12. Denials/Discontinuances/Suspensions

12.1 Denial or Discontinuance Due to Lack of Information, Noncooperation or Loss of Contact [50165 and 50175]

12.1.1 *Balderas v. Woods*

The 1980 *Balderas v. Woods* court order requires that two contacts be made before denying or discontinuing an individual from cash assistance in order to avoid unnecessary fair hearing requests and help resolve eligibility through attempts to contact the client.

The Medi-Cal program implemented the same policy to comply with Title 42, United States Code, Section 1396 (r)(2) which requires State Medicaid programs (Medi-Cal) to be “no more restrictive” than a cash assistance program. In order to remain “no more restrictive,” the Medi-Cal program established the same two contact policy before a Medi-Cal case may be denied or discontinued.

12.1.2 Reasons for Denial/Discontinuance

The application may be denied or eligibility may be discontinued if the Eligibility Worker (EW) has made a reasonable effort to assist the client and the client has failed, without good cause to:

- Provide sufficient information to make an eligibility determination.
- Provide the necessary verification.
- Cooperate in resolving incomplete, inconsistent or unclear information on the Statement of Facts.
- Return the Midyear Status Report (MC 176 S) as required under [“Midyear Status Report Requirement,” page 18-1.]
- Respond to request to clarify information received from IEVS.
• Cooperate with the District Attorney’s office to establish paternity or obtain medical support and payments.

• Assist the California Department of Health Services (CDHS) in pursuing any third parties who may be liable to pay for medical care, services or support.

• Keep the EW informed of their whereabouts resulting in a loss of contact. (Mail sent to the client must be returned by the U.S. Post Office marked “whereabouts Unknown, Not Deliverable, etc.” for a loss of contact determination).

Reminder:
Applicants with limited English proficiency and/or applicants with disabilities may require interpretive or additional assistance throughout the application process. EWs must apprise all applicants/beneficiaries of their rights to ask for an interpreter if they have difficulty speaking or understanding the English language. EWs must take appropriate steps to ensure that alternative communication services are available to all Medi-Cal applicants/beneficiaries.

12.1.3 Two Contact Requirement

The EW must ensure at least two contacts are made with the applicant prior to denying Medi-Cal benefits. The two contacts begin upon receipt of the Mail-In Application/Statement of Facts. This policy does not apply to “No-Shows”. It only applies to clients who send an application by mail or have a face-to-face interview.

Note:
Other applicant contacts may occur prior to receipt of the MC 210 and are in addition to the two contacts required under the Balderas v. Woods lawsuit (i.e., EW receives new information via IEVS reports, or the applicant provides new information about income or property after providing the MC 210).

First Contact

If the application is not complete and additional information is needed, the EW must make a verbal or written contact to request the information and allow a minimum of 10 calendar days to provide.

Second Contact

If the applicant does not provide the information or verification by the requested due date, the EW will make a second verbal or written contact to notify the client that the requested information was not received and provide a minimum of 10 calendar days to provide.
Denials/Discontinuances/Suspensions

Note:
Due to the three step ex parte process later mandated by SB 87, this policy only applies to applicants and does not apply to continuing cases.

12.1.4 Contact

Contact is a communication that meets the following requirements:

• Requests a specific information or action needed to complete the applicant’s Medi-Cal eligibility determination

• Provides a due date by which the applicant must supply the specified information or complete the requested action

• May be either verbal or written. Verbal contact is defined as live communication between the EW and the applicant

Note:
Voice mail or answering machine messages left by the EW for the applicant are NOT considered verbal contact. However, if the client calls back and either talks to a worker or leaves a voice mail message with sufficient information to determine eligibility, the EW is not required to make another contact.

12.1.5 Mail-In Application

Implementation of the Mail-In application did not impact the two contact requirement prior to denying the Medi-Cal application or the requirement to determine eligibility within the 45 or 90 day time frame.

To ensure timely eligibility determinations and provide staff with adequate time to comply with the two contact requirement, the following guidelines apply when a Mail-In Application/Statement of Facts form is issued to applicants:

1. Set a reasonable due date (generally ten calendar days) for return of the Mail-In Application/Statement of Facts (MC 210).

2. Inform the applicant of the due date on the SC 93.

3. Follow-up with the applicant via the SC 823 when the due date is not met.

4. Extend the due date for returning the Statement of Facts if good cause for the delay is found.
5. Deny the application if good cause for the delay is not established.

