

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320



January 9, 1992

Letter No.: 92-05

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

SUBJECT: OUTSTATIONED ELIGIBILITY WORKER (EW) PROGRAM CLINIC/COUNTY SURVEY

REFERENCE: ACWDL #89-114, #91-25

The purpose of this letter is to request your cooperation in completing the enclosed Outstationed EW Program Survey. This form requests information regarding each counties' outstationing efforts during 1991, the first year of the program. We would appreciate it if you would also distribute a copy of the clinic survey to each clinic in your county in which an EW is outstationed.

The responses to the questions in the survey will provide the Department with concrete information on the progress of this program. We hope the results of the survey will provide evidence of the benefits of outstationing as well as offer ideas for further improvements to the program. We ask that you please return the surveys to the address listed on the last page of the survey no later than February 14, 1991. Clinics should be instructed to forward their surveys directly to the Department within that same timeframe.

I appreciate your assistance and cooperation on this project. If you have any questions regarding this survey, please contact Lisa Reagan at (916) 657-3719.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

COUNTY _____

**OUTSTATIONED ELIGIBILITY WORKER PROGRAM
COUNTY SURVEY**

1. Date of outstation start-up. _____

2. Number of EWs currently outstationed. _____

3. Has the number of perinatal patients increased due to the availability of outstationed EWs?

Yes () No ().

4. Is the county at full implementation?

Yes () No (). Explain. _____

5. Has the county provided outstationed clinic staff with any training on Medi-Cal and the application process?

Yes () No (). Explain. _____

6. Has the clinic and/or county taken action to inform women of the availability of an EW on site, and the opportunity to apply for Medi-Cal?

Yes () No (). Explain. _____

7. Does the county have a Memorandum of Understanding with the clinic? (Identified roles and responsibilities.)

Yes () No (). Explain. _____

8. Does the clinic maintain or require ongoing communications with the county DPSS staff?

Yes () No (). Explain. _____

9. Does the EW take applications only from the pregnant woman? If so, have problems arisen from having an EW solely for this purpose?

Yes () No (). Explain. _____

10. Does the outstationed EW screen applicants for all available programs?

Yes () No (). Explain. _____

11. Is applicant orientation conducted in groups or one-on-one?

Yes () No (). Explain. _____

12. Has the outstationed EW caseload met projections?

Yes () No (). Explain. _____

13. Could EWs process more applications?

Yes () No (). Explain. _____

14. Once a SAWS 1/MC 210 is completed, what is the average application processing time?

() 1 - 2 weeks

() 3 - 4 weeks

() 2 - 3 weeks

() 4 weeks or longer

15. Has the applicant's application processing time decreased with the availability of an outstationed EW? If yes, by how much?

Yes () No (). Explain. _____

16. Are clients more likely to apply for Medi-Cal because of the availability of an outstationed EW?

Yes () No (). Explain. _____

17. Do you see a need for a continuation or increase of outstationing in your county?

Yes () No (). Explain. _____

_____ .pa

18. Has the outstationing program resulted in a reduction of the number of applicants at the county welfare department?

Yes () No (). Explain. _____

19. Has the outstationed EW program met your county's expectations?

Yes () No (). Explain. _____

20. What is the EWs reaction to the program? Does he/she enjoy the job? What improvements could be made? Explain. _____

21. Does the outstationed EW assist the patient in the application process?

Yes () No (). Explain. _____

22. Are there ways in which the state Medi-Cal staff could assist in this program? (Clarification needed, further workshops, other.) Yes () No (). Explain. _____

23. Are there any general comments or suggestions that you would like to make regarding the outstationed EW program in your county?

Survey completed by:

Name _____

Title _____

Phone number _____

Please send the completed survey to:

State Department of Health Services
Medi-Cal Eligibility Branch
Outstationed Eligibility Worker - Perinatal Coordinator
714 P Street, Room 1392
Sacramento, CA 95814

COUNTY _____

**OUTSTATIONED ELIGIBILITY WORKER PROGRAM
CLINIC SURVEY**

Clinic _____ Type (e.g., CPSP, Primary Health) _____

Address _____

Clinic days and hours _____

Number of Perinatal patients per year _____

1. Date of outstation start-up. _____

2. Number of EWs assigned to clinic. _____

3. EW's days and hours per month. _____

4. Has the number of perinatal patients increased due to the availability of outstationed EWs?

Yes () No ().

5. Do you see a need for continuation or increase in outstationing in your clinic?

Yes () No (). Explain. _____

6. Does the clinic provide assistance such as transportation needs, child care, phone calls, etc., to assist patients in utilizing its services?

Yes () No (). Explain. _____

7. Has the outstationed EW program met your clinic's objectives?

Yes () No (). Explain. _____

8. Have your staff experienced any problems with clients utilizing the clinic solely for the purpose of applying for Medi-Cal and not continuing with their care at the clinic?

Yes () No (). Explain. _____

9. Has the county provided clinic staff with any training on Medi-Cal and the application process?

Yes () No (). Explain. _____

10. Does the clinic and county DPSS staff maintain or require ongoing communications?

Yes () No (). Explain. _____

11. Has the clinic and/or county informed women of the availability of an EW on site, and the opportunity to apply for Medi-Cal? Yes () No (). Explain. _____

12. Does the clinic have a Memorandum of Understanding with the county? (Identified roles and responsibilities.) Yes () No (). Explain. _____

13. Have special accommodations been made in the clinic for the EW? (Space, equipment, privacy, other.) Yes () No (). Explain. _____

14. How are the EWs appointments scheduled? Does the clinic receptionist screen applicants? _____

15. How many appointments are scheduled for each EW per day? _____

16. Does the EW take applications only from the pregnant woman? If so, have problems arisen from having an EW solely for this purpose? Yes () No (). Explain.

17. Does the clinic want to take more applications per month?

Yes () No (). Explain. _____

18. Does the clinic use a preliminary screening form? Yes () No (). Explain.

19. Does the clinic provide the client with full/part time assistance with the application process? Yes () No (). Explain. _____

20. Does the clinic provide the client with any information prior to the appointment? (i.e., application packet, checklist of verification documents, etc.)

Yes () No (). Explain. _____

21. Once a SAWS 1/MC 210 is completed, what is the average application processing time?

☐ 1 - 2 weeks

☐ 3 - 4 weeks

☐ 2 - 3 weeks

☐ 4 weeks or longer

22. Has the client's application processing time improved with the availability of an outstationed EW? If yes, by how much?

Yes ☐ No ☐. Explain. _____

23. How long does a client have to wait for an appointment with an EW? _____

24. How much time is scheduled for each appointment? _____

25. Is the EW able to meet the client's language needs? _____

26. Have clients been receptive or resistant to referrals made to outstationed EWs?

Yes ☐ No ☐. Explain. _____

27. Are clients more likely to apply for Medi-Cal because of the availability of an outstationed EW? Yes ☐ No ☐. Explain. _____

28. Are there ways in which the state Medi-Cal staff could assist in this program? (e.g., needed clarification, further workshops, etc.) Yes ☐ No ☐. Explain.

29. Are there any general comments or suggestions that you would like to make regarding the outstationed EW program in your county?

Survey completed by:

Name _____

Title _____

Phone number _____

Please send the completed survey to:

State Department of Health Services
Medi-Cal Eligibility Branch
Outstationed Eligibility Worker - Perinatal Coordinator
714 P Street, Room 1392
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