

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



October 17, 1988

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 88 - 84

SUBJECT: TEMPORARY RESTRAINING ORDERS - SB 175 - IRCA/OBRA

Temporary restraining orders issued in the U.S. District Court for the Eastern District of California and the Superior Court of Alameda County require that the Medi-Cal policy and procedures in ACWD Letters 88-66 and 88-68 be changed as follows:

1. DO NOT DELAY, DENY, REDUCE, OR TERMINATE FULL-SCOPE BENEFITS TO IMMIGRANT ALIENS ON THE BASIS THAT THE IMMIGRATION AND NATURALIZATION SERVICE (INS) HAS NOT VERIFIED THAT THE INDIVIDUAL HAS SATISFACTORY IMMIGRATION STATUS (SIS). This applies to applicants and current beneficiaries who are otherwise entitled to full-scope benefits and who claim SIS but have not had a reasonable opportunity (30 days or the time it takes to determine eligibility, whichever is longer) to obtain documents. This also applies to applicants and current beneficiaries who are otherwise entitled to full-scope benefits and whose status has not been verified by INS.
2. DO NOT REQUIRE ANY APPLICANT FOR RESTRICTED BENEFITS (EMERGENCY AND PREGNANCY-RELATED SERVICES) TO DISCLOSE INFORMATION CONCERNING HIS OR HER CITIZENSHIP OR IMMIGRATION STATUS. When filling out the MC13 form for any applicant, follow this sequence: Start with the top of the form (names, relationship, date); read the alien the information in Section B ("Medi-Cal Benefits to Aliens"); go to the first question of Section C ("Scope of Benefits Requested and Amnesty Alien Status") which asks what level of benefits is requested. If the answer is "Restricted Medi-Cal Benefits" do not complete the rest of the form. If the answer is "Full Medi-Cal Benefits" or "Other," complete all parts of the form.
3. THE DRAFT NOTICES OF ACTION (NOAs) THAT DEFINE EMERGENCY SERVICES (ATTACHMENT 3 OF ACWD LETTER 88-66) MUST BE MODIFIED. Instead of defining a medical condition as "...one that is unforeseen and, if not immediately diagnosed and treated, would lead to disability or death," they should define it as "a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in any of the following: (1) Placing the patient's health in serious jeopardy; (2) Serious impairment to bodily functions; (3) Serious dysfunction to any bodily organ or part." Continue to include the wording that follows: "The emergency must be certified by a physician or other appropriate medical provider (in accordance with Section 51056 of Title 22 of the California Code of Regulations). The Department of

All County Welfare Directors
All County Administrative Officers
Page 2

Health Services may review the provider's decision that an emergency existed and that certain follow-up treatment services were medically justified."

We will issue new NOAs and MC13s as soon as possible. In the interim, please follow these instructions.

If you have any questions concerning these instructions, please contact Renee Toirac at (916) 323-6954 or Alfonso Granda at (916) 324-4964.

Sincerely,

Original signed by

Ricardo Bustamante, for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: October 14, 1989