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Director

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

January 31, 2003

MMCD All-Plan Letter No. 03002

TO: County Organized Health System Plan (COHS)
Geographic Managed Care (GMC) Plans
Prepaid Health Plans (PHP)
Primary Care Case Management (PCCM) Plans
Two-Plan Model Plans

FROM: Luis R. Rico, Acting Chief
Medi-Cal Managed Care Division

SUBJECT: Senate Bill 87: Medi-Cal Contact Information Release Form

BACKGROUND:

Senate Bill (SB) 87 requires counties to update the Medi-Cal case files of beneficiaries when certain contact information is received from a managed care health plan. This requirement applies only if the beneficiary provides consent. The Department of Health Services (DHS) has developed a form entitled, Medi-Cal Contact Information Request Form, MC 354, (enclosed). This form is intended for use by managed care health plans to record contact information changes and beneficiary consent. The updated contact information recorded in a beneficiary's Medi-Cal case file by counties will also result in updating DHS' managed care enrollment systems and all member data transmitted to the health plans. Contact information is limited to a beneficiary's telephone number, change of address, and change of name.

Senate Bill (SB) 87 also addresses the Medi-Cal redetermination process. Please see the enclosed All County Welfare Directors Letter (ACWDL) #'s, 01-17, 01-36, and 01-39 for more information.



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714 P Street, P.O. Box 942732, Sacramento CA 94234-7320
(916) 654-8076
Internet Address: www.dhs.ca.gov

PURPOSE:

The MC 354 form was developed as a method to transmit a beneficiary's permission to the local County Social Service Department to update their Medi-Cal beneficiary case file with contact information received from a managed care health plan.

MEDI-CAL CONTACT INFORMATION RELEASE FORM (MC 354)

Contact information is limited to the individual's (and his/her family's) name, address and telephone number. The form is designed to capture both the signed consent authorizing the county to make changes and the actual contact information changes.

The managed care health plan should send MC 354 forms to members who have notified them of a change of name, address, or telephone number. The managed care health plan may also distribute the MC 354 to their contracted providers to facilitate ease of access to the forms which should then be returned to the health plan upon completion and signature.

Managed care health plans are encouraged to ask their providers to make Medi-Cal beneficiaries aware of the MC 354 form and recommend that the beneficiary complete and sign this form when there is a change in their name, address or telephone number.

It is recommended that the provider review the MC 354 to ensure that the form has been filled out completely and accurately. The form should then be sent to the beneficiary's managed care health plan. The managed care health plan is responsible for forwarding the form to the County Social Services Department. Counties will then incorporate the required changes to the beneficiary's Medi-Cal case file, and the Medi-Cal Eligibility Data System (MEDS).

Although the MC 354 form was developed in collaboration with counties and consumer advocates, managed care health plans may develop their own form using the elements contained in the MC 354 form. Managed care health plans are, however, encouraged to adopt the MC 354 to maintain consistency within and across counties.

The intent of SB 87 is to improve the maintenance of current and accurate beneficiary information that will increase efficiency and improve communication with the Medi-Cal population. It is recommended that managed care health plans coordinate with their respective County Department of Social Services to ensure successful implementation of this new process.

January 31, 2003

The MC 354 form is not a requirement of the Medi-Cal program. Refusal to sign or complete this form will not affect the beneficiary's Medi-Cal eligibility.

If there are questions concerning these instructions, please contact Mr. Marcine Crane, Chief, Two-Plan Model Section, at (916) 657-0215.

Enclosures

MEDI-CAL CONTACT UPDATE FORM

PLEASE FILL IN NUMBERS 1. THROUGH 4., AND SIGN NUMBER 5. BELOW:

1. New Contact Information

Name (print)		
Address (number, street, apt.)		
City (print)	State	Zip Code
Mailing Address (if different from above)		
City (print)	State	Zip Code
Telephone Number ()		

2. Old Contact Information

Name (print)		
Address (number, street, apt.)		
City (print)	State	Zip Code
Mailing Address (if different from above)		
City (print)	State	Zip Code
Telephone Number ()		

3. Your Health Plan Information

Health Plan Name (print)
Your Health Plan Number

4. Personal Information

Your Date of Birth
Your Beneficiary Identification Card (BIC) Number

PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW:

You can help us keep your Medi-Cal contact information current by completing, signing, and turning in this form. It allows your managed care plan to share with your county Medi-Cal office any **name**, **address**, and/or **telephone number** changes you make. This form will help in making sure that you receive the most current information about your Medi-Cal benefits.

The county Medi-Cal office may not be able to update your Medi-Cal case file with your **name**, **address**, and **telephone number** change if this form is not completed and signed by you. **Don't forget** that Medi-Cal rules require you to report a change of address to the county Medi-Cal office within ten days.

5. PLEASE PRINT YOUR NAME, SIGN, AND DATE IN THE AUTHORIZATION BOX BELOW:

I, (print name) _____, give permission for the county Medi-Cal office to update my Medi-Cal case file, and those of my family members with any changes in information regarding my **name**, **address**, and/or **telephone number** that I report to my managed care plan. I understand that I will need to complete a new form every time I have a change to my **name**, **address**, and/or **telephone number**.

