STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
CRAMENTO, CA 95814
16) 445-1912

August 22, 1988

All County Welfare Directors
All County Administrative Officers

Letter No.: 88-65

Attention: Medi-Cal and AFDC Program Liaisons

SUBJECT: SURVEY OF MEDI-CAL CARD ISSUANCE TO PREGNANT WOMEN.

The Budget Act for fiscal year 1988/89 mandated that the Department of Health Services conduct a survey of counties to gather information on the processing of applications made by pregnant women for Medi-Cal. The purpose of the study is to discover the amount of time taken by counties to determine if a pregnant woman is eligible for Medi-Cal and authorize the issuance of a card. The Budget Act has mandated several studies concerning the delivery of early perinatal services to pregnant women of which this is only one. The hope is that costly birth defects, low birth weight babies, or complications at birth may be prevented by early access to medical care. Access to Medi-Cal providers, Medi-Cal card issuance, public health education and outreach and their effects on perinatal care are all issues the Legislature will be investigating this year.

The Department requires your county's participation in this survey. Attached is a copy of a questionnaire and initial instructions for completing it. The Budget Act set December 1, 1988 as the date by which the survey and analysis must be completed by the Department and January 15, 1989 as the date the completed report must be submitted to the Legislature. Therefore, in order to meet these dates, data collection must begin immediately.

Beginning Tuesday, September 6th, we are asking the counties to include a copy of the attached questionnaire with each new application for aid made by a pregnant woman (AFDC cash grant including IHSS or Refugee Services or Medi-Cal only). A supply of the questionnaires will be shipped to your county under separate cover. A new application is defined as the completion of a CA 1 (Application for Public Assistance) form and its submission to the County Welfare Department (CWD). From September 6th through Friday September 16th each new application submitted by a pregnant woman should have a questionnaire included with the case. The survey population consists therefore, of pregnant women who apply for aid between September 6 and September 16. Applications submitted after September 16th should not have a questionnaire included with the case. Those applications made between September 6th and September 16th should have their questionnaires worked until the cases are granted, denied or withdrawn. Once any of these three actions occur, the questionnaire should be completed and batched with other completed questionnaires for return to this Department.

The ending date of the survey is Monday October 31st. Please complete the questionnaire by October 31st and note that the case is pending (item #9) if it is still open on that date. The questionnaire should be returned to this

Branch within 5 days after October 31st, (address is contained in instructions). If all applications involved in the survey are completed before October 31st, counties should complete their questionnaires and return them to the Department early.

We greatly appreciate your county's cooperation and participation in this survey on such short notice. If questions arise, please direct them to Tim Lockwood, Corrective Action Unit, at (916) 322-5068.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: August 22, 1988

## Initial Instructions for Completing Survey

1. The questionnaire is designed to collect information on 1) pregnant women who are applying for Medi-Cal only (excluding minor consent services) or 2) will be receiving a Medi-Cal card as part of an application for AFDC, IHSS or Refugee Services.

2. The questionnaire will accompany each new application made by a pregnant woman in your county between Tuesday September 6th - Friday September 16th. The questionnaire will be completed by the appropriate staff detailing whether the application was granted, denied, withdrawn or pending. If the county did not know a woman was pregnant when she applied (turned in a CA 1) between September 6th and the 16th, the county should attach a questionnaire to the case once they are informed that the applicant is pregnant.

3. The survey will include intake applications of pregnant women at county hospitals.

4. The survey will end October 31st. All questionnaires attached to applications filed between September 6th and September 16th must be completed by Oct. 31st even if the case is pending on October 31st. Due to legislative deadlines for completing the survey, the time for data collection must be limited. This means some of your cases may still be pending and will be reported as such when the survey ends. Check the box "pending" in question #9 only if the application is still open on October 31.

5. The first date of contact will be defined as the date the completed and signed CA 1 (Application for Public Assistance) is received by the CWD.

6. The date a pregnant woman is determined eligible to receive a Medi-Cal card (item #10) is the date the client was authorized to receive a card, and a Notice of Action (NOA) was sent, NOT THE BEGINNING DATE OF ELIGIBILITY. If a client is denied, enter the date the denial notice was sent in item #10. If application was withdrawn, enter that date in item #10.

   Example (Medi-Cal); a client completes a CA 1 for Medi-Cal only and returns it to the CWD on September 14th. By October 11th, she has had a face-to-face interview and provided needed verification. The county authorizes Medi-Cal eligibility with a $152 SOC on October 12th through the MEDS system and sends a NOA. The client's eligibility is effective September 1. Date of first contact for purposes of this survey is Sept. 14th when the CA 1 was returned (item 1 on survey). The date eligibility was authorized by the county was October 12th (item 10 on survey) whether or not she has met her SOC. The effective date of eligibility (Sept. 1) is irrelevant for purposes of this survey. In this example the date she was authorized as eligible was October 12th. In this example, 28 days have passed from the date the pregnant woman applied until the date she was authorized as eligible for Medi-Cal.

