

## 11. Denials/Discontinuances/Suspensions

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### 11.1 Denial or Discontinuance Due to Lack of Information, Non-cooperation, or Loss of Contact

#### 11.1.1 *Balderas v. Woods*

The 1980 *Balderas v. Woods* court order requires that two contacts be made before denying or discontinuing an individual from cash assistance in order to avoid unnecessary fair hearing requests and help resolve eligibility through attempts to contact the client. The Medi-Cal (MC) program established the same two contact policy before a MC case may be denied or discontinued.

#### 11.1.2 Reasons for Denial or Discontinuance

The application may be denied or eligibility may be discontinued if the Eligibility Worker (EW) has made a reasonable effort to assist the client and the client has failed, without good cause to:

- Provide sufficient information to make an eligibility determination.
- Provide the necessary verification.
- Cooperate in resolving incomplete, inconsistent or unclear information on the Statement of Facts (SOF).
- Respond to request to clarify information received from IEVS.
- Cooperate with the District Attorney's office to establish paternity or obtain medical support and payments.
- Assist the Department of Health Care Services (DHCS) in pursuing any third parties who may be liable to pay for medical care, services or support.
- Keep the EW informed of their whereabouts resulting in a loss of contact. (Mail sent to the client must be returned by the U.S. Post Office marked "whereabouts Unknown, Not Deliverable, etc." for a loss of contact determination).

**Reminder:**

Applicants with limited English proficiency and/or applicants with disabilities may require interpretive or additional assistance throughout the application process. EWs must inform all applicants/clients of their rights to ask for an interpreter if they have difficulty speaking or understanding the English language. EWs must take appropriate steps to make sure that alternative communication services are available to all MC applicants/clients.

### 11.1.3 Two Contact Requirement

The EW must make sure at least two contacts are made with the applicant before denying MC benefits. The two contacts begin when a Mail-In Application/SOF is received. This policy does not apply to “No-Shows”. It only applies to clients who send an application by mail or have a face-to-face interview.

Other applicant contacts may occur before receipt of the MC application and are, in addition to the two contacts, required under the *Balderas v. Woods* lawsuit (i.e., EW receives new information via IEVS reports, or the applicant provides new information about income or property after providing the MC application).

**Note:**

EWs must only request information that has not been or cannot be e-verified by the Federal Hub.

#### First Contact

If the application is not complete and additional information is needed, the EW must make a verbal or written contact to request the information and allow 10 calendar days to provide the information. All verbal communication must be thoroughly documented in the **Search Case Comments** window.

#### Second Contact

If the applicant does not provide the information or verification by the requested due date, the EW will make a second verbal or written contact to notify the client that the requested information was not received and allow 10 calendar days to provide the information. All verbal communication must be thoroughly documented in the **Search Case Comments** window.

**Note:**

This policy only applies to applicants, not Continuing cases.

### 11.1.4 Contact

Contact is a communication that meets the following requirements:

- Requests a specific information or action needed to complete the applicant's MC eligibility determination
- Provides a due date that the applicant must provide the specified information or complete the requested action
- May be either verbal or written. Verbal contact is defined as live communication between the EW and the applicant



#### Note:

Voice mail or answering machine messages left by the EW for the applicant are NOT considered verbal contact. However, if the client calls back and either talks to an EW or leaves a voice mail message with sufficient information to determine eligibility, the EW is not required to make another contact.

### 11.1.5 Documentation Requirements

#### Reasonable Effort

EWs must document the reasonable effort made on the **Search Case Comments** window by indicating that he/she has:

- Notified the client what is specifically needed.
- Asked the client if they have a problem or difficulty getting the information.
- Offered assistance, i.e., the EW can contact the Assessor's office for verification of real property, whether it is located here or elsewhere.
- Secured a copy of trust documents/wills for client by getting a release of information and calling the attorney, if necessary. (It is essential to read trust documents/wills to understand the true situation.)
- Consulted their supervisor (if necessary).

#### Two Contacts

The two contacts must be clearly documented in the **Search Case Comments** window.

Documentation must include

- The date of contact,
- The method of contact,
- The requested information and due date, and
- The result of each contact.

### 11.1.6 Relative Responsibility

Due to changes required by the *Sneede v. Kizer* lawsuit, relative responsibility and excluded child provisions must be considered before denying or discontinuing an applicant or client for failure to provide information. If eligibility for certain family members is cleared, only part of the family might be ineligible.