Signature

Date

COUNTY INFORMATION (TO BE FILLED IN BY COUNTY STAFF)

Case number	Worker name	Worker number	Worker telephone number ()
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DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 857-0258



July 13, 2001

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

Letter No: 01-39

MEDI-CAL REQUEST FOR INFORMATION FORM (MC 355)

Ref: All County Welfare Directors Letter (ACWDL) No. 01-36

Senate Bill (SB) 87 mandated the Department of Health Services (DHS) in collaboration with counties and consumer advocates to create a request for information form which shall highlight the information needed to complete a Medi-Cal eligibility determination. In addition, this form is to be accompanied by a cover letter indicating the various categories in which to apply for Medi-Cal eligibility. To comply with SB 87 requirements, DHS in collaboration with counties and consumer advocates created the MC 355. This form serves both as a request for information and Medi-Cal informational cover letter.

Under the provisions of SB 87, counties are precluded from requesting information from a Medi-Cal beneficiary which has been previously provided, not subject to change or not absolutely necessary to complete a Medi-Cal eligibility review. ACDWL No. 01-36 instructed counties to initiate a Medi-Cal eligibility review at annual redetermination and whenever there is a change in beneficiary circumstances that affects Medi-Cal eligibility. Counties were instructed to follow the *ex parte* process and telephone contact requirements to complete a Medi-Cal eligibility review. However, when these methods proved ineffective, counties were further instructed to notify the beneficiary through written correspondence to provide needed information in completing the eligibility review.

Therefore, effective July 1, 2001 counties are instructed to use the MC 355 as the request for information form when requesting information from a beneficiary to complete their Medi-Cal eligibility determination.

MC 355 – REQUEST FOR INFORMATION FORM

A. DESCRIPTION

Front (cover letter)

- Instructs beneficiary to **READ THIS SIDE FIRST.**
- Lists pertinent case information completed by the county: *notice date, case number, worker name/telephone number, office hours, etc.*
- Explains to beneficiary why information is being requested.
- Informs beneficiary about the basic eligibility categories of the Medi-Cal program.
- Instructs the beneficiary to contact his/her eligibility worker immediately if they qualify for Medi-Cal under a new or different eligibility category.
- Instructs beneficiary to contact his/her eligibility worker if they have questions or want more information about this form.

Back (information request)

- Highlights key eligibility categories to identify requested information. County staff shall check the appropriate box or use the OTHER category and manually write in the requested information.
- Instructs beneficiary to provide requested information by a due date. County staff shall insert due date (see "Processing Procedures and Timeframes" section C).
- Informs beneficiary to contact their eligibility worker if they have a change of address or telephone number.

B. INSTRUCTIONS

County staff unable to complete a Medi-Cal eligibility review through the ex parte process and telephone contact shall use the MC 355 to complete this review. County staff shall take the following steps:

1. Complete all necessary case information on the front of the MC 355.
2. Request only the information that is needed to complete the Medi-Cal eligibility review on the back of the MC 355. County staff shall refer to

ACWDL No. 01-36 Sections "Exhausting All Avenues of Eligibility" and "Requesting Additional Information" when completing the back of the MC 355. County staff must clearly evaluate each individual and case circumstance before requesting information or verification from the beneficiary through the MC 355. County staff are reminded that the verification documentation listed on the back of the MC 355 is not all-inclusive, therefore, county staff shall review program regulations and other correspondence (i.e., ACWDL's, ACIN's, etc.) regarding further acceptable verification documentation.

3. Insert a due date for the return of the requested form and information and provide the beneficiary with a self-addressed prepaid return envelope.

C. PROCESSING PROCEDURES AND TIMEFRAMES

SB 87 defines specific processing procedures and timeframes for obtaining information from all Medi-Cal beneficiaries. Therefore, the processing procedures and timeframes described below shall also apply to the annual redetermination form (MC 210RV).

Beneficiaries shall have no less than twenty (20) days from the date the MC 355 or MC 210RV is mailed to respond. County staff shall take one of the following actions when these forms are forwarded to the beneficiary:

1. If the requested information is not received within the 20 day timeframe, county staff shall follow current procedures to begin adequate and timely discontinuance of Medi-Cal benefits.
2. If the requested information is received incomplete within the 20 day timeframe county staff shall attempt to contact the beneficiary either by telephone or in writing to request the completed information. If the beneficiary does not comply within 10 days from the date the county contacts the beneficiary, then county staff shall follow current procedures to begin adequate and timely discontinuance of Medi-Cal benefits.
3. If the requested information is received after the Medi-Cal case is discontinued and within 30 days from the discontinuance date, then county staff shall evaluate continued Medi-Cal eligibility using the information received and rescind the discontinuance action if continued eligibility exists. Otherwise, the case shall remain discontinued.

4. If the reason for the Medi-Cal eligibility review is loss of contact and the MC 355 or MC 210RV is returned with no forwarding address and marked undeliverable, county staff shall terminate the Medi-Cal case and send an immediate discontinuance notice of action to the last known address.

