he/she should appeal the notice.
- If the above appeal is made within 15 days from the date of the notice (10 days plus 5 days for mailing) and SSA does not render a decision before January 1, 1997, the recipient may be allowed to keep receiving SSI until the case is decided.
- Should the recipient appeal by July 28, 1996 but not appeal within 15 days of the notice, and SSA is unable to complete the review of the disability case by January 1, 1997, the recipient will not automatically continue to receive cash/Medi-Cal benefits after December 1996.
- Any request for an SSA appeal must be made within 65 days (includes 5 days for mailing) of the notice date unless good cause can be established as to why the 60 days was exceeded.

Recipient is receiving Title II disability benefits

- If recipient disagrees that his/her disability is based on DA/A, he/she should appeal by requesting that a new disability decision be made.
- If an appeal is to be requested, it should be made right away or no later than 65 days (includes 5 days for mailing) from the notice date, unless good cause can be established as to why 65 days was exceeded.
- If an appeal is made by July 28, 1996, the law requires that a disability review should be completed by January 1, 1997. Recipients who are receiving only Title II disability benefits based on DA&A are not entitled to continuation of benefits after December 1996 (aid paid pending not provided).

Please note that under "Information About Medicaid" in the SSI sample notice, it states that recipients should contact the local County Welfare Department beginning January 1, 1997 for more information on Medicaid for those receiving Medicaid based on SSI. The Department is continuing to receive further clarification and coordinating efforts with SSA on how best to handle these recipients. Further county instructions on how to handle these cases will be issued as soon as they are developed.

COUNTY ACTION

If a Title II and/or SSI DA&A disability recipient should contact the county during the period between June through December 1996 with regards to the above referenced SSA notices, the county should do the following:

- In **ALL** cases, refer the SSA/SSI recipient to SSA.
- If the recipient is only receiving Title II disability benefits based on DA&A and (1) needs Medi-Cal and (2) alleges a disabling impairment other than DA&A, assist the client in completing a Medi-Cal application. Counties should also determine if the applicant is eligible under any other Medi-Cal program before submitting a Disability Evaluation Division (DED) packet. If no other linkage can be established, submit a completed DED packet to State Programs-Disability Evaluation Division (SP-DED) annotating in Item 10 of the MC 221, Disability Determination and Transmittal "Title II DA&A recipient alleges a different impairment(s)."

If SP-DED makes a favorable disability determination and establishes an impairment other than DA&A, counties should aid the applicant under the appropriate disability aid code if the applicant is also found to be otherwise eligible. No further DA&A provisions will apply to these cases.

If SP-DED should determine that the applicant is not disabled and if no other linkage can be established, counties will deny the Medi-Cal case.

- DA&A SSI recipients will continue to receive SSI and SSI-linked Medi-Cal until December 1996; therefore, at this time, counties will not need to take any action on these recipients should they contact the county, except to refer them back to SSA.

The Department will continue to keep the counties informed via ACWDLs regarding DA&A provisions as additional information is received from Health Care Financing Administration and

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SSA. This ACWDL will not be followed by procedures. If there are any questions regarding this letter, please contact Marie Taketa of my staff at (916) 657-1250.

Sincerely,

ORIGINAL SIGNED BY
TOM WELCH for

FRANK S. MARTUCCI, CHIEF
Medi-Cal Eligibility Branch

Enclosures

SOCIAL SECURITY ADMINISTRATION
 FO ADDRESS
 CITY ST ZIP

Social Security Administration
 Supplemental Security Income
 Notice of Planned Action

Payee Name
 For Beneficiary Name
 Address
 City State Zip

Claim Number:
 Date:

IMPORTANT - READ CAREFULLY

We are writing to tell you that your SSI will end effective January 1, 1997. A new law says that effective January 1, 1997, we can no longer pay Supplemental Security Income (SSI) benefits to people whose disability is based on drug addiction and/or alcoholism.

The New Law Affects You

We are paying you SSI disability benefits because drug addiction and/or alcoholism is a contributing factor material to your disability. This means that if we had not considered your drug addiction and/or alcoholism, we would not have found you disabled.

