

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



To: All County Welfare Directors
All County Administrative Officers

Letter No. 86- 45

PROCESSING MC 177 FORMS DUE TO CHANGES IN LONG-TERM CARE STATUS
AND INCREASED SOC DETERMINATIONS

This letter is to provide county welfare departments with procedures to be followed under the following circumstances:

- o A long-term care share of cost (LTC-SOC) beneficiary is discharged from a nursing home prior to meeting the SOC; or has met his/her SOC while in the nursing home but is discharged later during the month. A recomputation of the SOC by the county must be completed using the appropriate non-LTC maintenance need level and an MC 177 must be issued or the SOC is reduced to zero.
- o Although a beneficiary had been properly notified of an increase in SOC, or the beneficiary waives notice in accordance with Title 22, CAC, Section 50015 (a)(2)(B), the beneficiary was certified erroneously with a no SOC or an incorrect SOC and issued a Medi-Cal card.

Currently, the Medi-Cal Eligibility Data System (MEDS) will not allow a county to change an LTC-SOC beneficiary record to an MC 177-SOC or no SOC status once a Medi-Cal card has been issued. Likewise, once a SOC case has been certified and a card issued, you may not increase that SOC. The Department is in the process of developing system modifications to allow counties to make such changes on the MEDS System. In the interim, the procedures listed below should be followed.

LTC-SOC Beneficiary Discharged From Nursing Home

The process listed below should be used only if the original LTC-SOC Medi-Cal card is retrieved and no labels have been removed.

When an LTC beneficiary has been discharged from a nursing home and his/her SOC is reduced, the county should:

- o Request the beneficiary or nursing home to return the original unused LTC-SOC Medi-Cal card to the County. Return the unused Medi-Cal card to:

Department of Health Services
Data Guidance Unit
714/744 P Street
Sacramento, CA 95814.

- o Issue an MC 177 (Record of Health Care Cost -- Share of Cost) form showing the revised SOC amount.
- o When the MC 177 is completed and returned to the county, the county shall review the MC 177 for completion and accuracy.
- o The MC 177 should then be submitted to the Department's Key Data Entry Unit for certification and card issuance.
- o When the MC 177 is submitted to the Department, a note should be attached indicating:

"Beneficiary previously issued LTC-SOC Medi-Cal card.
Cannot certify via MEDS. Please issue Full Complement
Medi-Cal card via CID system."

A Medi-Cal card will be issued and mailed to the beneficiary by the DHS. The Department's Eligibility History File (EHF) will be updated to reflect the change. The change will be forwarded to the fiscal intermediaries to enable proper claims processing.

When an LTC beneficiary has been discharged from a nursing home and his/her SOC is reduced to zero, the county should:

- o Request the beneficiary to return the original unused LTC-SOC Medi-Cal card to the county. Return the unused Medi-Cal card to:

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- o Issue a temporary Medi-Cal ID card in accordance with Article 14A - Medi-Cal Eligibility Procedures Manual.

The MEDS record will still reflect the original status as LTC; however, counties can change MEDS to show the lower share of cost amount.

If the beneficiary has used the originally issued LTC-SOC Medi-Cal card, counties should follow the appropriate procedures outlined in Article 12C, Medi-Cal Eligibility Procedures Manual.

Erroneous SOC Amount Certification

Several counties have informed us of situations in which a beneficiary has been given proper notice of an increase in SOC or has waived the notice requirement; however, the original (erroneous) MC 177s were completed, submitted to the Department and Medi-Cal cards issued. If this situation occurs, counties should follow the procedures indicated below:

- o Retrieve the original, unused SOC Medi-Cal card from the beneficiary. Return the unused Medi-Cal card to:

Department of Health Services
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- o Complete a new MC 177, (an original MC 177 is needed for processing via our fiscal intermediary, Computer Sciences Corporation).

The county may transfer all of the information from the original MC 177, except for signatures of the beneficiary and provider(s), onto the new MC 177 and send the revised new MC 177 to the beneficiary.

If a new provider is used to meet the SOC then an original signature is required. As long as there is a provider signature available, either on the new MC 177 or a copy of the previous MC 177, for each line item, the requirements for signature are met.

- o When the beneficiary meets the increased SOC and returns the forms to the county, the county shall forward an original MC 177, along with a copy of the previous MC 177 if necessary, to the Department of Health Services' Key Data Entry Unit with the following information:

"Beneficiary previously certified and issued a Medi-Cal card. Increase in SOC has been determined. Please recertify and issue replacement, full complement, Medi-Cal card through CID system".

A Medi-Cal card will be issued and mailed to the beneficiary by DHS.

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The Department's EHF will be updated to reflect the change. The change will be submitted to the fiscal intermediaries to enable proper claims processing.

The MEDS record will still reflect the original certification date.

Until such time as the MEDS modifications are completed, the above procedures shall be followed.

Should you have any questions regarding these procedures, please contact your MEDS Liaison.

Sincerely,

A handwritten signature in cursive script, reading "Sandra Duveneck".

Sandra Duveneck, Chief
Operations Section
Medi-Cal Eligibility Branch

cc: Medi-Cal Program Consultants
Medi-Cal Liaisons

Expiration Date: November 30, 1986