The MC 355 is currently unavailable through the DHS warehouse and a camera ready copy is attached for county use. The MC 355 is currently being translated into Spanish and will be made available to counties when completed. In addition, other language translations of the MC 355 will be made available in the near future.

Should you have any questions regarding the MC 355 or this ACWDL, please contact Mack Guynn of my staff at (916) 657-1064 or via e-mail at mguyenn@dhs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Shar Schroeffer, Chief
Medi-Cal Eligibility Branch

Enclosures (1)

MEDI-CAL REQUEST FOR INFORMATION

ATTENTION: READ THIS SIDE FIRST

Notice date: _____
 Case number: _____
 Worker name: _____
 Worker number: _____
 Worker telephone number: _____
 Office hours: _____
 Notice for: _____

The information requested on the back of this form is needed to complete our review of your eligibility for Medi-Cal benefits.

— REMINDER —

Persons are eligible for Medi-Cal benefits when they are residents of California, do not own property over the allowable property limits (except for pregnant women and children under age 19, property is not counted for them), and meet at least one of the following eligibility categories:

- under the age of 21 or at least age 65 or older
- blind or disabled
- pregnant
- a parent or caretaker relative of a child (under the age of 21) who has at least one parent either absent, deceased, incapacitated, or unemployed/underemployed
- have tuberculosis or receive dialysis
- reside in a long-term care facility
- a refugee in the country eight months or less
- receiving SSI benefits
- receiving CalWORKs benefits
- eligible for special programs (i.e., TMC, QMB, percentage programs, etc.)

If you qualify for Medi-Cal benefits under a new or different eligibility category, contact your eligibility worker immediately!

- Even if you are employed, you may be eligible to receive Medi-Cal benefits.
- You do not have to receive CalWORKs cash aid to receive Medi-Cal benefits.
- Receipt of Medi-Cal benefits **does not** count against any CalWORKs time limits.

If you have any questions or need more information about this form, call your eligibility worker whose name and telephone number are listed at the top of this form.

PLEASE READ THE OTHER SIDE OF THIS FORM.

MEDI-CAL REQUEST FOR INFORMATION
WE NEED *ONLY* THE INFORMATION CHECKED.

Income

- A copy of the most recent pay stub or statement from your employer about your job (how much you are paid, how often you are paid, how many hours you work) for each of your jobs (if you have more than one) or a copy of your most recent tax return. This will help us decide if you are eligible for free Medi-Cal or will have a "share-of-cost."
- Your signed statement about your job (or jobs) if you do not get pay stubs and cannot get a statement from your employer (or employers).
- Schedule C if self-employed.
- Proof of unemployment or disability benefits—a copy of benefits stub or award letter.
- Proof of social security benefits received—a copy of paid benefits stub or award letter.

Income Deductions

- A copy of checks or receipts of child care, child support, alimony, or health insurance paid.

Personal or Real Property

- A copy of vehicle registration (if more than one vehicle owned).
- A copy of your most recent bank statement (checking, savings account, etc.)
- A copy of life insurance policy, stocks, bonds, retirement account statement.

Identity of Family Members—Provide for Each Family Member

(If you are an immigrant and don't have a social security card or immigration documentation to give us, you may still qualify for emergency and pregnancy-related services.)

- Social security number.
- A copy of your California driver's license or a photo ID.
- A copy of immigration documentation or card (if card, a copy of both sides).

Residence

- Verification of your current address (rent receipt, utility bill, etc.).

Disability/Incapacity

- Social security award letter for disability.
- Other proof that you have a physical, mental, or emotional disability that will last 12 months or more.
- Proof of incapacity—such as a doctor's statement that you can't work for at least 30 days.

Other

We must receive this information by _____. *Otherwise, we may begin the process to stop your Medi-Cal benefits!* (A prepaid self-addressed envelope is provided for your convenience.)

HELP US TO KEEP IN TOUCH WITH YOU!

Call your eligibility worker if you have a change of address or telephone number.
(Their name and telephone number are listed on the other side of this page at the top.)

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
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June 19, 2001

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Health Executives
All County Mental Health Directors
All CalWORKs Program Managers

Letter Number 01-36

MEDI-CAL ELIGIBILITY DETERMINATION PROCESS

Ref: All County Welfare Directors Letter No. 01-17

The purpose of this All County Welfare Directors Letter (ACWDL) is to instruct counties on changes in the Medi-Cal eligibility determination process. Changes described in this ACWDL include requirements set forth by Senate Bill (SB) 87, including use of the *ex parte* redetermination process. This letter also instructs the counties that, to a limited extent, they shall attempt to use the *ex parte* process in other situations, such as Medi-Cal-Only eligibility determinations and annual redeterminations.

SB 87 mandates that counties continue Section 1931(b) Medi-Cal eligibility for discontinued California Work Opportunity and Responsibility to Kids (CaWORKs) beneficiaries except in those circumstances that clearly demonstrate that the beneficiary is not eligible. Additional ACWDLs are forthcoming regarding separate issues to be addressed, such as, disability determinations, forms and instructions for complete implementation of SB 87 requirements.