6. If good cause is established after the application is denied, the denial action must be rescinded.

**12.1.6 Documentation Requirements**

**Reasonable Effort**

EWs must document the reasonable effort made on the [Maintain Case Comments] window by indicating that he/she has:

- Notified the client what is specifically needed
- Asked the client if they have a problem or difficulty securing the information
- Offered assistance, i.e., the EW can contact the Assessor’s office for verification of real property, whether it is located here or elsewhere
- Used common sense and good judgement when setting time lines. (Consider availability of information and the mail situation, international or otherwise.)
- Secured a copy of trust documents/wills for client by getting a release of information and calling the attorney, if necessary. It is essential to read trust documents/wills to understand the true situation.
- Consulted the supervisor if necessary.

**Two Contacts**

The two contacts must be clearly documented in [Maintain Case Comments].

Documentation must include

- The date of contact,
- The method of contact,
- The requested information and due date, and
- The result of each contact.
12.1.7 Relative Responsibility

Due to changes required by the *Sneede v. Kizer* lawsuit, relative responsibility and excluded child provisions must be considered before denying or discontinuing an applicant or beneficiary for failure to provide information.

If eligibility for certain family members is cleared, only part of the family might be ineligible.

Example:
The family consists of a mother, her separate child, stepfather and their mutual child. All are requesting Medi-Cal. All eligibility is cleared except for proof of the stepparent's earnings. There has been no further response to requests for additional information.

In this case, the EW has enough information to approve Medi-Cal for the mother's separate child. Only mother, the stepfather and their mutual child would be denied for failure to provide information. Mother will be an ineligible member of her child's MFBU.

Example:
A family of 4, married parents with mutual children apply for Medi-Cal. Mom declares that their 20 year old has part time employment. All eligibility is cleared, but verification of the child's separate income is not provided. Only the 20 year old would be excluded and denied for failure to provide information.

Example:
Mother, father and 2 mutual children are applying for Medi-Cal. Proof of father's earnings is not provided. Since he is responsible for all persons in the MFBU, all must be denied.

12.1.8 Subsequent Action

A person or family whose eligibility is denied or discontinued due to any of the “reasons for denial/discontinuance” listed in Section 7.1.1, may:

- Reapply at any time, including the original month of application.
- Have the denial or discontinuance rescinded if good cause exists.
12.1.9 Good Cause

For purposes of this section good cause includes, but is not limited to:

- The County fails to:
  - Provide the client with the required Midyear Status Report (MC 176 S) or Annual Redetermination form (MC 210 RV).
  - Inform the client that they may be discontinued if the status report or the RD form is not completed and returned.
  - Properly and timely process the submitted status report, RD form, or other Statement of Facts.
  - The post office fails to deliver the MC 176 S or MC 210 RV in a timely manner.
  - The client and the authorized representative fail to complete and return the status report or RD packet or provide the required information/verifications within the time limits, due to:
    - Physical or mental illness or incapacity.
    - The level of literacy combined with social/language barriers.

12.2 Discontinuance Due to Death [50176]

12.2.1 Effective Date

Eligibility shall be discontinued at the end of the month when a person dies.

Note:
- A notice of action must be issued. However, there is no ten-day NOA requirement.
12.3 Notice of Action (NOA) [50179]

12.3.1 When Required

Applicants and beneficiaries must be notified in writing when their Medi-Cal benefit:

- Is approved
- Is denied or discontinued
- Has changed in program or eligibility status
- Has changed in share of cost.

Note:
Conditional notices, which advise applicants or beneficiaries that eligibility will be denied or discontinued unless specified actions are taken shall not be considered to meet the Notice of Action requirements.


12.4 Corrective Action on Denial and Discontinuance [50182]

12.4.1 Rescissions

A denial of an application or discontinuance of benefits shall be rescinded in the following situations:

- An Appeals decision orders such action
- The County determines that the denial/discontinuance was in error.
12.4.2 Approval/Rescission Date

Medi-Cal eligibility for these rescissions shall be approved based on the date of the application that was denied or the first of the month following the month of discontinuance.

Note:
When Medi-Cal is rescinded and benefits will be issued more than 12 months prior to the current month, a Letter of Authorization (LOA) must also be issued if the beneficiary received a bill(s) for any of the prior months. [Refer to “Letter of Authorization,” page 64-13.]

