



SB87 GUIDE: CHANGES IN THE MEDI-CAL ELIGIBILITY DETERMINATION PROCESS

- WHAT:** SB 87 **changes** the way Medi-Cal eligibility is determined. SB 87 gives your clients a **new set of protections** to make sure their Medi-Cal is not terminated unnecessarily when their circumstances change.
- WHO:** SB 87 applies to **all** Medi-Cal recipients, regardless of whether they have ever received CalWORKs.
- WHEN:** **Anytime** your clients' circumstances change in a way that **affects Medi-Cal eligibility**, the county **must** redetermine eligibility.
- HOW:** SB 87 **replaces** old procedures; it does not merely supplement them. The burden is on the counties to follow a new three-step process to find **any possible way** your clients can be eligible for continued Medi-Cal.

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NOTE: The state has not yet finalized instructions on implementation of SB87, most notably for disability/SSI cases. Thus, these materials are preliminary and will be updated as the state issues additional instructions and ultimately issues regulations on SB87.

A. What is SB87?

SB 87 is a new law, effective July 1, 2001, that says that counties cannot cut Medi-Cal unless they first follow specific steps and clearly demonstrate that the beneficiary is ineligible for *all* Medi-Cal programs. The county must “redetermine” eligibility before cutting benefits, whether the beneficiary was receiving CalWORKs or not.

When your client’s circumstances change in a way that affects Medi-Cal eligibility, the county *cannot* automatically terminate Medi-Cal or tell your client that she must do something to avoid losing Medi-Cal. Instead, the county *must* follow three specific steps to try to support a finding of eligibility: 1) a thorough *ex parte* review; 2) phone contact if necessary, and finally 3) sending a special form if necessary. The county must look for *any possible way* that your client could continue to get Medi-Cal. This should make it very difficult to lose Medi-Cal.

The new process was designed to prevent unnecessary terminations (and re-applications). If your county is doing it right, this “seamless” process allows people to move freely from program to program without unnecessary breaks in coverage.

B. When does SB87 apply?

Think of SB87 as a complete re-working of eligibility redetermination procedures. *Any time* the county learns of any change in circumstances that could affect eligibility for Medi-Cal, the county will redetermine eligibility using the new procedures in SB87. This means that SB87 applies to CalWORKs discontinuances, Medi-Cal Only cases, cases where a client loses SSI, cases where the beneficiary loses any Medi-Cal linkage and alleges a disability, *and any other situations* where a beneficiary’s circumstances change in a way that affects Medi-Cal eligibility. To help remember when SB 87 applies, you might use the following mnemonic device:

M edi-Cal
E ligibility
D etermined
I f
C hange in circumstances
A ffects
e L igibility

Remember that not all changes in your clients’ lives affect Medi-Cal eligibility. Think of the eligibility criteria: What linkage does your client have? What residency? What income and resources? The answers to those questions make up a set of facts. That set of facts is what the county uses to determine eligibility. Anytime that set of facts changes, the county redetermines eligibility. **BUT**, if other facts in your clients’ lives change that do not impact Medi-Cal eligibility, the county does not need to redetermine Medi-Cal eligibility, and your clients continue to receive Medi-Cal benefits.

C. When does SB87 NOT apply?

Remember that not all changes in circumstances affect Medi-Cal eligibility. Redetermination is only necessary when your clients' circumstances change in a way that does affect Medi-Cal eligibility. The most common examples of changes in circumstances that do not affect Medi-Cal eligibility are:

