

**DEPARTMENT OF HEALTH SERVICES**

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P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 657-2941



January 30, 1996

**TO:** All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons  
All County Outstationed Eligibility Worker Coordinators

Letter No.: 96-07.

**OUTSTATIONED ELIGIBILITY WORKER (EW) PROGRAM PETITIONS AND REPORTING UPDATE**

**Ref.:** All County Welfare Directors Letter Nos. 89-114, Unnumbered Letter Dated July 9, 1990, 91-25, 91-108, 92-16, 93-18, 94-23, 95-05

The purpose of this letter is to provide counties with updated information concerning revision of the petitioning and reporting process for the Outstationing EW program. Outstationing, initiated under Omnibus Budget Reconciliation Act of 1990 (OBRA '90), has been in place for five years. The Department of Health Services (DHS) is pleased that counties' efforts to provide increased perinatal access to medical services has been successful.

In 1995, we reevaluated the petitioning and reporting process for outstationing activities and we revised the procedures. The revised procedures were implemented in Fiscal Year (FY) 1995-96.

**OBRA 90 OUSTATIONING****Petitioning:**

In the past, counties petitioned DHS for outstationing funding each March prior to the next FY. Counties were required to submit a summary of existing OBRA 90 outstationing activities as well as petitions for incremental funding for new locations which became federally qualified for the Outstationing program.

Beginning with FY 1994/95, the funding for outstationing is included in the county's base budget. The County Administrative Directors are already aware of this change. In calculating the amount to include in counties' base budgets, the Department considered counties' reports of actual caseload figures and outstation activities. The counties are required to submit new petitions only

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for the sites which have not participated in the outstationing program in the past, and which presently meet the criteria for outstationing under OBRA '90. When adding sites, counties should be sure that projected sites meet the original intent of the outstationing program so that placement of an outstationed worker will result in quick determination of Medi-Cal eligibility for pregnant women and children born after September 30, 1983.

It is still mandatory that county welfare departments outstation EWs at Disproportionate Share Hospitals and Federally Qualified Health Centers (FQHC), unless it can be demonstrated that is not administratively feasible to do so. As in the past, DHS' Medi-Cal Eligibility Branch (MEB) is sending a letter to FQHC and Disproportionate Share Hospitals to make them aware of the availability of the outstationing program and their obligation to contact the county indicating their interest. (See enclosure.)

### PERINATAL OUSTATIONING

#### **Petitioning:**

This funding is also included in the county's base budget. We do not anticipate any increase in funds for Perinatal outstationing for FY 1996-97. Therefore, once again, we are requesting counties to reevaluate their Perinatal outstationing program to assure that resources are being utilized appropriately and the number of applications supports the need for an outstationed worker.

Counties may modify their perinatal outstationing program (number of EW days hours, discontinue/add sites) within their existing allocation if there is justification for the modification, such as, increase or decrease in projected number of applications.

### REPORTING REQUIREMENTS

It continues to be mandatory that counties submit statistical reports on their outstationing activities for OBRA '90 as well as Perinatal programs. The Petition and Report forms have been revised, simplified, and successfully implemented. MEB is requesting the minimal amount of data necessary to ~~evaluate the efficiency of the program. We believe that the new report forms will~~ reduce the time spent in data collecting for both county staff and DHS. Counties are required to submit reports monthly. A camera-ready copy of the reporting form is enclosed with this letter. Please, reproduce the form according to your needs. You may contact MEB for a "fresh" copy if needed.

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Petition forms for FY 1996-97 are due to MEB no later than March 15, 1996.

Please accept my sincere appreciation for your excellent cooperation and hard work in implementing and maintaining the outstationing provisions of OBRA '90.

If you have budget questions, please direct them to your administrative director. If you have any questions regarding the program policies, please contact Kveta Simon of my staff at (916) 657-2767.