12.5 Reconsideration of Denials

12.5.1 Requirement

When an application has been denied due to lack of information or verification, the EW must establish whether there was good cause for failure to submit the required information when the applicant:

- Subsequently provides the necessary verification within three months of the denial, or
- Requests an appeal.

12.5.2 Decision Chart

The chart below shows the required actions which must be taken:

<table>
<thead>
<tr>
<th>IF the applicant...</th>
<th>AND</th>
<th>THEN the EW shall...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsequently provides the necessary verification within three months of the denial, and at the same time provides evidence of good cause,</td>
<td>Good cause does exist,</td>
<td>Rescind the denial and approve Medi-Cal back to the date of application (if client is otherwise eligible).</td>
</tr>
</tbody>
</table>
### Denials/Discontinuances/Suspensions

#### 12.6 Transfer Between Programs [50183]

#### 12.6.1 Requirements

A person or family who receiving Medi-Cal under any program (e.g., CalWORKs) and whose eligibility is discontinued shall be evaluated to determine if Medi-Cal eligibility exists under any other program. A new application is not required.

The EW is not required to evaluate eligibility under another program when a beneficiary has been discontinued due to:

- A move out-of-state
- Loss of contact and the SB 87 ex parte process has been exhausted
- Death
- Aided in another County simultaneously
- Failure to cooperate in supplying information needed to meet cash grant eligibility requirements, and those same requirements also apply to Medi-Cal-only programs. The SB 87 ex parte process must be followed.

<table>
<thead>
<tr>
<th>IF the applicant...</th>
<th>AND</th>
<th>THEN the EW shall...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requests an appeal and submits the missing verification,</td>
<td>Good cause does exist,</td>
<td>Rescind the denial and approve Medi-Cal back to the date of application (if client is otherwise eligible). Follow Appeals’ instructions regarding the withdrawal of the hearing request.</td>
</tr>
<tr>
<td>Subsequently provides the necessary verification within three months of the denial,</td>
<td>Good cause does not exist,</td>
<td>Document on the [Maintain Case Comments] window why good cause did not exist for the applicant's failure to submit needed information. The denial action stands.</td>
</tr>
<tr>
<td>Requests an appeal and submits the missing verification,</td>
<td>Good cause does not exist,</td>
<td>Document on the [Maintain Case Comments] window why good cause did not exist for the applicant's failure to submit needed information. The denial action stands, unless it is later rescinded through an appeal. IMPORTANT: Ensure there is case documentation of EW attempts to assist the applicant in providing essential information.</td>
</tr>
</tbody>
</table>
12.7 Suspension of Medi-Cal Benefits for Incarcerated Juveniles

12.7.1 Overview

SB 1147 requires the suspension of Medi-Cal eligibility, rather than discontinuance, for individuals under age 21 who were Medi-Cal beneficiaries at the time they became inmates of a public institution. In addition, SB 1147 requires that Medi-Cal must be restored without a new application on the day the juvenile is no longer considered an inmate of a public institution. The term “inmate of a public institution” is defined in Medi-Cal Eligibility Procedures Manual Article 6 Institutional Status.

12.7.2 Program Requirements

SB 1147 applies to juveniles who meet ALL of the following requirements:

- Are Medi-Cal beneficiaries at the time of incarceration
- Comply with all annual redetermination requirements during their period of incarceration
- Remain otherwise eligible for Medi-Cal during their period of incarceration
- Are no longer considered an inmate of a public institution within one year of their incarceration date
- Are eligible on the day they are released.

The suspension of Medi-Cal benefits ends on the soonest of:

- The date the youth is no longer an inmate of a public institution, or
- The end of the month of the one year period in which he/she became an inmate of the public institution, or
- The end of the month that the juvenile turns 21, or
- The end of the month that the juvenile becomes ineligible for Medi-Cal; (i.e., does not comply with Medi-Cal annual redetermination requirements).
12.7.3 Process for Suspending Medi-Cal Benefits

When the county learns of a juvenile’s incarceration reported by the juvenile’s family or by the detention facility, the Eligibility Worker must:

1. Determine if the incarcerated juvenile is in a Child Only Medi-Cal case or if he/she is in a Medi-Cal case that includes other family members.

