
on facts clearly demonstrating that the beneficiary is no longer eligible for Medi-Cal under any basis' may the beneficiary's Medi-Cal eligibility be terminated".

The DHS has not advised the State Hearings Division of any position it has taken on this case. Judges are reminded that they should write any case involving an SB 87 issue in Ramos cases as proposed decisions. Judges should also write proposed decisions on any other case involving SB 87 that is not in conformity with DHS policy.

Proposed decisions regarding SB 87 should be directed to:

Marlene Ratner,
Department of Health Services
Medi-Cal Eligibility Branch
714 P. St. Rm 1692
Sacramento, California 95814

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

Item 02-05-01D

Payment of the Medicare Part B Premium to Establish Eligibility for the Aged and Disabled Federal Poverty Level Program

All County Welfare Director's Letter (ACWDL) 01-18 dated March 16, 2001 provided questions and answers regarding the Aged and Disabled Federal Poverty Level (A&D FPL) program. In the answer to question 8 of that ACWDL, it was stated that a person could pay a health care premium to qualify for the A&D FPL program.

The CDHS has determined that this answer only applies to health insurance premiums, and not to the Medicare Part B premium. That is, after the first two months on Medi-Cal, per Title 22 CCR § 50773, the CDHS makes the payment of the Medicare Part B buy-in on behalf of the Medi-Cal beneficiary. This payment is made per an agreement between the CDHS and the Social Security Administration.

Under the current agreement between the CDHS and the Social Security Administration, the CDHS may not permit a Medi-Cal recipient to opt out of the Medicare Part B buy-in on an individual basis.

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

Item 02-05-01C

The \$20 Any Income Deduction

Title 22 CCR §50549.2 says:

There shall be a deduction of \$20 from the combined nonexempt unearned income of all aged, blind, or disabled MN persons and the spouse or parents of these persons.

If two aged, blind or disabled persons in the same MFBU each receives unearned income, such as two spouses who both receive Social Security benefits, the county should only allow one \$20 deduction in computing the share of cost for the MFBU. However, if the MFBU is divided into multiple Mini-Budget Units (MBUs), each MBU may receive its own \$20 unearned deduction.

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

Item 02-05-01B

Medi-Cal Card Issued More than One Year Subsequent to Date of Service

Title 22 CCR §50746 states the following:

The county department shall not provide a Medi-Cal card or request that a Medi-Cal card be issued by the Department to any Medi-Cal beneficiary more than one year subsequent to the month of service, unless one of the following conditions is met:

- (1) A court action requires that a Medi-Cal card be issued.
- (2) An adopted state hearing decision or other administrative hearing decision requires a redetermination of eligibility which results in the beneficiary's entitlement to a Medi-Cal card.
- (3) An adopted state hearing decision states that, due to county department or Department administrative error, a Medi-Cal card for a month was not received by the beneficiary.
- (4) The Department requests that the Medi-Cal card be issued.
- (5) The county department determines that an administrative error has occurred.

In some cases a claimant will request a hearing because he/she has received a bill for medical services rendered more than one year ago. The claimant was a Medi-Cal recipient at the time the medical services were rendered. For one reason or another, the medical bill was unpaid. The claimant now seeks to have Medi-Cal pay the unpaid bill.

Section 50746 explains under what circumstances the county or DHS may provide a Medi-Cal card more than one year from the date of service. This newsletter item addresses what an Administrative Law Judge may do if none of §§50746(a)(1), (2), (3) or (5) above apply. The following example illustrates the issue:

A claimant was rushed to a hospital by emergency ambulance in March 1996. A Medi-Cal application was taken on behalf of the claimant at the hospital. Medi-Cal was