#### Example:

The family consists of a mother, her separate child, stepfather and their mutual child. All are requesting MC. All eligibility is cleared except for proof of the stepparent's earnings. There has been no further response to requests for additional information.

In this case, the EW has enough information to approve MC for the mother's separate child. Only mother, the stepfather and their mutual child would be denied for failure to provide information. Mother will be an ineligible member of her child's household.



#### Example:

A family of 4, married parents with mutual children apply for MC. Mom states that their 20-year-old has part time employment. All eligibility is cleared, but verification of the child's separate income is not provided. Only the 20-year-old would be excluded and denied for failure to provide information.



#### Example:

Mother, father and 2 mutual children are applying for MC. Proof of father's earnings is not provided. Since he is responsible for all persons in the household, all must be denied.

### 11.1.7 Subsequent Action

A person or family whose eligibility is denied or discontinued due to any of the [“Reasons for Denial or Discontinuance,”](#) page 11-1 may:

- Reapply at any time, including the original month of application.
- Have the denial or discontinuance rescinded if good cause exists.

### 11.1.8 Good Cause

For purposes of this section good cause includes, but is not limited to:

- The County fails to:
  - Provide the client with the required status report (MC 176 TMC) or MC Redetermination (RD) forms.
  - Inform the client that they may be discontinued if a status report or MC RD form is not completed and returned.
  - Properly and timely process the submitted status report, MC RD form, or other SOF.
- The post office fails to deliver the MC 176 TMC or MC RD forms in a timely manner.
- The client and the authorized representative fail to complete and return a status report or MC RD packet or provide the required information/verifications within the time limits, due to:
  - Physical or mental illness or incapacity.
  - The level of literacy combined with social/language barriers.

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## 11.2 Discontinuance Due to Death

### 11.2.1 Effective Date

Eligibility must be discontinued at the end of the month when a person dies.



**Note:**

A notice of action (NOA) must be issued. However, there is no ten-day NOA requirement.

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## 11.3 Denial/Discontinuance of Non-MAGI for No Linkage

Denial/Discontinuance of Non-MAGI for No Linkage requires two notices of action in the following circumstances:

- At Application, when an individual applies for Medi-Cal but is found ineligible for MAGI, screened for Non-MAGI, and found ineligible based on linkage.
  - An MC 239 Denial for Non-Modified Adjusted Gross Income Medi-Cal must be sent in addition to the appropriate MAGI denial.
- When an individual is discontinued from MAGI, screened for Non-MAGI, and found ineligible based on linkage.
  - An MC 239 Denial for Non-Modified Adjusted Gross Income Medi-Cal must be sent in addition to the appropriate MAGI discontinuance NOA.
- At Redetermination or Change in Circumstance when an individual no longer has linkage to Non-MAGI and These individuals must be evaluated for MAGI prior to discontinuance.
  - An MC 239 Discontinuance for Non-Modified Adjusted Gross Income Medi-Cal must be sent in addition to the appropriate MAGI discontinuance NOA.

**Note:**

The MC 239 Discontinuance for Non-Modified Adjusted Gross Income Medi-Cal and MC 239 Denial for Non-Modified Adjusted Gross Income Medi-Cal are only available in DEBS Forms Library and must be manually completed.

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## 11.4 Denial of Retroactive MAGI Medi-Cal for Income

The MC 239 Retro MAGI Denial has been created by the Department of Health Care Services and must be provided to individuals denied retroactive MAGI MC due to being over the MAGI income limit.

**Exception:**

Individuals who are denied MAGI for income, but approved for Non-MAGI in a retroactive month, must only be sent the Non-MAGI Approval NOA. The MC 239 Retro MAGI Denial must not be sent.

Individuals that are ineligible for both MAGI and Non-MAGI in a retroactive month due to income must receive both the MAGI and Non-MAGI denial of retroactive eligibility NOAs.