If You Disagree With The Decision

If you disagree that your disability is based on drug addiction and/or alcoholism you should appeal by asking us to make a new disability decision.

You should also appeal if you think you can get SSI because you are blind, or you are, or will be, age 65 before January 1, 1997.

If you want to appeal, you should call us right away. The telephone number is at the end of this letter.

If you appeal, we will review your case and consider any new facts you have.

If You Appeal Within 10 Days

If you appeal within 10 days and we do not give a decision before January 1, 1997, you may be able to keep getting your SSI until we decide your case.

- o The 10 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- o If you lose your appeal, and we don't stop your SSI January 1, 1997, you might have to pay back some or all of the money you receive after December 1996.

However, even if you appeal in 10 days, we will stop your SSI January 1, 1997 if all of the following are true:

- o Our new decision is the same as the one you appealed, and,
- o You had an opportunity to meet with the person who decided your case, if you requested it, and
- o We send or give you a letter with our new decision in time to stop your SSI January 1, 1997.

If You Appeal After 10 Days

The law says if you appeal before July 28, 1996, we should complete our review of your case by January 1, 1997. However, if you have not filed an appeal within 10 days, we will not continue to pay you after December 1996.

You have 60 days to ask for an appeal.

- o The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- o You must have a good reason if you wait more than 60 days to ask for an appeal.

If You Want Help With Your Appeal

You can have a friend, lawyer, or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your case. Your local Social Security office has a list of groups that can help you.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

Information About Medicaid

If you are getting Medicaid based on SSI, Medicaid should continue as long as you get SSI. If you need more information about how this change in the law will affect your Medicaid benefits beginning January 1, 1997, please contact (name and other agency information from State/County of residence).

Things To Remember

This letter is only about your SSI. If you receive Social Security disability benefits, you will receive another letter about those benefits.

OPTIONAL PARAGRAPH (2489): This information is also being sent to (your representative payee/Name of Recipient).

OPTIONAL PARAGRAPH (1000): The other letter you received with this one is (an English/a Spanish) translation of the same information contained in this letter.

If You Have Any Questions

If you have questions about anything in this letter, call your local Social Security office at [FO phone number], or our toll-free number at 1-800-772-1213. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

[Field Office Address
City, ST, ZIP]

If you have any questions about other Social Security matters, you may call us toll-free at 1-800-772-1213.

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Janice L. Warden
Deputy Commissioner
for Operations

Social Security Administration
FO ADDRESS
City ST Zip

Social Security Administration
Retirement, Survivors and
Disability Insurance
Notice of Termination

Payee Name
For Beneficiary Name
Address
City State Zip

Claim Number:
Date:

IMPORTANT-READ CAREFULLY

We are writing to tell you that your disability benefits will end effective January 1, 1997. A new law says that effective January 1997, we can no longer pay Social Security disability benefits to people whose disability is based on drug addiction and/or alcoholism.

Benefits payable to anyone else entitled on your account will also end January 1, 1997. The last payments you and your family will receive will be the payments made about January 3, 1997.

The New Law Affects You

We are paying you disability benefits because drug addiction and/or alcoholism is a contributing factor material to your disability. This means that if we had not considered your drug addiction and/or alcoholism, we would not have found you disabled.

If You Disagree With The Decision

If you disagree that your disability is based on drug addiction and/or alcoholism, you should appeal by asking us to make a new disability decision.

If you want to appeal, you should call us right away. The telephone number is at the end of this letter.

If you appeal, we will review your case and consider any new facts you have.

- o You have 60 days to ask for an appeal.
- o The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.

See Next Page

SSA-L8175

- o You must have a good reason if you wait more than 60 days to ask for an appeal.

The law says that if you appeal before July 28, 1996, we should complete our review of your case by January 1, 1997.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past-due benefits to pay toward the fee.

If You Are Age 60 or Over

If you are within 3 months of age 62 or older, you can file a claim for reduced retirement benefits.

If you are a widow(er) and you are within 3 months of age 60 or older, you can file a claim for reduced survivor's benefits.

If you want to file for either of these benefits, call your local Social Security office right away.

Information About Medicare

If you have Medicare, your coverage will end December 31, 1996.