The goal of the Department of Health Services (DHS) is to continue to remove barriers, improve access to health care, and simplify the application and retention process of health benefits for eligible persons. The Medi-Cal program is designed to provide comprehensive health, dental and vision benefits to eligible Californians. To accomplish this goal, it is imperative that counties encourage and assist families to enroll in the Medi-Cal program and retain eligibility.

The instructions that are provided in this ACWDL shall be fully implemented effective July 1, 2001.

CALWORKS DISCONTINUANCES

Implementation of welfare reform, January 1, 1998, delinked CalWORKs and Medi-Cal and created the Section 1931(b) Medi-Cal program. When CalWORKs is approved, Medi-Cal eligibility under Section 1931(b) is also approved; however, a discontinuance of CalWORKs benefits does not constitute discontinuance from the Section 1931(b) Medi-Cal program. Unless there is clear evidence (e.g. death or incarceration) that eligibility for ongoing Medi-Cal benefits is lost, discontinued CalWORKs recipients must continue to receive ongoing Medi-Cal benefits under the Section 1931(b) Medi-Cal program. (See attached table for further circumstances regarding discontinuance of CalWORKs cases.)

CalWORKs cases discontinued for reasons such as, but not limited to, failure to provide the monthly income report, non-cooperation with Welfare to Work requirements or reaching the 60 (sixty) month time limit for receipt of CalWORKs benefits are **not** considered changes in circumstances that affect Medi-Cal eligibility. Therefore, Section 1931(b) Medi-Cal program eligibility is **not** affected, discontinuance is **not** appropriate and a Medi-Cal-Only eligibility determination (*ex parte*) is **not** required.

CalWORKs cases discontinued for reasons that do not affect Section 1931(b) Medi-Cal program eligibility (see above) must be converted into Aid Code 3N. The next scheduled Medi-Cal annual redetermination date will remain unchanged from the CalWORKs case, and shall be no earlier than twelve (12) months from the date of the most recent CalWORKs annual redetermination. If no such annual redetermination has been conducted, then the next annual redetermination date will be twelve (12) months from the date cash aid was granted. This does not preclude a review of eligibility when a change in circumstances occurs that may affect Medi-Cal eligibility. In such cases, the Medi-Cal eligibility worker shall follow the procedures for the *ex parte* process as described below.

Example:

CalWORKs case is approved for cash aid in August 2000. The case is discontinued November 30, 2000, due to failure to provide the monthly income report. Benefits shall continue under the Section 1931 (b) Medi-Cal program and the annual redetermination date for the Medi-Cal case is August 2001.

SB 87 mandates a notification for all cases being discontinued from CalWORKs to include specific information about the continuance of Medi-Cal benefits. DHS and the California Department of Social Services (CDSS) are working together on the development of this notification.

EX PARTE PROCESS

Changes In Circumstances:

Pursuant to SB 87 requirements, the county shall make a Medi-Cal-Only eligibility determination without the involvement of the beneficiary by use of the *ex parte* process when a change in circumstances affecting Medi-Cal eligibility occurs.

The determination shall be based on information/verification contained in open public assistance (PA) case records of the individual and their immediate family members and/or case records that have been closed within the last forty-five (45) days. In addition, information/verification available through county accessible systems such as Income Eligibility Verification System, Systematic Alien Verification for Entitlements System, Employment Development Department/State Disability Insurance, State Data Exchange, and Beneficiary Data Exchange shall be accepted and used in determining eligibility.

Since PA programs require regular redeterminations/recertifications of eligibility and prompt reporting of changes in circumstances by the beneficiary, information/verifications available from these programs shall be used in determining Medi-Cal-Only eligibility, as long as it was obtained within the last twelve (12) months, not subject to change and relevant to the eligibility determination.

Furthermore, SB 87 stipulates that when the *ex parte* process has resulted in insufficient information/verification for an accurate determination of eligibility, county staff must document in the case record the exact reason for contacting the individual and follow the procedures in the section titled "Requesting Additional Information".

When it is established that changes in circumstances have occurred that require a referral or updating of information to other agencies (i.e., District Attorney's Family Support, DHS' Recovery/Third Party Liability Unit), the county may require the appropriate forms.

Annual Redeterminations:

In addition to the SB 87 requirements, DHS further directs counties to use the resources described above in verifying information provided by the beneficiary during the annual redetermination process to the extent possible.

There is no change to the required annual redetermination forms (i.e., MC 210RV) or the necessary contact with the beneficiary for an accurate eligibility redetermination (refer to section titled "Requesting Additional Information").

Counties shall not take any adverse action until efforts to retrieve information/verification from a current or prior PA case record available to the county has been exhausted.

Other PA Program Initiated Medi-Cal Applications:

In addition to the SB 87 requirements, counties shall also pursue the gathering of information/verifications with the use of the resources described above, to the extent possible, when Medi-Cal benefits are initiated by the request of an individual or family transitioning or currently receiving assistance from another public benefits program (i.e., Food Stamps, General Assistance, etc).

There is no change to the required forms or the necessary contact with the applicant for an accurate eligibility determination (refer to section titled "Requesting Additional Information").