The MC 239 Retro MAGI Denial NOA is only available in DEBS Forms Library and must be completed manually. EWs must enter the appropriate citation based on the following chart:

Category	Aid Code	Citation
Parent/Caretaker Relative	M3, M4	CA W&I Code 14005.30, 14005.64
Adults 19-64	M1, M2	Code 14005.60, 14005.64
Full Scope Pregnant Individual	M7, M8	CA W&I Code 14005.22, 14005.225, 14005.64
Pregnancy Related Services	M9, M0	CA W&I Code 14005.64, Cal Code Regs., title 22 50262
Children 6-18 years old, 0-133% FPL	P5, P6	CA W&I Code 14005.26; Cal. Code Regs., title 22 50262.6
OTLICP	T1, T2, T6, T7	CA W&I Code 14005.26, 14005.64
Children 1-5 Years Old 0-142% FPL	P7, P8	CA W&I Code 14005.64; Cal. Code Regs., title 22 50262.5
OTLICP Children 1-5 Years Old, above 142%-266% FPL	T3, T4, T8, T9	CA W&I Code 14005.26, 14005.64
Infant under 1 Year Old, 0-208% FPL	P9, P0	CA W&I Code 14005.64; Cal. Code Regs., title 22 50262
OTLICP Infant Under 1 Year Old, above 208%-266% FPL	T5, T0	CA W&I Code 14005.26, 14005.64

## 11.5 Discontinuance for Whereabouts Unknown

When mail is returned as undeliverable, Eligibility Workers (EWs) must take the following steps:

- Document in case comments that the mail was returned as undeliverable, the date the mail was sent, the date it was returned as undeliverable, the form, letter, or notice mailed to the client that was returned, and what address was used.

**Note:**

The mail that was returned as undeliverable, including both the envelope and its contents, must be sent to IDM.

- Complete an ex parte review. This includes the client's case, electronic databases or verification services (i.e. MEDS), and CalWORKs (CW) and CalFresh (CF) cases of the client's immediate family members which are open or were closed within the last 90 days.

- If the information is not located via ex parte review, mail an MC 355 requesting only the current address and any other information that is necessary to redetermine eligibility and allowing 30 days for the client to respond. The MC 355 must be sent to the client's last known address.
- If the MC 355 is returned undeliverable or not returned by the client, mail a discontinuance Notice of Action (NOA)

### 11.5.1 Notice of Action

If an MC 355 is returned as undeliverable, the EW must discontinue with a NOA that includes the 90-day cure period language. The discontinuance NOA must list the missing information that is needed to determine eligibility, including that the address is not current. The NOA is not required to be mailed at least 10 days before the date of discontinuance. The EW must also document actions in Search Case Comments in CalWIN.

If an MC 355 is not returned and the missing information is not provided within 30 days, the EW must discontinue with a timely 10-day NOA that lists the missing information that is needed to determine eligibility and includes 90-day cure period language. The EW must also document actions in Search Case Comments in CalWIN.

If the only missing information to determine ongoing eligibility is the address, MC must be discontinued for Whereabouts Unknown. If the Whereabouts Unknown NOA does not have 90 day cure period language, it must be added:

“You have 90 days from the date you are discontinued to provide the needed information. If we do not get the information by [discontinuance date plus 90 days], you must reapply for Medi-Cal. If you return or otherwise provide the information requested above before [discontinuance date plus 90 days], and the information establishes continued eligibility, your eligibility will go back to the date you were discontinued as though you returned the form or otherwise provided the needed information timely. Welfare & Institutions Code, Section 14005.37(i).”

If any other information besides the address is needed to determine ongoing eligibility, discontinue for the appropriate reason (based on the other missing information) and send the appropriate NOA. The NOA must specifically list the address as information that was requested and not returned timely, in addition to any other missing information.

If a client provides updated address information and all other information that was requested within 90 days of the discontinuance date, EWs must immediately redetermine eligibility. If the client is found MC eligible, the discontinuance must be rescinded as if the information was submitted in a timely manner.



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## 11.6 Rescission of Denial and Discontinuance

### 11.6.1 Rescissions

A denial of an application or discontinuance of benefits must be rescinded in the following situations:

- An Appeals decision orders such action
- The County determines that the denial/discontinuance was in error.
- A client complies with the RD or CIC process. [Refer to “Redeterminations,” page 10-1].

### 11.6.2 Approval/Rescission Date

MC eligibility for these rescissions must be approved based on the date of the application that was denied or the first of the month following the month of discontinuance.



**Note:**

When MC is rescinded and benefits will be issued more than 12 months before the current month, a Letter of Authorization (LOA) must also be issued if the client received a bill(s) for any of the previous months. [Refer to “Letter of Authorization,” page 39-40]

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## 11.7 Reconsideration of Denials

### 11.7.1 Requirement

When an application has been denied due to lack of information or verification, the EW must establish whether there was good cause for failure to submit the required information when the applicant:

- Later provides the necessary verification within three months of the denial, or
- Requests an appeal.