- 1. Most CalWORKs discontinuances:** In most cases, leaving CalWORKs should not affect your Medi-Cal eligibility. When you lose CalWORKs, you don't necessarily lose Medi-Cal. So, if you leave CalWORKs for a reason that *does not* affect Medi-Cal eligibility (such as failure to turn in the CA7, non-cooperation with WTW requirements, or reaching the 60 month time clock), you *do not* need to be redetermined for Medi-Cal.
- 2. Children:** As of January 1, 2001, children under 19 have twelve months of continuous eligibility, which means that they do not lose their Medi-Cal when their circumstances change. However, the county will redetermine their eligibility at the annual redetermination date.
- 3. Former Foster Care Children:** As of January 1, 2001, foster children who "age out" of foster care stay eligible for no share-of-cost Medi-Cal even when their circumstances change, until age 21. These children will not need to be redetermined even with their circumstances change except for very limited situations, such as when they move out of state.
- 4. Impossible to Be Found Eligible:** When the county has proof of a fact or circumstance that would make it impossible for your client to be eligible, even with a full determination, the county must document that fact in the case file and certify that a full determination cannot support eligibility. Then, the county does not have to redetermine eligibility. The county terminates benefits by sending a 10-day termination NOA. This is a very narrow exception - the only known examples are when the county *has proof* that your client 1) has died, 2) has moved out of state, or 3) is incarcerated.

D. What is the new process that SB87 created?

SB 87 changes the way eligibility is determined. It replaces old procedures; it does not merely supplement them. The county must follow three specific steps to gather information to do a redetermination. The county is not allowed to skip steps and must follow specified timelines to allow you time to respond to any contact.

- 1. Step One: Ex Parte Review:** The county must make every reasonable effort to gather information about your eligibility before contacting you. Ex parte is Latin and means "without client contact." Before contacting your client, the county must review 1) the Medi-Cal, CalWORKs, and Food Stamp case files for your client and immediate

family members that are open or were closed within 45 days; 2) all county accessible information systems (such as IEVS, SAVES, EDD/SDI, SDE, and BDE); 3) all redetermination, recertification, and reporting information from any Public Assistance (PA) program; and 4) any other available records.

2. Step Two: Phone Contact: If the county cannot find the necessary information on its own after completing Step One, it must try to reach you by phone and may collaborate with community-based organizations to reach you.

3. Step Three: Request for Information Form and Appropriate Timelines: If the county cannot find the necessary information after completing Steps One and Two, it must next send you a “Request for Information” form that clearly highlights only the information that it needs to do a redetermination.

*******IMPORTANT ADVOCACY TIP*******

Note that the county *cannot* request information that:

- 1) has been provided previously;
- 2) is not absolutely necessary to complete the eligibility determination; *or*
- 3) that is not subject to change (such as birthdates or SSN’s).

If your client receives either a phone call or anything in the mail asking for any such information, the county has violated SB 87. Your client does not have to provide the information. Cite to Welf. and Inst. Code §14005.37(g).

E. What New Protections Does SB87 Provide for my Clients?

Due Process is the notion that a government entity cannot take away, reduce, or significantly change a benefit or other government entitlement your clients have without giving specific protections, including notice of the adverse decision and an opportunity to be heard. Some common examples of due process protections are NOAs and administrative hearings. SB 87 adds new protections for Medi-Cal beneficiaries. There are three types of new protections.

1. First, SB87 prohibits the counties from cutting Medi-Cal benefits without first following three specific steps, listed above.
2. Second, SB87 requires the counties to send specified notices to beneficiaries about redetermination and continued eligibility.
3. Third, SB87 requires counties to follow specified timelines.

NOTICES:

SB 87 includes several new notice requirements. They are as follows:

1. *Notice With CalWORKs Termination:* The county is required to give notice about continuation of Medi-Cal with every CalWORKs termination notice. The notice must state that:

- a. Medi-Cal will continue;
- b. Receipt of Medi-Cal will not affect CalWORKs time limits;
- c. Monthly reports and QSR's are not required but annual reaffirmation forms are;
- d. Significant changes that may affect eligibility must be reported within 10 days;
- e. A phone number to call for information; and
- f. A statement that your Eligibility Worker will not change, or if your worker has changed, the name, address, phone, and hours of the new worker.

