

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P. BOX 942732

ACRAMENTO, CA 94234-7320



All County Welfare Directors
All County Administrative Officers

December 19, 1990
Letter No.: 103

ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL) LIST

Enclosed for your information is an updated list of ACWDLs released between August 1, 1990 and October 31, 1990.

Each quarter we will provide you with an updated listing with the next list scheduled for February 1991.

After reviewing the listings, if you identify letters that you have not received, please contact Michael Guzman of my staff at (916) 322-2715, or send a message via EMC2 to HDMGUZM. When sending a request via EMC2, please include the ACWDL number and appropriate mailing address.

If you have any questions, please contact Michael.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

1990 ACWD LETTER LIST
8/1/90 - 10/31/90

<u>BULLETIN NUMBER</u>	<u>ISSUE DATE</u>	<u>SUBJECT</u>
90-4	8/8	IEVS ROSTER REPORTS (RS-IEV415-001)
90-5	8/10	NEW MEDI-CAL "ASSET" GUIDE
<u>LETTER NUMBER</u>		
90-73	8/6	QUALIFIED MEDICARE BENEFICIARIES (QMB) PROGRAM BUY-IN PROBLEMS
90-74	8/8	PROPERTY REDUCTION - LTC ELIGIBILITY UNDER COMMUNITY PROPERTY RULES
90-75	8/10	<u>HUNT V. KIZER</u> RECENT DEVELOPMENTS
90-76	8/31	<u>SNEEDE V. KIZER</u> IMPLEMENTATION
90-77	8/9	MEDI-CAL DENTAL PROGRAM ASSISTANCE POSTER
90-78	8/20	CORRECTIVE ACTION LIAISONS
90-79	8/22	MEDICARE BUY-IN ALERTS
90-80	8/20	<u>HUNT V. KIZER</u> QUESTIONS AND ANSWERS
90-81	8/30	<u>HUNT V. KIZER</u> ADDITIONAL INSTRUCTIONS
90-82	9/7	REGULATIONS ON JOINT CUSTODY
90-83	9/10	SOCIAL SECURITY NUMBER VERIFICATION CODE CHANGES
90-84	9/11	TO PROVIDE INSTRUCTIONS FOR IMPLEMENTATION OF A REVISED STANDARDIZED POTENTIAL THIRD PARTY LIABILITY FORM
90-85	9/12	ALL COUNTY WELFARE DIRECTORS LETTER LIST
90-86	9/26	AUTHORIZED SIGNATURES -- DHS 2031 (FORM ORDER)
90-87	9/26	BENEFICIARY REPORTING STUFFER

90-88	9/27	OTHER HEALTH COVERAGE (OHC)
90-89	10/9	VERIFICATION OF INCOME ALLOCATED TO SPOUSE AT HOME PURSUANT TO THE MEDICARE CATASTROPHIC COVERAGE ACT (MCCA)
90-90	10/12	MEDI-CAL MAINTENANCE NEED LEVEL AND INCOME-IN-KIND LEVELS FOR THE 1990-91 FISCAL YEAR
90-91	10/11	<u>SNEEDE</u> V. <u>KIZER</u> : INTERIM PROCEDURES
90-92	10/15	MEDI-CAL ELIGIBILITY POLICY ASSIGNMENT BY SUBJECT AREA
90-93	10/25	PUBLIC CHARGE
90-94	10/31	INFORMING ALL MEDI-CAL APPLICANTS ABOUT THE SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)