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

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February 3, 2022

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 22-02
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: BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP) OVERVIEW AND REFERRAL PROCESS
(Reference All County Welfare Director's Letters No. 01-36, 01-39, 02-12, 02-59, 11-29,17-26E)

SUPERSEDES: ACWDLs (09-42, 06-09, 17-11)

I. Purpose

The purpose of this All County Welfare Directors Letter (ACWDL) is to reintroduce the Breast and Cervical Cancer Treatment Program (BCCTP), provide BCCTP policy updates, and provide a program overview. The guidance provided by the Department of Health Care Services (DHCS) in this ACWDL supersedes previously issued guidance in ACWDLs 06-09, 09-42, and 17-11, which provided instruction on BCCTP policy and program overview, and the county referral process.

The following topics are covered in this ACWDL: BCCTP Federal and State benefits, policy updates, enrollment, presumptive eligibility, and delineated county and BCCTP responsibilities for the referral process. The intent of this information is to provide counties guidance on how to 1) complete referrals to BCCTP for a Medi-Cal applicant/beneficiary requesting a referral and 2) process referrals from BCCTP when a beneficiary is no longer eligible for BCCTP benefits, by evaluating for Medi-Cal eligibility.

II. Background

Assembly Bill (AB) 430 (Chapter 171, Statutes of 2001) provides the State with legal authority to implement the optional Federal Breast and Cervical Cancer Prevention and

Treatment Act of 2000. In California, the program is referred to as “BCCTP” and is administered by DHCS.

Federal BCCTP provides full-scope, no-cost Medi-Cal to individuals diagnosed with and found to be in need of breast and/or cervical cancer treatment and meet all Federal BCCTP requirements. For individuals that do not meet Federal BCCTP requirements, AB 430 subsequently, established a State-funded program that provides limited-scope Medi-Cal for individuals diagnosed with and found to be in need of breast and/or cervical cancer treatment and meet all State BCCTP requirements.

DHCS has statutory authority to manage both Federal and State Medicaid options to cover eligible low-income individuals screened and found to be in need of breast and/or cervical cancer treatment by the Cancer Detection Program (CDP)-Every Woman Counts (EWC) and Family Planning, Access, Care and Treatment (Family PACT) programs. BCCTP requires beneficiaries to be California residents and that their gross family income not exceed 200 percent Federal Poverty Level (FPL) for their family size (based on Non-Modified Adjusted Gross Income (Non-MAGI) rules).

BCCTP processes annual redeterminations to determine if the beneficiary is still undergoing treatment and continues to meet all Federal and State BCCTP eligibility requirements. Unlike most other Medi-Cal programs where eligibility is determined by the counties, the State determines BCCTP initial application eligibility and administers the continuing case maintenance.

Welfare and Institutions Code (WI&C) Section 14005.37 requires that a Medi-Cal beneficiary must be evaluated for all other Medi-Cal programs before they are discontinued from their current Medi-Cal benefits. If a BCCTP beneficiary, as a result of an annual review or a change in circumstances, is determined no longer eligible for BCCTP, they will continue on the same level of benefits while a referral to the county is made and a determination of Medi-Cal eligibility for all other programs is completed. This ACWDL will encompass the steps that counties must take when BCCTP initiates a referral for a Medi-Cal redetermination of eligibility.

III. BCCTP Policy Updates

Effective January 2019, Assembly Bill (AB) 1810 (Chapter 34, Statutes of 2018) eliminated the initial 18 and 24-month period of coverage provision for State BCCTP eligibility. AB 1810 amended Health and Safety Code Section 104161.1 (a), (b), and (c). These amendments eliminate the time limit and requires continuing coverage through

the duration of treatment if an individual with a diagnosis of breast and/or cervical cancer is determined eligible for BCCTP and meet all eligibility requirements. The same regulation applies for individuals diagnosed with a reoccurrence of breast and/or cervical cancer.

IV. Program Types

Federal BCCTP

Benefits provided under the Federal program are full-scope, no share of cost (SOC) Medi-Cal coverage to individuals with breast and/or cervical cancer that are found to be in need of treatment. Federal BCCTP benefits include treatment for breast and/or cervical cancer and related services. Individuals are eligible for Federal BCCTP if they are:

- Uninsured,
- Under the age of 65,
- At or below 200 percent of the Federal Poverty Level (based on family size),
- A resident of California,
- A United States citizen/national or immigrant with satisfactory immigration status (SIS), and
- Found to be in need of breast and/or cervical cancer treatment.