## 11.7.2 Decision Chart

The chart below shows the required actions which must be taken:

If the applicant...	And...	Then the EW must...
Later provides the necessary verification within three months of the denial,	Good cause does exist (and the applicant provides evidence of good cause),	Rescind the denial and approve MC back to the date of application (if client is otherwise eligible).
Requests an appeal and submits the missing verification,	Good cause does exist (and the applicant provides evidence of good cause),	Rescind the denial and approve MC back to the date of application (if client is otherwise eligible). <b>Note:</b> Follow Appeals' instructions regarding the withdrawal of the hearing request.
Later provides the necessary verification within three months of the denial,	Good cause does not exist,	Document on the <b>Search Case Comments</b> window why good cause did not exist for the applicant's failure to submit needed information. The case remains denied.
Requests an appeal and submits the missing verification,	Good cause does not exist,	Document on the <b>Search Case Comments</b> window why good cause did not exist for the applicant's failure to submit needed information. The case remains denied, unless it is later rescinded through an appeal. <b>Important:</b> Make sure there is case documentation of EW attempts to assist the applicant in providing essential information.

## 11.8 Transfer Between Programs

### 11.8.1 Requirements

A person or family receiving MC under any program (i.e. CalWORKs) and whose eligibility is discontinued must be evaluated to determine if MC eligibility exists under any other program. A new application is not required.

The EW is not required to evaluate eligibility under another program when a client has been discontinued due to:

- Moving out-of-state
- Loss of contact and the Ex Parte process has been exhausted
- Death
- Aided in another County simultaneously

- Failure to cooperate in providing information needed to meet cash grant eligibility requirements, and those same requirements also apply to MC-only programs.

**Note:**

The Ex Parte process must be followed.

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## 11.9 Suspension of Medi-Cal Benefits for Incarcerated Individuals

SB 1147 and AB 720 require the suspension of MC eligibility, rather than discontinuance, for individuals who were MC clients at the time they became inmates of a public institution. In addition, SB 1147 requires that MC must be restored without a new application on the day the individual is no longer considered an inmate of a public institution, up to one year.

### 11.9.1 Program Requirements

SB 1147 and AB 720 applies to individuals who meet ALL of the following requirements:

- Are MC clients at the time of incarceration,
- Comply with all MC RD requirements during their period of incarceration,
- Remain otherwise eligible for MC during their period of incarceration,
- Are no longer considered an inmate of a public institution within one year of their incarceration date, and
- Are eligible on the day they are released.

The suspension of MC benefits ends on the soonest of:

- The date the individual is no longer an inmate of a public institution, or
- The end of the month of the one year period in which he/she became an inmate of the public institution, or
- The end of the month that the individual becomes ineligible for MC; (i.e., does not comply with the MC RD requirements).

### 11.9.2 Process for Suspending Medi-Cal Benefits

When the county learns of an individual’s incarceration, the EW must take the following actions:

**Table 55: Process for Suspending MC Benefits**

Review the household composition of the MC case.	
If...	Then...
The client is the only individual on the case.	<p>The EW must complete an SCD 1296 to have the aid code suspended on MEDS and mail the “Suspension of Medi-Cal Benefits for an Inmate” (MC 0377 S). The incarcerated individual will have an “I” in the OHC field in MEDS.</p> <p><b>Note:</b> No 10-Day Notice is required. The CalWIN case will remain open with the individual marked <i>In the Home</i> and <i>Requesting Assistance on the Collect Case Individual Detail Window</i>.</p>
The client’s case has additional household members,	<p>The EW must mail the “Suspension of Medi-Cal Benefits for an Inmate” (MC 0377 S).</p> <p>The individual must be marked <i>Not in the Home</i> and <i>Not Requesting Assistance</i> on the <b>Collect Case Individual Detail</b> window in CalWIN. The individual’s MC will be “suspended” by discontinuing them in CalWIN, rather than sending the transaction to MEDS.</p> <p>Eligibility must be reevaluated for the remaining household members, excluding the incarcerated individual. If the reevaluation results in a negative action, follow all noticing requirements.</p>

The following policy applies to suspended individuals:

