

**DEPARTMENT OF HEALTH SERVICES**

714/744 P Street  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 654-0510

April 24, 1998

**Medi-Cal Eligibility Branch Information Letter No. I98-08**

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialist/Liaisons  
All County QMB/SLMB Coordinators

**QUALIFYING INDIVIDUALS (QI) LIST OF COUNTY PUBLIC CONTACT PERSONS AND PROGRAM COORDINATOR'S NAMES, ADDRESS, AND TELEPHONE NUMBERS**

Ref.: E-Mail No. 98037

The purpose of this All County Information Letter is to follow up on the information in E-Mail No. 98037 and to request that the counties immediately send the Department of Health Services (DHS) the name, address, and telephone number of the staff person who is the main public contact for the Specified Low-Income Medicare Beneficiary (SLMB) and the new Qualifying Individual-1 and -2 (QI-1/QI-2) programs.

We need this staff person's assistance in establishing and maintaining a list of potential QI beneficiaries who either call the county or DHS to express an interest in applying for the SLMB or QI programs particularly before the actual QI program is implemented. DHS also needs the name, address, and phone number of the QI and the SLMB Program Coordinator (which will not be released to the public) so DHS staff can contact the county coordinator when people call DHS directly to "sign up" for one of the SLMB/QI programs. Also, let us know if the county QI/SLMB coordinator covers the Qualified Medicare Beneficiary (QMB) program.

Please Mail or fax both the (a) County QI Public Contact Person, and (b) the County SLMB/QI Coordinator's name, address, and phone number to DHS by April 15, 1998 to the:

**Department of Health Services  
Attention: Sylvia Finberg  
714 P Street, Room 1650  
P. O. Box 942732  
Sacramento, CA 94234-7320**

**FAX (916) 657-3224**

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Counties are to maintain a list with the date, name, address and Social Security Number of the caller, or to hold the application, whichever is received first, so the individual who is potentially eligible will be assured of entitlement to the earliest regular and retroactive benefits available when the QI programs are operational. Please assure individuals who call or come to the office that if they are income and resource eligible, they will receive Medicare Part B premiums at no cost in the very near future covering all appropriate months based on their application or the date of their phone call.

Counties are also to send those who call about enrolling in SLMB or the QI programs a copy of the SAWS 1 if it was completed over the phone, the MC 219, the MC 13, and then when available, the new SLMB/QI-1/QI-2 Application Form (MC 14A). When counties receive a completed SLMB/QI-1/QI-2 - MC 14A form, they must also send the potential QI beneficiary a MC 219 and a MC 13. However, counties must remember to put the date, the name, and the other information mentioned on this very important County QI list. It establishes their right to retroactive benefits while DHS is implementing this/these new benefit(s).

If you need further information concerning the SLMB/QI-1/QI-2 programs, please call Sylvia Finberg of my staff at (916) 657-0080.

Original signed by

Tom Welch, Chief  
Policy Section A  
Medi-Cal Eligibility Branch