STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

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

April 18, 1985

To: All County Welfare Directors
All County Administrative Officers

Letter No. 85-27

CORRECTIVE ACTION INITIATIVE - TIMELY REPORTING BY PUBLIC GUARDIAN/ CONSERVATORS OR AUTHORIZED REPRESENTATIVES

Reference: All County Welfare Directors (ACWD) Letter No. 84-35

The purpose of this letter is to advise you of a quality control (QC) problem area concerning timely reporting by Public Guardians/Conservators and authorized representatives, and to request your participation in a corrective action initiative to address this error category. This letter also will provide you with background information regarding the California Medicaid Quality Control and Corrective Action Report for 1984, a sample copy of the Public Guardian/Conservator or Authorized Representative Checklist and a sample cover letter.

Background Information

As indicated in ACWD Letter 84-35, states are required by federal regulations to submit an annual corrective action report to the Health Care Financing Administration (HCFA) describing the performance of each state's Medicaid program (Medi-Cal, in California) and current/planned corrective actions.

On August 30, 1984, California submitted the current Quality Control and Corrective Action Report for the Medicaid Program to HCFA. Several major causes of errors which occurred in the last two review periods (10/82 - 9/83) were identified in the report. This letter discusses one of those error categories: resource errors - bank accounts, and the corrective action which is planned to correct this particular error.

Discussion

Errors in the resource area are primarily caused by the failure of beneficiaries or their authorized representatives to meet their reporting responsibilities and to give timely notification to county welfare departments (CWDs) when there is a change in their assets. Frequently, authorized representatives, conservators, and guardians of aged, blind and disabled (ABD) beneficiaries fail to understand what information should be reported to CWDs. This problem is intensified by the absence of the requirement for (1) a face-to-face interview for beneficiaries represented by a government representative such as a public guardian and (2) a face to face interview at the annual redetermination for those Medi-Cal family budget units consisting of only ABD beneficiaries.

Corrective Action Initiative

The attached checklist (Attachment A) has been developed in order to assist counties to adequately inform public guardians/conservators and authorized representatives of their reporting responsibilities. We request that you share the checklist immediately with your county's Public Guardian/Public Conservator's office for their information. You may wish to discuss the QC sanctioning implications with them as well. The checklist is to be given (or mailed) to the public guardian/conservator or an authorized representative at the time of initial application and at each redetermination. A copy of the Rights of Persons Requesting Medi-Cal (MC 216) and Medi-Cal Responsibilities Checklist (MC 217) should accompany this form for greater emphasis. This ready reference tool should assist workers to emphasize the reporting responsibilities to beneficiaries and their representatives.

If you choose to mail the checklist, a suggested cover letter is attached (Attachment B).

This letter will expire six months from the date of issuance. It is planned that the checklist will be incorporated into the Procedural Section of the Medi-Cal Eligibility Manual by that date. If you or your staff have any comments or suggestions regarding the use of the checklist you may contact the Corrective Action Unit analyst assigned to your county, or Marlene Ratner of my staff at (916) 322-3462.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: October 18, 1985

Attachment A

Public Guardian/Conservator or Authorized Representative Checklist

You have accepted the responsibility to act on behalf of the Medi-Cal beneficiary. State law and regulation require you to report to the county welfare department any change in the circumstances of the beneficiary within ten calendar days following the date the change occurred. You must also cooperate fully on behalf of the beneficiary, in any investigation that may be required for quality control purposes.

Changes which must be reported within ten days include but are not limited to:

1. A change in the beneficiary's property, including community property.

2. A change in the beneficiary's income.

3. A change in the beneficiary's living arrangement, household members or residence.

4. The death of the beneficiary.

5. A change in guardianship/conservatorship or authorized representative status.

6. Any other change in the beneficiary's circumstances which may affect eligibility or share of cost.

The State now uses computer systems to match welfare and Medi-Cal records against information you are required to report.

AVOID THE RISK OF LEGAL ACTION - REPORT CHANGES WHEN THEY HAPPEN.

Refer to the Medi-Cal Responsibilities Checklist (MC217) for a more complete list of your reporting responsibilities.

Attachment B

PUBLIC GUARDIAN/CONSERVATOR OR AUTHORIZED REPRESENTATIVE CHECKLIST

As the Public Guardian/Public Conservator of your county, or as an Authorized Representative, you have the responsibility to act on behalf of the individual you represent. The California Administrative Code, Title 22, Section 50185(a)(4) requires Medi-Cal beneficiaries or persons acting on their behalf to report to the county welfare department any changes in circumstances affecting eligibility or share of cost, within ten calendar days following the date the change occurred.

The attached Public Guardian/Public Conservator or Authorized Representatives Checklist was developed to remind you and your staff to report changes in circumstances timely. Please retain in a readily accessible place for ready reference.

If you have any questions regarding this checklist, you may contact _____ at _____.