2. *Cover Letter with Request for Information Form:* The Request for Information Form must come with a simple letter. DHS has issued one form with ACL 01-33. However, consumer advocates are working with DHS to improve upon that form and make it more user-friendly and to make it more likely that beneficiaries will respond and continue to get benefits. Under SB87, the cover letter with the Request for Information Form must state:

- a. Why the form is necessary;
- b. That you don't need to receive CalWORKs to receive Medi-Cal;
- c. That Medi-Cal doesn't count toward any CalWORKs time limits;
- d. The various bases for Medi-Cal eligibility, including disability;
- e. That even people who are employed can receive Medi-Cal, and
- f. A phone number to call for more information.

3. *Notice of Program Client is Redetermined Into:* SB87 requires the county to give beneficiaries notice of the new program they are placed in when they have been redetermined. DHS has issued some such notices with ACL 01-33. We are encouraging the state (and counties that revise forms) to simplify these forms. If your county revises its own forms, please contact us to work on this.

These forms are important because they tell beneficiaries whether they have a share of cost, whether they are eligible for Transitional Medi-Cal (TMC), whether they have full-scope Medi-Cal, and many other important details that differ from program to program. Also, this helps clients and advocates determine which rules apply. These notices must state that:

- a. Your Medi-Cal will continue under another program;
- b. The name and an explanation of the program;
- c. Continued receipt of Medi-Cal will not affect any CalWORKs time limits;
- d. You do not need to fill out monthly or quarterly status reports to keep your Medi-

- Cal, but you do have to submit an annual reaffirmation form; and if you are eligible for TMC, an explanation of the reporting requirements, duration of benefits, and the redetermination that will occur when TAC ends;
- e. You must report significant changes that may affect eligibility within 10 days;
 - f. A phone number to call for information; and
 - g. Your Eligibility Worker will not change, or, if your worker has changed, the name, address, phone number, and hours of your new worker.

TIMELINES:

SB87 requires counties to follow specified timelines during eligibility determination:

- ***Time to respond:*** Your client has at least 20 days from the date the Request for Information form is mailed to respond.
- ***Form Returned Marked Undeliverable:*** If the county is redetermining eligibility due to loss of contact, evidenced by return of mail as undeliverable, and the Request for Information form is returned marked undeliverable, the county may send your client a termination notice, which must be sent at least 10 days before the termination date, must explain why you are losing Medi-Cal, and must explain your client's right to ask for a hearing.
- ***Failure to Return Form:*** If 20 days have passed and your client has not submitted a completed Request for Information form, the county sends a Notice of Action stating that your client's Medi-Cal will be terminated 10 days from the date of the notice, with reasons why, unless your client submits the form before the end of 10 days.
- ***Return Incomplete Form:*** If your client returns an incomplete form within 20 days, the county must try to contact your client by phone and in writing for missing information. If your client doesn't respond within 10 days, the county sends a 10-day notice of termination. (See above requirements of a 10 day notice).
- ***Rescind Termination if Submit Form After Termination:*** If your client submits a completed form within 30 days of termination, the county must determine eligibility as if the form was submitted on time and put your client back on Medi-Cal without making her reapply.
- ***Termination After Finishing Three-Step Process:*** After the county does its own review, contacts your client by phone and by Request for Information procedures, if the information gathered does not support any basis of eligibility, the county may terminate Medi-Cal only if all due process requirements have been met.

F. Specific Instructions for Medi-Cal Only Cases

DHS' instructions to counties thus far do not state clearly enough that mandating 1931(b) eligibility for CalWORKs discontinuances *is only one of many things SB87 does*. We have communicated to the state our concern that this will reinforce the incorrect notion that SB87 changes only apply to CalWORKs cases. We have asked the state to issue the following clarifying language:

The new SB 87 procedures apply to all Medi-Cal Only cases, not just CalWORKs discontinuances. This means that counties **must replace** any existing Medi-Cal Only determination procedures with the new SB87 mandates process. Counties **must not** use existing procedures, even if they are similar to the SB87 process. Counties must follow all three steps (ex parte review, followed by phone contact and Request for Information form and response) in order and may not skip steps.

Counties must follow the new process anytime a beneficiary in any Medi-Cal program has a change in circumstances that affects Medi-Cal eligibility. This includes beneficiaries in minor consent, FPL programs, 250% Aged and Disabled program, foster children (except former foster children, see special rules below), 200% pregnancy program, and all other Medi-Cal programs. During redetermination, the beneficiary stays in the existing aid code and continues to receive Medi-Cal benefits.

