

DEPARTMENT OF HEALTH SERVICES

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) 657-2941



October 26, 1993

MEDI-CAL ELIGIBILITY MANUAL LETTER NO.: 121**TO: All Holders of the Medi-Cal Eligibility Manual****REF.: E-Mail Nos. 92126, 93014, 93037, 93118, and 93156**

The purpose of this manual update is to inform you that ALL 58 counties will be receiving quarterly computer listings of pending and closed disability cases. The Department of Health Services (DHS) worked closely with the Department of Social Services, State Programs Bureau (DSS/SPB) to develop a system to generate these reports. SPB mailed the initial quarterly listings to specified counties during the first week of August 1993.

The August listings were ONLY sent to those counties that, when initially surveyed in late 1992, indicated they wanted to receive the pending and closed disability case listings on a routine basis. The content of the listings sent out were similar to those sent during the "test" run in January of this year. Enclosed with each listing was a cover letter, developed by SPB, which explained how to use the listings.

After the August mailing was completed DHS with the assistance of SPB and county staff participating in the Medi-Cal Applications Based on Disability committee determined that it would be beneficial for all 58 counties to receive quarterly status listings. The next mailing is scheduled to be released the end of October 1993. A cover letter, written by SPB, will ALWAYS be attached to each listing which will explain its use.

The new process will eliminate the requirement for counties to send a 70-day status letter. Specific procedures for the 70-day status letter is described on page 4A-14 of the Medi-Cal Eligibility Manual. These procedures are now obsolete. Counties should replace these obsolete procedures with the new enclosed Medi-Cal Eligibility Manual update.

All County Welfare Directors Letter (ACWDL) No. 93-77 provided counties with a combined list of Medi-Cal liaisons, district office codes, addresses and telephone numbers which will be used to disburse the quarterly status reports. A form (DHS 4033) was also enclosed with the ACWDL which counties were instructed to use when making a change to the existing list. This form will be available in the Department of Health Services Warehouse approximately November 1, 1993. The DHS Warehouse address is:

DHS Warehouse
1037 North Market Blvd., Suite 9
Sacramento, CA 95834

The following description identifies the reason for the revision to the procedure manual:

Procedure Revision

Description

Article 4A

Revised procedures for obtaining
status of pending DED cases.

Filing Pages:

Remove Pages:

Insert Pages:

4A-13 - 14

4A- 13 - 14

If you have any questions please contact RaNae Dunne of my staff at (916) 657-0714.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

1. If DED has determined that the applicant/beneficiary is disabled, approve the application as otherwise eligible or reclassify the case as disabled MN.

The approval of eligibility or reclassification as a disabled MN person shall be effective with the disability onset date or application date as appropriate.

2. If DED has determined that the applicant/beneficiary is not disabled, take the appropriate denial/discontinuance action on the application or continuing case.

B. Notification to DED of Changes While DED Referral is Pending

The county shall notify DED immediately in writing (via an MC 221) of the following changes if DED is in the process of making a disability determination:

1. Change in applicant's/beneficiary's address;
2. Change of applicant's/beneficiary's name or message telephone number;
3. Denial or discontinuance of the applicant/beneficiary on the basis of non-medical information, i.e., excess property, etc.;
4. Withdrawal of application;
5. Cancellation of the Authroization for Release of Information (MC 220, MC 220A) by the applicant/beneficiary; and/or,
6. The death of the applicant.

The county must include on the MC 221 that this subsequent MC 221 is to notify DED of a change in the status of a pending referral.

C. DED Addresses

1. Disability evaluation packets from the following counties:

Imperial	Riverside
Los Angeles	San Bernardino
Orange	San Diego

must be sent to:

Department of Social Services
Disability Evaluation Division
State Programs Bureau
P.O. Box 320541, Terminal Annex
Los Angeles, CA 90030
(213) 965-3316

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

2. Disability evaluation packets from all other counties must be sent to:

Department of Social Services
Disability Evaluation Division
State Programs Bureau
P.O. Box 23645
Oakland, CA 94623
(510) 286-1503

VII. QUESTIONS, INQUIRES, PROBLEMS

A. Disability Referral Policy and Procedures

Counties should direct questions on these subjects to the Department of Health Services through their county Medi-Cal liaisons or disability coordinator.

B. Case Specific Information

All 58 counties will receive quarterly computer listings from the Department of Social Services, Disability Evaluation Division (DED) of pending and closed disability cases. There will be a cover letter enclosed with each listing, developed by DED which explains how to use the listings. Questions pertaining to these listings should be directed to either:

1. Lorraine Graff
Operations Support Unit Supervisor
Oakland State Programs Bureau
Department of Social Services
P.O. Box 23645-0645
Oakland, CA 94623
(510) 286-0630 / 8-541-0630 CALNET

OR

2. Brian Olson
Operations Support Unit Supervisor
Los Angeles State Programs Bureau
Department of Social Services
P.O. Box 30541, Terminal Annex
Los Angeles, CA 90030
(213) 965-2061 / 8-730-2061 CALNET

All County Welfare Directors Letter Number 93-77 provided counties with a combined list of Medi-Cal liaisons, district office codes, district office addresses and telephone numbers which will be used to disburse the quarterly status reports. All future updates to this listing must be submitted to the Department of Health Services (DHS) on the "Disability Listings Update" form (DHS 4003). The DHS Warehouse address is indicated on the form itself.

Where disability evaluations are consistently not completed in a reasonable time, the Medi-cal Eligibility Branch, Department of Health Services, should be notified by designated county staff through appropriate channels.