Sincerely,

ORIGINAL SIGNED BY

Frank Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosure

**OBRA '90--OUTSTATIONING OF ELIGIBILITY WORKERS (EW)  
PETITION ENCLOSURE A**

**(Note: Complete this form for each new OBRA '90 Site where you are proposing to outstation workers and/or existing location where a new EW is justified.**

County \_\_\_\_\_

Hospital/Clinic Name \_\_\_\_\_

**Type of Facility:**

Disproportionate Share Hospital \_\_\_\_\_ FQHC \_\_\_\_\_ Look-Alike Clinic \_\_\_\_\_

Indian Health Center \_\_\_\_\_ Other (Specify) \_\_\_\_\_

1. What is estimated total number of EW hours per month necessary to process applications from OBRA '90 targeted population? \_\_\_\_\_
2. How many EWs are needed to process OBRA '90 cases? \_\_\_\_\_
3. What is projected number of applications which will be processed at this location? \_\_\_\_\_
4. What is your county's FY 95-96 intake target? \_\_\_\_\_
5. What is estimated staff travel time to process applications at this location? (Hours per month) \_\_\_\_\_
6. Please indicate which days outstationed worker will visit this site?  
Circle days      M      T      W      Th      F
7. How many hours on each day? \_\_\_\_\_
8. Describe what arrangements will be made to meet OBRA '90 mandates of having staff available during hours welfare offices are normally open, e.g., posting notices, etc.
9. Will facility staff be used to assist in Medi-Cal process, such as distribution of forms, scheduling interviews, etc?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, describe extent to which facility staff will be utilized.

10. Based on information received from facility, what is that primary language of potential applicants?  
English \_\_\_\_\_%      Spanish \_\_\_\_\_%      Chinese \_\_\_\_\_%      Vietnamese \_\_\_\_\_%  
Other (Specify) \_\_\_\_\_%

11. Does your county currently have, or anticipate being able to hire sufficient bilingual staff to meet the needs of targeted population?  
Yes \_\_\_\_\_ No \_\_\_\_\_

12. Please provide fiscal analysis of the incremental funding:

**EXAMPLE:**

$$100\% - \left[ \frac{(\text{ESTIMATED OBRA App/Mo})}{(\text{No. of Requested EWs}) + \text{FY 95/96 Intake Target}^*} \right] = \text{Incremental \%}$$

$$100\% - \left[ \frac{(\text{Question 3})}{(\text{Question 2}) + \text{Question 4}} \right] = \text{Incremental \%}$$

13. Describe mechanism counties will use to oversee the quality assurance of eligibility decisions by outstation staff.

Name of Facility Contact Person \_\_\_\_\_

Phone Number of Facility Contact Person \_\_\_\_\_

County Welfare Director's Signature \_\_\_\_\_

\* Intake Target will be adjusted if it changes for FY 96-97.

# PERINATAL OUTSTATIONING REPORT FORM

COUNTY OF \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

CLINIC NAME & ADDRESS	# APPLICATIONS TAKEN Pregnant Women	# APPROVALS Pregnant Women
<b>Total</b>		

SEND ONE COPY OF REPORT TO:

( )  
Telephone Number

County Contact Person

STATE OF DEPARTMENT OF HEALTH SERVICES  
 Medi-Cal Eligibility Branch  
 Outstationed Eligibility Workers - OBRA 90 Coordinator  
 714 P Street, Room 1650  
 Sacramento, CA 95814

# OBRA 90 OUTSTATIONING REPORT FORM

COUNTY OF \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

CLINIC NAME & ADDRESS	# APPLICATIONS TAKEN Pregnant Women	# APPLICATIONS TAKEN Children Federal Poverty Level Programs	TOTAL # APPLICATIONS	TOTAL # APPROVALS
<b>TOTAL</b>				

SEND ONE COPY OF REPORT TO:  
 STATE OF DEPARTMENT OF HEALTH SERVICES  
 Medi-Cal Eligibility Branch  
 Outstationed Eligibility Workers - OBRA 90 Coordinator  
 714 P Street, Room 1650  
 Sacramento, CA 95814

County Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_