An initial Medi-Cal-Only eligibility determination must not be delayed beyond forty-five (45) days, pending information/verification from a current or prior PA case record. Counties are reminded that property limits must be met sometime during the month of application and will be valid for twelve (12) months or until there is a reported or discovered change in resources that require an eligibility review.

No Ex Parte Process*

There will be no *ex parte* review for ongoing Medi-Cal benefits for persons discontinued from CalWORKs due to changes in circumstances that terminate or transition Medi-Cal benefits for the following reasons:

- loss of California residency,
- the beneficiary's written request to discontinue Medi-Cal benefits,
- incarceration,*
- death,* or
- the individual is transitioning into another PA program that provides Medi-Cal benefits (i.e., Foster Care, SSI, IHSS, AAP, etc.)*

**The status of other family members in the case record must be reviewed for ongoing Medi-Cal-Only eligibility.*

When an individual's eligibility is not being reviewed for ongoing Medi-Cal-Only benefits via the *ex parte* process, counties shall document in the case record those facts substantiating why no *ex parte* review is required.

AID CODE 38

Placement in Aid Code 38 no longer requires completion of the Edwards packet for the continuation of Medi-Cal coverage. The use of the Edwards redetermination form (MC 210E) shall be eliminated effective July 1, 2001.

Aid Code 38 continues to be a transitional aid code for persons discontinued from CaWORKs requiring an immediate review for continued eligibility of Medi-Cal benefits.

Counties shall transfer discontinued CaWORKs beneficiaries into Aid Code 38 for the following reasons:

1. Failure to complete the CaWORKs annual redetermination. CaWORKs discontinuances due to failure to complete the annual redetermination will require a Medi-Cal annual redetermination to be completed. In lieu of the Edwards MC 210E, counties shall use the Medi-Cal annual redetermination form (currently the MC 210RV). Failure to complete the MC 210RV shall result in timely discontinuance of Medi-Cal benefits. If the individual completes the MC 210RV and is found eligible to continued Medi-Cal benefits, the next annual redetermination date shall be twelve (12) months from completion of the Medi-Cal-Only redetermination.
2. Income increase. The loss of CaWORKs cash aid due to an income increase will require placement in Aid Code 38 for the review of this change as it relates to income eligibility under the Section 1931(b) Medi-Cal program, Transitional Medi-Cal (TMC), Four-month Continuing, Percentage programs, Medically Needy-No SOC (share-of-cost), Medically Needy-SOC, Medically Indigent Programs, etc.
3. Loss of contact/whereabouts unknown. When loss of contact/whereabouts unknown (as determined by returned mail with no forwarding address) is the basis for placement in Aid Code 38, the Medi-Cal eligibility worker shall attempt to contact the beneficiary by telephone (when feasible). Additionally, the Medi-Cal eligibility worker shall send the **Request for Information** form (see "Request for Additional Information" section), to the last known address advising the beneficiary to contact the Medi-Cal office to update their current living situation. SB 87 requires specific timelines for this process that will be addressed in a separate ACWDL. When the *ex parte* process and all attempts to contact the beneficiary have been unsuccessful, the case shall be discontinued with a timely notice mailed to the last known address.

To ensure that these discontinued CaWORKs cases continue Medi-Cal-Only benefits under Aid Code 38, MEDS termination reason code 098 will automatically roll individuals into Aid Code 38. The use of the MEDS termination reason code 098 shall **only** be used by CaWORKs' staff when cash aid is terminated due to loss of

contact/whereabouts unknown. Medi-Cal eligibility staff shall use MEDS termination reason code **089** when discontinuing Medi-Cal benefits for loss of contact/whereabouts unknown. Use of MEDS termination reason code **089** will terminate Medi-Cal benefits.

4. Only eligible child leaves the home. Persons placed in Aid Code 38, who have lost CalWORKs cash linkage due to the only eligible child leaving the home, shall be reviewed for ongoing linkage under all other Medi-Cal aid categories. If the Medi-Cal eligibility worker determines that no other linkage exists for the family member(s), they shall be discontinued with a timely notice (see "Exhausting All Avenues of Eligibility" section).
5. Change in household composition that has resulted in non-cooperation with the evidence gathering requirements for the Assistance Unit (AU). Persons placed in Aid Code 38 due to a change in household composition resulting in non-cooperation of CalWORKs evidence gathering requirements shall be reviewed for Medi-Cal-Only eligibility. For example, when the absent parent has returned to the home and refuses to provide information/verification to the CalWORKs program in order to calculate the AU's correct grant, Medi-Cal eligibility staff shall determine ongoing eligibility through the *ex parte* process. Medi-Cal eligibility staff shall attempt to obtain information/verifications necessary for an accurate eligibility determination and the exact reason for contacting the individual must be documented in the case record.

Beneficiaries in these Aid Code 38 situations shall be treated as all other Medi-Cal-Only beneficiaries in that when the *ex parte* process, requests for information/verification, attempts to contact and all avenues of continued eligibility have not been successful, the beneficiaries shall be discontinued with a timely notice of action.

EXHAUSTING ALL AVENUES OF ELIGIBILITY

When conducting a review of eligibility caused by a change in circumstances, counties shall consider eligibility under all possible categories beginning with "no SOC" categories.