When your clients are in Medi-Cal Only cases, check carefully to make sure your county is following these guidelines, and clearly understands that SB87 applies fully to all Medi-Cal Only cases.

G. Specific Instructions for CalWORKs Discontinuances

In most cases, leaving CalWORKs should not affect your clients' Medi-Cal eligibility. This is because after welfare reform, Medi-Cal is "delinked" from welfare. Getting Medi-Cal *does not* depend on whether or not you get CalWORKs. When you lose CalWORKs, you don't necessarily lose Medi-Cal.

So, if your client leaves CalWORKs for a reason that *does not* affect Medi-Cal eligibility (such as failure to turn in the CA7, non-cooperation with WTW requirements, or reaching the 60 month time clock), she *does not* need to be redetermined for Medi-Cal. Your client will continue receive Medi-Cal, and the annual redetermination date will be the same as for the CalWORKs case, no earlier than 12 months from the most recent CalWORKs redetermination

However, as described briefly above, the county will redetermine eligibility if your clients leave CalWORKs for reasons that *may* affect Medi-Cal eligibility (such as when your income or resources go up significantly or when your only child leaves the home).

H. Specific Instructions in Cases Where Beneficiary Alleges a Disability

DHS has not resolved many important issues about how to apply SB87 to persons with disabilities, or persons who allege disability when they lose other linkage. There are several unanswered questions, but also a few points we can make now.

1. Medi-Cal Benefits Are Still Active

A person who alleges disability when she loses other Medi-Cal linkage is entitled to receive ongoing Medi-Cal benefits pending the disability determination. In further instructions, DHS will remind counties that when a disability determination is pending, persons should continue to receive Medi-Cal.

2. Counties Cannot Establish Their Own Disability Determination Guidelines

Until instructions on conducting disability reviews are issued, counties are *not* allowed to establish guidelines to determine whether Medi-Cal benefits continue pending the disability determination. In other words, all beneficiaries get continued Medi-Cal pending a disability determination. In a meeting in August, DHS agreed with us on this point and agreed to instruct counties accordingly.

3. New Aid Codes For People Who Allege Disability When Losing Linkage

First, 6J is the transitional aid code only for no-share of cost full scope cases where the only potential basis for eligibility is the claim of disability. Aid Codes 6R, 5J, and 5R also are similar aid codes that are either restricted and/or share of cost. Second, in cases where a person may claim disability but is eligible on another ground, these individuals remain in their existing aid code pending the redetermination on non-disability grounds. We have asked DHS to clarify how and when the new Aid Codes are to be used.

4. People Who Lose SSI: SB 87 Offers More than *Ramos* and Aid Paid Pending; Supersedes *Ramos*

We have asked DHS to explain how, in disability procedures, SB 87 procedures will be applied to persons currently in a disability-based category (e.g., ABD-MN) who are determined no longer disabled but who disagree or claim a new or different disability. (We believe that SB 87 must be complied with before sending a NOA and thus a request for Aid Paid Pending can be made.)

Also, DHS has failed to explain how SB87 procedures will be applied to persons losing SSI and going through the Ramos redetermination procedures.

We are seeing many cases in which people who lose SSI are being terminated from Medi-

Cal in violation of SB87. We have asked DHS to immediately correct these problems. Specifically, we have asked DHS to 1) stop following the superseded Ramos procedures that are no longer good law, 2) fully and quickly implement the bill with input from the advocacy community; 3) stop imposing burdensome, illegal requirements on beneficiaries that violate SB 87 (such as sending the Ramos packet and cutting of benefits when it is not returned); and 4) stop using notices that are not in compliance with SB 87.

A. **Prior, Superseded Law:**

Prior to SB 87, people who lost SSI because they were deemed no longer disabled could appeal the SSI determination and get aid paid pending – ongoing full scope Medi-Cal pending the SSI appeal. Under Ramos, people who lost SSI for reasons other than being deemed no longer disabled, such as increased income, were given one free month of SSI to allow time to re-apply for Medi-Cal. SB 87 offers broader protections than Ramos and must be followed in cases that were formerly Ramos cases.