2. If the juvenile is in a Medi-Cal case with other family members, the eligibility of the other family members must be reviewed through the SB 87 process to determine if they are eligible for Medi-Cal while the juvenile is incarcerated. After completing the review, the eligibility of other family members must be discontinued if they lose eligibility due to the juvenile being incarcerated.

3. If an incarcerated juvenile is part of an open Medi-Cal case that includes other family members, his/her eligibility must be suspended with a proper notice by temporarily discontinuing that child from the family Medi-Cal case.

4. Medi-Cal eligibility is suspended pursuant to Welfare and Institutions Code 14011.10 effective the date he/she becomes an inmate of a public institution. A notice that Medicaid is suspended must be mailed as soon as the youth’s institutionalized status is reported.

5. When Medi-Cal eligibility is discontinued for an incarcerated juvenile while under suspension, he or she must receive a proper 10-day notice about the discontinuance and the end of the suspension.

6. For the first year of a juvenile’s incarceration all standard redetermination requirements apply even though the juvenile is removed from the family case. If redetermination requirements are not met for an incarcerated juvenile, suspension of Medi-Cal eligibility must end with a proper 10-day notice.

7. If an incarcerated juvenile who is a member of an open Medi-Cal case that includes other family members is eligible upon release, Medi-Cal must be restored effective the day the juvenile is no longer considered an inmate of a public institution, without requiring a new application.

8. If, after reviewing the case status, the juvenile is in a Child Only Medi-Cal case, the juvenile’s eligibility must be suspended with a proper notice (mailed in sufficient time to reach the beneficiary by the effective date of the action).

9. Benefits are restored for Juveniles in a Child-Only Medi-Cal case on the date the Release Date is reported reflecting the date the juvenile is no longer considered an inmate. The juvenile will be able to access covered Medi-Cal

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services as of the Release Date entered into MEDS if they are still Medi-Cal eligible. When suspension ends due to release, the appropriate NOA must be sent to inform the family or caretaker that Medi-Cal benefits are restored.

12.7.4 Suspension of Medi-Cal for Incarcerated Juveniles in a Medi-Cal Case That Includes Other Family Members

An incarcerated juvenile who is a member of an open family Medi-Cal case must be ‘suspended’ by discontinuing that child from the case while benefits are suspended. The juvenile MUST be added back to the case IMMEDIATELY after being notified that he/she is no longer an inmate of a public institution, if the child is living with the family and otherwise eligible.

Example:
A child from a family that includes a mother and three children on 1931(b) is incarcerated. The child is discontinued from the family case. Eligibility is redetermined for the mother and remaining children. The institutionalized child must be added back to the case immediately upon release.

Example:
A child from a family that includes a mother, father, and only one child becomes incarcerated. All members of the family were on 1931(b). The father is SSA disabled. Due to his disability, the father maintains linkage without the child in the home. In this situation the child is discontinued from the case, the mother becomes an ineligible member of the case and the father is approved for disability linked Medi-Cal, if otherwise eligible. Upon release, the child must immediately be added back to the case, if living with the family and otherwise eligible. All family members must be evaluated for eligibility as appropriate when the child is incarcerated and when the child is released.

When benefits are suspended for an incarcerated juvenile in an open family Medi-Cal case, eligibility must be reviewed to determine if all family members are still eligible. As part of the review, the EW must confirm that the incarcerated juvenile is still otherwise eligible and note that finding in the case. This is necessary so that the eligibility of the child can be restored immediately upon release.
12.7.5 Suspension of Medi-Cal for Incarcerated Juveniles in Child Only Medi-Cal Cases

- To suspend eligibility for incarcerated juveniles in Child Only Medi-Cal cases, an online MEDS transaction is used to report the incarceration information on the “Institutionalized Client Update” MEDS screen. MEDS will set an Other Health Coverage (OHC) Code value of “I” to identify suspension of Medi-Cal.

- MEDS will add the “I” OHC code to the MEDS record when a Suspension Start Date is reported to MEDS. When Medi-Cal benefits are suspended for a juvenile due to incarceration, a proper notice of action must be sent to notify the family or caretaker relative about the suspension of benefits. This notice must be mailed in sufficient time to reach the beneficiary by the effective date of the action.

