

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

SACRAMENTO, CA 95814

(415) 445-1912



December 27, 1982

To: All County Welfare Directors

Letter No. 82-74

CASE REVIEW

In order to assure that no person is incorrectly discontinued from the Medically Indigent program, please review the case records for those persons with aid codes 84, 85, 88, or 89 to ascertain if eligibility exists under any other Medi-Cal program. This is in accordance with CAC, Title 22, Section 50183. This review should be accomplished as soon as possible. Any persons found to be eligible as a result of this case review should be reinstated to Medi-Cal and should be sent an erroneous discontinuance letter.

Any person who appears to be disabled, but who has not been evaluated in accordance with CAC, Title 22, Section 50167 should be immediately contacted and assisted in completing the appropriate forms to determine disability. All necessary forms must be forwarded to the State Disability Evaluation Division in accordance with Section 50167(a)(1)(E) within ten days of the date they are completed.

Please address any questions or concerns to your Medi-Cal program consultant.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branchcc: Medi-Cal Liaisons
Medi-Cal Program Consultants
Peter Abbott, 8/1350