B. **Procedures Under SB 87**

Under SB 87, no SSI recipient should lose Medi-Cal because she fails to comply with burdensome requirements that are imposed despite being prohibited by SB 87. Under prior law, beneficiaries who lost SSI were mailed a Ramos packet and could be terminated for failing to return it completed within specified timelines. SB 87 supersedes these procedures by prohibiting the state or county from terminating Medi-Cal before following specific steps.

The state or county must attempt to support eligibility by conducting an ex parte review, by making phone contact if necessary, and by sending an MC 355, the Request for Information Form, if necessary. Through this process, the state and counties are prohibited from seeking any information that 1) is not absolutely necessary to the eligibility determination; 2) has been previously provided; or 3) is not subject to change. Welf. and Inst. Code § 14005.37. ***Terminating benefits for failure to comply with Ramos violates these provisions.*** When the state or county terminates benefits because the beneficiary fails to return a Ramos packet, this violates SB 87. The burden remains on the state or county to keep beneficiaries' Medi-Cal active until they can affirmatively show that the beneficiary is no longer active, following the procedures in SB 87. Welf. and Inst. Code §14005.37(d).

C. **Look Out for Incorrect, Illegal Notices**

We have seen numerous cases in which beneficiaries who have lost SSI receive illegal notices that do not comply with SB 87 or other existing law. Since the July 1 implementation date, DHS continues to issue illegal notices that:

1. State that the beneficiary will “need to contact the county welfare department to apply for Medi-Cal.”

2. Encourage the beneficiary to withdraw a hearing request, stating that “I understand that I may apply at the county welfare department for continued Medi_Cal coverage.”
3. State that “If you want to continue your Medi-Cal coverage, you must take the following actions: complete the enclosed applications and the statement of facts” and “If you do not follow these instructions, your Extended Medi-Cal Eligibility will end” on date specified. “If you want Medi-Cal again, you will have to apply at the county welfare department.”

If your client gets notices like these, cite to Welf. and Inst. Code §14005.37. These notices are illegal because they mislead the beneficiary into thinking that her Medi-Cal is no longer active and that s/he must take specified actions, including applying again, to get Medi-Cal. This must stop. This violates Welf. and Inst. Code §14005.37, which places the burden on the county to determine eligibility. Specifically, §14005.37(e) states the county must make all reasonable efforts to determine eligibility “prior to contacting the beneficiary.”

F. Where do I find authority for the new changes?

Statutes: SB87 was codified in the California Welfare and Institutions Code (WIC), amending §14005.81 and adding §§14005.31, 14005.32, 14005.33, 14005.34, 14005.35, 14005.36, 14005.37, 14005.38, and 14005.39.

Regulations: SB87 allows the state to issue instructions to the counties by All County Letters (ACL’s) or similar instruction, and by regulation thereafter. As far as we know, there has been no movement to draft regulations yet, so the ACL’s are the sole instructions by the state.

All County Letters: The state (DHS) has issued ACL’s 01-17, 01-33, 01-36, 01-39, and 01-59 on implementation of SB87, and is currently compiling a set of Questions and Answers on SB87 and will issue them in another ACL. We have submitted several sets of comments on those Q&A’s and expect the final version in November. Also, DHS is working on instructions and forms for eligibility determination in disability cases, including instruction on determining disability.

Medi-Cal Eligibility Manual: DHS will revise the Medi-Cal Eligibility Manual to comply with SB87. We hope to work with DHS on this process and would like any input you have as to how it should be done.

County Directives: Many counties issue their own policy directives. Your county may have drafted or issued one. If it has, please let us know. We would like to work with you to make sure your county complies with these new changes.

