

DEPARTMENT OF HEALTH SERVICES

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August 9, 1995

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 147

TO: All Holders of the Medi-Cal Eligibility Procedures Manual

Enclosed are revisions to the Medi-Cal Eligibility Procedures Manual for Article J--Promptness Requirements.

Procedure RevisionDescription

Article 4J

Promptness Requirement --
Revised to update and to provide
more specific clarification.

Filing Instructions:Remove PagesInsert Pages

4J-1

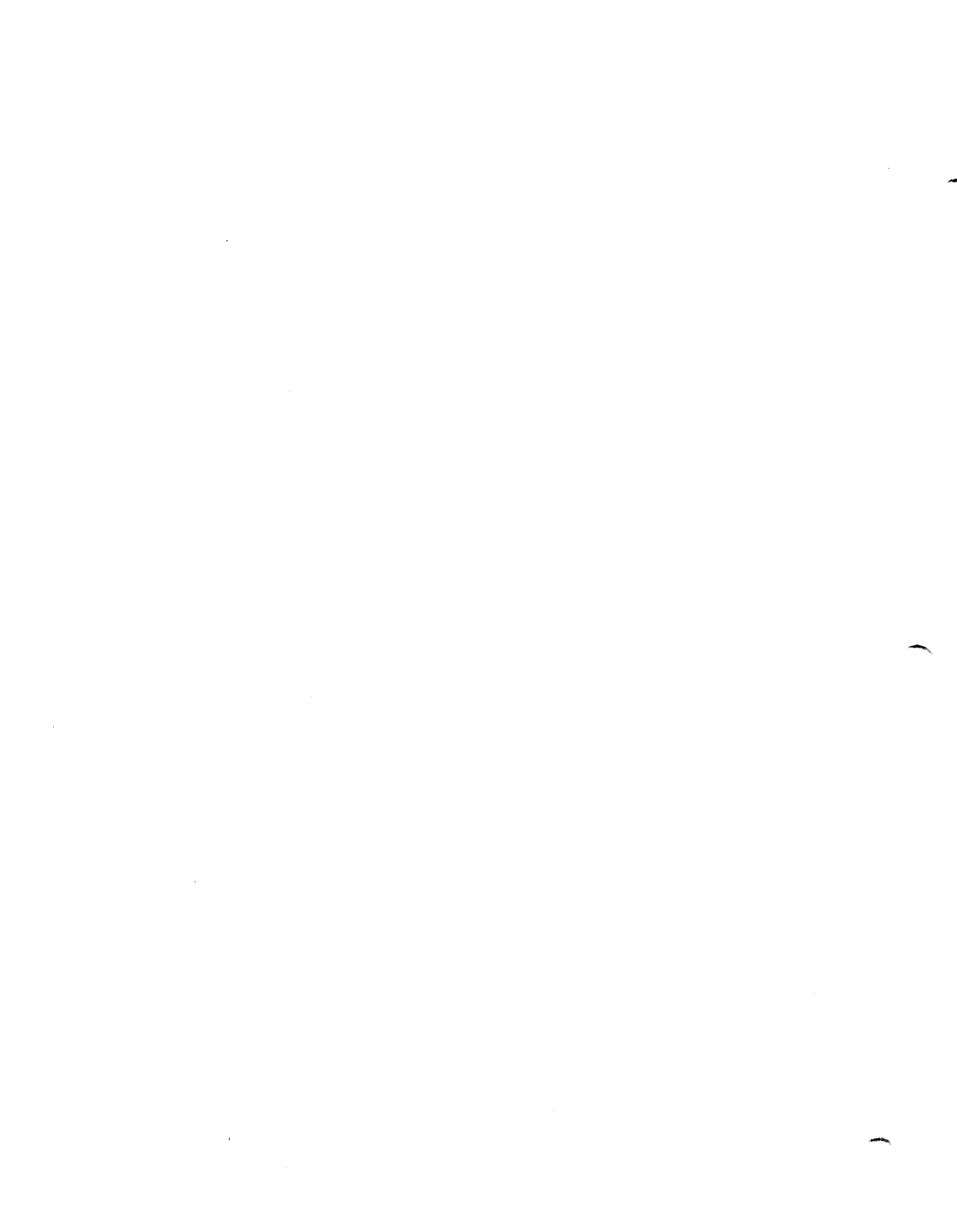
4J-1 and 4J-2

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

Sincerely,

Original signed by
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

4J-PROMPTNESS REQUIREMENT

A new applicant for Medi-Cal has the right to have his/her eligibility for benefits determined as quickly as possible to ensure his/her access to adequate medical care. Such timely eligibility determination includes the issuance of a Notice of Action (NOA) which addresses the applicant's approval or denial of Medi-Cal benefits, what the share of cost is, if any, and hearing rights if the applicant is dissatisfied with the action specified in the NOA. (Refer to Procedures Section 4U for NOA completion.)

Federal requirements (Title 42, Code of Federal Regulations, Section 435.911) for timely determination of eligibility are:

- o Processing time standards may not exceed:
 1. 90 days for applicants who apply for Medi-Cal on the basis of disability; and
 2. 45 days for all other applicants.
- o The 45- and 90-day time frames are inclusive from the date the SWS 1 or other application was filed, to the issuance of the NOA.