- When MC eligibility is discontinued for an incarcerated individual while under suspension, he/she must receive a proper 10-day NOA about the discontinuance and the end of the suspension.
- For the first year of an individual’s incarceration, all standard redetermination requirements apply even though the individual is suspended. If redetermination requirements are not met for an incarcerated individual, suspension of MC eligibility must end with a proper 10-day NOA.
- If an incarcerated individual, who is a member of an open MC case that includes other family members, is eligible upon release, MC must be restored effective the day the juvenile is no longer considered an inmate of a public institution, without requiring a new application. If the family member’s case is discontinued prior to the incarcerated individual’s release, a pre-release application will be completed when they get a release date. [Refer to “Pre-Release Application (AB720),” page 33-17]
- When suspension ends due to release, the appropriate NOA must be sent to inform the family or caretaker relative that MC benefits are restored.

- All redetermination requirements still apply to incarcerated individuals. The Ex Parte process may be used for this purpose. If no changes are reported, the suspension continues until the end of the last month of the one year period of incarceration or the date of release, whichever is sooner.

### 11.9.3 MEDS

- To suspend eligibility for incarcerated individuals on their own case, an online MEDS transaction is used to report the incarceration information on the “Institutionalized Client Update” MEDS screen. MEDS will set an Other Health Coverage (OHC) Code value of “I” to identify suspension of MC.
- MEDS will end suspension of benefits on the date reported to MEDS reflecting either the date the juvenile is no longer an inmate of a public institution, or the first of the month following the month in which the juvenile loses eligibility during incarceration. The juvenile will be able to access MC covered services as of the Release Date entered into MEDS if they are still eligible for MC. The Health Insurance System (HIS) database will be updated immediately to show the day before the Release Date as the end date of the suspension.
- The ‘I’ OHC Code will still appear on the MEDS record until the following month but will not adversely affect the juvenile’s eligibility once the suspension end date is reported. When suspension of MC benefits ends because a juvenile is released, an appropriate NOA must be sent to inform the family or caretaker relative that MC benefits are restored.
- If an incarcerated individual who is the only member on the case becomes ineligible during the first year of incarceration or is incarcerated for more than one year, eligibility must be terminated. The EW must confirm that the termination action has updated MEDS and request an online MEDS transaction to report the suspension end date. This will remove the “I” OHC Code, which is necessary when eligibility and/or suspension ends for any reason. A proper 10-day NOA must be sent explaining the reason for termination of MC eligibility.
- If an individual is incarcerated for more than one year, MEDS will send an alert 60 days before the end of the suspension period to remind the EW to terminate MC eligibility at the end of the last month of the one-year period,. The EW must send a timely “Discontinuance of Benefits” (MC 0377 D) explaining the reason for discontinuance and the right to request a Fair Hearing.

### 11.9.4 Restoration of Benefits within One Year

When suspension ends because the individual is released within one year of the suspension date, MC eligibility must be restored as follows:

- For an incarcerated individual who is the only member on the case, submit an SCD 1296 to request to have the suspension lifted in MEDS. The CalWIN case will still be open and eligibility does not need to be reevaluated unless the individual reports new information. The “Suspension of Medi-Cal Removal of Suspension” (MC 0377 RS).

- For an individual in a case with other household members:
  - If the family's case is still open, the EW must mark the individual In the Home and Requesting Aid on the **Collect Case Individual Detail** window. Reevaluate the household's eligibility including the incarcerated individual.
  - If the family's case is closed, a pre-release application will be created prior to the individual's release.

**Reminder:**

After one year of suspended benefits, the individual will be discontinued. The individual can be added back to an open case or request benefits per the normal add a person or application process.

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## 11.10 Medi-Cal Eligibility for Juveniles Placed Temporarily in Juvenile Detention Centers

A juvenile will not, for MC purposes, be considered an inmate of a public institution when the minor is in a juvenile detention center before judgment due to care, protection or in the best interest of the child (e.g., Child Protective Services), if there is a specific plan for that person that makes the stay at the detention center temporary. This would include those juveniles awaiting placement but still physically present in juvenile hall.

The minor is eligible for MC if all eligibility requirements are met. Current MC regulations do not place any time limits on MC eligibility for these individuals.

**Note:**

This change impacts foster care eligible youths returning home with Wraparound Services.

