

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



March 7, 1989

Letter No.: 89-19

TO: All County Welfare Directors
All County Administrative Officers
All Public Guardian Offices

SUBJECT: CORRECTIVE ACTION / PUBLIC GUARDIAN REPORTING PRACTICES

The purpose of this letter is to advise County Welfare Departments and Public Guardian Offices of increased Quality Control (QC) errors in the Long Term Care (LTC) population, largely due to failure to report increased earnings and/or assets/property. Representatives, conservators, and guardians frequently fail to understand what information must be reported to county welfare departments. This problem is intensified by the absence of the requirement for a face-to-face interview of LTC beneficiaries represented by government representatives, such as public guardians.

This letter is also to serve as a reminder to all Public Guardian Offices that upon accepting a Medi-Cal beneficiary's case, State law and regulation require you to report to the county welfare department any change in the circumstances of the beneficiary within ten (10) calendar days following the date the change occurred. The "Public Guardian/Conservator or Beneficiary Representative Checklist" (DHS 7068) is currently under revision to include:

1. A signature and date line for the individual/agency acting on the beneficiary's behalf to complete and return a signed copy to the county welfare department.
2. A clear statement that failure to report changes may result in a discontinuance for the client/relative.

It is also recommended that the DHS 7068 be completed at the annual renewal for all LTC clients with authorized representatives/conservators or public guardians.

When the 90-day provision for timely reporting set forth in Title 22, CCR, Section 50177 (b)(3), is not met by the Public Guardian's Office, both the LTC client and facility are disadvantaged. The LTC client applying for Medi-Cal will be at risk of a denial of program benefits. The Public Guardian in turn will need to reapply and Medi-Cal coverage for the initial months of LTC will lapse. This poses an unfair financial burden on the client and the LTC facility who must frequently absorb the health care costs associated with a denied case.

One of the corrective action initiatives developed for the 1988 "California Medicaid Quality Control and Corrective Action Report", was designed to reduce reporting errors in the LTC population. As part of this initiative, Corrective Action Unit staff will begin assessing Public Guardian Office reporting practices in March 1989 in each county. If deemed necessary,

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Corrective Action Unit staff will provide training or a question/answer conference for Public Guardian Offices.

We urge Public Guardian Offices and County Welfare Departments to work together closely to reduce reporting errors for the LTC population.

Please contact Corrective Action Unit staff regarding any questions or suggestions you may have concerning this issue at (916) 445-1912.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: January 5, 1990