

DEPARTMENT OF HEALTH SERVICES

14744 P STREET

P.O. BOX 942732

ACRAMENTO, CA 94234-7320



(916) 657-2941

August 16, 1994

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

Letter No.: 94-65

SENATE BILL (SB) 635 (BERGESON)-- LONG TERM CARE (LTC)

The purpose of this letter is to transmit a copy of SB 635, Statutes of 1992 as a reminder to the counties of the interest of the state legislature in the timely determination of Medi-Cal eligibility for LTC applicants.

The Department of Health Services (DHS) is committed to working in conjunction with the county welfare departments (CWDs) and the nursing home industry to facilitate the timely and accurate processing of Medi-Cal applications for the aged, blind and disabled. DHS has found that 95 percent of LTC applications are processed within the 45-day period specified in Title 22, California Code of Regulations, Section 50177. The majority of the remaining 5 percent of applications that take longer than the 45-day period appear to be the result of the eligibility worker allowing family members, or others assisting the applicant, an additional amount of time to secure the necessary verifications to establish eligibility.

However, due to the intent of the legislature to take additional steps to ensure timely eligibility determinations, we encourage the CWD to review the enclosed Senate Bill and direct any suggestions for program streamlining or other questions concerning this issue to Mr. Gary Varner of my staff at (916) 654-5321. Suggestions/questions may also be sent in writing to Mr. Varner at the above address.

Sincerely,

ORIGINAL SIGNED BY
RICARDO BUSTAMANTE for

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

Senate Bill No. 635

CHAPTER 84

An act to add Section 14110.05 to the Welfare and Institutions Code, relating to public social services.

[Approved by Governor June 4, 1992. Filed with
Secretary of State June 4, 1992.]

LEGISLATIVE COUNSEL'S DIGEST

SB 635, Bergeson. Medi-Cal: long-term care: eligibility.

Existing law provides for the Medi-Cal program pursuant to which medical benefits are provided to public assistance recipients and certain other low-income persons. The Medi-Cal program is funded by federal and state funds, and administered by the State Department of Health Services.

Existing law provides for purposes of the Medi-Cal program a schedule of benefits, including long-term care.

This bill would require the State Department of Health Services to ensure that nursing facility applicants have access to assistance in identifying and securing the information necessary to complete the Medi-Cal eligibility application and to make the eligibility determination, and to ensure the timely processing of Medi-Cal applications for nursing facility residents in accordance with state and federal law and regulations.

The bill would also require the department to evaluate the timeliness, efficiency, and effectiveness of the Medi-Cal determination process statewide for nursing facility residents and to develop proposals to increase those factors, and to make its evaluations and any proposals developed available, upon request, to the Legislature.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) Implementation of the Medi-Cal eligibility process varies from county to county, resulting in unequal treatment of Medi-Cal applicants.

(b) Nursing facility residents are among the specialized categories of Medi-Cal applicants who face particular barriers to eligibility because they may have great difficulty or be unable to assist in completing Medi-Cal eligibility paperwork requirements when their own resources are too diminished to pay for care.

(c) Nursing facilities have no role in assuring completion of the Medi-Cal application process. Thus, they may be left with neither a source of private payment nor government reimbursement and with

no resource other than to write off care expenses as business losses. This strains resources that would otherwise be spent on resident care.

(d) The lack of timely Medi-Cal eligibility determinations is a significant deterrent to provider participation in the program.

SEC. 2. It is the intent of the Legislature to do all of the following:

(a) Ensure that nursing facility residents receive assistance in identifying and securing the information necessary to complete the Medi-Cal eligibility application and determination process.

(b) Ensure the timely processing of Medi-Cal applications for nursing facility residents in accordance with state and federal laws and regulations.

(c) Encourage nursing facility participation in the Medi-Cal program.

(d) Identify barriers to timely Medi-Cal eligibility determinations for nursing facility residents and develop recommendations for improvements in the system.

SEC. 3. Section 14110.05 is added to the Welfare and Institutions Code, to read:

14110.05. (a) The department shall ensure that nursing facility applicants have access to assistance in identifying and securing the information necessary to complete the Medi-Cal application and to make the eligibility determination.

(b) The department shall ensure that Medi-Cal applications for nursing facility residents are processed in a timely manner in accordance with state and federal laws and regulations.

SEC. 4. (a) The State Department of Health Services, in consultation with representatives of long-term health care facilities, shall evaluate proposals submitted by representatives of the long-term care industry that would increase the timeliness, efficiency, and effectiveness of the Medi-Cal eligibility determination process statewide for nursing facility residents, including, but not limited to, better use of automation and other new technologies.

(b) The State Department of Health Services shall make all evaluations and any proposals developed available, upon request, to the Legislature.