STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, *Governor*

DEPARTMENT OF HEALTH SERVICES
14/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-2941

January 4, 1995

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

Letter No.: 95-01

REVISED DHS 7068

Ref.: All County Welfare Directors Letter (ACWDL) 94-99, Medi-Cal Eligibility Manual (MEM) Letter No. 133

The purpose of this letter is to notify county welfare departments (CWD) that the revised DHS 7068 (**Responsibilities of Public Guardians/Conservators or Applicant/Beneficiary Representatives**) is now available to order from the State warehouse. A copy of the English and Spanish versions are enclosed.

CWDs are also advised that camera ready copies of the revised DHS 7068 were erroneously included in ACWDL No. 94-99 (**Required Appointment of Representative Form for Authorized Representatives--Competent Individuals**). The DHS 7068 is <u>not</u> to be used to designate an authorized representative but is to reiterate the responsibilities of persons representing individuals in long term care, such as the public guardian.

As stated in MEM Letter No. 133 (Procedures Section 4N), the DHS 7068 is to be given or mailed to the public guardian, conservator or to the representative at the time of the initial application and at redetermination. The white copy (top sheet) is to be kept in the case file and the yellow sheet (second copy) is to be kept by the representative. The representative is to sign and date the form as well as enter their address and phone number.

Any supply of the old stock should be recycled upon receipt of the revised form.

The CWD should implement use of the revised DHS 7068 within 60 days of the date of this letter.

If you have any questions concerning the DHS 7068, please refer them to Gary Varner of my staff at (916) 654-5321.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

RE: _____
Case Name

_____
Case Number

_____
Worker Number

RESPONSIBILITIES OF PUBLIC GUARDIANS/CONSERVATORS OR APPLICANT/BENEFICIARY REPRESENTATIVES

You have accepted the responsibility to act on behalf of _____. State law and regulation require you to report to the county welfare department any changes in the circumstances of the applicant/beneficiary within ten calendar days following the date the change occurred. You must also cooperate fully on behalf of the beneficiary in any review that may be required for quality control purposes.

Changes which must be reported within ten days include, but are not limited to:

1. A change in the beneficiary's property, including community property.
2. A change in the beneficiary's income.
3. Entitlement to Veteran's Benefits or an increase in Veteran's Benefits.
4. Changes in health insurance coverage including enrollment in available health insurance or the discontinuance of health insurance.
5. A change in the beneficiary's living arrangement, household members, or residence.

   The death of the applicant/beneficiary.
7. A change in guardianship/conservator or representative status.
8. Any other change in circumstances which may affect eligibility or share of cost.

You are also required (pursuant to Probate Code, Section 700.1, and Welfare and Institutions Code, Section 14009.5) to report the death of the beneficiary within 90 days of the date of death to:

Department of Health Services
Recovery Section
P.O. Box 2471
Sacramento, CA 95812-2471

Refer to "***IMPORTANT INFORMATION FOR PERSONS REQUESTING MEDI-CAL***" (MC 219) for a more complete list of your reporting responsibilities.

I hereby state, under penalty of perjury, that the information on this form has been reviewed by me and that I fully understand my responsibilities as the guardian, conservator or representative of

_____
Name of Beneficiary

Signature of Guardian/Conservator or Representative	Date
Address of Guardian/Conservator or Representative	**Telephone Number of Guardian/Conservator or Representative**

White—Case Copy Yellow—Guardian/Conservator or Representative Copy

REF: _____
Nombre del Caso

_____
Número del Caso

_____
Número del Trabajador(a)

RESPONSABILIDADES DE LOS TUTORES LEGALES/CURADORES LEGALES PUBLICOS O REPRESENTANTES DEL SOLICITANTE/BENEFICIARIO

Usted ha aceptado la responsabilidad de actuar en nombre de_____.
La ley y ordenamientos estatales le exigen que informe al departamento de bienestar del condado cualesquier cambios en las circunstancias del solicitante/beneficiario, en un plazo de 10 días corridos, después de la fecha en que ocurrió el cambio. Además, usted tiene que cooperar completamente, en nombre del beneficiario, en cualquier revisión que se pudiera requerir para propósitos de control de calidad.

Los cambios que se tienen que reportar en un plazo de diez días incluyen, pero no se limitan a:

1. Un cambio en los bienes del beneficiario, incluyendo comunidad de bienes.
2. Un cambio en los ingresos del beneficiario.
3. Derecho a Beneficios para Veteranos o un aumento en Beneficios para Veteranos.
4. Cambios en cobertura de seguro de salud, incluyendo inscripción en un seguro de salud que haya a la disposición o la descontinuación de seguro de salud.
5. Un cambio en los arreglos de vivienda, los miembros del hogar o residencia del beneficiario.
6. La muerte del solicitante/beneficiario.

   Un cambio en tutela *(guardianship)*/condición como curador legal *(conservator)* o representante.
8. Cualquier otro cambio en circunstancias que pudieran afectar la elegibilidad o parte del costo.

Además, a usted se le exige (en conformidad con la sección 700.1 del Código Testamentario y la sección 14009.5 del Código de Bienestar e Instituciones) reportar la muerte del beneficiario, en un plazo de 90 días a partir de la fecha de la muerte, a:

Department of Health Services
Recovery Section
P.O. Box 2471
Sacramento, CA 95812-2471

Refiérase a *"INFORMACION IMPORTANTE PARA PERSONAS QUE SOLICITAN MEDI-CAL"* (MC 219) donde encontrará una lista más completa de las responsabilidades que usted tiene de informar.

Por este medio declaro, so pena de perjurio, que he revisado la información en esta forma y que entiendo completamente mis responsabilidades como tutor legal, curador legal o representante de

_____
Nombre del Beneficiario

a del Tutor Legal/Curador Legal o Representante	Fecha
Dirección del Tutor Legal/Curador Legal o Representante	No. de Teléfono del Tutor Legal/Curador Legal o Representante

White–Case Copy Yellow–Guardian/Conservator or Representative Copy