Quiz Questions on SB87

1. Rick is a single dad with two daughters. They receive 1931(b) Medi-Cal. Rick loses custody of his kids, and Medi-Cal sends a termination notice. Has SB87 been violated?
 - a. Assume that before the county sends a termination notice, you get the Eligibility Worker on the phone and remind her she has to do an ex parte review. She hasn't heard of that before, and reluctantly agrees. She says "Fine, I'll review the Medi-Cal file one more time." What should you tell her?
 - b. Instead, the EW tells you, "No, we only do the ex parte for people who leave CalWORKs." Is she right?
 - c. Instead, the EW tells you, "We have a process for that. When somebody loses Medi-Cal, we call them twice, then if we can't reach them we send a 10 day termination notice and document it in the case file." What should you tell her?
 - d. Assume you get the EW to do an ex parte review. Rick calls you to tell you he got a confusing phone message from his EW. You talk to the EW, and she says she called Rick because she couldn't find information to support eligibility in any of Rick's files. Did she do everything she was supposed to under SB87?
 - e. Assume you get the EW to do a proper ex parte review. After the ex parte review, the EW calls Rick and asks him if he thinks he's eligible for Medi-Cal any other way, and asks him to verify his income. Has the EW done anything wrong? If Rick says he is disabled, what should the EW do?
2. Will and Jill are a married couple with one child, Bill, who just turned 18 last month. This month, the family received a 10-day termination NOA stating that all three family members were losing Medi-Cal. Is this correct under SB87? Why or why not?
3. Instead of sending the family a termination NOA, the county sent the family a form with the heading "Request for Information Form," asking for information about family composition and household income. Are there any SB87 violations? If so, what should the county have done instead, and what authority would you use to tell the Eligibility Worker, or to allege violation at hearing?
 - a. Now, assume the son Bill is 15 years old, not 18. Jill calls the Eligibility Worker and leaves a voicemail telling her that Will has moved out, and now only Jill and Bill live in the home. Under SB87, what should the Eligibility Worker do next?
 - b. Now, assume that mother Jill and son Bill have been living in the home, father Will has moved out, and Jill gets a new job with a huge pay increase, so the family is above

income for Medi-Cal and Healthy Families. Should Jill lose her Medi-Cal? Should Will? What should happen under SB87?

4. Lisa is 72 and gets Medi-Cal. She learns she has diabetes, so she goes to stay with her daughter in Arizona for a while. Her friend checks her mail while she is gone and finds a termination notice from Medi-Cal. Is this right under SB87?
 - a. Instead of a termination, Lisa's friend finds a form that asks Lisa to verify her residence within 10 days, or else she'll lose Medi-Cal. Is this right under SB87?
5. Margo and her daughters Marcela (age 16) and Marva (age 6) receive CalWORKs. Margo and Marcela receive 1931(b) Medi-Cal, but Marva does not because she has private health insurance through a medical support order from her father. Is the county correct if it sends the family a Medi-Cal termination NOA for the following reasons:
 - a. Margo fails to turn in her CA7 form?
 - b. The family hit the 60 month time clock for CalWORKs?
 - c. The children left the home to live with Grandma?
 - d. Margo (mom) got a raise at work which made the family ineligible for CalWORKs?
 - e. Margo (mom) missed a Job Club appointment?
 - f. Margo (mom) refused to get fingerprinted under the Statewide Fingerprinting Imaging System (SFIS) requirement?
 - g. Marcela's dad bought her a new car?
 - h. Marva hasn't been immunized?
6. Assume the family lost CalWORKs because mom got a raise and the family was above income for CalWORKs, so the Medi-Cal EW began an ex parte review. The county checked the CalWORKs file and the Medi-Cal file to see if the family still qualifies for Medi-Cal.
 - a. The EW couldn't verify income through either file, so she called Margo to ask about the raise and to find out the family's income. Is this right?
 - b. While the EW has Margo on the phone, she asks Margo to verify the children's birthdates and what type of vehicle Margo is driving. Is this right?