- MEDS will end suspension of benefits on the date reported to MEDS reflecting either the date the juvenile is no longer an inmate of a public institution, or the first of the month following the month in which the juvenile loses eligibility during incarceration. The juvenile will be able to access Medi-Cal covered services as of the Release Date entered into MEDS if they are still eligible for Medi-Cal. The Health Insurance System (HIS) database will be updated immediately to show the day prior to the Release Date as the end date of the suspension.

- The ‘I’ OHC Code will still appear on the MEDS record until the following month but will not adversely affect the juvenile’s eligibility once the suspension end date is reported. When suspension of Medi-Cal benefits ends because a juvenile is released, an appropriate notice must be sent to inform the family or caretaker relative that Medi-Cal benefits are restored.

- When an incarcerated juvenile in a Child Only Medi-Cal case whose Medi-Cal has been suspended becomes ineligible during the first year of incarceration, turns 21, or is incarcerated for more than one year, eligibility must be terminated. The EW must confirm that the termination action has updated MEDS and request an online MEDS transaction to report the suspension end date. This will remove the “I” OHC Code, which is necessary when eligibility and/or suspension ends for any reason. A proper 10-day NOA must be sent explaining the reason for termination of Medi-Cal eligibility and the right to request a Fair Hearing.

Example:
The child from a family that includes a mother, a father and only one child, becomes incarcerated. The child was on a Federal Poverty Level program and the parents were not receiving Medi-Cal. The case remains open and MEDS is updated with the suspension date. Upon release, the EW ensures the juvenile’s suspension on MEDS is ended.
Example:
The child from a family that includes a mother, a father and only one child becomes incarcerated. All members of the family were on 1931(b). The parents have no linkage without the child in the home. The parents must be discontinued with a proper 10-day notice. The case must remain active and the EW must ensure MEDS is updated with the suspension date. Upon release, the EW must ensure the juvenile’s suspension date on MEDS is ended. When the juvenile is no longer considered an inmate, all family members must be evaluated for eligibility as appropriate.

12.7.6 Impact on Eligibility for Child Only cases

• When benefits are suspended, eligibility must be reviewed at the next annual RD if it is due during the first year a juvenile is an inmate of a public institution. The EW must confirm that the juvenile is still an inmate and is otherwise eligible for Medi-Cal. The ex parte review process may be used for this purpose. If there is no information that would impact the juvenile’s Medi-Cal eligibility, suspension continues until the end of the last month of the one year period of incarceration, the end of the month the juvenile turns 21, or the date of release, whichever is sooner.

• If a juvenile becomes ineligible for Medi-Cal during the first year of incarceration, the suspension must end at the end of that month and eligibility terminated with a 10-day NOA explaining the discontinuance reason and the right to request a Fair Hearing.

• If a juvenile is incarcerated for more than one year, MEDS will send an alert 60 days prior to the end of the suspension period to remind the EW to terminate Medi-Cal eligibility at the end of the last month of the one-year period and send a NOA explaining the reason for discontinuance and the right to request a Fair Hearing. The NOA must be mailed in sufficient time to reach the beneficiary by the effective date of the action.

• When suspension ends because the juvenile is released within one year of the suspension date entered, MEDS will end the suspension and restore Medi-Cal effective as of the end date. EWs should assist the client as needed to ensure benefits are restored on the date of release.

• If suspension ends because a juvenile turns 21 while incarcerated, eligibility must be discontinued with a proper NOA only after an SB 87 redetermination. The EW must determine the juvenile is not eligible under another Medi-Cal program before eligibility is terminated. MEDS will send an alert 60 days prior to the youth’s 21st birthday to discontinue Medi-Cal if appropriate.
12.7.7 Impact on Eligibility of Other Family Members

- The EW must redetermine eligibility for other family members of an incarcerated juvenile at the time of incarceration and at the annual redetermination.

- Individuals whose Medi-Cal linkage is based solely on the juvenile must have eligibility redetermined when the juvenile is incarcerated and when he/she is released in addition to regular annual RD requirements.

- When a juvenile’s Medi-Cal is suspended, other family members lose eligibility due to linkage and the SB 87 redetermination finds them ineligible, those family members must be discontinued with a proper 10-day NOA.

- Juveniles incarcerated prior to January 1, 2010 are not eligible for suspension of Medi-Cal benefits. Juveniles incarcerated prior to January 1, 2010 who want Medi-Cal upon release must have eligibility re-established based on Medi-Cal rules in place prior to SB 1147 and the SB 1469 requirements for processing a Medi-Cal application prior to release.

