STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, *Governor*

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

July 13, 1988

All County Welfare Directors
All County Administrative Officers

Letter No.: 88-50

SUBJECT: POTENTIAL RETROACTIVE CLAIMS FOR REESE V. KIZER - CASE LIST AND INSTRUCTIONS FOR CASE REVIEW AND MONITORING

The purpose of this letter is to transmit to the counties listings of potential Reese v. Kizer retroactive cases along with instructions for case identification and monitoring.

In October 1986 counties were sent lists of cases identified by two methods. Listing #1 should have contained all beneficiaries who were in long term care (LTC) during the period January 1, 1984 through December 31, 1985. Any beneficiary who was in LTC in more than one county during that period was to have been listed in each county of residence. Listing #2 should have listed the beneficiary in the last county of residence with all other counties shown below the last county of responsibility.

However, due to apparent discrepancies in the lists, an investigation was made which identified programming errors. Due to the programming errors, Listing #2 contained only those cases in which the case number and/or county changed during the claiming period. Those cases where the patient entered LTC, remained in the same county and had no other change to the case number for the entire period were erroneously omitted. Further, the programming did not take into account the fact that, while eligibility may exist for a specific calendar month, the case may be granted at a later date due to retroactive eligibility, fair hearing, or merely the application process itself. All cases approved after the end of the last calendar month of the claiming period were erroneously omitted. As a result, Listing #2 issued in October 1986 must be discarded. A revised Listing #2 has been prepared and is attached and should be substituted for the original Listing #2.

Listing #1 also omitted retroactively approved cases, however, issuance of a new Listing #1 would serve no real purpose given that Listing #2 is now accurate. The omitted cases should, in any event, be available in the counties as the three year retention period has not yet elapsed. In addition, many of these cases may still be currently active considering the short time lapse since the case was determined eligible.

INTERIM PROCEDURES

The county must pull the case files for all cases identified in the attached revised Listing #2 and identify those cases which may have potential retroactive Reese eligibility i.e. there was a spouse at home at any time during the retroactive period of January 1, 1984 thru December 1985. Case identification must be reported on the attached Monitoring Form #1 by the fifth of the month for each calendar month in which case identification occurs. Tallys are to be kept of the number of all cases reviewed, as well as the number of open and closed cases, for all categories indicated on Monitoring Form #1. Only one reason for ineligibility for retroactive Reese claiming may be identified for each case. After reviewing all cases with potential retroactive Reese eligibility, the total case counts reported on Line I. a. of all Monitoring Form's #1 must equal the total cases identified on Listing #2 for each county. The monitoring forms should be sent to:

Toni Bailey
Medi-Cal Eligibility Branch
Department of Health Services
714 P Street, Room 1650
Sacramento, CA 95814

Open cases identified as potential Reese retroactive claims are to be shelved pending receipt of further instructions from this office. All potential Reese cases (open or closed) must be reviewed to ensure that the names and current addresses of the spouse, conservator or guardian, and/or other person acting on behalf of the beneficiary are included in the case file. Where there is no longer a spouse, the county should attempt to obtain the name and address of a family member who can be contacted regarding the claim should the beneficiary die, be discharged from the facility, or be discontinued for other reasons prior to completion of the claim process.

Closed cases identified as potential Reese claims are to be sent the attached Notice. The Notice must be addressed to the beneficiary or, where the beneficiary has a guardian, conservator or other person acting on his/her behalf, to the representative or spouse. If the beneficiary is deceased, the notice is to be sent to the spouse, representative or executor where one is identified.

If the notice is returned as undeliverable the county shall attempt to identify and contact the spouse, next of kin or other informed party using the information in the case file and shall attempt to obtain more recent addresses for the beneficiary/spouse by checking the MEDS system. All efforts to obtain such information shall be documented in the case file.

If no response to the notice is received within 60 days of the date the

notice was mailed, the county shall reissue the notice to the last known address and shall document the follow-up notice in the case file. If no response is received within 60 additional days, no further contact attempt is required.

All cases where the notice is returned as undeliverable and/or where all contact attempts are unsuccessful shall be placed on a list and identified by name, SSN, county code and noted as either returned mail or no response received. Counties may use the attached revised Listing #2 to note this information. This list shall be retained in the county and available for state review. All returned mail shall be retained in the case file. The total count of returned/undeliverable notices and or no response notices shall be kept and reported to the state at a later date.

You will receive further instructions on computation and submittal of Reese claims at a later date. If you have any questions, please contact Toni Bailey at (916) 324-4967.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: July 31, 1989

MONITORING FORM #1

REESE V. KIZER - CASE STATISTICS
INITIAL COUNTS

County:_____ Review Month Ending_____

I. Total Cases Reviewed

a. Total Cases: _____ (Total Line a, Parts II, III, IV, V)
b. Closed Cases:_____ (Total Line b, Parts II, III, IV, V)
c. Open Cases: _____ (Total Line c, Parts II, III, IV, V)

II. Cases where LTC beneficiary had no spouse:

a. Total (Line b+c) _____
b. Number Closed _____
c. Number Open _____

III. Cases where spouse of LTC beneficiary is in long term care, board and care or another institutional setting:

a. Total (Line b+c) _____
b. Number Closed _____
c. Number Open _____

IV. Cases where spouse of LTC beneficiary is at home and has more community property income than LTC beneficiary:

a. Total (Line b+c) _____
b. Number Closed _____
c. Number Open _____

V. Potential claim cases:
(Remaining cases)

a. Total (Line b+c) _____
b. Number Closed _____
c. Number Open _____

INSTRUCTIONS:

1. Cases may only be listed under one category other than the Total lines.

2. This form must be completed monthly accounting for cases reviewed in that month and submitted to the State by the fifth of the following month.

3. When your reviews of all potential Reese retroactive cases is complete, the total of all cases reported monthly on this form must equal the total potential cases on revised Listing #2.

IMPORTANT NOTICE: THE STATE MAY OWE YOU MONEY

_____ was in a nursing home and was receiving Medi-Cal in this county. The State may owe money to this beneficiary, or to his/her spouse, estate or next of kin.

A court decision called Reese v. Kizer enforced a law which required that, when one spouse is in a nursing home and on Medi-Cal, the spouse living at home in the community should have at least one-half of the couple's total income to live on. The State may owe you money if, in your case, the spouse at home got less than one-half of the couple's total income in any month after January 1, 1984.

IF YOU WANT TO CLAIM THIS MONEY, YOU SHOULD RETURN THIS FORM RIGHT AWAY, BUT NOT LATER THAN 60 DAYS AFTER YOU RECEIVE IT.

1. Your name, address and telephone number:

   Name: _____

   Address: _____

   Telephone Number: _____

2. Your relationship to the beneficiary whose name is at the top of this notice: _____

3. Is the beneficiary deceased? _____

   If so, answer these questions:

   (a) Who is the next of kin?

   Name: _____

   Address: _____

   _____

   (b) Is there an executor? _____ If so:

   Name: _____

   Address: _____

   _____

If you intend to move after you receive this notice, you should call the county's representative, _____ at ( ) _____, and let the county know your new address and telephone number.

If you are not related to the beneficiary named above, but can help the county contact him (her) or his or her spouse, next of kin, or executor, please call the county representative.