

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
 P.O. BOX 942732
 SACRAMENTO, CA 94234-7320



September 9, 1994

MEDI-CAL ELIGIBILITY MANUAL LETTER NO. 133

TO: All Holders of the Medi-Cal Eligibility Manual

Enclosed are revisions to the Medi-Cal Eligibility Manual (MEM) procedures regarding Article 4N; Timely Reporting by Public Guardians/Conservators or Beneficiary Representatives. Form DHS 7068, formerly called **Public Guardian/Conservator or Beneficiary Representative Checklist**, has been revised and updated to include changes requested by the Recovery Section. The DHS 7068 has also been re-titled **Responsibilities of Public Guardians/Conservators or Applicant/Beneficiary Representatives**. Directions for the proper use/completion of the revised form are contained in this update of Article 4N.

Procedure RevisionDescription

Article 4N

Revised procedures to remind public guardians/conservators or beneficiary representatives to report changes timely. Revised form DHS 7068 and instructions.

Filing Instructions:Remove PagesInsert Pages

4N-1 through 4N-3

4N-1 through 4N-3

If you have any questions on this subject, please direct them to Gary Varner of my staff at (916) 654-5321.

Sincerely,

Original signed by

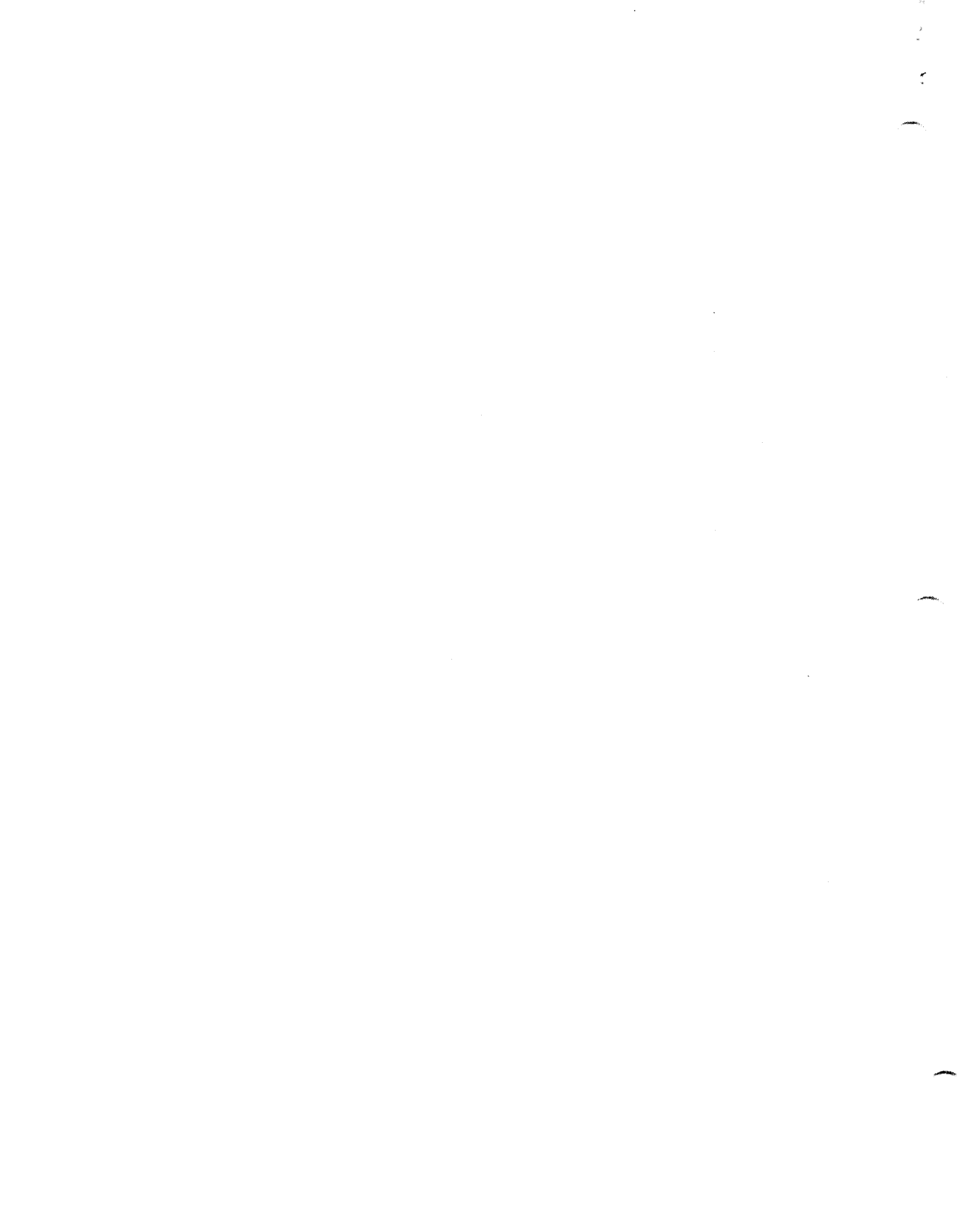
Frank S. Martucci, Chief
 Medi-Cal Eligibility Branch

Enclosures

GV:sgf

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 Policy Section B

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MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

4N--TIMELY REPORTING BY PUBLIC GUARDIANS/CONSERVATORS OR BENEFICIARY REPRESENTATIVES

A major cause of eligibility errors reflected in Medi-Cal cases for individuals in Long Term Care, or others having a conservator, is the failure of the beneficiary or their representative to report changes to the county welfare department (CWD) that may affect Medi-Cal eligibility. The following definitions should be noted to avoid possible confusion in regard to the application processes surrounding persons who have a government representative, conservator or other representative handling their affairs:

Authorized Representative: A person specifically designated in writing by the applicant/beneficiary to accompany, assist and represent the applicant/beneficiary in the Medi-Cal application/redetermination or fair hearing process. An Authorized Representative cannot act on behalf of an incompetent individual.

