

DEPARTMENT OF SOCIAL SERVICES

144 P Street, Sacramento, CA 95814
(916) 322-5330



April 24, 1981

CHDP PROGRAM LETTER NO. 81-5
ALL-COUNTY LETTER NO. 81-43

TO: ALL-COUNTY WELFARE DIRECTORS
CHDP DIRECTORS AND DEPUTY DIRECTORS

SUBJECT: NEW CHDP DOCUMENTATION AND REFERRAL PROCEDURE FOR AFDC APPLICANTS
AND RECIPIENTS

REFERENCE:

This letter supersedes All-County Letters 79-68 and 79-69 and CHDP Program Letter 79-19.

This letter transmits a new CHDP referral form (Attachment I), instructions for its use (Attachment II) and revised informing, referral and documentation procedures which will be effective July 1, 1981.

The new form (PM 357) was developed jointly by the Department of Social Services and the Department of Health Services in consultation with the AFDC County Forms Advisory Committee, County Welfare Directors Association and the California Conference of Local Health Officers. The form is for use in all cases where a referral is being made for CHDP services or more information. Use of the form will ensure that all federally required information on referred cases will be available in the local CHDP Unit/EPSTDT Program. The PM 357 is mandatory, although modifications to the form or process may be made subject to the prior written approval of the DSS and DHS-CHDP Program. Submit modification requests to the DHS CHDP Branch.

The Department of Health Services plans to use this same form (PM 357) for Medi-Cal only applicants and beneficiaries and will issue similar instructions shortly. Current CHDP documentation and referral procedures for Medi-Cal only applicants and beneficiaries should remain in place until written notice is received from the Department of Health Services.

AFDC-FG & U

AFDC-FG and U informing, referral and documentation procedures are found in EAS 40.107.6, 40-131.3 and 40-181.2. Procedures are described below:

No Services Requested

For applicants and recipients who do not want CHDP services or more information the current procedures remain unchanged, as follows:

1. Give out the CHDP brochure and provide verbal explanation to all applicants or recipients.
2. Ensure the applicant or recipient has completed the Social Services question on the CA 2 regarding CHDP services or question 13 on the CA 20.
3. Check the box in the county use section of the CA 2 or CA 20 to indicate that the brochure and explanation were given.

Services Requested

For applicants and recipients who want services or more information the procedures above must be followed. In addition, after completing steps 1-3:

4. Complete Part A of the new CHDP Form PM 357. It is no longer necessary to document the response to the offer of transportation and scheduling on the CA 2 or CA 20.
5. Send two copies to the local EDSDT Unit/CHDP Program for further processing, and retain the third copy in the case file.

AFDC-Foster Care (FC, formerly AFDC-BHI)

The CHDP Form PM 357 must be completed on all AFDC Foster Care cases, whether services are requested or not. A copy is to be retained in the services case record to ensure that the documentation requirements to be specified in MPP 30-209.66 are met. When services are requested, two copies of the form are forwarded to the local EPSDT Unit/CHDP Program, as in AFDC-FG & U.

Self-Referral

When a recipient requests services directly from the local EPSDT Unit/CHDP Program, complete steps 4 and 5 and retain the Form PM 357. The third copy is not needed.

Supplies of the new Form PM 357 will be produced in NCR carbonless paper and are expected to be available in one month. To order the forms, county welfare departments should use the GEN 727B process.

County health departments should order with the HAS 1390 forms request (Information Notice #80-J) with two shipping labels for each 1,000 forms. Send to:

Forms Clerk
 CHDP Branch, DHS
 714 P Street, Room 1792
 Sacramento, CA 95814

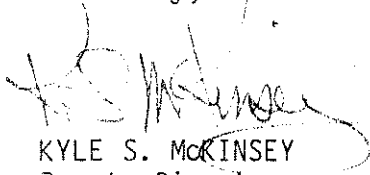
Counties may reproduce the attached form until supplies are available.

County welfare departments should direct their AFDC questions relating to Part A of the form to their AFDC Management Consultant at (916) 445-4458.

For all other questions and self-referral cases, county welfare departments should contact their Regional EPSDT Consultants.

Health departments with any questions about the form should contact their CHDP Regional Consultants.

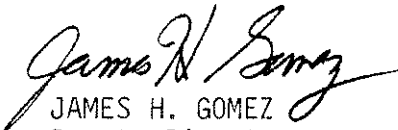
Sincerely,



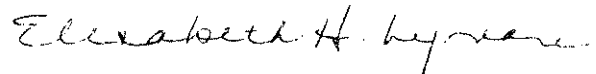
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Attachments

cc: CWDA
CCLHO