
approved for the claimant effective March 1996. The claimant was treated and eventually recovered from his injuries. Medi-Cal paid for his hospital bill.

Five years later he receives a \$2100 bill from the ambulance company for transporting him to the hospital. The claimant testifies at the hearing that he was unaware that Medi-Cal had not paid for the ambulance service until he received the bill. The claimant did not give anyone at the ambulance company his Medi-Cal card when he was rushed to the hospital because his Medi-Cal application was not processed until after he arrived at the hospital.

The claimant now wants Medi-Cal to pay the ambulance company bill. The county representative contends that the county may not issue a letter of authorization for Medi-Cal for March 1996 because that date is more than one year ago. The county notes that Medi-Cal eligibility was established for the claimant for March 1996. The county states that since Medi-Cal eligibility was established and there is no administrative error, nor court action requiring a Medi-Cal card be issued, it may not issue a card for March 1996.

The county is correct that there is no administrative error or court action requiring the county to issue a Medi-Cal card. Sections 50746(a)(1), (2), (3) and (5) do not apply. However, section (a)(4) may apply.

A judge should order the county to refer the matter to the CDHS consistent with MEPM §14E to consider whether to request that a Medi-Cal card be issued for March 1996. MEPM §14E states at page 2, "If the county finds that an administrative error does not exist in a particular situation, but extenuating circumstances exist beyond the beneficiary's control, the county may contact the Medi-Cal Eligibility Branch for assistance. Please be advised that billing problems are not by themselves considered an extenuating circumstance.... An example of an extenuating circumstance beyond a beneficiary's control would be a medical condition that severely impaired his/her functioning. Additionally, the beneficiary would need to describe how this reduced function prevented him/her from giving the provider(s) the necessary documentation of his/her Medi-Cal eligibility."

MEPM page 14E-3 then explains that the Medi-Cal Eligibility Branch will evaluate whether a letter of authorization should be issued pursuant to §50746(a)(4). It further explains the procedure the county should follow to seek DHS authorization for Medi-Cal card issuance.

A judge may order the county to refer a case such as the example cited above to Medi-Cal Eligibility Branch Chief, Over One-Year Letter Analyst, 714 P. St., Room 1650, Sacramento, California 95814.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - May 2, 2002*

Item 02-05-01A

Must the County Issue a Medi-Cal Notice of Action to an "Authorized Representative"?

Is the county required to issue a notice of action to a person who acts as "authorized representative" in the Medi-Cal application process on behalf of the applicant? Who may complete a Medi-Cal application on behalf of the applicant? Note that the term "authorized representative" for purposes of this discussion does not mean the person acting on behalf of a claimant in a state hearing. Instead, authorized representative refers to the person designated by the Medi-Cal applicant to assist him/her in the application process or who has assisted the applicant in the application process..

If the applicant is mentally competent, Medi-Cal Eligibility Procedures Manual (MEPM)§ 4-U page 3 says that counties are not obligated to issue a notice of action on a routine basis to the authorized representative. An authorized representative is permitted to receive a notice of action only if the applicant specifically requests one be sent to the authorized representative.

Even if the county fails to send a notice of action to the authorized representative upon the request of a competent applicant, that applicant would be responsible for filing a timely hearing request. The failure of the county to send a notice of action to the authorized representative would not be a basis for a judge to find jurisdiction if the competent claimant filed an untimely hearing request after receiving an adequate notice of action.

If the applicant is not mentally competent, and the county is made aware that the applicant is incompetent, the county is obligated to send a notice of action to the person completing the Medi-Cal application as well as to the applicant or beneficiary. If the person completing the Medi-Cal application designates someone else to receive county correspondence on behalf of the Medi-Cal applicant, the county must send any notice of action to that person.

The county is obligated to have the person completing the Medi-Cal application on behalf of an incompetent claimant complete a DHS 7068 form designating to whom the county should send all correspondence, including notices of action.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - April 10, 2002*

Item 02-04-02I

ACIN I-13-02 February 20, 2002 (Synopsis): State Minimum Wage Increase and FSET Requirements

MPP §63-407.85 defines work participation requirements for persons assigned to FSET. For each month a food stamp household is assigned to an FSET work component, the required hours of participation are determined by dividing the household's monthly food stamp allotment by the higher of the state or federal minimum wage.