12.7.8 Notice of Action Requirements

The Notices of Action (NOAs) for SB 1147 are as follows:

- The “Notice of Action Suspension of Medi-Cal Benefits for an Incarcerated Minor” (MC 0377) must be sent when the Medi-Cal eligibility of an incarcerated juvenile is suspended. The NOA must be mailed in sufficient time to reach the client by the effective date of the action.

- The “Notice of Action Restore Medi-Cal Benefits Upon Release of an Eligible Minor” (MC 0376) must be sent when benefits are restored to a juvenile because he/she is no longer considered an inmate.

- The “Notice of Action Discontinuance of Benefits” (MC 0375) must be sent with proper 10-day notice when the Medi-Cal eligibility of the incarcerated juvenile is terminated while he or she is under suspension.

12.7.9 Impact of SB 1147 on SB 1469 Procedures

Prior to the passage of SB 1147, SB 1469 (Chapter 657 Statutes of 2006) required DHCS to develop a Medi-Cal application process so that juveniles who are incarcerated in specified county detention facilities for 30 days or longer can establish Medi-Cal eligibility immediately upon release if eligible. The two processes required by SB 1469 and SB 1147 work together to make Medi-Cal more
accessible to newly released juveniles who are Medi-Cal eligible. Under SB 1469, county detention facilities are required to notify counties when juveniles are released. That information is used to add eligible juveniles back to the family Medi-Cal case or update MEDS with the Suspension Stop Date. Juveniles who are eligible for restoration of Medi-Cal immediately upon release under SB 1147 are not subject to application requirements of SB 1469.

12.7.10 MEDS Screens

The “Institutionalized Client Update Screen” is used for entering information on incarcerated juveniles in Child-Only cases. This screen will accept manual entries to the “Suspension Start Date” and the “Release Date” fields. Once information is entered on this screen, MEDS will immediately update the HIS database with the Suspension Start Date (and Release Date, if reported) and create a transaction to update MEDS with an OHC code of “I” for the suspension months reported.

MEDS will remove the OHC indicator “I” for the month following the Release Date month when Release Date is reported to MEDS. Staff may view the information entered about the incarcerated juvenile by choosing the VIEW INSURANCE SEGMENT option from the HIS action request menu.

Note:
The Suspension Stop Date cannot be reported to MEDS in advance. The MEDS update must be done on or after the reported Release Date.

12.8 Medi-Cal Eligibility for Juveniles Placed Temporarily in Juvenile Detention Centers

A juvenile will not, for Medi-Cal purposes, be considered an inmate of a public institution when the minor [is] in a juvenile detention center prior to disposition (judgment) due to care, protection or in the best interest of the child (e.g., Child Protective Services) if there is a specific plan for that person that makes the stay at the detention center temporary. This would include those juveniles awaiting placement but still physically present in juvenile hall.

The minor is eligible for Medi-Cal if all eligibility requirements are met. Current Medi-Cal regulations do not place any time limits on Medi-Cal eligibility for these individuals.
12.9 SSI/SSP Discontinuances and Denials due to Excess Income

Effective July 1, 2009, the SSI/SSP payment standards were reduced by 2.3%. However, for Medi-Cal eligibility purposes, the reduction in the SSI/SSP payment standards was not implemented. The SSI/SSP payment levels used for Medi-Cal programs remain at the May, 2009 level. Individuals who lose SSI/SSP eligibility due to these reductions will continue to have zero share-of-cost Medi-Cal as long as there are no changes that impact their Medi-Cal eligibility. Responsibility for the maintenance of the Medi-Cal eligibility is now transferred to the counties. This will ensure that the State receives the increased federal funding from the American Recovery and Reinvestment Act (ARRA) of 2009.

12.9.1 Craig v. Bonta

Persons discontinued from SSI/SSP due to the decreases in the SSI/SSP payment standard are included in the existing monthly Craig v. Bontá process. These individuals may be eligible for the new Federal Poverty Level for the Blind (FPLB), Medicare Savings Programs (MSP), A&D FPL Program or another Medi-Cal Program.

12.9.2 SSI Denials

Effective July 1, 2009, persons who are denied SSI will have their application for Medi-Cal processed back to the date of the SSI application. The application will be processed by the Social Services Agency.

