

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941



February 7, 2000

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Outstationed Eligibility Workers Coordinators
All County Public Health Directors
All County Mental Health Directors

Letter No.: 00-06

**OUTSTATIONED ELIGIBILITY WORKER (EW) PROGRAM PETITIONS AND
REPORTING UPDATE**

Ref.: All County Welfare Directors Letter Nos. 89-114, 91-25, 91-108, 92-16, 93-18,
94-23, 95-05, 96-07, 97-04, and, 98-13.

The purpose of this letter is to provide counties with information concerning the petitioning and reporting process for the Outstationed EW program for fiscal year (FY) 2000-2001. Enclosed with this letter are forms which must be completed and returned to the Medi-Cal Eligibility Branch (MEB) no later than **March 3, 2000**.

OBRA 90 OUTSTATIONING

Petitioning:

Under Omnibus Budget Reconciliation Act of 1990 (OBRA), it is still mandatory that county welfare departments outstation EWs at Disproportionate Share Hospitals (DSH) and Federally Qualified Health Centers (FQHC) unless it can be demonstrated that it is not administratively feasible to do so. The counties are required to submit new petitions only for the sites which have not participated in the outstationing program in the past, and which presently meet the criteria for outstationing under OBRA 90. The original intent of outstationing still remains to make quick determinations of Medi-Cal eligibility for pregnant women and children up to the age of 19.

As in the past, we are sending a letter to new FQHCs and DSHs to make them aware of the availability of the outstationing program and their obligation to contact the county to indicate their interest. (See enclosure.)

We have also enclosed a copy of the OBRA 90 Outstationing of EW Petition. If your county needs more than one petition, please make additional copies.

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PERINATAL OUTSTATIONING

Petitioning:

As with the funding for OBRA 90 outstationing, funding for Perinatal outstationing has been included in the county's base budget since FY 1994-95. We do not anticipate any increase in funds for Perinatal outstationing for FY 2000-2001. Therefore, we are requesting counties to reevaluate their Perinatal outstationing program to assure that resources are being utilized appropriately. Counties may modify their Perinatal outstationing program (number of EW days/hours, discontinue/add sites) within their existing allocation if there is justification for the modification. Modifications should be reviewed by MEB and noted in monthly outstationing report.

REPORTING REQUIREMENTS

It continues to be mandatory that counties submit statistical reports for outstationing for OBRA 90 and Perinatal programs monthly. They should be received by MEB no later than 15 days after the last day of the report month. A camera-ready copy of the report forms are included with this letter. Please reproduce the form according to your needs. You may contact MEB for a fresh copy if needed.

Please accept my sincere appreciation for your excellent cooperation and hard work in implementing and maintaining the outstationing program.

If you have budget questions, please direct them to your administrative director. If you have any questions regarding the program policies, please contact Edmund Carolan of my staff at (916) 657-1064.

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosures

OBRA '90--OUTSTATIONING OF ELIGIBILITY WORKERS (EW) PETITION

(Note: Complete this form for each new OBRA '90 Site where you are proposing to outstation workers and/or existing location where a new EW is justified.

County _____

Hospital/Clinic Name _____

Provider Number _____

Type of Facility:

Disproportionate Share Hospital _____ FQHC _____ Look-Alike Clinic _____

Indian Health Center _____ Other (Specify) _____

1. Estimated total number of EW hours per month necessary to process applications from OBRA '90 targeted population? _____

2. How many EWs are needed to process OBRA '90 cases? _____

3. What is projected number of applications which will be processed at this location? _____

4. What is your county's FY 99-00 intake target? _____

5. What is estimated staff travel time to process applications at this location? (Hours per month) _____

6. Please indicate which days outstationed worker will visit this site?
Circle days M T W Th F

7. How many hours on each day? _____

8. Describe what arrangements will be made to meet OBRA '90 mandates of having staff available during hours welfare offices are normally open, e.g., posting notices, etc.

9. Will facility staff be used to assist in Medi-Cal process, such as distribution of forms, scheduling interviews, etc? Yes _____ No _____

If yes, describe extent to which facility staff will be utilized.

10. Based on information received from facility, what is that primary language of potential applicants?

English _____% Spanish _____% Chinese _____% Vietnamese _____%

Other (Specify) _____%

11. Does your county currently have, or anticipate being able to hire sufficient bilingual staff to meet the needs of targeted population? Yes _____ No _____

12. Please provide fiscal analysis of the incremental funding:

EXAMPLE:

(ESTIMATED OBRA App/Mo)
100% - (No. of Requested EWs)) FY 99/00 Intake Target* = Incremental %

100% - (Question 3)
(Question 2)) Question 4 = Incremental %

13. Describe mechanism counties will use to oversee the quality assurance of eligibility decisions by outstation staff.

Name of Facility Contact Person _____

Phone Number of Facility Contact Person _____

County Welfare Director's Signature _____

* Intake Target will be adjusted if it changes for FY 2000-2001.

PERINATAL OUTSTATIONING REPORT FORM

COUNTY _____ MONTH _____ YEAR _____ Page _____ of _____

CLINIC NAME & ADDRESS	# APPLICATIONS TAKEN Pregnant Women	# APPLICATIONS APPROVED Pregnant Women	# APPLICATIONS TAKEN Children Percentage Programs	# APPLICATIONS APPROVED Children
TOTAL				

County Contact Person _____ () _____ Telephone Number _____

SEND ONE COPY OF REPORT TO:
 STATE OF DEPARTMENT OF HEALTH SERVICES
 Medi-Cal Eligibility Branch
 Outstationing - OBRA 90 Coordinator
 714 P Street, Room 1650
 Sacramento, CA 95814

OBRA 90 OUTSTATIONING REPORT FORM

COUNTY _____ MONTH _____ YEAR _____ Page _____ of _____

CLINIC NAME & ADDRESS	# APPLICATIONS TAKEN Pregnant Women	# APPLICATIONS APPROVED Pregnant Women	# APPLICATIONS TAKEN Children Percentage Programs	# APPLICATIONS APPROVED Children
TOTAL				

_____ () _____
County Contact Person Telephone Number
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 Medi-Cal Eligibility Branch
 Outstationing - OBRA 90 Coordinator
 714 P Street, Room 1650
 Sacramento, CA 95814