CalSAWS

California Statewide Automated Welfare System

Design Document

CA-203671

ACWDL 18-17 and 17-25: Add MC 604 MDV Doctor's Verification to Template Repository

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Maria Jensen
	Reviewed By	Tiffany Huckaby

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/13/2020	1.0	Initial Draft	James Tran
10/27/2020	1.1	Revisions based on BA meeting: Threshold languages inclusion, BRM/coversheet header and variable population	James Tran
08/11/2021	1.2	Formatting	Maria Jensen
08/19/2021	1.3	Build/ST Review fixes	Maria Jensen, Tiffany Huckaby

Table of Contents

1 OVERVIEW

With regulation ACWDL 17-25, changes were made to clarify the definition of an "institutional spouse". The new definition allows for a broader and more immediate application of the spousal impoverishment provisions for those receiving Home and Community-Based Services (HCBS).

The **MC 604 MDV** form will be used to verify the individuals participating in the In-Home Supportive Services/Community First Choice Option (IHSS/CFCO) program. The form is used to verify that the patient likely requires nursing facility level of care for at least 30 consecutive days unless he/she receives in-home care and support services that will permit him/her to reside safely at home.

Verification of the individual's need for this service is a multiple step process. The process begins with obtaining the individual's authorization and signature in the "Patient Authorization" section of the **MC 604 MDV** form allowing their doctor to release this information to the county. After receiving patient authorization, the county will seek verification from the doctor that the individual will require this service by signing the "DOCTOR'S INFORMATION" section of the form.

1.1 Current Design

The **MC 604 MDV** – "Doctor's Verification for Home and Community Based Services Under Spousal Impoverishment Provisions" form does not currently exist in the CalSAWS system.

1.2 Requests

The **MC 604 MDV** – "Doctor's Verification for Home and Community Based Services Under Spousal Impoverishment Provisions" form will be added to the Template Repository.

1.3 Overview of Recommendations

Add form **MC 604 MDV** - "Doctor's Verification for Home and Community Based Services Under Spousal Impoverishment Provisions" to the Template Repository, in English and all CalSAWS threshold languages.

1.4 Assumptions

1. If a threshold language version is being sent out, the English version will also be sent out.
2. After the form is generated in a Threshold language and saved to Distributed Documents, an English version of the MC 604 MDV form will be available in the Document Detail page, as per current functionality.
3. Per CA-214917 counties are now able to set up any Tasks around the MC 604 MDV as necessary for their county processes.

2   RECOMMENDATIONS

2.1   Adding a New Form MC 604 MDV

2.1.1   Overview

The effort is adding the new form MC 604 MDV - "Doctor's Verification for Home and Community Based Services Under Spousal Impoverishment Provisions" into CalSAWS.

State Form: MC 604 MDV (8/17)

Programs: Medi-Cal

Attached Forms: English version of the MC 604 MDV when generated in a Threshold Language

Forms Category: Form

Template Repository Visibility: All Counties

Languages: English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, Vietnamese

2.1.2   Description of Change

1. **Create MC 604 MDV Form XDP**

   Create form MC 604 MDV to match the latest version found on the DHCS website (8/17).

   - The initial two pages of the XDP will be the Coversheet and the BRM Header
   - The following two pages of the XDP will be the MC 604 MDV Form in its respective threshold language
   - If the MC 604 MDV Form is generated in a Threshold Language the English version of the MC 604 MDV Form will generate after the Threshold version.

   Technical Note: The Threshold language verbiage followed by the English verbiage will be in the same XDP, so there is only one occurrence of the Coversheet and BRM Header per form generation.

   Form Header: Coversheet with Standard Header (Header_1) in Threshold languages on 1st page, BRM Header (Header_BRM) in Threshold languages on back of the first page

   Form Title (Document List Page Displayed Name): Doctor Verification

Form Number: MC 604 MDV (8/17)

Include NA Back 9: N

Imaging Form Name: Doctors Verification

Imaging Document Type: Medical Reports/Records

Form Mockups/Examples: See Supporting Documents #1

2. **Add Form Variable Population**

Form Coversheet Variables:

The BRM Coversheet Form headers of CalSAWS will be used along with the existing variable population logic.

Form Body Variables:

Variable Name	Population	Formatting	Editable*/ Field Type	Template Repository	Populates with Form Generation
PATIENT_NAME	Pulls from the Participant's Name FMT_NAME	Arial Font Size 10	Y, Text field	Y	N/A, Template Repository only
PATIENT_DOB	Pulls from the Participant's Date of Birth PERS.DOB Format: MM/DD/YYYY	Arial Font Size 10	Y, Date field	Y	N/A, Template Repository only
CLIENT_INDEX_ NUMBER	Pulls from the Participant's Client Index Number (CIN) PERS.CIN_NUM_IDEN TIF	Arial Font Size 10	Y, Text field	Y	N/A, Template Repository only

* Note: The Editable column of the table above refers to if the variable will be editable when populated. When generating a Blank Form from Template Repository the field will be editable unless otherwise indicated.

Variables Requiring Translations: N/A

3. **Add Form Control**

The MC 604 MDV form will have the following barcode:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	Y	Y

Note: Customers with electronic communications will still receive a paper copy of this correspondence in the mail so that they are also provided a return envelope.

4. **Add Form to Template Repository**

   The form MC 604 MDV, for English and all including CalSAWS Threshold Languages, will be added to the Template Repository.

   Required Document Parameters: Case Number, Customer Name, Language, Program

5. **Add Form Print Options and Mailing Requirements**

   The following Print Options will be included for the form MC 604 MDV - Doctor's Verification for Home and Community Based Services Under Spousal Impoverishment Provisions:

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Y	Y	Y	Y	Y	Y

Mailing Requirements:

Mail-To (Recipient): Participant (Person selected in Document Parameters)

Mailed From (Return): Program Worker's Office Address

Mail-back-to Address: Business Reply Mail Address

Outgoing Envelope Type: Standard Outgoing Mail

Mailing Priority: 01 (Same Day Priority)

Return Envelope Type: Returned Pre-Paid Envelope (BRM)

Additional Requirements:

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: No

Post to SSP: Yes

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Form	Zip file containing form mockup for MC 604 MDV in English and all CalSAWS threshold languages.	See "CA-203671 - Mockups EN 12Threshold PDF.zip" attached to the SCR.

4   REQUIREMENTS

4.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.1.2 CAR-1206	The LRS shall generate written material, including notices, NOAs, forms, flyers, letters, and stuffers, to applicants, participants, caregivers, sponsors, authorized representatives, and/or any other entities, in English, all threshold languages, and any other language for which the State has provided a translation.	This SCR involves printing verification form that is sent to the Doctor.

5   APPENDIX

5.1   Application Process

The application process is outlined below:

Worker will send the Doctor's Verification form and a postage paid envelope provided by the county to the recipient.

Recipient will fill out and sign the Patient Authorization section.

The recipient will return the form back to the worker.

The recipient will hand the form with the postage paid envelope directly to the doctor.

The worker will send the form, including the postage paid envelope, to the doctor using the name/address provided by the recipient.

The doctor will fill out and sign the Doctor Verification section.

The doctor will mail the form back to the worker using the postage paid envelope within 10 days.

The doctor will return the form to the recipient, who will return the form to the worker.

The worker will contact the doctor to verify the information and signature.

END