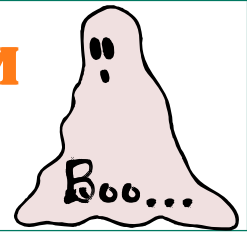




MEDI-CAL HEALTH CARE PROGRAM

UPDATE October 2006



MC 13 Statement of Citizenship

This is to inform staff that the MC 13 is currently available in the following Threshold Languages: Spanish, Chinese, Vietnamese, Korean, Cambodian, and Armenian. Russian and Tagalog are in the process of being translated. Copies of the MC 13 were distributed at the last Deputy District Directors' meeting. See your Medi-Cal Program Deputy if you need this form in a language other than English. A forms manual letter will be released shortly. Availability of the MC 13 will be accessible through LEADER in the near future.

CalWORKs (CW) Terminated Case with Transitional Food Stamps (TFS)/Medi-Cal Assistance Only (MAO)

TFS procedures require the TFS/MAO case to be held in the district where the CW was terminated. The TFS Eligibility Worker (EW) is responsible for maintaining the Medi-Cal case, including the completion of the MAO re-determination until the TFS period ends. When the TFS period ends the case is transferred to a MAO file.

Ref: AD 4469, dated 01/15/04

Retroactive Coverage For Minor Consent Services

Minors applying for retroactive coverage under Minor Consent Services are entitled to receive this benefit. However, pending LEADER programming, Minor Consent retroactive benefits must be issued via MEDS on-line only. Forms MC 210A, MC 219, and MC 4026 are required. Eligibility must be determined for each month retroactive coverage is requested. As always, the LEADER Case Comments screen must be updated and all forms must be filed in the paper case.

Ref: Medi-Cal Eligibility Procedures Manual, Section 4V, Letter # 183.
Admin Memo 03-09, dated 04/03/03, also in September 2006
Medi-Cal Program Update

DAPD Decision is Here

The response to your disability referral to the State Programs-Disability and Adult Programs Division (SP-DAPD) is here. Now, what to do next?

- Date stamp the documents received (MC 221, DAPD 221R & Rationale). Attach the SP-DAPD post-marked envelope to the documents. Document the receipt on case comments.
- The case must always be processed as "expeditiously as possible." Contact the client immediately to check for any changes in case information (income, resources, etc). Keep in mind that disability-based applications are to be processed within a 90-day timeline following the date of application.
- If the SP-DAPD response is received within the 90-day period, process the application before the 90-day deadline, if possible. If unable to comply with the 90-day timeframe, document the reason.
- If the SP-DAPD response is received after the 90-day period, dispose of the application no later than 30 days from the date the response is received. Document the reason for the delay in processing the application.
- If a redetermination is due or past due when the SP-DAPD response is received, complete the re-determination along with the approval. Document the reason for the untimely redetermination.
- When an SP-DAPD response causes a delay and the Eligibility Worker is unable to comply with the above timeframes, clearly documenting that the SP-DAPD response is the reason for the delay will prevent an error from being cited during State or other quality control audits.

Ref: AD 4535 Advance, dated 11/03/05; MEPM Article 4, Section 4-J; MEPM Article 22, Section C-8



PUBLISHED BY:
The Los Angeles County
Department of Public Social Services
Bureau of Special Operations

Please Remember to Date/Stamp the MSR

Reminder!

This is to remind staff of the importance of date-stamping the Midyear Status Report (MSR) form (MC 176 S) when received in the district office. The date-stamp establishes when the form is received in the district office and if required, is used by eligibility staff to determine when it is appropriate to rescind benefits. Therefore, it is imperative that the form is date-stamped by district staff upon receipt.



HEAR YE, HEAR YE Read All About It!

The Medi-Cal Program Section is pleased to announce that the quick guides for the 250% Working Disabled and for the Medicare Savings Programs have been delivered to districts. As was the case with the FPL chart, these guides are on salmon colored card stock and have been laminated. It is our sincere hope that these, as well as the guides planned for future distribution, prove to be useful reference tools for both managers and line staff. Your comments and suggestions are welcome.



Did You know?

Starting October 2006, the PA 481 "Language Designation" Form will be included in all redetermination packets. The primary reason for inserting the PA 481 in the redetermination packets is to give beneficiaries the option to change their designated spoken and/or written language.

The PA 481 is not a mandatory form at redetermination; therefore, if beneficiaries fail to return this form with their redetermination packets, no action is needed. However, the Eligibility Worker is to document in Case Comments that request to change the spoken or written language was not received.

If the beneficiary requests a change in his/her spoken or written language, staff is reminded that both the PA 481 and LEADER must reflect the beneficiary's designated spoken and written language. When updating LEADER, the "Primary Language" field refers to the spoken language, and the "Forms Language" field refers to the written language. All notices and written correspondence must be issued in the beneficiary's designated written language.

Ref: FML 4647, dated 3/14/06, and Medi-Cal Program Clarification

Did You Know?

We can approve Medi-Cal benefits under Presumptive Disability (PD) on disability-based applications pending the disability evaluation, **ONLY** if the applicant's medical condition is listed on the *PD Impairments Categories List*, dated 11/03/03.

If the applicant has a life-threatening medical condition that is not included on the *PD Impairments Categories List*, **and treatment is not available at a county facility**, you can make an urgent case request to the State Programs-Disability and Adult Programs Division (SP-DAPD) to evaluate for PD following the procedures outlined in Administrative Directive #4067 Advance, dated 09/07/00.

Important: Only SP-DAPD has the authority to grant PD outside of the *PD Impairments Categories List*.

Ref: AD 4067 Adv. dated 09/07/00; MEPM Title 22, Section C-3.



ALERT

Once an alien number is entered on the Individual Attributes Summary screen, a SAVE document is automatically generated via an interface with USCIS (formerly INS). The SAVE document is returned via the MEDS printer.

If Satisfactory Immigration Status (SIS) is confirmed, the response on the SAVE document will read "Legal Permanent Resident employment authorized." If not confirmed, the response will read, "Institute Secondary Verification." If a Secondary Verification is required, you must provide a legible photocopy (front and reverse) of the unexpired documentation provided by the applicant along with a completed G-845SAVE Document.

If all other eligibility requirements are met (including linkage), full scope Medi-Cal benefits shall be approved pending immigration status confirmation from USCIS. File the G845 SAVE documents in the IEVS folder.

Ref: AD 4172 Supp. I, dated 02/22/05; Medi-Cal Eligibility Procedures Manual Article No. 7

SAVE Reminder

ALERT