STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

GRAY DAVIS, *Governor*

DEPARTMENT OF HEALTH SERVICES
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(916) 657-0258

February 13, 2001

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Mental Health Directors
All County Public Health Directors

Letter No.: 01-10

USE OF FOOD STAMPS STATEMENT OF FACTS FORM DFA 285-A2 TO INITIATE MEDI-CAL ONLY APPLICATION

The purpose of this letter is to inform counties of when it is appropriate for a Food Stamp Program "Statement of Facts" (DFA 285-A2) to be used in lieu of the MC 210 or MC 321 HFP as an application for Medi-Cal Only benefits.

Counties are required to initiate a Medi-Cal Only application when requested either verbally, electronically or in writing by a Food Stamp recipient. The existing DFA 285-A2 in the Food Stamp case file shall be used in lieu of the MC 210 or MC 321 HFP to make the eligibility determination. Counties shall not require a completed MC 210 or MC 321 HFP when the DFA 285-A2 is current (within 12 months) and has sufficient information to make a Medi-Cal Only determination.

If the county determines the DFA 285-A2 does not contain sufficient information and/or verifications to make an eligibility determination, additional information may be requested from the Food Stamp recipient. Additional forms such as the Disability Evaluation Division forms, Absent Parent Questionnaire, Other Health Coverage form, bank account verifications, etc., may be required prior to Medi-Cal approval.

A current SAWS1 for the Medi-Cal case file must also be completed at the time of the request, either by the food stamp recipient requesting Medi-Cal or by any individual acting on behalf of the applicant, such as a county employee. Completion of the SAWS1 will protect the date of application, which shall be the date the county is first notified by the Food Stamp recipient.

Counties are instructed to implement the aforementioned requirements effective <u>no later</u> than March 1, 2001.

If you have any questions regarding the use of the DFA 285-A2 as described in this letter, please contact Mr. John McDaniel of my staff at (916) 657-0791.

Sincerely,

ORIGINAL SIGNED BY

Glenda Arellano
Acting Chief
Medi-Cal Eligibility Branch