

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



July 6, 1987

TO: All County Welfare Directors
All County Administrative Officers

Letter: 87- 36

MEDI-CAL DISABILITY PACKET REJECTION SURVEY

The purpose of this letter is to survey county staff regarding the feasibility of correcting certain types of disability packet errors by telephone rather than packet rejection.

Currently DED will reject disability packets where the forms contain conflicting information (i.e. conflicting Social Security numbers (SSN), birth dates, etc.) or where critical information such as the date of application, SSN, birth date, etc. are missing. In past years DED attempted to obtain this information by telephone from the eligibility worker (EW); however, due to difficulty in contacting the EW, EW failure to timely return telephone calls and EW reluctance to divulge the information by telephone, the practice was discontinued and the procedure of packet rejection was instituted for all such cases.

Packet rejection has, however, proved to be time consuming to county staff and also delays the eligibility determination. While corrective action has resulted in a considerable decline in packet rejections, we feel the rejection rate could be further reduced. Therefore, we are conducting a survey to determine whether counties are interested in DED reinstating the telephone procedure. This procedure will only be reinstated if counties are willing to inform EW staff (or the designated county DED liaison) of the procedure emphasizing the need to return telephone calls from DED, and provide the necessary information in a timely manner.

This procedure will not eliminate all packet rejections as an incorrect or incomplete medical release (MC 220) cannot be corrected or completed by DED but instead must be handled by the applicant personally. Similarly, the Statement of Facts Regarding Disability (MC 223) will also cause packet rejection where large portions of the form are incomplete. Finally any packet containing an MC 221 (Disability Determination and Transmittal) with no EW name and telephone number would continue to be returned to the county. However, despite the above noted exceptions, packet rejections could be significantly reduced by the proposed telephone follow up procedure.

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County comments on this proposal would be appreciated. Please complete the attached survey form and return it to the address noted on the form as quickly as possible. Survey forms received by July 24 will be considered in making the decision.

If you have any questions, please contact Toni Bailey at (916) 324-4953.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: July 24, 1988

Return to:

Toni Bailey
Department of Health Services
Medi-Cal Eligibility Branch
714 P Street, Room 1650
Sacramento, California 95814

1. DED should implement a procedure for telephoning county staff to obtain information missing from the disability forms or to clarify conflicting information:

☐ yes ☐ no

2. The county will instruct workers to respond promptly to DED inquires:

☐ yes ☐ no

3. If this procedure is implemented DED should contact:

☐ the EW ☐ the county DED liaison

☐ the county program manager

☐ other (specify) _____

4. Comments: