

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320



TO: All County Welfare Directors
All County Administrative Officers

May 16, 1991
Letter No.: 91-48

SUBJECT: RADCLIFFE V. KIZER DATA COLLECTION PROCESS

BACKGROUND:

In order to finalize the settlement of the case of Radcliffe vs. Kizer, the Department of Health Services (DHS) must collect information regarding the total number of Medi-Cal applications based on disability during a given month. This data need only include single person cases with no current Medi-Cal eligibility which are pending a Disability Evaluation response. This information will be collected on a monthly basis for a period of one year.

COUNTY PROCEDURES:

Counties are requested to provide this data to the DHS beginning in the July 1991 Month of Eligibility. See enclosed reporting form. Following is the data required - 1) Total number of disability based (single person case) Medi-Cal Only applications filed during the month; 2) Total number of disability based (single person case) Medi-Cal Only applications which are pending in the county during that month, including any carry over from previous months; 3) Using the total pending cases, list the number of cases that have been pending 30 days or less, 31-60 days, 61-90 days, 91-120 days, 121-180 days, and 181 days or more.

The DHS, Medi-Cal Eligibility Branch has discussed this data collection process with the attendees of both the monthly County MEDS Advisory Group (CMAG) Meetings (both North and South) and the Case Data System Meeting, Medi-Cal Automated Case Budgeting Sub-group (CDS/MACB). Most of the representatives from the counties indicated that this data collection would not be a problem. Some counties indicated that they could easily extract this data from already existing statistical reports.

All County Welfare Directors
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Page 2

If you have any questions or your county system cannot provide this data, please contact Frances Schurer, of my staff at (916) 322-3463 immediately to discuss.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

**RADCLIFFE V. KIZER
MONTHLY STATUS REPORT**

MONTH OF REPORT: _____ COUNTY CONTACT: _____

COUNTY NUMBER: _____ PHONE NUMBER: (____) _____

1. Total # of disability based
(single person case) Medi-Cal
Only applications filed during
the month _____
2. Total # of disability based
(single person case) Medi-Cal
Only applications which are
pending in the county during
that month, including any carry
over from previous months _____
3. Using the total from #2 above,
how many of these cases have
been pending:
 - 30 days or less _____
 - 31 - 60 days _____
 - 61 - 90 days _____
 - 91 - 120 days _____
 - 121 - 180 days _____
 - 181 days or more _____

INSTRUCTIONS FOR COMPLETING THIS FORM

1. The total of all lines in #3 above should equal the number of pending cases reported in #2.
2. Completed forms are due 10 calendar days after the end of the "Month of Report".
3. Mail completed forms to:

Department of Health Services
Medi-Cal Eligibility Branch
714 P Street, Room 1650
Sacramento, CA 95814
Attn: Frances Schurer
4. A form similar to this is available on the MEDS Network Electronic Mail Service (EMC2). To access, use and send the form, follow directions in the MEDS Network User Manual, Chapter 20 (Electronic Mail Service), Section 11.