

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-2941



August 19, 1993

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

Letter No.: 93-60

LONG TERM CARE (LTC) QUESTIONNAIRE

Senate Bill 635 (Bergeson) directed the Department of Health Services (DHS) to evaluate LTC application processes to identify existing or potential barriers to timely LTC eligibility determinations.

To help us in this process, DHS is requesting that the County Welfare Department complete the following questionnaire and return it within ten days of receipt of this letter so that the information can be used in the evaluation study. Counties are encouraged to add any additional information that they think may contribute to delays in LTC eligibility determinations, or suggestions that may streamline the eligibility process.

Upon completion, return the questionnaire to:

Department of Health Services
Medi-Cal Eligibility Branch
Gary Varner, Program Analyst
714 P Street, Room 1692
P.O. Box 942732
Sacramento, CA 94234-7320

Responses may also be FAXed: FAX # 916-657-3224.

Please direct questions regarding this questionnaire to Gary Varner or my staff at (916) 657-1064.

Sincerely,

ORIGINAL SIGNED BY
Angeline Mrva for

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

LONG TERM CARE QUESTIONNAIRE

Instructions

Information requested is for the period of 7/92 through 6/93.

While some questions require specific numeric data, others require percentage responses or "yes" and "no" answers.

Any responses that need additional clarification should be addressed in the "Additional Comments" section. Please identify the question number(s) being clarified.

Please complete the bottom of the questionnaire to identify the person completing it and the county of origin.

1. Do you have a Medi-Cal eligibility worker(s) assigned for LTC applicants only?

_____ YES

_____ NO

If "no", please explain:

2. Is there a need for an EW to be assigned specifically to work on LTC applications/continuing cases?

_____ YES

_____ NO

If "no", please explain:

3. Do you have an EW who does on-site (LTC facility) eligibility determinations and/or continuing casework?

_____ YES

_____ NO

If "no", please explain:

4. During 7/92 through 6/93 how many LTC applications were received per month?

_____ 0-10

_____ 10-20

_____ 20-30

_____ 30+

5. Approximately how many are denied based on non-cooperation?

_____ 0-5

_____ 5-10

_____ 10-15

_____ 15+

6. Of those denied due to non-cooperation, what percentage of the non-cooperative individuals are:

_____ % authorized representatives/family

_____ % LTC client

7. Approximately how long does it take to process LTC applications (total time in days)?

_____ 0-45 _____ 45-75 _____ 75-100 _____ 100 +

8. What is the frequency of LTC applications signed by the LTC facility as "authorized representative"?

_____ 0-5% _____ 5-10% _____ 10-15% _____ 15% +

9. Does the resolution of "unavailable property" situations interfere with timely eligibility determinations?

_____ YES

_____ NO

If "no", please explain:

10. Reasons for delays in eligibility determination: (Rank in order of frequency using percentages)

_____ Client on SSI & SSI not discontinued

_____ Spend down required prior to approval

_____ Difficulty in obtaining verifications-not client caused

_____ Difficulty in obtaining verifications-Due to Non-cooperation of responsible person(s)

11. Does your county have an LTC liaison who works with the LTC facilities?

_____ YES

_____ NO

12. If you do have an LTC liaison, is this person:

_____ the LTC EW

_____ supervisor

_____ program analyst

_____ program manager

_____ other (identify):

13. If you have one, briefly explain what the LTC liaison does:

14. If the authorized representative(s) is non-cooperative, or if there is a question of financial abuse, how long do you wait to make a referral to the Public Guardian for conservatorship?

_____ same day

_____ 2-5 days

_____ 5-10 days

_____ 10-15 days

_____ 15+ days

_____ Other: _____

15. How are disputes between the LTC facility, family, and CWD handled? (For example, are resolutions attempted at EW level first, delegated by program manager to supervisor or are Fair Hearings the only resolution offered?) Please explain:

16. Do you currently have a system in place to "flag" LTC cases for the EW for easy identification?

_____ YES

_____ NO

17. If yes, do you use:

_____ Color specific case folders

_____ Color specific labels

_____ Other (list) _____

Additional Comments:

Name of Person Completing Survey: _____

Phone: _____ County: _____