DEPARTMENT OF HEALTH SERVICES

714/744 P Street
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(916) 657-2941

March 22, 1996

TO: All County Welfare Directors   Letter No.: 96-16
      All County Administrative Officers
      All County Medi-Cal Program Specialists/Liaisons

TINOCO/SAWYER SHARE OF COST (SOC)-VERIFICATION TAO REQUESTS AND REPORTS; COUNTY ADDRESSES

Ref.:   All County Welfare Directors Letter (ACWDL) No. 95-63 (Sawyer) and 96-09 (Tinoco)

As counties may recall, the Department of Health Services (DHS) will be providing reports with share-of-cost (SOC) information for certain Medi-Cal cases which counties are evaluating for reimbursement under the Sawyer and Tinoco procedures contained in ACWDLs 95-63 and 96-09. Counties will request these SOC-certification reports for qualified cases for months previous to the 15-month limit for which SOC-cerification information is available on Medi-Cal Eligibility Data System. Counties will request these SOC-cerification reports via a TAO request screen designed for this purpose. DHS will then mail the reports to addresses provided by the counties on the enclosed questionnaire. The target date for the implementation of this system is April 1, 1996.

COUNTY ADDRESSES NEEDED FOR DISTRIBUTION OF SOC-VERIFICATION REPORTS

DHS will accumulate county requests for case SOC-cerification and "batch" these requests together before running periodic data searches to create SOC-cerification reports which will be mailed to counties. DHS will use county codes input on the TAO screen (see Exhibit A) to produce a periodic, separate, county-specific report (see Exhibit B) for each county, and for those counties inputting multiple district codes on TAO, a separate, site-specific report for each district site. In addition, for those counties entering worker numbers on the TAO screen, DHS will further subdivide-reports-so-that-each-page-of-the report-contains only SOC-certification information requested under that worker number.

DHS requires counties to provide on the enclosed questionnaire (see Exhibit C) a list of addresses corresponding to the county and district codes the counties will enter on the TAO screen. Counties must complete and mail the enclosed questionnaire by March 20, 1996 to:

Department of Health Services
Medi-Cal Eligibility Branch
Attention: Tinoco/Sawyer Addresses
714 P Street, Room 1650
Sacramento, CA 95814

BRIEF SUMMARY OF TAO SCREEN AND SOC-CERTIFICATION REPORTS

County staff transmitting requests via TAO to DHS for SOC-cerification information for a Tinoco or Sawyer Medi-Cal case will enter on the TAO screen their county code number, an optional district code, and an optional worker number. Exhibit A shows a sample TAO screen for requesting SOC-certification report from DHS which has been "filled out" by a county staff person. The staff person (from county No. 34) has entered the necessary information: the county code (34 in this example), an optional district code (333 in this example), and a worker number (4444 in this example). The Social Security Numbers (SSN) for the members of the cases for which this person wants SOC-certification information, and the beginning and ending dates for the period which the SOC-certification information must cover, have been entered.

When requesting SOC-certification information for a case in which the Medi-Cal Family Budget Unit member's SSN changed during the period for which the SOC-certification information is being requested, so that the requestor has entered two SSNs for that case on the TAO request screen, the date entries must reflect the month in which the SSN changed. For example, suppose a county requires SOC-certification information from January through July 1994, and the SSN for the case's addressee changed in March 1994. The period for which the county is requesting the SOC-certification for the first SSN would expire in March 1994, and the period for which the county is requesting SOC-certification for the second SSN would begin in March 1994.

Each county which wants DHS to mail SOC-certification reports to different sites within the county must include the district code, as the county will enter it on the TAO screen, for each site address when completing Item 4 on the Sawyer/Tinoco Questionnaire (see Exhibit C). Counties which want all reports sent to one county address need not enter a district code on the TAO screen unless the county intends to redistribute the reports to multiple county sites. In this latter event, the district codes should be entered on TAO so separate, site-specific reports will be

generated by DHS for county redistribution. If a county enters a worker number on the TAO screen, the reports will be further separated so that each report contains only SOC-certification information requested by the worker. If no worker number is entered, reports will be separated only by site, not by individual. However, the information will still be identified and sorted by the TAO userid of the requestor.