Example (AFDC); Client completes CA 1 for AFDC and returns it on September 14th. Client was interviewed but verification was not returned until October 11th. On October 12, CWD authorizes AFDC effective October 11th and authorizes a Medi-Cal card effective October 1. The date of first contact is September 14th (item 2 on survey). The date on which AFDC linked Medi-Cal was authorized is October 12 (item 10 on survey). The effective dates are irrelevant for purposes of this survey.

7. Please instruct those staff who will be completing the survey to answer all the survey questions. DO NOT LEAVE QUESTIONS BLANK.

8. Counties will ensure that all questionnaires are filled out by their staff (whether case is pending or not) by October 31st.

9. Any unused (blank) questionnaires should be destroyed.

10. If a county should complete all their determinations for cases involved in the survey before October 31st, the county should feel free to return all their completed questionnaires early.

11. If, as may be the case in small counties, no pregnant women apply between September 6 and September 16, the county should write "no applications received" on one of the questionnaires and return it to the Department at the address below.

12. The county will not have to process any of the survey data. The completed questionnaire should be forwarded directly to the Department of Health Services as soon as possible. They should be forwarded to:

Medi-Cal Eligibility Branch, Room 1601
Department of Health Services
714 "P" Street
Sacramento, CA 95814
Pregnant Women/Card Issuance Survey
ATTN. Tim Lockwood

13. Questions regarding the survey and how to complete the questionnaire should be addressed to Tim Lockwood (916) 322-5068.

Thank you for your participation and cooperation. A copy of the report will be mailed to each county around January 15, 1989.

Columns PWCF Survey

(1-3) 1 __ __

Questionnaire for Pregnant Women

Applying for Public Assistance

1. Date applicant/client first contacted county about assistance for current pregnancy (when CA 1 was completed). Example: September 8, 1988 is coded as 0 9 0 8 8 8.

(4-9) [ ][ ][ ][ ] 8 8.

2. Client is applying for which aid program? (Please Check).

(10)

- ☐ 1. Regular Medi-Cal Only
- ☐ 2. AFDC
- ☐ 3. Refugee Services
- ☐ 4. IHSS

(11-14) 3. Client's birthdate is [ ][ ][ ][ ] (mo. yr.). Example: March, 1970 is coded as 0 3 7 0. If unknown enter 9 9 9 9.

4. Client is: (See item #6 on CA 1 form)

(13)

- ☐ 1. White/Caucasian
- ☐ 2. Hispanic
- ☐ 3. Black
- ☐ 4. Asian or pacific Islander
- ☐ 5. Alaskan Native/ American Indian
- ☐ 6. Filipino
- ☐ 7. Other

(16-19) 5. What is the client's EDC (Estimated Date of Confinement)? Example: January 1989 is coded as 0 1 8 9. If unknown enter 9 9 9 9.

[ ][ ][ ][ ]

mo. yr.

6. Did the client state she wanted the county to issue her an immediate need Medi-Cal card?

(20) ☐1. Yes ☐2. No ☐3. Don't know ☐4. Not applicable, woman was delivering or had delivered.

7. Was a CA 6 (Alien Status Verification) form forwarded to the INS in this case?

(21) ☐1. Yes ☐2. No

8. What primary difficulty, if any, did you have in determining the client's eligibility? (check only one box).

(22)

☐1. No difficulty

☐2. Income/Property Verification

☐3. Reluctance to return/complete CA 6

☐4. Verification of pregnancy

☐5. Reluctance to provide AFDC paternity information

☐6. Appointments missed/rescheduled by client.

☐7. Appointments rescheduled by county.

☐8. Other (please specify)_____

_____

_____

_____

9. The client's application was _____ (for month of application).

(23)

☐1. Approved (Medi-Cal authorized)

☐2. Denied

☐3. Withdrawn by client

☐4. Pending

10. On what date did the action in question #9 occur? Example, October 7, 1988 is coded at 100788. If case is pending, enter 103188.

(24-29) ☐☐☐☐☐☐.

(30) 11. If case was denied, what was the reason for the denial?

- ☐1. Excess property
- ☐2. Excess income
- ☐3. Refused CA 6
- ☐4. Non-coop/Loss of contact
- ☐5. Termination of pregnancy
- ☐6. Pregnancy not verified
- ☐7. Other_____ _____
- ☐8. CASE WAS NOT DENIED.

12. Does the client have a share of cost (SOC) in the month of application?

(31)

- ☐1. Yes
- ☐2. No
- ☐3. Don't know, client withdrew.
- ☐4. Don't know, client was not eligible.
- ☐5. Don't know, case still pending.
- ☐6. Not applicable, AFDC Cash Case.

12. How much is her SOC in the month of application? (Example, an $87 SOC is coded as 087. No SOC, enter 000. SOC unknown-client withdrew application, case pending or was not eligible enter 999.

If SOC was greater than $997, enter 998.

(32-34) ☐☐☐.