'ATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

)EPARTMENT OF HEALTH SERVICES
4/744 P STREET
'RAMENTO, CA 95814

To: All County Welfare Directors
County Administrative Officers

November 20, 1985

Letter No. 85-75

JOHNSON V. RANK COURT ORDER

The Department of Health Services (DHS) recently negotiated a settlement regarding retroactive reimbursement for noncovered medical services, drugs and remedial items purchased by Long Term Care (LTC), Share of Cost (SOC) beneficiaries. The retroactive settlement will allow Medi-Cal beneficiaries, who were in a LTC facility and paid a SOC for any month(s) between January 1, 1983 and April 30, 1985, to claim retroactive reimbursement for any noncovered medical service, drug or remedial item which they paid for during that period. The amount of reimbursement will be limited to the beneficiary's SOC in each month claimed. Based upon this settlement, the following procedures have been developed.

State Action

The DHS will mail beneficiary notices, claim forms and stamped, self-addressed envelopes to all beneficiaries who, for the month of November, 1985, are eligible for Medi-Cal, are residing in a LTC facility and have a SOC. These notices, claim forms and envelopes should be received by the beneficiaries no later than December 1, 1985.

Each beneficiary will have sixty (60) days from the date of the notice to return the claim form to the DHS for processing. Upon approval of the claim, a reimbursement check will be sent within ninety (90) days of receipt of the claim by the DHS. All beneficiaries will have the right to appeal any action taken with respect to the amount of reimbursement. The beneficiaries will be instructed to submit State hearing requests to the DHS rather than to the county welfare departments.

County Action

On November 8, 1985, all county welfare departments were notified via a SYSM message to review all of their LTC cases to identify those beneficiaries who, for the month of November, 1985, are eligible for Medi-Cal, residing in a LTC facility, have a SOC and have an authorized representative (someone acting on their behalf). The authorized representative must also be notified of the retroactive settlement by each county.

The DHS will provide all county welfare departments with undated beneficiary notices, reimbursement claim forms and stamped, self-addressed envelopes. These envelopes are to be used by the authorized representative to return any claim forms to the DHS. The notices, claim forms and envelopes will be shipped to each county welfare department under separate cover letter and should be received no later than December 1, 1985.

Upon receipt of the forms, each county welfare department is to date (using current date) the beneficiary notice and mail the notice along with a claim form and stamped, self-addressed envelope to the authorized representative. The date of the notice will commence the sixty (60) day time limit to return the claim form to the DHS. These notices, claim forms and envelopes should be mailed to the authorized representatives no later than December 30, 1985.

If you or your staff have any questions regarding this letter, please contact Ron Campos, Ray Lawson or Maria Enriquez at (916) 445-1912.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: June 30, 1986