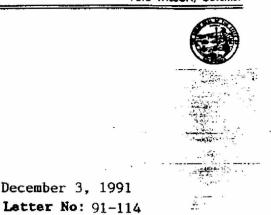
DEPARTMENT OF HEALTH SERVICES 714/744 P STREET P.O. BOX 942732

P.O. BOX 942732 ACRAMENTO, CA 94234-7320



TO: All County Welfare Directors All County Administrative Officers All County Medi-Cal Program Specialists/Liaisons

SUBJECT: RADCLIFFE V. KIZER DATA COLLECTION PROCESS

Effective the date of this All County Welfare Directors Letter (ACWDL), there will be a change in the contact person for submitting the statistics on the number of Medi-Cal applications based on disability during a given month. Please refer to ACWDLs 91-48.

In order to finalize the settlement of the case of <u>Radcliffe</u> v. <u>Kizer</u>, the counties were requested to provide data regarding the total number of disability based (single person case) Medi-Cal only applications which are pending during given time periods. The counties were also informed of the reporting form which would be used in conjunction with the data collection (copy enclosed).

The form must now be submitted to:

Department of Health Services Medi-Cal Eligibility Branch 714 P Street, Room 1792 Attn: Marie Taketa Sacramento, CA 95814

If you have any questions, please call Marie Taketa of my staff at (916) 657-1250, ATSS: 437-1250

Sincerely,

ORIGINAL SIGNED BY

Ricardo Bustamante for

Frank S. Martucci, Chief Medi-Cal Eligibility Branch

Enclosure

	<u>RADCLIFFE</u> V. <u>KIZER</u> MONTHLY STATUS REPO	ORT
мо	NTH OF REPORT:COUNTY CONTACT	•
COUNTY NUMBER: PHONE NUMBER:		()
1.	Total # of disability based (single person case) Medi-Cal Only applications filed during the month	
2.	Total # of disability based (single person case) Medi-Cal Only applications which are pending in the county during that month, including any carry over from previous months	
3.	Using the total from #2 above, how many of these cases have been pending:	
	30 days or less	
	31 - 60 days	
	61 - 90 days	······································
	91 - 120 days	*
	121 - 180 days	
	181 days or more	
	INSTRUCTIONS FOR COMPLETING	G THIS FORM
1.	The total of all lines in #3 above should equal the number of pending cases reported in #2.	
2.	Completed forms are due 10 calendar days after the end of the "Month of Report".	
З.	Mail completed forms to: Department of Health Services Medi-Cal Eligibility Branch 714 P Street, Room 1792 Sacramento, CA 95814 Attn: Marie Taketa	
4.	A form similar to this is available on the MEDS N (EMC2). To access, use and send the form, fol Network User Manual, Chapter 20 (Electronic N	low directions in the MEDS
Rado	Network User Manual, Chapter 20 (Electronic N	lail Service), Section 11.

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