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## 11.11 SSI/SSP Discontinuances and Denials due to Excess Income

Individuals who lose SSI/SSP eligibility due to these reductions will continue to have zero SOC MC as long as there are no changes that impact their MC eligibility. Responsibility for the maintenance of the MC eligibility is now transferred to the counties. This will make sure that the State receives the increased federal funding from the American Recovery and Reinvestment Act (ARRA) of 2009.

### 11.11.1 *Craig v Bontá*

Persons discontinued from SSI/SSP due to the decreases in the SSI/SSP payment standard are included in the existing monthly *Craig v Bontá* process. These individuals may be eligible for the new Federal Poverty Level for the Blind (FPL-B), Medicare Savings Programs (MSP), Aged & Disabled (A&D) FPL program or another MC program.

### 11.11.2 SSI Denials

Effective July 1, 2009, persons who are denied SSI will have their application for MC processed back to the date of the SSI application. The application will be processed by the Social Services Agency.

#### Date of Application

The date of application for MC is:

- The date the person applied for SSI, or
- The denial date (found on the SDX3 screen in MEDS) when the application date is a future date (an individual who is 64.9 years old applies for SSI), or
- The initial MC application date when the case is currently pending.



#### Note:

When the residency date is a later date, the EW must clarify with the client the actual residency date. The client's statement is acceptable.

### 11.11.3 Eligibility Requirements

The EW will complete the application started by Social Security Administration. Since Social Security Administration stops their eligibility determination at the first SSI/SSP eligibility criteria that the applicant does not pass, the EW may need to request more information and verification about identity, citizenship, income, property and/or disability evaluations.



#### Example:

The EW receives the above mentioned SSI/SSP denial for the purpose of processing the MC portion of the application. Social Security Administration documented the client's identity, citizenship and income but not the property or disability. The EW will request from the client information and verification of his property and submit a Disability Determination Service Division (DDSD) referral for his alleged disability.

**Note:**

The MC 355 can be used to request necessary documents or verifications for determination of MC eligibility.

### 11.11.4 Redeterminations

When the SSI/SSP application received by Social Services Agency is for a period exceeding 11 months from the original application date and MC eligibility is established in the application month and ongoing, a redetermination must be completed. The Intake EW must enter a Special Indicator, SSI Denial - RRR Overdue in CalWIN and transfer the case. The receiving office will review the case and mail a MC RD form to the client as well as a DDSD referral, if applicable.

**Example:**

Individual applied for SSI/SSP 3/1/2016. On 7/1/2017 he/she was denied SSI due to income and his/her MC application was transferred to Social Services Agency for processing. In July 2017, the EW completes the MC application process and approves MC back to 3/1/2016 and ongoing. Because the approval period covers more than 11 months from the date of approval, the MC redetermination is now due.

### 11.11.5 DDSD Referrals

Some of the SSI/SSP applicants may or may not have had a disability determination made by SSA so in some instances, a Disability Determination Service Division (DDSD) referral may be required to establish disability linkage. The EW should review the disability status and onset-date on [SDX3] screen to determine if the DDSD referral is needed or not. If the individual claims being disabled, the EW must complete a DDSD referral.

[Refer to [Medi-Cal Handbook Chapter 22](#) for DDSD referral criteria and procedures.]

### 11.11.6 Retroactive Benefits

SSI applicants can or may apply for retroactive MC benefits from the date of the SSI/SSP application. To prevent future system problems, before granting the case, it is important that the EW processing the MC application asks the applicant if he/she incurred any medical expenses in the retroactive months.

**Note:**

The “Supplement to Statement of Facts for Retroactive Coverage/Restoration” (MC 210 A) must be completed as applicable.



### 11.11.7 Continuing

A few individuals denied SSI will be in a currently open case. These individuals will be referred to the assigned district office for processing. The EW will proceed with the add-a-person procedures. [Refer to Chapter 11, "Date of Application," page-15]

### 11.11.8 Documentation

Because the SSI application date may be more than 45 days before the date the application is received by Social Services Agency from Social Security Administration, it is important for the EW to identify when it is a Social Security Administration delay and document in the **Search Case Comments** window in CalWIN.



**Note:**

This specific documentation is normally done at the point the case is registered in CalWIN by clerical.

### 11.11.9 Forms

Since Social Security Administration began the application process, an EW can contact the client to obtain any missing information necessary to complete a MC eligibility evaluation. The EW must mail the SSI/SSP Denials Medi-Cal Packet to the client. [Refer to [Medi-Cal Handbook Chapter 5.37.1](#) for the list of forms.]