After completion of the *ex parte* process, if eligibility under all categories fails, counties shall provide the individual with the **Request for Information** form (see "Request for Additional Information" section), if not previously used in the gathering of information/verification. This form will explain the potential basis for eligibility, which may provide the county with new information/verification, such as pregnancy, incapacity, or disability, not apparent from the *ex parte* review. Timeframes allowed for the

applicant/beneficiary to respond to the **Request for Information** form, indicating whether any of the eligibility categories apply to them or any household member of the case record, will be explained in a subsequent ACWDL. Counties will also receive instructions on how to proceed after the form is returned or when the timeline has elapsed with no response before issuing a termination notice.

Counties shall follow existing procedures outlined in ACWDL(s) 91-66, 99-16, 01-01 and Procedure Manual Section 5H for continued eligibility for pregnant women and children. Counties shall also continue to make appropriate referrals to other available resources such as County Medical Services Program (CMSP), Access for Infants and Mothers (AIM), Healthy Families for Children, etc.

New Aid Code 6J (Pending Disability Determination – SB 87)

During the *ex parte*/redetermination process, if the beneficiary alleges that he or she is disabled and if no other basis for eligibility exists, Medi-Cal eligibility shall continue and the county shall transfer the beneficiary into new Aid Code 6J. The allegation of disability shall be documented in the case file, either by means of the **Request for Information** form or other written documentation signed by the beneficiary, stating his or her belief that he or she is disabled. Counties shall immediately begin the process of referring the case to the State Programs-Disability and Adult Program Division (SP-DAPD) for a disability determination. If the disability is confirmed by SP-DAPD, counties shall transfer the individual from Aid Code 6J into the appropriate disability aid code and send relevant approval notice. If the disability is denied by SP-DAPD, or if the beneficiary fails to supply requested information/verification to the county or the SP-DAPD within the applicable timeframes, counties shall discontinue the individual with timely notice, provided all other eligibility linkage factors are exhausted.

Counties shall also pursue disability-based linkage through SP-DAPD, as described above, whenever a beneficiary who is currently receiving Medi-Cal benefits under another linkage factor declares (either orally or in writing) that he or she may be disabled.

Counties shall ensure that their data systems can accommodate new Aid Code 6J by July 1, 2001. DHS realizes this deadline may not be possible, therefore, counties shall flag these cases and continue the beneficiary in Aid Code 38 until Aid Code 6J is available in their data systems.

REQUESTING ADDITIONAL INFORMATION

When counties are unable to make an eligibility determination through the *ex parte* process, the Medi-Cal worker shall attempt to reach the individual by telephone to request the necessary information/verification. The exact reasons for contacting the individual and all attempts made shall be documented in the case record.

When the *ex parte* process and telephone contact have been unsuccessful, SB 87 mandates that by July 1, 2001, the Medi-Cal worker shall use a **Request for Information** form together with an explanatory cover letter that will highlight only the information/verification needed to complete a Medi-Cal eligibility review. DHS is currently developing the **Request for Information** form, which will be released with instructions under a separate ACWDL. Counties may use existing county forms until the **Request for Information** form is released under a separate ACL.

Counties shall not request information or verification that:

- has been previously provided within the last twelve (12) months,
- is not subject to change (i.e. Identification, Social Security Card, etc.),
- is available for verification by eligibility staff, or
- is not necessary for completing an eligibility determination.

When conducting the *ex parte* process, counties must not combine a written request for information/verification with the termination notice.

When the individual fails to respond to the **Request for Information** form or does not provide the necessary information/verification within the required time frames (to be explained in the subsequent ACWDL), counties shall evaluate the individual for other Medi-Cal program eligibility without the additional information/verification. For example, if counties are requesting property verification that does not affect eligibility under a Federal Poverty Level (FPL) program, the eligible individual shall be placed into this eligibility category since property is not considered until property verification is provided.

LOSS OF SECTION 1931(b) ELIGIBILITY

Counties are reminded that any beneficiary who is discontinued from CalWORKs and is no longer eligible for cash-based Section 1931(b) or who is discontinued from Section 1931(b)-Only due to increased earnings from employment or increased child/spousal support, must be evaluated for the Transitional Medi-Cal (TMC) and Four-month Continuing programs. It is irrelevant whether Section 1931(b) eligibility was established through the CalWORKs or Medi-Cal-Only programs.

CALWORKS DENIALS

CDSS issued All County Information Notice (ACIN) I-32-01 on May 10, 2001 as a reminder to counties of the importance of referral to the Medi-Cal program for all denied or discontinued CalWORKs cases, including Diversion cases, for a determination of Medi-Cal eligibility. CDSS regulations (MPP 40-103.44) provide that appropriate action on a cash aid application includes authorization of a cash grant and certification for Medi-Cal assistance. CalWORKs denials shall be reviewed for Medi-Cal-Only eligibility through the *ex parte* process when the applicant had completed the SAWS 2 Statement of Facts form.

Once the *ex parte* review is completed and eligibility for Medi-Cal-Only benefits is established, the annual redetermination date will be twelve (12) months from the date of the CalWORKs application.