Conservator: A person appointed by the court to act as the guardian, custodian or protector of another.

Public Guardian: A county agency acting as a public entity appointed to act on behalf of persons who have lost their ability, either mentally or physically, to handle their own affairs. The **public guardian** acts as the individual's advocate. No private person is allowed to be a "public guardian". The authority vested to the public guardian is derived from the probate code and, for mental health issues, through the Lanterman-Petric-Short (LPS) Conservatorship Act.

Representative: A person acting on the behalf of another who is incapable of handling his/her own personal or business affairs. The representative must have specific and personal knowledge of the incompetent individual's circumstance. The **representative** may be a friend, relative or someone else that has known the applicant/beneficiary and will act responsibly on his/her behalf.

The public guardian frequently represents aged, blind and disabled persons for Medi-Cal purposes. The public guardian, or other representatives, often have conservatorship responsibilities but, in many instances, fail to understand the importance of keeping the CWD informed timely when changes occur to the recipients circumstances. Many of these changes are a result of changes to income, property, health coverage and even death.

Regulations specifically exempt the public guardian from the required face to face interview for application (Title 22, California Code of Regulations (CCR), Section 50157(b),(d)(2) and all aged, blind, disabled persons are exempt from the face to face interview at redetermination (Title 22 CCR, Section 50189 (d). Due to this exemption it is very important that the Public Guardian, representative or conservator be aware of her/his on-going responsibilities.

The DHS 7068, **Responsibilities of Public Guardians/Conservators or Applicant/Beneficiary Representatives**, has been developed and revised to assist the counties to inform the public guardians, conservators, and representatives of their reporting responsibilities. The DHS 7068 is to be given or mailed to the public guardian, conservator, or to the representative at the time of the initial application and at each redetermination. The DHS 7068 is printed on NCR paper. The white copy (top sheet) is

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

application and at each redetermination. The DHS 7068 is printed on NCR paper. The white copy (top sheet) is to be kept in the case file, the yellow copy (second sheet) is to be kept by the public guardian, conservator or representative. The signature, address and telephone number of the public guardian, conservator or representative is required on the form.

A copy of the MC 219, **Important Information for Persons Requesting Medi-Cal**, must accompany the DHS 7068. The MC 219 must be signed and dated by the public guardian, conservator or representative and kept in the case file.

If the CWD mails the DHS 7068 to the representative, the following suggested cover letter may be used.

SAMPLE

SAMPLE

O
O {address block} O
O O DATE: _____
O O

As the Public Guardian/Public Conservator of your county, or as the applicant's or beneficiary's representative, you have the responsibility to act on behalf of the individual you represent.

Title 22, CCR, Section 50185 (a)(4), requires Medi-Cal beneficiaries or persons acting on their behalf to report to the county welfare department any changes in circumstances affecting eligibility or share of cost within ten calendar days following the date the change occurred.

Additionally, in the event of the beneficiary's death, Probate Code, Section 700.1, and Welfare and Institutions Code, Section 14009.5, require you to report the death of the beneficiary within 90 days of the date of death to the following address:

Department of Health Services
Recovery Section
P.O. Box 2471
Sacramento, CA. 95812-2471

The attached DHS 7068 (**Responsibilities of Public Guardians/Conservators or Applicant/Beneficiary Representatives**) serves as your acknowledgement of your responsibilities as the representative of the applicant/beneficiary. Please complete the form and return the white copy to the eligibility worker. You should retain the yellow copy for your files.

If you have any questions regarding this form, you may contact

_____ at _____.

SAMPLE

SAMPLE

SAMPLE

RE: _____
 _____ Case Name
 _____ Case Number
 _____ Worker Number

RESPONSIBILITIES OF PUBLIC GUARDIANS/CONSERVATORS OR APPLICANT/BENEFICIARY REPRESENTATIVE S

You have accepted the responsibility to act on behalf of _____ State law and regulation require you to report to the county welfare department any change in the circumstances of the applicant/beneficiary within ten calendar days following the date the change occurred. You must also cooperate fully on behalf of the beneficiary in any review that may be required for quality control purposes.

Changes which must be reported within ten days include, but are not limited to:

1. A change in the beneficiary's property, including community property.
2. A change in the beneficiary's income.
3. Entitlement to Veteran's Benefits or an increase in Veteran's Benefits.
4. Changes in health insurance coverage including enrollment in available health insurance or the discontinuance of health insurance.
5. A change in the beneficiary's living arrangement, household members, or residence.
6. The death of the applicant/beneficiary.
7. A change in guardianship/conservator or representative status.
8. Any other change in circumstances which may affect eligibility or share of cost.

You are also required (pursuant to Probate Code, Section 700.1, and Welfare and Institutions Code, Section 14009.5) to report the death of the beneficiary within 90 days of the date of death to _____

Department of Health Services
 Recovery Section
 P.O. Box 2471
 Sacramento, CA 95812-2471

Refer to **"IMPORTANT INFORMATION FOR PERSONS REQUESTING MEDICAL"** (MC 219) for a more complete list of your reporting responsibilities.

I hereby state, under penalty of perjury, that the information on this form has been reviewed by me and that I fully understand my responsibilities as the guardian, conservator or representative of _____

Name of Beneficiary

Signature of Guardian/Conservator or Representative

Date

Address of Guardian/Conservator or Representative

Telephone Number of Guardian/Conservator or Representative

White—Case Copy Yellow—Guardian/Conservator or Representative Copy

