



BRADLEY P. GILBERT, MD, MPP
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

April 13, 2020

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 20-08
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: TRANSMITTAL FORM FOR REPORTING COUNTY MEDI-CAL
INMATE ELIGIBILITY PROGRAM CHANGES IN STATUS
(References: California Government Code sections 26605.6 and
26605.7; All County Welfare Directors Letter 13-18)

The purpose of this All County Welfare Directors Letter (ACWDL) is to inform counties of the statutory agreement and notice requirements for counties to report to the Department of Health Care Services (DHCS) changes in the status of county inmates, who are released from incarceration for medical probation or compassionate release, when the county voluntarily participates in the County Medi-Cal Inmate Eligibility Program (MCIEP).

Background

All County Welfare Directors Letter (ACWDL) 17-28 (August 11, 2017) was issued to inform counties about the county compassionate release and medical probation programs that went into effect December 1, 2016.

Senate Bill (SB) 1462 (Chapter 837, Statutes of 2012) authorizes a county sheriff, or their designee, to: (1) release certain inmates from a county correctional facility under compassionate release and (2) release certain inmates from a county correctional facility by requesting that a court grant medical probation, or resentencing in lieu of jail time. Prisoners on probation or parole are not considered, for Medi-Cal purposes, to be inmates and may be eligible for full scope Medi-Cal services if they meet all Medi-Cal eligibility requirements.

The county sheriff, or sheriff's designee, after consultation with the head physician of the correctional institution, will recommend release and refer county inmates to the

County Welfare Department. County Eligibility Workers (CEWs) will review Medi-Cal applications for county inmates granted compassionate release or medical probation for Medi-Cal eligibility. For MCIEP counties, the appropriate application must be submitted to the CEWs and, if the inmate is eligible, the MCIEP inmate must be aided with the appropriate aid code. For Aid Code Charts and descriptions, see ACWDLs 13-18, 14-26, and 17-28. County correctional/jail staff will continue to inform CEWs when an inmate's situation has changed so that CEWs may update Medi-Cal eligibility accordingly. Communication between affected county entities is recommended for accurate claiming and DHCS billing for the non-federal share.

Assembly Bill (AB) 82 (Chapter 23, Statutes of 2013) amended Government Code sections 26605.6 (compassionate release) and 26605.7 (medical probation) to include agreement and notification requirements. As discussed below, an authorized individual, as designated by the county or county sheriff, will agree to notify DHCS when participating in the programs.

Section 26605.6 was amended to require that the county send a letter to DHCS agreeing to provide, and that it provide, written notice to DHCS of changes in status for inmates released on compassionate release in counties participating in MCIEP.

Section 26605.7 was amended to require that the county sheriff send a letter to DHCS agreeing to provide, and that they provide, written notice to DHCS of changes in status for inmates released for medical probation in counties participating in MCIEP. Section 26605.7 was also amended to require that the chief probation officer notify DHCS in writing when a Medi-Cal eligible probationer's term of medical probation ends.

For AB 82 notification requirements, "changes in status" means changes in *eligibility* status for inmates granted compassionate release or medical probation under MCIEP: (1) an inmate applies for Medi-Cal under MCIEP after being granted compassionate release or medical probation; or (2) a MCIEP inmate granted compassionate release or medical probation is returned to the custody of the sheriff; or (3) the medical probation term has ended as determined by the chief probation officer.

AB 82 Agreement and Notification Requirements

MCIEP counties have a legal obligation to pay the non-federal share when an inmate found eligible for the medical probation or compassionate release programs is enrolled in Medi-Cal. If a compassionately released inmate or a medical probationer is returned to custody, the financial responsibility shifts back to the county jail to cover the costs of housing and medical treatment for the inmate. Since DHCS is required to monitor the

shift in financial responsibility, the county, county sheriff, or chief probation officer shall do the following.

- (1) The county (compassionate release) or the county sheriff (medical probation) shall send a letter to DHCS, agreeing to provide the below described notices, as applicable.
- (2) The county shall notify DHCS, in writing, when an inmate released to the compassionate release program has applied for Medi-Cal.
- (3) The county shall notify DHCS, in writing, when a Medi-Cal eligible compassionate released inmate has been returned to the custody of the county sheriff.
- (4) The county sheriff shall notify DHCS, in writing, when an inmate released to the medical probation program has applied for Medi-Cal.
- (5) The county sheriff shall notify DHCS, in writing, when a Medi-Cal eligible medical probationer has been returned to the custody of the county sheriff.
- (6) The chief probation officer shall notify DHCS, in writing, when a Medi-Cal eligible probationer's term of medical probation ends.

Agreement Letter Form for Agreeing to Provide Mandated Notices to DHCS

The attached agreement letter form provides the required agreement letter in written format, which may be used by the county or county sheriff as the required letter agreeing to send the mandated notifications to DHCS via the attached transmittal form.

A one-time only agreement letter from each county, showing agreement to provide the required notices to DHCS for all inmates, is sufficient. The county's designated entity or individual, or the county sheriff, may use their own letterheads or formats to satisfy the written agreement requirement as long as the statutorily required information is provided in the letter. Since separate county agencies are involved, agencies should work together to develop an internal county process that complies with the AB 82 requirements. Counties with current MCIEP inmates granted compassionate release or medical probation should complete and submit an agreement letter to DHCS if one has not already been submitted and one or more of the inmates have applied for Medi-Cal.

