STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

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

October 11, 1988

Letter No.: 88-81

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: Division of Community Property Prejudice Cases - Follow Up Report

REFERENCE: ACWDL 88-31

The Department of Health Services issued a notice on April 18, 1988 to all persons who were in a skilled nursing facility or intermediate care facility at any time during the period September 1, 1985 through April 30, 1986, of possible prejudice they may have suffered due to the Department's delays in issuing the community property notice required by AB 987. The notices instructed long term care patients to contact their local county welfare office if they believe they may have unknowingly spent more than their share of the community property during the seven-month period from September 29, 1985 through April 30, 1986 without making application for Medi-Cal because of ignorance of the new law. There was a 90-day deadline to file for these retroactive Medi-Cal cards; that deadline ended July 18, 1988.

In ACWDL 88-31 the counties were instructed on how to screen, process, and tally its contacts with alleged prejudice cases regardless of its ultimate finding of eligibility. Now that the deadline has passed, we are asking the counties to complete the attached survey questionnaire.

The Department will be requesting a similar report from the counties in April 1989 to determine how many prejudice cases were found during redetermination. Please follow the same instructions outlined in ACWDL 88-31 for the redetermination. We appreciate your help and cooperation. If you have any questions, please contact Yvonne Lee at (916) 323-4129.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: January 31, 1990

SURVEY QUESTIONNAIRE

DIVISION OF COMMUNITY PROPERTY PREJUDICE CASES

FOLLOW-UP REPORT FORM

SEPTEMBER 1988

Please answer the following:

1. The total number of personal, written and telephone contacts received by the county as a result of the Department's notice dated 4/18/88, issued to all persons in long term care during the period 9/1/85 through 4/30/86:

2. The total number of applications resulting from the contacts described in number 1 above (regardless of whether the application was approved, denied or withdrawn).

3. The approximate number of manhours expended by the county to process the workload described in numbers 1 and 2 above:

Please return this survey form to:

Department of Health Services
714 P Street, Room 1650
Sacramento, CA 95814
Attn: Yvonne Lee