DEPARTMENT OF HEALTH SERVICES

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



March 22, 1996

Letter No.: 96-16

TO: All County Welfare Directors

All County Administrative Officers

All County Medi-Cal Program Specialists/Liaisons

TINOCO/SAWYER SHARE OF COST (SOC)-VERIFICATION TAO REQUESTS AND REPORTS; COUNTY ADDRESSES

Ref.: All County Welfare Directors Letter (ACWDL) No. 95-63 (Sawyer) and 96-09

(Tinoco)

As counties may recall, the Department of Health Services (DHS) will be providing reports with share-of-cost (SOC) information for certain Medi-Cal cases which counties are evaluating for reimbursement under the <u>Sawyer</u> and <u>Tinoco</u> procedures contained in ACWDLs 95-63 and 96-09. Counties will request these SOC-certification reports for qualified cases for months previous to the 15-month limit for which SOC-certification information is available on Medi-Cal Eligibility Data System. Counties will request these SOC-certification reports via a TAO request screen designed for this purpose. DHS will then mail the reports to addresses provided by the counties on the enclosed questionnaire. The target date for the implementation of this system is April 1, 1996.

COUNTY ADDRESSES NEEDED FOR DISTRIBUTION OF SOC-VERIFICATION REPORTS

DHS will accumulate county requests for case SOC-cerification and "batch" these requests together before running periodic data searches to create SOC-cerification reports which will be mailed to counties. DHS will use county codes input on the TAO screen (see Exhibit A) to produce a periodic, separate, county-specific report (see Exhibit B) for each county, and for those counties inputting multiple district codes on TAO, a separate, site-specific report for each district site. In addition, for those counties entering worker numbers on the TAO screen, DHS will further subdivide-reports-so-that each page of-the report-contains only SOC-certification information requested under that worker number.

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DHS requires counties to provide on the enclosed questionnaire (see Exhibit C) a list of addresses corresponding to the county and district codes the counties will enter on the TAO screen. Counties must complete and mail the enclosed questionnaire by March 20, 1996 to:

Department of Health Services Medi-Cal Eligibility Branch Attention: Tinoco/Sawyer Addresses 714 P Street, Room 1650 Sacramento, CA 95814

BRIEF SUMMARY OF TAO SCREEN AND SOC-CERTIFICATION REPORTS

County staff transmitting requests via TAO to DHS for SOC-cerification information for a Tinoco or Sawyer Medi-Cal case will enter on the TAO screen their county code number, an optional district code, and an optional worker number. Exhibit A shows a sample TAO screen for requesting SOC-certification report from DHS which has been "filled out" by a county staff person. The staff person (from county No. 34) has entered the necessary information: the county code (34 in this example), an optional district code (333 in this example), and a worker number (4444 in this example). The Social Security Numbers (SSN) for the members of the cases for which this person wants SOC-certification information, and the beginning and ending dates for the period which the SOC-certification information must cover, have been entered.

When requesting SOC-certification information for a case in which the Medi-Cal Family Budget Unit member's SSN changed during the period for which the SOC-certification information is being requested, so that the requestor has entered two SSNs for that case on the TAO request screen, the date entries must reflect the month in which the SSN changed. For example, suppose a county requires SOC-certification information from January through July 1994, and the SSN for the case's addressee changed in March 1994. The period for which the county is requesting the SOC-certification for the first SSN would expire in March 1994, and the period for which the county is requesting SOC-certification for the second SSN would begin in March 1994.

Each county which wants DHS to mail SOC-certification reports to different sites within the county must include the district code, as the county will enter it on the TAO screen, for each site address when completing Item 4 on the Sawyer/Tinoco Questionnaire (see Exhibit C). Counties which want all reports sent to one county address need not enter a district code on the TAO screen unless the county intends to redistribute the reports to multiple county sites. In this latter event, the district codes should be entered on TAO so separate, site-specific reports will be

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generated by DHS for county redistribution. If a county enters a worker number on the TAO screen, the reports will be further separated so that each report contains only SOC-certification information requested by the worker. If no worker number is entered, reports will be separated only by site, not by individual. However, the information will still be identified and sorted by the TAO userid of the requestor.

Exhibit B shows a sample report which the county will receive in response to its TAO request. The sample report contains SOC-certification information requested by Jane Doe, with worker number 4444, at county district code number 333. For each requested SSN, this sample report shows the SOC for each month within the period designated in the county's TAO request. (The SOC-certification information in this sample report does not correspond to the information requested in the sample TAO screen in Exhibit A.) The "SOC FLAG" column in the report may contain 4 different entries: "Y," "N," "E," and a blank. A "Y" indicates that an active case with a SOC was found in the data base and that its SOC was met; a "N" indicates that the case's SOC was not met; a blank indicates that there was no active SOC-case corresponding to that SSN for that month; and an "E" indicates an error in the SSN, for example a SSN containing a letter, or an TAO-screen error in the date field entries, for example, a "13" being entered for a month. When there is an error in the SSN or date-entry fields, no case search will be performed by DHS. The "SOC AMOUNT" column will be blank indicating that no SOC-certification information was found. The county should submit another request for SOC-certification information for the case.