- c. Assume the EW called Margo but Margo wasn't home, so the EW sent a Request for Information Form to the family asking for verification of income and SSN's for Margo, Marcela and Marva. Is this right under SB87?
4. Assume that the EW got ahold of Margo on the phone, and told her that the family would lose Medi-Cal if she didn't send in her pay stubs. Is this right?
5. Assume that the EW got ahold of Margo on the phone and told Margo that they weren't eligible for Medi-Cal because they lost CalWORKs. Is this right?
6. On the phone, Margo then told the EW that she thinks she is disabled because she has just been diagnosed with breast cancer. The EW tells Margo she better apply for SSI. Is this right? Is there anything else the EW should do?
7. Olga receives Medi-Cal because she is in foster care. When she turns 18, she leaves her foster home and moves in with her boyfriend, who has a good job and pays most of the bills. Olga receives a notice at her new apartment that she has lost her Medi-Cal. Is this right? Under SB87, what should happen to Olga?
 - a. Assume that Olga is now 20 and lives by herself. She is still getting Medi-Cal when she gets a great job herself, and makes about \$40,000 a year. She reports this income change to Medi-Cal at her annual review, and subsequently gets a termination NOA. Is this right?
 - b. Instead of receiving a termination notice, Olga gets a notice that says she now has a share of cost due to increased income. Is this right?
8. Arlene receives Medi-Cal based on a disability. Then, Arlene loses her SSI benefits. The county learns about this from the Social Security Administration and does an ex parte review and determines that Arlene is no longer eligible for Medi-Cal. The EW then calls Arlene but doesn't reach her. She then sends Arlene the Request for Information Form, asking for any information that might make her eligible, but without requesting any specific type of information. Arlene sends the form back 15 days later, with nothing written on it. What should happen next?
 - a. Instead, assume Arlene sends the form back and has written on the bottom of the form, "I need Medi-Cal for my disability." What should happen next?
 - b. What if it has been 25 days when Arlene sends the form back?
 - c. What should the EW do if Arlene doesn't return the form at all?
 - d. If the EW sends a termination notice, and 25 days later, Arlene submits the form, what

should the EW do?

9. Your client Roberto and his daughter Rosa lose CalWORKs. After conducting an ex parte review, assume the EW cannot find any basis for eligibility. The EW then sends the Request for Information Form, asking Rick to verify his income and his household composition, and requiring him to sign the form. Has the EW done anything wrong?
 - a. Assume Roberto sends the form back without any verifications of these things. What should happen next?
 - b. Assume Roberto returns the form, and the EW determines that Rosa is eligible for Medi-Cal, but Roberto isn't. What must the EW do next?
10. Your client Elisa and her daughter Sarah receive Medi-Cal. At annual review, Elisa reports that she just found out she was pregnant. Two months later, Elisa buys a new car and reports that change to their EW in writing. The EW then does an ex parte review based on this phone call, but can't find the information to fully determine eligibility. She calls Elisa, but doesn't reach her, so she sends the Request for Information Form and asks for verification of pregnancy, information about the new car, and a list of all of her resources and their value. Did the Eligibility Worker do anything wrong?

BONUS QUESTIONS:

1. Your client Marcus receives Medi-Cal for himself and his son Lonnie, with a share of cost of \$125. At annual review, your client Marcus reports that he has a new child support order Rhoda, who lives with her mom, and he has also agreed to pay for Rhoda's child care costs too. You have a little extra time on your hands, so you decide to review SB87 for kicks. Is there anything in SB87 that would help Marcus?
2. Bonnie used to get free Medi-Cal with no share-of-cost, but lost it recently, and has alleged a disability. Pending the disability determination, what aid code should Bonnie be placed in? Should she have a share of cost?
3. Linda and her daughter Ruthie get Medi-Cal, but her son Ralph gets health care through a medical support order from his father Albert. The whole family gets CalWORKs. The family left Ralph's father because he became physically abusive. Linda refuses to talk to anyone about Albert's whereabouts, including the EW's or the DA. Should anyone in the family lose Medi-Cal?
 - a. Assume Linda doesn't know where Alberto is. Does that make a difference?
 - b. Assume Albert had started to be abusive when he learned Linda was pregnant. Does this make any difference as to who (if anyone) loses Medi-Cal?