OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

ARTMENT OF HEALTH SERVICES
44 P STREET
NTO, CA 95814

August 26, 1985

TO: All County Welfare Directors
County Administrative Officers

Letter No. 85-58

SUGGESTIONS FOR IMPROVED APPLICATION PROCEDURES

We have noticed an increase in the number of state hearing decisions in which the hearing officer finds that the county did not timely or properly explain the provisions about conversion of excess resources contained in Title 22, CAC, Section 50420(c). In an effort to resolve this problem, we will be clarifying this provision on the MC 216, Rights of Persons Requesting Medi-Cal. We are requesting that you remind your staff of the obligation to inform applicants/beneficiaries that they may establish eligibility for any month by bringing their property reserve within the property limit by the last day of that month through any means other than transfer without adequate consideration.

The provisions regarding the conversion or discharge of excess resources and the property limit for the appropriate budget unit should be explained as soon as the eligibility worker has knowledge that the applicant may own nonexempt property in excess of the property limit. The explanation should occur in all instances, even if the eligibility worker believes that bringing the property reserve within the limit cannot be accomplished by the end of the month. For future reference, it would be helpful to document the date of explanation in the case record.

Additionally, a common reason for overturning county denials of applications through state hearing decisions is the absence of follow-up with applicants who do not provide the county with information or verification by a given deadline. Typical of these cases is the sending of a denial/discontinuance notice of action shortly after the deadline. We believe that in most cases counties give applicants many opportunities to furnish needed information. However, many cases are granted at hearing because no evidence is presented that the counties satisfied their obligation to follow-up with the applicants. To save county and state staff time and the costs of unnecessary hearings, we suggest the following: When an applicant fails to provide the required documents/verification by the requested deadline, the eligibility worker should try to contact him/her by telephone and/or written notice (22 CAC, 50165 and 50175), <u>and document this extra effort in the file.</u> If the application is then denied but the applicant requests a hearing, the county should give him/her another opportunity to submit the information and, hopefully, secure his/her hearing withdrawal request. If the case does go to hearing, the county should make sure that the oral and written position state-

ments reflect the county's repeated attempts to assist the applicant in providing essential information and the county's determination that good cause did not exist for the applicant's failure to submit needed information, and/or secure such information or verification.

If you have any questions regarding this letter, please contact Maxine Forster of my staff at (916) 324-4969 (ATSS 454-4969).

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

Expiration Date: August 26, 1986

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants