

**DEPARTMENT OF HEALTH SERVICES**

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(916) 654-2941



March 8, 2000

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

Letter No.: 00-09

**SECOND REQUEST FOR COMPLETION OF ALIEN ELIGIBILITY INDICATOR CODE UPDATE**

Ref.: All County Welfare Directors Letter (ACWDL) Nos. 97-42, 97-51, and 99-19

ACWDLs 97-42, 97-51, and 99-19 required counties to update the refugee/alien indicator codes to the new "alien eligibility codes" in the Medi-Cal Eligibility Data System in order to properly track which aliens are eligible for federal financial participation pursuant to the requirements of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The Department of Health Services (Department) has determined that there are a significant number of active Medi-Cal cases for which the refugee/alien indicator code has not been updated as required.

The purpose of the ACWDL is to provide counties with a list of the active cases we have identified for which the refugee/alien indicator code has not been updated, and to request that all active cases with obsolete refugee/alien indicator codes be updated by county welfare departments as soon as possible.

Enclosed with this ACWDL is a sample printout showing the data fields that will be provided to the counties for each identified case requiring an updated alien indicator code. For each identified beneficiary, the printout will include County ID number, Social Security number, Birth date, Case Name, Beneficiary Name, Alien Indicator, and Alien Number (when available). Each page also includes County, District, and Eligibility Worker numbers in the upper right corner.

A hard copy of the list of active cases with obsolete refugee/alien indicator codes will be forwarded to the Medi-Cal Policy Liaison in each county for appropriate action. The list provided to each county will be grouped by district office, and within each district, by eligibility worker. Counties may also request an electronic copy of this data by contacting the Medi-Cal Eligibility Branch (MEB) staff assigned to this project.

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Until all active cases are updated, the Department must retroactively track Medi-Cal expenditures for miscoded cases to ensure proper claiming of federal Medicaid funds. The Department needs to conclude this process, but all active cases must be properly coded before retroactive claiming can end. Therefore, counties are required to contact the MEB with the projected date by which all cases with an obsolete alien indicator code will be updated. Please provide this information to Mr. John Zapata of my staff in writing or via E-mail at [JZapata@dhs.ca.gov](mailto:JZapata@dhs.ca.gov).

If you need further assistance regarding this matter, please call Mr. Zapata at (916) 657-0725.

**ORIGINAL SIGNED BY  
GLENDA ARELLANO**

Angeline Mrva, Chief  
Medi-Cal Eligibility Branch

Enclosure

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES  
OBSOLETE ALIEN INDICATOR CODES

>---COUNTY ID-----<	SSN	BIRTHDATE	>---CASE NAME-----<	>-----BENEFICIARY NAME-----<	ALIEN IND	ALIEN NUM
01-30-XXXXXX-X-04	222-22-2222	10/15/1981	DALMATION , FARM	DALMATION	1	
01-30-XXXXXX-1-01	999-99-9999	03/17/1957	DALMATION , FARM	SCRAMP WIZZ	1	
01-30-0000000-1-05	000-00-0000	11/16/1982	DALMATION , FARM	DALMATION	1	

EW TOTAL = 3