The letter may be submitted via secure email to MCIEP@dhcs.ca.gov. If the county/sheriff is unable to send secure email, the letter may be faxed to the MCIEP secure fax number at (916) 440-5651. To ensure receipt of the letter, indicate in the subject line "MCIEP Agreement Letter for Notifying DHCS."

Transmittal Form and Process for Notifying DHCS – Responsibilities

To ensure timely reporting of the written notices requirements under Sections 26605.6 and 26605.7 of the Government Code, the following summarizes the process for reporting a compassionately released inmate's or medical probationer's change of status within 30 days of the change.

The form "Transmittal Form for Notifying DHCS of Medi-Cal Inmate Eligibility Program (MCIEP) Changes in Status for County Medical Probation or Compassionate Release Inmates" (MC 196) was developed for use by MCIEP counties to provide the statutorily required notices to DHCS. Form MC 196 is located at the DHCS website:

<https://www.dhcs.ca.gov/formsandpubs/forms/Pages/default.aspx>

- For inmates granted compassionate release, an individual authorized by the county to represent it for purposes of the MCIEP program must complete the applicable notices and dates on the MC 196 form. The name and title of the authorized individual must be provided.
- For inmates released on medical probation, the county sheriff must complete the applicable notices and dates on the MC 196 form.

Note: The county sheriff may establish a designee (i.e., a sheriff's designee) to complete and submit the county transmittal form on their behalf, such as correctional/jail facility staff, a county liaison or a county eligibility worker. The name and title of the authorized person completing the form must be provided on the transmittal form.

- When applicable, the chief probation officer must submit the form when a Medi-Cal eligible probationer's term of medical probation ends.
- The transmittal form may be submitted via secure email to MCIEP@dhcs.ca.gov. If the county/sheriff is unable to send secure email, the completed form may be faxed to the MCIEP secure fax number at (916) 440-5651. To ensure receipt of the form, indicate in the subject line "MCIEP Change of Status Transmittal."

If you have any questions, or if we can provide further information, please contact DHCS at MCIEP@dhcs.ca.gov.

For billing or claiming inquiries, contact DHCS Local Governmental Financing Division (LGFD) at dhcsimcu@dhcs.ca.gov.

All County Welfare Directors Letter No.: 20-08
Page 5
April 13, 2020

For a listing of participating MCIEP counties, go to DHCS LGFD's internet page at:
http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_26005.asp.

Original signed by

Sandra Williams, Chief
Medi-Cal Eligibility Division

Enclosure

cc: Cheryl Young, California State Sheriffs' Association

COUNTY OF _____
[phone number]
[email address]

Department of Health Care Services
MCIEP@dhcs.ca.gov
Medi-Cal Inmate Eligibility Program
Secure Fax Number: (916) 440-5651

RE: Agreement Letter for Sending Required Notifications to the Department of Health Care Services (DHCS) for Med-Cal Inmate Eligibility Program (MCIEP) for Medical Probation and Compassionate Release Inmates

Dear Medi-Cal Eligibility Unit:

In order to meet our statutory requirements pursuant to Government Code sections 26605.6, subdivision (c)(1) and 26605.7, subdivision (e)(1), we are sending this letter as a written agreement to provide the required notifications to DHCS for all inmates granted compassionate release and medical probation.

The county/county sheriff agrees to notify DHCS of the following, as applicable, within 30 days:

- (1) An inmate, who was granted medical probation or compassionate release, has applied for Med-Cal.
- (2) An inmate, who was granted medical probation or compassionate release and was Medi-Cal eligible, has been returned to the custody of the sheriff.
- (3) The chief probation officer will notify DHCS when a Medi-Cal eligible probationer's term of medical probation ends.

"Transmittal Form for Notifying DHCS of Med-Cal Inmate Eligibility Program (MCIEP) Changes in Status for County Medical Probation or Compassionate Release Inmates" (MC 196) shall be used to provide the required written notifications to DHCS.

Very truly yours,

By _____
[name of person completing the letter]

[title]

[date]



Transmittal Form for Notifying DHCS of Medi-Cal Inmate Eligibility Program (MCIEP) Changes in Status for County Medical Probation or Compassionate Release Inmates

DATE:

TO: MCIEP@dhcs.ca.gov
Medi-Cal Inmate Eligibility Program
Secure Fax Number: (916) 440-5651

FROM: County Name and Contact Number or Email Address

Name and Title of person completing notification

| | |
|----------------------------|------------------------------------|
| Name of Inmate/Probationer | Booking/Jail Identification Number |
| Social Security Number | Date of Birth |

The Department of Health Care Services (DHCS) is hereby notified that the above named inmate: *(Mark only ONE)*

who was granted compassionate release, applied for Medi-Cal on:

who was granted compassionate release and was Medi-Cal eligible, was returned to the custody of the Sheriff on:

who was released on medical probation, applied for Medi-Cal on:

who was released on medical probation and was Medi-Cal eligible, was returned to the custody of the Sheriff on:

The Chief Probation Officer hereby notifies DHCS that the above named Medi-Cal eligible probationer's term of medical probation ended on:

Medi-Cal Privacy and Confidentiality Notice: The information given on this form is private and confidential pursuant to Welfare and Institutions Code section 14100.2. This information shall be disclosed only as this law allows.

1501 Capitol Avenue, MS 4607, P.O. Box 997417, Sacramento, CA 95899-7417
(916) 552-9430 phone, (916) 552-9477 fax