

## DEPARTMENT OF HEALTH SERVICES

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February 8, 1991  
Letter No.: 91-10

TO: All County Welfare Directors  
All County Administrative Officers

SUBJECT: SAVE; POLICY CHANGE FOR COMPLETION OF FORM MC 13

REFERENCE: ACWDLs 88-68, 88-87, and 88-91

This letter is to inform you of a policy change regarding completion of the Form MC 13 and to remind you of current Systematic Alien Verification for Entitlements (SAVE) policy. Please implement this new instruction no later than April 1, 1991.

Officials from the Health Care Financing Administration (HCFA) have told us that each adult applicant for Medi-Cal must complete and sign a Form MC 13. This means that we can no longer allow one person to complete and sign MC 13 forms for other adult members of the family applying for Medi-Cal. An adult may still complete and sign a MC 13 for children under the age of 21. In the case of children applying for themselves and/or their own children, they should complete and sign a MC 13 for each Medi-Cal applicant.

Please keep in mind that the Crespin v. Kizer injunction prohibits us from requiring restricted benefit applicants to complete any part of the MC 13 other than the information at the top of the form, i.e. Name of Applicant, Date, Print Name of Person Acting for Applicant and Relationship to Applicant and Section A, Scope of Benefits Requested.

The same officials conducted a follow-up review of SAVE in September of 1990. Based on their findings, we would like to remind you that SAVE verification must be initiated and documented in the case file for any alien applying for full Medi-Cal benefits. If an alien applies for restricted benefits and volunteers his/her INS card or document, you must initiate primary or secondary SAVE. Retain all SAVE responses in the case file. If you do not receive a timely response from INS, follow-up to ensure that INS verifies the alien's immigration status. Indicate the date and action taken in the "County Use Only Box" on the MC 13.

All County Welfare Directors  
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Page 2

If you have policy questions about SAVE or Form MC 13, please contact Linda Hayes of my staff, at (916) 323-5861, ATSS 8-473-5861. Thank you in advance for your cooperation.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants