

CMSP DDSD STATUS REPORT

Client's name:	CIN Number:	County use only
		Case #:

<input type="checkbox"/> New medical records with MC 222 were forwarded to the State <ul style="list-style-type: none"> <input type="checkbox"/> New condition <input type="checkbox"/> Records received from CMSP office 	Date: _____
<input type="checkbox"/> Member is deceased <ul style="list-style-type: none"> <input type="checkbox"/> MC 222 update sent to the State <input type="checkbox"/> Death certificate included <input type="checkbox"/> MC 220 signed by next of Kin included <input type="checkbox"/> Records received from CMSP office included 	Date: _____
<input type="checkbox"/> DDSD approval Notice received <ul style="list-style-type: none"> <input type="checkbox"/> Retro Medi-cal Eligibility processed in MEDS for all months <input type="checkbox"/> Case moved to Medi-cal caseload <input type="checkbox"/> CMSP case discontinued 	Date: _____
<input type="checkbox"/> DDSD denial Notice received <ul style="list-style-type: none"> <input type="checkbox"/> CMSP case discontinued if denial is for failure to cooperate <input type="checkbox"/> aid code adjusted as appropriate <p>If DDSD packet denial is received, please state the denial reason:</p>	Date: _____

Comments:

Signature of the Worker: _____ Worker's Phone Number: (____) _____ Date: _____	CMSP USE ONLY Date received by CMSP: _____
--	---