STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

PETE WILSON, *Governor*

DEPARTMENT OF HEALTH SERVICES
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(916) 657-2941

January 13, 1995

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

Letter No.: 95-05

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

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 four years. The Department of Health Services (DHS) is pleased that counties' efforts to provide increased perinatal access to medical services has been successful.

We have reevaluated the current petitioning and reporting process for outstationing activities and we have revised the procedures for Fiscal Year (FY) 1995-96. The following is an explanation of the changes.

OBRA 90 OUTSTATIONING

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 other instation and outstation activities. **Effective immediately the counties will be required to submit new petitions only 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 it 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.

The changes in the petitioning forms are as follows:

- Petition Summary is being eliminated. Counties will not need to list the locations with current outstationing activities.

- OBRA 90 Outstationing of Eligibility Workers Petition Enclosure A is revised. Counties will use Petition Enclosure A to list the new locations where outstationing will start in the following FY. It will also be used to petition for additional EWs in the clinics where a new EW or extended work hours will be justified based on the number of applications.

- OBRA 90 Outstationing of Eligibility Workers Petition Enclosure B is being eliminated. There is no need to list the locations which will not participate in outstationing . Newly federally qualified clinics, which meet requirements for the program, will be notified by the county.

PERINATAL OUTSTATIONING

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 95-96. 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 reporting forms have been revised and simplified. 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. **The counties are required to submit the reports monthly not quarterly as they did in the past.** A camera ready copy of the reporting form is enclosed with this letter. Please, reproduce the form according to your needs. You may contact the MEB for a "fresh" copy if needed.

Petition forms for FY 1995-96 are due to MEB no later than March 15, 1995. Per counties' requests, we are sending this letter earlier than in the past to allow the counties enough time to properly evaluate changes in outstationing programs and to respond in a timely manner to MEB.

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 S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

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?

_____

3a. What is your county's FY 94-95 intake target?

_____

4. What is estimated staff travel time to process applications at this location? (Hours per month) _____

5. Please indicate which days outstationed worker will visit this site?
Circle days M T W Th F

5a. How many hours on each day?

_____

6. 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.

7. 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.

8. Based on information received from facility, what is that primary language of potential applicants?

English_____% Spanish_____% Chinese_____% Vietnamese_____%

Other (Specify) _____%

9. Does your county currently have, or anticipate being able to hire sufficient bilingual staff to meet the needs of targeted population?

Yes_____ No_____

10. Please provide fiscal analysis of the incremental funding:

EXAMPLE:

$$100\% - \left[\frac{\text{(ESTIMATED OBRA App/Mo)}}{\text{(No. of Requested EWs)}} \div \text{FY 94/95 Intake Target*}\right] = \text{Incremental \%}$$

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

11. 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 95-96.

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
Total				

_____
Contact Person Regarding This Report

(_____)_____
Telephone Number

SEND ONE COPY OF REPORT TO:

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

(Obra 90: Revised 12/94)

PERINATAL OUTSTATIONING REPORT FORM

COUNTY OF _____ MONTH _____ YEAR _____ Page ___ of ___

CLINIC NAME & ADDRESS	# APPLICATIONS TAKEN Pregnant Women	# APPROVALS Pregnant Women
Total		

_____
Contact Person Regarding This Report

(____)_____
Telephone Number

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(Perinatal: Revised 12/94)