Things To Remember

The law also changed the Supplemental Security Income rules. You may receive letters about those changes.

We will also send your representative payee a copy of this letter.

If You Have Any Questions

If you have any questions about anything in this letter, call us at our toll-free number at 1-800-772-1213. (1) (2) We can answer most questions over the phone. You can also write or visit any Social Security office. (3)

(4)

If you have any questions about other Social Security matters, you may call us toll-free at 1-800-772-1213.

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Janice L. Warden
Deputy Commissioner
for Operations

Social Security Administration
FO Address
City ST Zip

Social Security Administration
Retirement, Survivors and
Disability Insurance
Notice of Termination

Payee Name
For Beneficiary Name
Address
City State Zip

Claim Number:
Date:

IMPORTANT - READ CAREFULLY

We are writing to tell you that your disability benefits will end effective January 1, 1997. A new law says that effective January 1997, we can no longer pay Social Security disability benefits to people whose disability is based on drug addiction and/or alcoholism.

The New Law Affects You

We are paying you disability benefits because drug addiction and/or alcoholism is a contributing factor material to your disability. This means that if we had not considered your drug addiction and/or alcoholism, we would not have found you disabled.

If You Disagree With The Decision

If you disagree that your disability is based on drug addiction and/or alcoholism, you should appeal by asking us to make a new disability decision.

If you want to appeal, you should call us right away. The telephone number is at the end of this letter.

If you appeal, we will review your case and consider any new facts you have.

- o You have 60 days to ask for an appeal.
- o The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- o You must have a good reason if you wait more than 60 days to ask for an appeal.

See Next Page

SSA-L8175B

The law says that if you appeal before July 28, 1996, we should complete our review of your case by January 1, 1997.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past-due benefits to pay toward the fee.

If You Are Age 60 or Over

If you are within 3 months of age 62 or older, you can file a claim for reduced retirement benefits.

If you are a widow(er) and you are within 3 months of age 60 or older, you can file a claim for reduced survivor's benefits.

If you want to file for either of these benefits, call your local Social Security office right away.

Information About Medicare

If you have Medicare, your coverage will end December 31, 1996.

Things To Remember

The law also changed the Supplemental Security Income rules. You may receive letters about those changes.

We will also send your representative payee a copy of this letter.

If You Have Any Questions

If you have any questions about anything in this letter, call us at our toll-free number at 1-800-772-1213. (1) (2) We can answer most questions over the phone. You can also write or visit any Social Security office. (3)

(4)

If you have any questions about other Social Security matters, you may call us toll-free at 1-800-772-1213.

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Janice L. Warden
Deputy Commissioner
for Operations

Social Security Administration
 FO ADDRESS
 City ST Zip

Social Security Administration
 Retirement, Survivors and
 Disability Insurance
 Notice of Termination

Payee Name
 For Beneficiary Name
 Address
 City State Zip

Claim Number:
 Date:

We are writing to tell you that because of a change in the law effective January 1, 1997, we can no longer pay (1) disability benefits. We must also stop (2) benefits because (3) will no longer be entitled. The last payment you will receive will be the payment made about January 3, 1997.

If You Disagree With The Decision

If you disagree with the decision, you have the right to appeal. We will review your case again and consider any new facts you have. A person who did not make the first decision will decide the case.

- o You have 60 days to ask for an appeal.
- o The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show that you did not get it within the 5-day period.
- o You must have a good reason if you wait more than 60 days to ask for an appeal.
- o You have to ask for an appeal in writing. We will ask you to sign a form SSA-561-U2, called "Request for Reconsideration." Contact one of our offices if you want help.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

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SSA-L8175A

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past-due benefits to pay toward the fee.

If You Have Any Questions

If you have any questions about anything in this letter, call us at our toll-free number at 1-800-772-1213. (4) (5) We can answer most questions over the phone. You can also write or visit any Social Security office. (6) (7)

If you have any questions about other Social Security matters, you may call us toll-free at 1-800-772-1213.

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

FILL-INS:

- (1) Number holder's FN
- (2) your/Auxiliary's FN/the children's
- (3) Number holder's FN

Need Fill-ins for Referral