The 45- and 90-day requirements may be extended for those items listed in Title 22, California Code of Regulations, Section 50177 (1)(2) as follows:

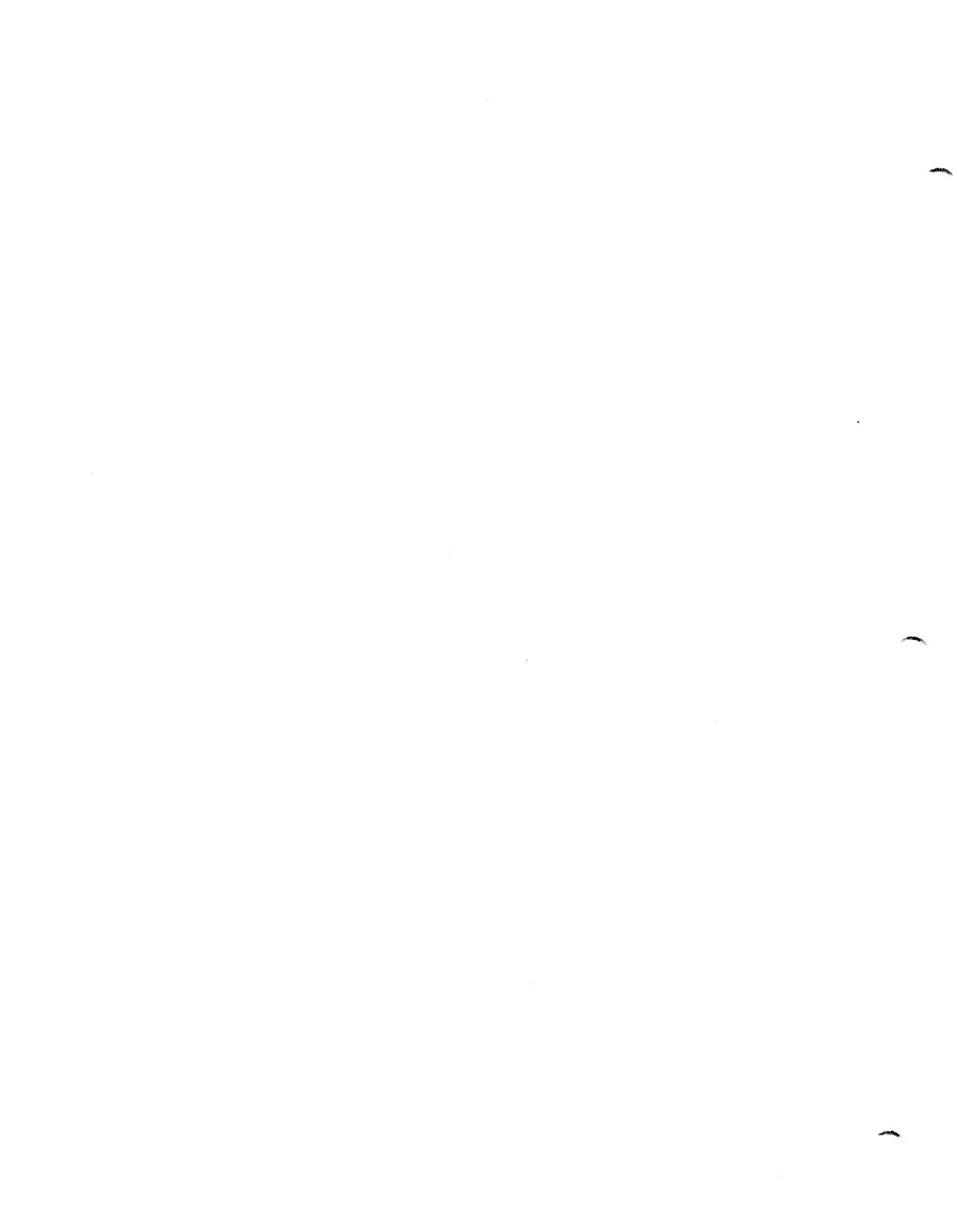
- o The applicant has, with good cause, been unable to return the completed Statement of Facts, the Supplement to Statement of Facts for Retroactive Coverage/Restoration, or other necessary verifications in time for the county to meet the promptness requirement, or
- o There has been a delay in the receipt of reports or other information necessary to determine eligibility and the delay is beyond the control of either the applicant or the county department.

The county welfare department ~~shall not~~ use these time standards as a waiting period before granting the application if all documents and information have been provided.

REQUIREMENTS TO EXPEDITE CASE PROCESSING

The county shall expedite processing the eligibility determination within available resources for the following situations:

- o Minor consent applicants should have eligibility determined the same day of the intake interview and should be issued a paper Medi-Cal identification card.
- o Individuals who require medical treatment which will not be provided without a Medi-Cal card should have eligibility determined as soon as all information has been received by the county. A paper Medi-Cal identification card should be issued until the applicant/beneficiary receives the plastic Benefits Identification Card.
- o Pregnant women are considered to have an immediate medical need.



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The county shall refer to Procedures Section, Article 22 (Disability Determination Referral) for the proper completion of disability cases and the related promptness guidelines for referral processing.

Any delay in the determination of eligibility must be documented in the case record.

