DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

November 20, 1987

TO: All County Welfare Directors   Letter: 87 - 67
      All County Administrative Officers

SUBJECT: NEW MANUALS FOR MEDS/CDB/IEVS

This is to inform you that the Department of Health Services is
in the process of updating the Medi-Cal Eligibility Data Systems
(MEDS), the Central Data Base (CDB) and the Income and
Eligibility Verification System (IEVS) manual information and
expanding the MEDS User Manual to include the CDB and IEVS
information. The manual will be renamed the "MEDS Network User
Manual" and a new cover will be sent with the first new manual
update. All future MEDS, CDB and IEVS updates will be
incorporated into the MEDS Network User Manual.

Over the next few months, as we add to and update the manual we
will ask for county input. Requests will go out via the
Electronic Mail System (SYSM) to the primary coordinators in each
county (USER-IDs ending in CRDNT). Generally two weeks will be
given for response. If there are any additional individuals in
your county we should contact for input, please forward their
SYSM User IDs to Frances Schurer on SYSM User ID: HDFSCHU.

MANUAL ORDERING PROCESS

For distribution purposes, the manual is divided into five
component parts: 1) the Core, which contains general information
about the MEDS Network, all appendices, the main table of
contents, the revision record, and the schedule and contact
information at the front of the manual; 2) Medi-Cal (MEDS); 3)
Food Stamps - Central Data Base (CDB); 4) Income and Eligibility
Verification (IEVS); and 5) State Transactions.

Since each MEDS Network User Manual holder may not need or want
all components of the manual we have developed a new ordering
process that will allow ordering only the components needed. See
Attachment 1 for a detailed description of the new ordering plan.
This plan will also be included in Chapter 1 of the MEDS Network
User manual for future reference.

In addition, we have developed a new order form for the MEDS
Network User Manual (See Attachment 2). If additional copies of

this form are needed, they may be ordered from your State MEDS Liaison. For your convenience, this form will also be available on the Electronic Mail System (SYSM). To access the form, go to "Outbasket Composing" and enter "copy MEDS70,forms").

Attached to the Welfare Director's copy of this letter is a current mailing list of persons receiving MEDS manual updates in your county. The number in parentheses on the right side of the first address line indicates the number of copies being sent to that address. The persons on this list will continue to receive the core component and the Medi-Cal component. The new "MEDS Network User Manual" will also contain Food Stamp/Central Data Base (CDB) and Income and Eligibility Verification System (IEVS) components. If you would like to order these additional components, please fill out copies of the attached order form and submit them by December 15, 1987. Since there is no current mailing list of persons who have CDB and IEVS manuals, forms should be completed as needed to ensure that those manual holders receive future updates. We will compile a mailing list for new manual distribution from the information listed on the form. Please coordinate with your staff to ensure that duplicate orders are not made.

If you have any questions regarding the new manual or the ordering procedure please contact Frances Schurer at (916) 322-3463 or Ina Kohn at (916) 324-3769.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
     Medi-Cal Consultants
     MEDS Coordinators

Expiration Date: June 30, 1988

MANUAL ORDERING AND DISTRIBUTION

For distribution purposes, the manual is divided into five compo-
nent parts: 1) the Core, which contains general information
about the MEDS Network, all appendices, the main table of con-
tents, the revision record, and the schedule and contact informa-
tion at the front of the manual; 2) Medi-Cal (MEDS); 3) Foods
Stamps - Central Data Base (CDB); 4) Income and Eligibility
Verification (IEVS); and 5) State Transactions.

New manuals and subsequent updates will be distributed based upon
which components are requested. Any of the five components may
be ordered. To receive the entire manual, an individual would
order all components (1-4 or, for a state employee, 1-5).

A master mailing list will be maintained. Counties may choose to
have a number of copies sent to a central point for internal
distribution, list individual people or offices or include a
combination of these approaches, if that will facilitate more
timely distribution of mailings. The master list will be coded
to indicate which components of the manual will be received. The
counties can update the information on the list by submitting a
MEDS70 form through the mail or via SYSM. This request form may
also be used to request additional manuals or a missing update.
A copy of the MEDS70 form is included on the following page.

Since you may order only the components needed, there will be
times when a revision does not go to every manual holder. To
ensure that each appropriate update has been received, a copy of
every transmittal will go to all individuals on the master list.
The manual holder should then enter the appropriate information
on the "Revision Record" in the front of their manual.

MEDS NETWORK USER MANUAL ORDER/UPDATE REQUEST

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County _____   Date _____

Contact Person _____   Phone Number (_____)_____
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REQUESTED ACTION:

|__| New Request |__| Request New Component |__| Change Number of Copies

|__| Change Address |__| Replace Lost Component |__| Delete Request

|__| Request Missing Update - Update Number |_____|
===
CURRENT ADDRESS: NEW ADDRESS:

_____   _____

_____   _____

_____   _____

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_____   _____
===
SECTIONS: --indicate total number of copies needed:

#	Section	Copies		#	Section	Copies
1.	Core Manual	|_____|	4.	IEVS	|_____|
2.	Medi-Cal	|_____|	5.	State Trans (State Employee Only)	|_____|
3.	Food Stamp	|_____|			

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INSTRUCTIONS FOR COMPLETING THIS FORM

1. When changing the number of copies to be received, enter the NEW TOTAL in the box.

2. Always complete the "CURRENT ADDRESS" box. Address can be five lines long, with a maximum 34 characters across.

3. Mail completed forms to: Department of Health Services
                                     Medi-Cal Eligibility Branch
                                     714 P Street, Room 1650
                                     Sacramento, CA 95814
                                     Attention: Systems Unit

4. This form is also available on the Electronic Mail System (SYSM). At "Outbasket Composing" command enter 'copy MEDS70,forms'. Fill out and send to SYSM code "MANUAL".

MEDS 70 (9/87)