Exhibit B shows a sample report which the county will receive in response to its TAO request. The sample report contains SOC-certification information requested by Jane Doe, with worker number 4444, at county district code number 333. For each requested SSN, this sample report shows the SOC for each month within the period designated in the county's TAO request. (The SOC-certification information in this sample report does not correspond to the information requested in the sample TAO screen in Exhibit A.) The "SOC FLAG" column in the report may contain 4 different entries: "Y," "N," "E," and a blank. A "Y" indicates that an active case with a SOC was found in the data base and that its SOC was met; a "N" indicates that the case's SOC was not met; a blank indicates that there was no active SOC-case corresponding to that SSN for that month; and an "E" indicates an error in the SSN, for example a SSN containing a letter, or an TAO-screen error in the date field entries, for example, a "13" being entered for a month. When there is an error in the SSN or date-entry fields, no case search will be performed by DHS. The "SOC AMOUNT" column will be blank indicating that no SOC-certification information was found. The county should submit another request for SOC-certification information for the case.

Please direct questions regarding this ACWDL to Dave Rappolee of my staff at (916) 657-0163.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, CHIEF
Medi-Cal Eligibility Branch

Enclosures

EXHIBIT A

SAMPLE

To: guserid
From: GENERIC.USERID@DHSEMC2
Subject: Tinoco/Sawyer County Request Form

County Code (01-58):   34
District Code: 333
Worker #:   4444   From Date   To Date
Social Security #   MM / YY   MM / YY

111 - 11 - 1111   01 / 91   12 / 91
222 - 22 - 2222   01 / 92   12 / 92
333 - 33 - 3333   01 / 93   12 / 93
444 - 44 - 4444   01 / 94   12 / 94
555 - 55 - 5555   01 / 95   12 / 95
666 - 66 - 6666   01 / 96   12 / 96
777 - 77 - 7777   01 / 91   12 / 91
888 - 88 - 8888   01 / 92   12 / 92
999 - 99 - 9999   01 / 93   12 / 93
000 - 00 - 0000   01 / 94   12 / 94

/ lines 1-21 of 21 /
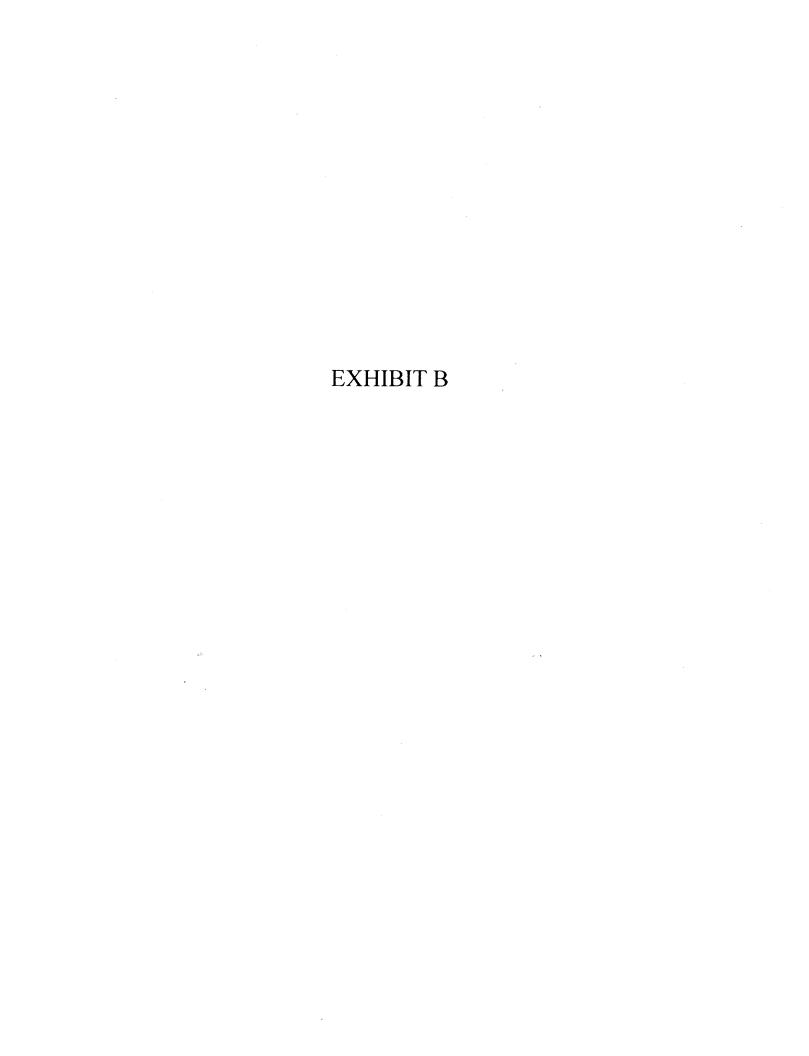PF 1=Help 2=Exit 3=Return 4=Mail 5=Ledit 6=IDs 7=Back 8=Fwd 9=Options   EMCC010(

