STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

November 26, 1982

To: All County Welfare Directors

Letter No. 82-62

MONTHLY REFUGEE NEW NO DATE OF ENTRY ERROR REPORT

Instructions to county welfare departments on refugee reporting requirements contained in various All County Welfare Directors Letters emphasized the need for complete, accurate and timely reporting of all refugees receiving cash assistance through Refugee/Entrant Cash assistance (RCA/ECA) or Aid to Families with Dependent Children (AFDC), or Medi-Cal Only. Changes in the federal Refugee Resettlement Program and in the Medi-Cal program make such reporting even more important.

In the past fifteen months, the Department of Health Services (DHS) sent counties two different sets of Refugee No Date of Entry Error Reports produced by the Refugee Tracking System. Since this error report was produced at approximately six month intervals, some counties had very large numbers of refugee error records to correct.

In order to reduce the impact on counties of such a semi-annual error report, the Refugee Tracking System has begun to produce a monthly Refugee New Date of Entry Error Report. Each county record received that lists a newly identified refugee recipient, but which does not contain a date of entry will cause production of a no date of entry error record. Generally these error records are for refugee AFDC recipients. These error records which comprise the Error Report now will be sent to the appropriate counties each month.

Your county will receive the Refugee New No Date of Entry Error Report only if newly identifed refugee recipients are reported without date of entry information. If your county staff report fully and completely on all refugee recipients, no errors will occur and no such report will be produced.

The monthly Refugee New No Date of Entry Error Report is to be corrected and returned to DHS within 30 days of receipt. Since these reports will be sent directly to a designated county refugee coordinator, please indicate the responsible staff on the attachment and return to DHS within 10 days.

If you have any questions, please contact your Medi-Cal program consultant.

Sincerely,

Original signed by

Carol Goodman, for
Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants
County Control Task Force

Department of Health Services

Medi-Cal Eligibility Branch

Attention: Refugee Coordinator

714 P Street, Room 1692

Sacramento, CA 95814

County _____

Name _____

Address _____

_____

_____

_____

Telephone Number _____