Please direct questions regarding this ACWDL to Dave Rappolee of my staff at (916) 657-0163.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, CHIEF Medi-Cal Eligibility Branch

Enclosures

EXHIBIT A

SAMPLE

To: guserid

From: GENERIC.USERID@DHSEMC2

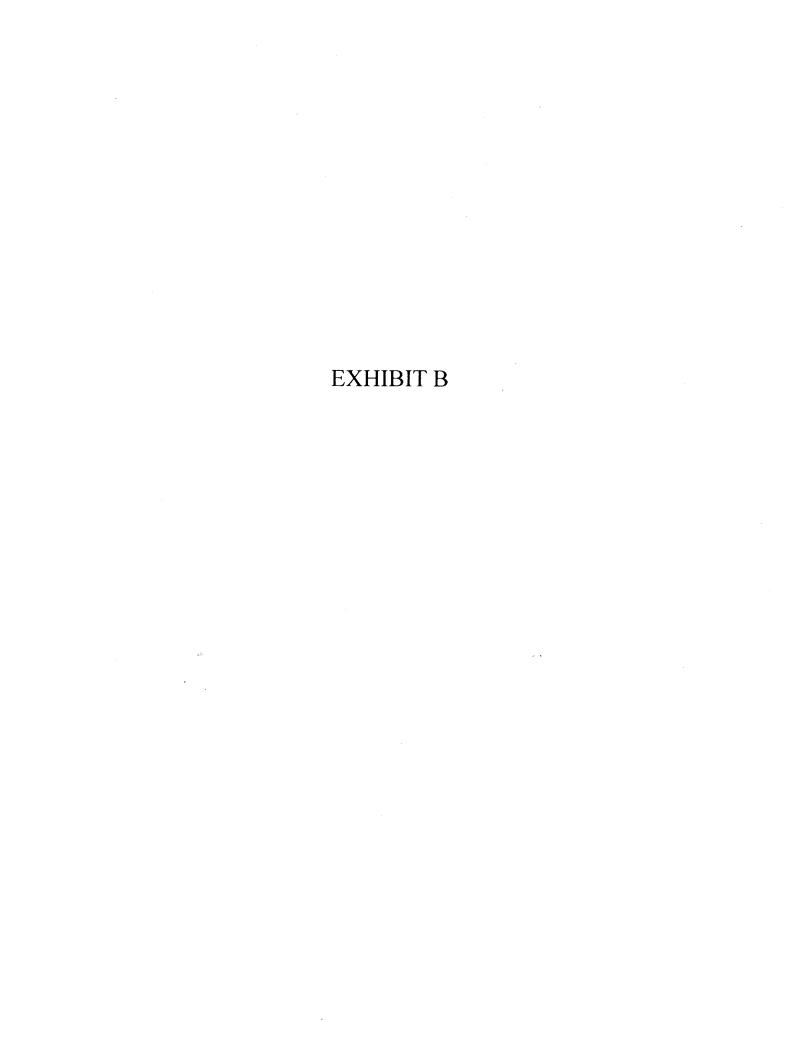
Subject: Tinoco/Sawyer County Request Form

County Code (01-58): 34
District Code: 333

Worker Social	#: Secu	4444 rity #	From Date MM / YY	To MM	Date / YY
					•
		1111	01 / 91		/ 91
222 -			01 / 92		/ 92
333 -	33 -	3333	01 / 93	12	/ 93
444 -	44 -	4444	01 / 94	12	/ 94
555 -	55 -	5555	01 / 95	12	/ 95
666 -	66 -	6666	01 / 96	12	/ 96
777 -	77 -	7777	01 / 91	12	/ 91
888 -	88 -	8888	01 / 92	12	/ 92
999 -	99 -	9999	01 / 93	12	/ 93
000 -	00 -	0000	01 / 94	12	/ 94

/ lines 1-21 of 21 /

PF 1=Help 2=Exit 3=Return 4=Mail 5=Ledit 6=IDs 7=Back 8=Fwd 9=Options EMCC0100



SAMPLE

REPORT: RS-TIN004-R001 STATE OF CALIFORNIA
RUN DATE: MM/DD/YY DEPARTMENT OF HEALTH SERVICES

PAGE: 9,999

TINOCO/SAWYER SHARE OF COST (SOC)