When the CalWORKs denial is due to failure to complete the SAWS 2 (failure to provide the application), no *ex parte* review of Medi-Cal-Only eligibility shall be conducted.

When failure to provide information/verification is the cause for the CalWORKs denial, the Medi-Cal eligibility worker shall determine if the missing information/verification is relevant to an accurate Medi-Cal-Only eligibility determination. Counties shall make every effort to determine eligibility for Medi-Cal-Only benefits.

EXTENDED OUTREACH

DHS recognizes that maintaining current beneficiary contact information (name, address, and telephone number) is the most effective means of preventing loss of Medi-Cal benefits.

DHS is working with Medi-Cal Managed Care Plans (MCPs) to facilitate the sharing of updated beneficiary contact information with counties. Counties shall incorporate contact information received from a MCP into the beneficiary's Medi-Cal case file. The Department is developing a consent form counties may use to obtain the beneficiary consent and it will be distributed with the **Request for Information** form under a separate ACWDL. Additionally, SB 87 stipulates that counties undertake outreach efforts to beneficiaries in maintaining current contact information and to encourage, assist and facilitate timely submission of the annual redetermination forms and when applicable, the TMC program reporting forms. A county may collaborate with community-based organizations, provided that beneficiary confidentiality is protected.

CLOSING COMMENTS

In implementing these instructions, DHS realizes that sharing information between programs may be difficult; however, in order to comply with SB 87 requirements, counties must develop internal procedures to handle issues of logistics and remove barriers to ensure that persons/families in different programs continue to receive health coverage. For example, counties are encouraged to use copiers, fax machines or computer software to transmit information between distant office locations.

Counties shall pursue initial and/or ongoing eligibility under the most beneficial Medi-Cal program beginning with the review of eligibility under Pickle and the Section 1931(b) programs.

DHS has developed a table for counties to reference discontinued CalWORKs reasons that may or may not need the *ex parte* process, Aid Code 38 placement or uninterrupted Section 1931 (b) benefits. Realizing that not all CalWORKs discontinuance reasons can be identified on this table, counties are encouraged to contact the DHS for further guidance when uncertain as to what action is necessary.

Should you have any questions regarding these instructions, please contact:

- Tanya Homman (916) 657-1469 (DHS Analyst)
- Mack Guynn (916) 657-1064 (DHS Analyst)
- Linda Lattimore (916) 653-5830 (CalWORKs Eligibility Bureau)

Sincerely,

ORIGINAL SIGNED BY

Shar Schroeffer, Chief
Medi-Cal Eligibility Branch
Department of Health Services

ORIGINAL SIGNED BY

Charr Lee Metsker, Chief
Employment and Eligibility Branch
Department of Social Services

Attachment

**Discontinued CalWORKs Reasons
Ex Parte/Aid Code 3N/Aid Code 38
TABLE**

REASON FOR CALWORKS DISCONTINUANCE	EX PARTE REQUIRED	AID CODE 3N PLACEMENT	AID CODE 38 PLACEMENT
Loss of California residency	No	No	No
Written request to discontinue CalWORKs and Medi-Cal	No	No	No
Incarceration	No	No	No
Death of beneficiary	No	No	No
Transition into another PA program that provides Medi-Cal benefits	No	No	No
Failure to provide monthly income report	No	Yes	No
Non-cooperation with Welfare-to-Work requirements	No	Yes	No
Expiration of CalWORKs time limits	No	Yes	No
Failure to complete the CalWORKs annual Redetermination	Yes	No	Yes
Loss of contact/whereabouts unknown	Yes	No	Yes
Only eligible child leaves home	Yes	No	Yes
Change in household composition that has resulted in non-cooperation with the evidence gathering requirements for the AU	Yes	No	Yes
Change in household circumstances that affect Medi-Cal eligibility	Yes	No	Yes
Resources exceeds limits	Yes	No	Yes
Income exceeds standards	Yes	No	Yes
Failure to cooperate with child support requirements	Yes	No	Yes

*Counties are encouraged to contact DHS for further guidance on other discontinued CalWORKs reasons when uncertain as to what action is necessary.

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-0258



February 27, 2001

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialist/Liaisons
All County Health Executives
All County Mental Health Directors

Letter No. 01-17

SENATE BILL (SB) 87 CHANGES TO THE MEDI-CAL NOTICES OF ACTION (NOA)

Ref: All County Welfare Directors Letter No. 96-56

This letter describes changes to the Medi-Cal NOAs as required by SB 87 (Chapter 1088, Statutes of 2000). These changes affect the NOAs for persons discontinued from the California Work Opportunity and Responsibility to Kids (CalWORKs) program and persons transferred from the Section 1931(b) program to another Medi-Cal program.

Effective July 1, 2001, persons who are discontinued from CalWORKs and remain eligible for Medi-Cal under Section 1931(b) must receive a NOA containing certain information. Persons who are no longer eligible for Section 1931(b) but are eligible for another Medi-Cal program must receive a NOA with the name of the program they have been transferred to and a description of that program.