Date of Application

The date of application for Medi-Cal is:

- The date the person applied for SSI, or
The denial date (found on the SDX3 screen) when the application date is a future date (an individual who is 64.9 years old applies for SSI), or
• The initial Medi-Cal application date when the case is currently pending.

Note:
When the residency date is a later date, the EW must clarify with the client the actual residency date. The client’s statement is acceptable.

12.9.3 Eligibility Requirements

The Eligibility Worker (EW) will complete the application started by SSA. Because SSA stops their eligibility determination at the first SSI/SSP eligibility criteria that the applicant does not pass, the EW may need to request more information and verification about identity, citizenship, income, property and/or disability evaluations.

Example:
The EW receives the above mentioned SSI/SSP denial for the purpose of processing the Medi-Cal portion of the application. SSA documented the client’s identity, citizenship and income but not the property or disability. The EW will request from the client information and verification of his property and submit a Disability Determination Service Division (DDSD) referral for his alleged disability.

12.9.4 Redeterminations

When the SSI/SSP application received by SSA is for a period exceeding 11 months from the original application date and Medi-Cal eligibility is established in the application month and on-going, a redetermination must be completed. The intake worker must enter a Special Indicator, SSI Denial - RRR Overdue in CalWIN and transfer the case. The receiving office, MCSC, will review the case and mail a “Medi-Cal Annual Redetermination Form” (MC 210 RV) to the client as well as a DDSD referral, if applicable.

Example:
Individual applied for SSI/SSP 3/1/2008. On 7/1/2009 he/she was denied SSI due to income and his/her Medi-Cal application was transferred to Social Services for processing. In July 2009, the EW completes the Medi-Cal application process and approves Medi-Cal back to 3/1/2008 and on-going. Because the approval period covers more than 11 months from the date of approval, the Medi-Cal redetermination is now due.
12.9.5 Retroactive Benefits

SSI applicants can or may apply for retroactive Medi-Cal benefits from the date of the SSI/SSP application. To prevent future systems problems, prior to granting the case, it is imperative that the worker processing the Medi-Cal application ask the applicant if he/she incurred any medical expenses in the retroactive months.

Note:
The “Supplement to Statement of Facts for Retroactive Coverage/Restoration” (MC 210 A) must be completed as applicable.

12.9.6 Continuing

A few individuals denied SSI will be in a currently open case. These individuals will be referred to the assigned case worker for processing using the Add a Person Request (SCD 2247). The EW will proceed with the add-a-person procedures. The date of application is:

• The date of the SSI application, or
• The denial date when the application date is a future date (an individual who is 64.9 years old applies for SSI), or
• The initial Medi-Cal application date when the case is currently pending.

Note:
When the residency date is a later date, the EW must clarify with the client the actual residency date. The client’s statement is acceptable.

12.9.7 Documentation

Because the SSI application date may be more than 45 days prior to the date the application is received by Social Services from SSA, for purposes of meeting intake or application performance standards, it is important for the EW to identify when it is an SSA delay and document in Maintain Case Comments in CalWIN. This written documentation will be considered for QC purposes.

Note:
This specific documentation is normally done at the point the case is registered in CalWIN by clerical support.
Since SSA began the application process, the MC 210 is not required and should not be used. However, the remainder of the Medi-Cal application packet must be sent to the applicant. These forms are:

- “Important Information for Persons Requesting Medi-Cal (MC 219),
- “Property Supplement” (MC 210 PS)
- “Statement of Citizenship, Alienage, and Immigration Status” (MC 13) for each member applying for Medi-Cal benefits,
- “Medi-Cal General Property Limitations” (MC 007),
- “Medi-Cal: What it Means to You” Brochure (Pub 68),
- “Notice Regarding Standards for Medi-Cal Eligibility” (DHS 7077),
- “Notice Regarding Transfer of a Home for Both a Married and an Unmarried Applicant/Beneficiary” (DHS 7077-A),
- “Papers Needed For Your Medi-Cal Determination” (SC 1481),

Note:
“Medi-Cal Request for Information” (MC 355) may be used.

- Postage paid, pre-addressed return envelope.

When the EW learns that the applicant has minor children, the following forms must be provided:

- “Medi-Cal and Dental Health Check Ups” CHDP brochure (Pub 184)
- “Early and Periodic Screening, Diagnosis and Treatment (EPSDT)” brochure (MC 003)

WIC brochure (in the appropriate language).