

- The appropriate Medi-Cal application (either the MC 321 HFP for families, pregnant women and/or children or the MC210 for aged, blind, disabled or long-term care applicants).
- A list of verifications that the applicant will need to submit for approval of Medi-Cal benefits, including the date verifications must be returned to the county office.
- The MC 219 (Rights and Responsibilities) form.
- The MC 13 (Statement of Citizenship) form.
- The MC 007 (Medi-Cal information notice).
- A postage paid pre-addressed return envelope.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - April 20, 2001*

Item 01-04-01C

CDHS ACWDLs 01-04 January 9, 2001 and 01-22 April 3, 2001 (Synopsis): January 2001 Social Security Title II and Title XIV Cost of Living Adjustments (COLA) and Related Issues

January 2001 Social Security Title II and Title XIV Cost of Living Adjustments (COLA) and Related Issues

ACWDL 01-22 is a one page (two-sided) letter that includes as an attachment ACWDL 01-04E. ACWDL 01-04E (yellow pages) completely replaces ACWDL 01-04 because there were a few errors in that ACWDL.

These ACWDLs advise that the 2001 Social Security COLA is 3.5%. They also provide:

- 2001 In-kind Support and Maintenance values for computing Pickle eligibility
- 2001 SSI/SSP payment levels chart
- 2001 resource limit for Medi-Cal and Pickle cases
- 2001 Pickle disregard computation chart
- 2001 Medicare Part B premium is \$50
- 2001 Federal Benefit Rate is \$530

ACWDL 01-22 details the few errors in ACWDL 01-04. While the errors in ACWDL 01-04 are relatively minor, those who need to review or cite an ACWDL on the relevant subject matter should use 01-22 (with the 01-04E attachment) rather than 01-04.

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Item 01-04-01B

CDHS ACWDL 01-01 -- January 8, 2001 (Synopsis): Implementation of Continuous Eligibility for Children (CEC)

Implementation of Continuous Eligibility for Children (CEC)

Reference: Medi-Cal Eligibility Procedures Manual §5H; ACWDL 99-06

CEC provides for up to 12 months of continued \$0 share of cost (SOC) Medi-Cal for children under age 19, who would otherwise have their SOC increased above \$0 SOC. The CEC period ends with the earlier of the next annual eligibility determination or the child's 19th birthday. Counties must implement CEC by January 1, 2001.

The 12-month CEC period begins with the first month of \$0 SOC eligibility (except for state-only minor consent services). In cases where a child is found eligible for \$0 SOC at application, the 12-month CEC period begins with the initial month of eligibility, not with retroactive months. During this CEC period, any changes in the family's financial eligibility, which would cause the child to have a SOC or be totally ineligible, would not go into effect for the child until the annual redetermination unless the child turned 19 before the annual redetermination.

The CEC period also applies to children to preclude discontinuance for non-financial reasons except for death or loss of California residency. Thus if the family is discontinued from Medi-Cal for failing to provide essential information, the family could be discontinued from Medi-Cal by a notice of action, but the child would continue to receive Medi-Cal until the date of the next annual redetermination.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - April 20, 2001*

Item 01-04-01A

CDHS ACWDLs 00-64 December 8, 2000, 01-02 January 8, 2001 and 01-25 April 11, 2001 (Synopsis): Elimination of the Quarterly Status Report (QSR)

Elimination of the Quarterly Status Report (QSR)

ACWDL 00-64 states that effective January 1, 2001, the DHS has eliminated the mandatory QSR for Medi-Cal recipients pursuant to Assembly Bill 2877, Chapter 93, Statutes of 2000.

The elimination of the QSR is effective beginning with any QSR that would have been due to be returned to the county as of January 2001. Beginning January 1, 2001, counties may not take any adverse action based upon a QSR that was incomplete or not returned.

Medi-Cal beneficiaries are still required to report, within ten days, any information that may effect Medi-Cal eligibility such as changes in income, property, family composition or other health care coverage.

ACWDL 01-02 states that as of January 1, 2001, the QSR for the second year of the Transitional Medi-Cal (TMC) program has been eliminated because the second year of TMC is a state program.