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EXHIBIT B

SAMPLE

COUNTY   :   SACRAMENTO
DISTRICT: XXX 333
WORKER   :   XXXXX 4444

USERID	SSN	SOC YY/MM	SOC AMOUNT	SOC FLAG
JANE.DOE	123-45-6789	91/01	$9,999	Y
JANE.DOE	123-45-6789	91/02	$9,999	N
JANE.DOE	123-45-6789	91/03		
JANE.DOE	123-45-6789	91/04		E
JANE.DOE	123-45-6789	91/05	$9,999	Y
JANE.DOE	123-45-6789	91/06	$9,999	Y
JANE.DOE	234-56-7890	92/01		E
JANE.DOE	234-56-7890	92/02	$9,999	Y
JANE.DOE	234-56-7890	92/03	$9,999	Y
JANE.DOE	234-56-7890	92/04	$9,999	Y
JANE.DOE	234-56-7890	92/05	$9,999	Y
JANE.DOE	234-56-7890	92/06		
JANE.DOE	876-54-3210	93/10	$9,999	Y
JANE.DOE	876-54-3210	93/11	$9,999	N
JANE.DOE	876-54-3210	93/12		
JANE.DOE	876-54-3210	94/01		E
JANE.DOE	876-54-3210	94/02	$9,999	Y
JANE.DOE	876-54-3210	94/03	$9,999	Y
JANE.DOE	987-65-4321	92/07		E
JANE.DOE	987-65-4321	92/08	$9,999	Y
JANE.DOE	987-65-4321	92/09	$9,999	Y
JANE.DOE	987-65-4321	92/10	$9,999	Y
JANE.DOE	987-65-4321	92/11	$9,999	N
JANE.DOE	987-65-4321	92/12		
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X
XXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	$9,999	X

. . . .

SOC FLAG = ' '   NOT FOUND ON MMEF EXTRACT
SOC FLAG = 'Y'   ELIG STATUS < 500
SOC FLAG = 'N'   ELIG STATUS >= 500
SOC FLAG = 'E'   ERROR ON INPUT SSN OR DATES

EXHIBIT C

To Be Completed By The County

SAWYER/TINOCO QUESTIONNAIRE FOR ADDRESSING INFORMATION FOR SOC-VERIFICATION REPORTS

1) How many county sites (e.g. county district offices) will be receiving Sawyer/Tinoco SOC-verification reports _____? Explanation: Suppose your county has 3 district offices processing Sawyer/Tinoco reimbursements and wants a separate SOC-verification reports containing the information requested by each site sent directly to that site. The county would enter a "3" in the blank. Some counties, although they may have multiple Sawyer/Tinoco processing sites, may wish all the reports (although issued by DHS as separate reports by site number) to be mailed to one site for internal redistribution by the county. The county would enter a "1" at the blank. There should be agreement between the number entered in the blank and the number of addresses provided below.

2.) Approximately how many persons will be requesting SOC-verification reports through TAO _____? Explanation: To assist the distribution of SOC-verification reports to county staff, DHS is planning to issue separate reports (by worker number entered on the TAO screen) for each county staff person processing the Sawyer/Tinoco reimbursements. The practicability of this depends on the number of counties' staff persons who will be requesting SOC-verification reports on TAO.

3) DHS assumes that county staff persons who request SOC-verification reports will be the same persons using these reports to evaluate cases for Sawyer/Tinoco reimbursements. Is this true for your county. Yes _____ No _____

4) For each site to which the county wishes Sawyer/Tinoco SOC-verification reports mailed, please furnish the address below, along with the county code, and, if there will be multiple sites, the site number (e.g. district code), as the county will enter them on the TAO screen.

County Code   (if applicable) District Code   Address
                (or other site number)

County Name _____ Preparer's Name_____ Date_____

Preparer's Phone Number _____