VERIFICATION REPORT

COUNTY : SACRAMENTO DISTRICT: XXX 333

WORKER: XXX 4444

WORKER . ALL TO		COC	COC	
HCEDID	a a v	SOC	SOC	SOC
USERID	SSN	YY/MM	AMOUNT	FLAG
JANE.DOE	123-45-6789	91/01	\$9,999	37
JANE.DOE	123-45-6789	91/01	\$9,999	Y
JANE.DOE	123-45-6789	•	77,777	N
		91/03		_
JANE DOE	123-45-6789	91/04	40.000	E
JANE.DOE	123-45-6789	91/05	\$9,999	Y
JANE.DOE	123-45-6789	91/06	\$9,999	Y
JANE.DOE	234-56-7890	92/01		E
JANE.DOE	234-56-7890	92/02	\$9,999	Y
JANE.DOE	234-56-7890	92/03	\$9,999	Y
JANE.DOE	234-56-7890	92/04	\$9,999	Y
JANE.DOE	234-56-7890	92/05	\$9,999	Y
JANE.DOE	234-56-7890	92/06		
JANE.DOE	876-54 - 3210	93/10	\$9,999	Y
JANE.DOE	876-54-3210	93/11	\$9,999	N
JANE.DOE	876-54-3210	93/12		
JANE.DOE	876-54-3210	94/01		E
JANE.DOE	876-54-3210	94/02	\$9,999	Y
JANE.DOE	876-54-3210	94/03	\$9,999	Y
JANE.DOE	987-65-4321	92/07		E
JANE.DOE	987-65-4321	92/08	\$9,999	Ÿ
JANE.DOE	987-65-4321	92/09	\$9,999	Ÿ
JANE.DOE	987-65-4321	92/10	\$9,999	Ÿ
JANE.DOE	987-65-4321	92/11	\$9,999	N
JANE. DOE	987-65-4321	92/12	40,000	• •
XXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	\$9,999	х
XXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	\$9,999	x
XXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	\$9,999	x
XXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	\$9,999	X
XXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	\$9,999	X
XXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	\$9,999 \$9,999	X
XXXXXXXXXXXXXXXXXXXX		•	\$9,999	X
XXXXXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	· •	X
	XXX-XX-XXXX	YY/MM	\$9,999	
XXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	\$9,999	X
XXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	\$9,999	X
XXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	\$9,999	X
XXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	\$9,999	X
XXXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	\$9,999	X
XXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	\$9,999	X
XXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	\$9,999	X
XXXXXXXXXXXXXXXXXX	XXX-XX-XXX	YY/MM	\$9,999	X
XXXXXXXXXXXXXXXX	XXX-XX-XXX	YY/MM	\$9,999	X
XXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	\$9,999	X,
XXXXXXXXXXXXXXXXX	XXX-XX-XXXX	YY/MM	\$9 ,999	X

SOC FLAG = ' ' NOT FOUND ON MMEF EXTRACT
SOC FLAG = 'Y' ELIG STATUS < 500
SOC FLAG = 'N' ELIG STATUS >= 500
SOC FLAG = 'E' ERROR ON INPUT SSN OR DATES



SAWYER/TINOCO QUESTIONNAIRE FOR ADDRESSING INFORMATION FOR SOCVERIFICATION REPORTS

verification reports? Explanation: S reimbursements and wants a separate SOC-ver directly to that site. The county would enter a "3 Sawyer/Tinoco processing sites, may wish all the to be mailed to one site for internal redistribution should be agreement between the number enters	y district offices) will be receiving Sawyer/ suppose your county has 3 district offices processing rification reports containing the information requested 3" in the blank. Some counties, although they may have reports (although issued by DHS as separate reports by the county. The county would enter a "1" at the red in the blank and the number of addresses provide	Sawyer/Tinoco d by each site sent have multiple orts by site number) blank. There led below.
? Explanation: To assist the distribution of separate reports (by worker number entered on	will be requesting SOC-verification report SOC-verification reports to county staff, DHS is plan the TAO screen) for each county staff person processitity of this depends on the number of counties' staff person process.	nning to issue ssing the
· · · · · · · · · · · · · · · · · · ·	rsons who request SOC-verification report evaluate cases for Sawyer/Tinoco reimbur o	
please furnish the address below, alon	vishes Sawyer/Tinoco SOC-verification repaig with the county code, and, if there will be the county will enter them on the TAO scr	e multiple sites,
County Code (if applicable) District Code (or other site number		
	•	
County Name	Preparer's Name	Date
Preparer's Phone Number		