These NOAs must also contain the following information:

1. A statement that receipt of Medi-Cal benefits is not counted against CalWORKs time limits.
2. A statement that monthly or quarterly status reports are not required, except for an annual redetermination form (and Transitional Medi-Cal forms, where applicable); however, significant changes that may affect eligibility or share of cost must be reported by the beneficiary within ten days.
3. The eligibility worker's name, telephone number, and hours.

If the eligibility worker has been reassigned, the county must notify the beneficiary within ten days of the new worker's name, address, telephone number, and the hours during which an eligibility worker can be contacted. Counties may use the office hours or the worker's core hours.



All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialist/Liaisons
All County Health Executives
All County Mental Health Directors
Page 2

The Department of Health Services has created draft language for two new NOAs. One will be sent to CalWORKs persons who were discontinued and remain eligible for Section 1931(b) and the other will be sent to all persons who are discontinued from Section 1931(b) and transferred to the Medically Needy or Medically Indigent program. There were no specific NOAs for these programs.

We are still receiving comments from various groups on these draft NOAs. When these NOAs are finalized, the camera-ready copies will be sent to you by advanced mail.

Counties may continue to use the existing Section 1931(b) Approval NOA (MC 339) for all persons who are not discontinued CalWORKs persons. Counties should use the Section 1931(b) Denial or Discontinuance NOA (MC 340) for former CalWORKs persons who are discontinued from Section 1931(b) or for non-CalWORKs persons who are applying for Medi-Cal, but determined not eligible. These and other NOAs will be modified to include worker hours and reporting requirements. If you have any further questions, please contact Margie Buzdas at (916) 657-0726.

Sincerely,

ORIGINAL SIGNED BY
Glenda Arellano
Acting Chief
Medi-Cal Eligibility Branch

Enclosures

MEDI-CAL NOTICE OF ACTION
CONTINUATION OF SECTION 1931(b)
BENEFITS

_____ (COUNTY STAMP) _____

DRAFT

Notice date: _____
Case number _____
Worker name: _____
Worker number _____:
Worker telephone: _____
Office hours _____
Notice for: _____

Although your cash benefits for the California Work Opportunity and Responsibility to Kids (CalWORKs) program have stopped, your Medi-Cal will continue under the Section 1931(b) program. This program provides no-cost Medi-Cal benefits to certain low-income persons with eligible children.

You do not have to fill out monthly or quarterly status reports to keep Medi-Cal; however, if your cash benefits stopped because you did not return your CalWORKs monthly report and you had significant changes that affected your eligibility, you should report these changes to your Medi-Cal worker now.

Receipt of these Medi-Cal benefits will not count against any CalWORKs program time limits.

In order to remain eligible for this Medi-Cal program, you must:

- ◆ Have an eligible child living in the home who qualifies for Medi-Cal with no share of cost because one parent is deceased, absent, incapacitated, unemployed (or working with limited earnings), or you must be an eligible child living with a relative.
- ◆ Have income and property under a certain limit.
- ◆ Continue to meet all other Medi-Cal requirements.
- Report within ten days any significant changes that could affect your eligibility such as changes in your income, property, medical condition, or household situation.
- Complete the form for your Medi-Cal annual review when it is sent to you.

Always show your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR plastic BIC.**

The regulation that requires this action is California Code of Regulations, Title 22, Section 50226

**MEDI-CAL NOTICE OF ACTION
APPROVAL FOR MEDICALLY NEEDY
OR MEDICALLY INDIGENT PROGRAM
BENEFITS**

____ (COUNTY STAMP) ____

DRAFT

Notice date: _____
Case number: _____
Worker name.: _____
Worker number _____
Worker telephone : _____
Office Hours _____
Notice for: _____

You have been approved for the following program(s):

- Medically Needy Program for a family with a child whose parent(s) is/are absent from the home, deceased, incapacitated, unemployed or working with limited earnings.
- Medically Needy Program for the aged, blind, or disabled.
- Medically Indigent Program for pregnant women.
- Medically Indigent Program for persons under age 21.
- Medically Indigent Program for a child who is the responsibility of a public agency.
- Other _____.
- You are entitled to receive Medi-Cal benefits beginning the first day of _____.
 - You do not have to fill out monthly or quarterly status reports to get Medi-Cal.
 - You must report within ten days any significant changes that could affect your eligibility such as changes in your income, property, medical condition or household situation.
 - You will have to complete the form for your Medi-Cal annual review when it is sent to you.
 - Receipt of these Medi-Cal benefits will not count against any CalWORKs program time limits.

- You are entitled to full benefits beginning _____.
- Your benefits cover only emergency and pregnancy-related services beginning _____.
- You are eligible with no share of cost.
- Your income exceeds the income limit. You have a share-of cost to pay or obligate towards your monthly medical care. Your share-of-cost is \$ _____ beginning _____. Your share-of-cost was computed as follows:

Gross income	\$ _____
Net Nonexempt Income	\$ _____
Maintenance Need	\$ _____
Excess Income/Share of Cost	\$ _____

Always show your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR PLASTIC BIC.**

The regulation that requires this action is California Code of Regulations, Title 22, Sections 50203 and 50251.