
Effective July 1, 2001, a county must use the MC 355 form rather than any other document if the county has been unable to obtain necessary information through the ex parte or telephone review processes.

This ACWDL provides a copy of the MC 355 form and also provide counties with instructions on when and how to use this form.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - September 7, 2001*

Item 01-09-01E

ACWDL 01-38 - - July 12, 2001 (Synopsis): Medi-Cal Overpayments

Medi-Cal Overpayments

For the purpose of calculating overpayments, any managed care capitation rates are treated as a covered service.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - September 7, 2001*

Item 01-09-01D

ACWDL 01-36 - -June 19, 2001 (Synopsis): Medi-Cal Eligibility Determination Process

Medi-Cal Eligibility Determination Process

Reference: Senate Bill (SB) 87; ACWDL 01-17

SB 87 mandates that counties continue §1931(b) Medi-Cal eligibility for persons discontinued from CalWORKs except in those circumstances where it is clear that such persons are ineligible for §1931(b) Medi-Cal. This ACWDL discusses changes in the Medi-Cal redetermination process including the ex parte redetermination process. The changes in the redetermination process must be fully implemented by July 1, 2001.

CalWORKs Discontinuances

Unless there is clear evidence that there is no §1931(b) eligibility (e.g., a person has died or is in prison), the county must continue to issue Medi-Cal benefits for persons discontinued from CalWORKs. CalWORKs cases discontinued for reasons such as failure to provide essential information or the monthly income report, or failure to cooperate with WTW requirements are not considered changes in circumstances that affect Medi-Cal eligibility. The former CalWORKs recipient should not be discontinued from Medi-Cal. Medi-Cal eligibility should be evaluated at the annual redetermination.

Thus if a CalWORKs case is approved in August 2000, and the CalWORKs case is discontinued at the end of November 2000 because the caretaker relative did not return

the monthly report form, the county should continue to issue §1931(b) Medi-Cal until the annual redetermination in August 2001. If the county is aware of a change in circumstances that affects Medi-Cal eligibility before August 2001, the county may review eligibility and discontinue Medi-Cal as necessary.

Ex Parte Process

The county shall make a Medi-Cal-only eligibility determination without the involvement of the persons discontinued from CalWORKs by using the ex parte process when a change in circumstances affecting Medi-Cal eligibility occurs. A table is included with this ACWDL that indicates when the ex parte redetermination process is required. It is required in the following circumstances: failure to complete the CalWORKs annual redetermination, loss of contact/whereabouts unknown, only eligible child leaves home, change in household composition that has resulted in non-cooperation in CalWORKs evidence gathering process, excess resources, excess income and failure to cooperate with child support requirements.

When the county uses the ex parte process, it shall attempt to determine Medi-Cal eligibility by checking open case records, and/or case records that have been closed within the last 45 days. In addition, the county may check other resources such as the Income Eligibility Verification System (IEVS), the Systematic Alien Verification for Entitlements (SAVE) system, the Employment Development Department, the State Data Exchange and the Beneficiary data Exchange.

When the ex parte process is unsuccessful in determining whether an individual is eligible for Medi-Cal, the county may contact the individual, but must document in the case record the exact reason for contacting him/her. The county shall attempt to contact the individual by telephone to request necessary information and also document all attempts to contact the individual.

When the ex parte process and telephone contact are unsuccessful, the county is required to send a Request for Information (MC 355) form to the person. ACWDL 01-39 fully discusses how and when the MC 355 should be used and provides a copy of the MC 355 form.

When the individual fails to respond to the MC 355 form or does not provide sufficient information within required time frames, counties are still required to evaluate the individual for other Medi-Cal programs without the additional information/verification.

Loss of §1931(b) Eligibility

Any person discontinued from CalWORKs who is ineligible for §1931(b) Medi-Cal, or who is discontinued from §1931(b)-only Medi-Cal due to increased earnings from employment or increased child/spousal support must be evaluated for Transitional Medi-Cal (TMC) and Four-month continuing programs.

CalWORKs Denials

CalWORKs denials shall be reviewed for Medi-Cal-Only eligibility through the ex parte process when the applicant has completed the SAWS 2 Statement of Facts form.

See also paraphrased regulations 410-16, 410-16A, 410-16B and 410-16C citing Welfare and Institutions Code (W&IC) §§14005.31 through .39 on this subject.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - September 7, 2001*

Item 01-09-01C

ACWDL 01-34 - - June 4, 2001 (Synopsis): Increase in the Substantial Gainful Activity (SGA) Amount

Increase in the Substantial Gainful Activity (SGA) Amount

In determining whether a person is disabled for Medi-Cal purposes, he/she must meet the Social Security disability standard. In order to meet that standard the person is evaluated under a sequential evaluation. The first step of the sequential evaluation is whether the person is engaging in SGA. As a general rule, if a person is engaging in SGA, he/she will not be found disabled despite his/her impairments. SGA is defined based on the amount of income a person earns monthly.

On December 29, 2000, the Social Security Administration published final regulations in the Federal Register that requires annual adjustments to the SGA amount based on the average wage index. The SGA amount for 2001 is \$740 monthly. Prior to 2001, the SGA amount was \$700 monthly.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - September 7, 2001*

Item 01-09-01B

ACWDL 01-31 - -May 14, 2001 (Synopsis): Sutter County Medi-Cal Calculation Chart

Sutter County Medi-Cal Calculation Chart

This ACWDL provides a chart that includes maintenance needs, Federal Poverty Levels ranging from 100%-200% for MFBUs sizes one to 10, an income-in kind chart for housing, utilities, food and clothing for MFBUs sizes one to 10, SSI/SSP payment levels, the 2001 SSI/SSP multiplier chart, property limits for MFBUs sizes one to 10, Medicare Premium levels and other items.