

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

November 1, 1988

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 88-86

ATTENTION: Medi-Cal and AFDC Program Liaisons

SUBJECT: Survey of Medi-Cal Card Issuance to Pregnant Women: A
Reminder

Reference: ACWD Letter 88-65

This is a reminder that the data collection activities for the survey of pregnant women who applied for aid between September 6 and September 16, 1988 will end October 31st. All questionnaires accompanying applications made by pregnant women during that period should be completed by October 31st, even if the application is still pending on that date. If your county has completed questionnaires before the October 31st deadline, please forward them to the Department early. This action will help us to key enter the thousands of questionnaires we are expecting more efficiently.

Below are a few clarifications to help in completing the questionnaires;

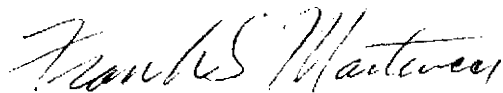
1. Question #8 lists several difficulties a worker may encounter in determining an applicant's eligibility. Response #2 names "Income/Property Verification" as one possible difficulty. This response does not include Income and Eligibility Verification System (IEVS) verifications. It is meant to measure routine verification of assets mentioned on the Statement of Facts (MC210). If an IEVS abstract caused the county to verify undisclosed assets or income and this delayed the determination, please check the box for question #8 "Other" and write "IEVS verification" or "IEVS" in the blank space provided.
2. The blank line after "was" in Question #9 does not have to be filled in. The county should check one of the boxes below the question and this will be a sufficient response. REMINDER - the "pending" box in question #9 should be checked only if the case is pending on October 31st.

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3. The numbers in parentheses in the left hand margin of the questionnaire are column codes for key data entry. The counties should disregard these numbers when filling out the survey.
4. There are two typos on the survey. We apologize for not catching them before the questionnaires were sent out. The column number alongside question #4 should read "(15)" not "(13)". There are two questions with the number 12 on page three of the questionnaire,. The second "12" should have been a "13". The Department of Health Services will make the corrections on both of these typos when the questionnaires are entered in a data file here at the central office. Since they do not change how the county completes the questionnaire, they should be disregarded.

The Department is grateful for the work and cooperation we have received from the counties completing this survey. If last minute questions arise, please direct them to Tim Lockwood at (916) 322-5068.

Sincerely,



Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: September 30, 1989