STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

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

August 19, 1986

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 86-44

SUBJECT: CORRECTIVE ACTION INITIATIVE - PUBLIC GUARDIAN/ CONSERVATOR OR BENEFICIARY REPRESENTATIVE CHECKLIST

Reference: All County Welfare Directors Letter 85-79

The purpose of this letter is to inform you that supplies of the revised Public Guardian/Conservator or Beneficiary Representative checklist, DHS 7068 (Attachment I) are available in the Department of Health Services (DHS) Warehouse. You may order the checklist by submitting form DHS 2031 to:

DHS Warehouse
1723 - 20th Street
Sacramento, CA 95814

The checklist is to be given or mailed to the public guardian, public conservator, or applicant/beneficiary representative at the time of initial application and at each redetermination. Detailed instructions on the use of the checklist (Attachment II) will be issued in the Procedures Section of the Medi-Cal Eligibility Manual under separate cover in the very near future.

Following is a summary of the revisions to the checklist:

1. Includes a statement that notification to DHS, Recovery Branch is required within ninety days of a recipient's death.

2. Allows space at the top of the checklist for the name and address of the representative and the name and case number of the beneficiary so that the checklist may be addressed and mailed directly to the representative, public guardian, or public conservator. This revision was the result of a county suggestion; however, the suggested cover letter included in ACWD Letter 85-27 (which expired October 18, 1985) has also been revised and may be used if preferred. This cover letter (page two of Attachment II) will be included in the Procedures portion of the Medi-Cal Eligibility Manual but will not be available in the DHS Warehouse.

3. Changes the checklist title by removing reference to Authorized Representative and substituting Beneficiary Representative. This term more accurately reflects the status of the relative or person with knowledge of the applicant's circumstances who may complete and sign the Statement of Facts on behalf of the applicant.

The Corrective Action/Health Options unit of the Medi-Cal Eligibility Branch began monitoring the use of the checklist in mid-1985. The purpose of the monitoring was to determine how effective the county welfare department staff were in informing clients, especially Aged, Blind and Disabled-Medically Needy clients, of their reporting responsibilities. Monitoring will continue until it has been determined that all counties are appropriately using the checklist. In addition, the quality control case and dollar error data for the April-September 1985 review period will be examined to determine if incidents of beneficiary-caused error in the Resource and Income categories have decreased. The results of the monitoring will be described in the California Medicaid Quality Control and Corrective Action Report for 1986.

If you or your staff have comments or questions about the use of the checklist, you may contact the Corrective Action/Health Care Options analyst assigned to your county at (916) 445-1912.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachments

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: December 31, 1986

Attachment I

RE: _____

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PUBLIC GUARDIAN/CONSERVATOR OR BENEFICIARY 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.

You are also required to report the death of the beneficiary to the Department of Health Services, Recovery Branch, 1250 Sutterville Road, Room 206, Sacramento, CA 95822, within 90 days from the date of death pursuant to Probate Code, Section 700.1, and Welfare and Institutions Code, Section 14009.5.

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

Refer to the Medi-Cal Responsibilities Checklist (MC 217) for a more complete list of your reporting responsibilities.

4N — TIMELY REPORTING BY PUBLIC GUARDIANS/CONSERVATORS OR BENEFICIARY REPRESENTATIVES

A primary cause of quality control errors is the failure of beneficiaries or their representatives to meet their reporting responsibilities and give timely notification to county welfare departments (CWDs) when there is a change in their income or assets. Representatives, conservators, and guardians of Aged, Blind, and Disabled-Medically Needy (ABD-MN) applicants or beneficiaries frequently fail to understand what information must be reported to CWDs. This problem is intensified by the absence of the requirement for:

1. A face-to-face interview for applicants represented by a government representative such as a public guardian.

2. A face-to-face interview at the annual redetermination for those Medi-Cal Family Budget Units (MFBUs) consisting of only ABD-MN beneficiaries.

A checklist (DHS 7068) has been developed to assist counties to adequately inform public guardians, conservators, and representatives of their reporting responsibilities. The checklist is to be given (or mailed) to the public guardian, conservator, or to the 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 in emphasizing the reporting responsibilities to applicants, beneficiaries, and their representatives.

If the CWD chooses to mail the checklist, the name and address of the representative may be written directly on the checklist or a suggested cover letter (sample attached) which explains the legal authority in more detail may be used.

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As the Public Guardian/Public Conservator of your county, or as the applicant's or beneficiary's 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. Additionally, in the event of the beneficiary's death, Probate Code, Section 700.1, and Welfare and Institutions Code, Section 14009.5, require you to report the death of the beneficiary within 90 days of death to the Department of Health Services, Recovery Branch, 1250 Sutterville Road, Room 206, Sacramento, CA 95822.

The attached Public Guardian/Public Conservator or Beneficiary Representative 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 _____.