Retroactive (Retro) BCCTP

BCCTP offers qualified applicants retroactive (“retro”) no-cost Medi-Cal coverage for health care services that were received up to three months prior to the date the BCCTP application was submitted. The applicant needs to contact BCCTP to request retro BCCTP benefits and BCCTP will provide the Retro BCCTP Application and a Retro BCCTP Cover Letter that will explain the eligibility requirements. Once the retro BCCTP application is received, BCCTP will send a Notice of Action for Retroactive Benefits with the outcome of retro BCCTP eligibility.

State BCCTP

Benefits provided under the State program are limited to breast and/or cervical cancer treatment and related services to individuals that are found to be in need of treatment. Individuals are eligible for State BCCTP regardless of age, U.S. citizenship, or immigration status if they are:

- Uninsured or have other health insurance but are underinsured (see below);
- At or below 200 percent of the Federal Poverty Level (based on family size);
- A resident of California; and
- Found to be in need of breast and/or cervical cancer treatment.

State BCCTP covers underinsured individuals who have existing health insurance coverage that is inaccessible due to high premium, deductible, and/or copayment costs. Health and Safety Code Section 104161(g)(1) defines underinsured as having health care coverage with out-of-pocket costs exceeding $750 in a 12-month period in which the breast and/or cervical cancer treatment is needed. The Health Insurance Premium Payment (HIPP) program may be able to reimburse health insurance premiums if a BCCTP beneficiary is eligible per ACWDL 09-02.

Examples of health insurance coverage that is inaccessible due to high premium, deductible, and/or copayment costs include, but are not limited to, Medicare, private health insurance, Covered California Advanced Premium Tax Credit, and Medi-Cal with a SOC.

V. Applying for BCCTP via an EWC or Family PACT Provider

EWC and Family PACT providers who have access to the Medi-Cal Provider online web portal are referred to as enrolling providers. Individuals with breast and/or cervical cancer can either apply for BCCTP through an EWC or Family PACT enrolling provider or can be referred to BCCTP through the counties (referred to asthe “county referral process”), discussed in the next section.

EWC and the Family PACT program diagnose individuals for breast and/or cervical cancer and determine if they are in need of treatment. EWC and Family PACT enrolling providers can submit applications online for qualified individuals at the doctor’s office. Before enrolling patients for BCCTP benefits, enrolling providers screen the applicant to determine if they are eligible to apply for BCCTP.

Presumptive Eligibility

BCCTP applications are submitted through the Medi-Cal Provider online portal directly by an EWC or Family PACT provider’s office. This online application process allows individuals who may be eligible for Federal BCCTP benefits to receive immediate, temporary, full-scope, no-SOC Medi-Cal coverage through Presumptive Eligibility (PE). Beneficiaries are only eligible to receive one BCCTP PE determination within a 12-month period, starting with the effective date of the initial PE approval. PE is date

specific and will begin on the date the PE determination coverage was approved. Per Medi-Cal Eligibility Division Information Letter I 15-31, PE coverage will not back date to the first of the month or any date prior to the determination date. PE benefits are available immediately if the applicant is eligible and will end the last day of the following month, if the applicant does not apply for Medi-Cal at their County Social Services office. However, PE will extend if the applicant files a Medi-Cal application by the last day of the following month when PE was granted.

Enrolling providers screen the applicant for a qualifying BCCTP breast and/or cervical cancer diagnosis. The enrolling provider also screens the applicant to see if they meet all eligibility criteria and are eligible to apply for BCCTP.

The applicant can self-attest to meeting the eligibility criteria such as: being a California resident, having gross income that does not exceed 200 percent FPL, and not receiving full-scope Medi-Cal benefits already. If the applicant is approved for PE, they can initiate breast and/or cervical cancer treatment services immediately. BCCTP will complete a determination of Federal BCCTP eligibility for continuing BCCTP benefits.

Applicants that do not meet the Federal BCCTP eligibility criteria based on the information provided at application do not receive immediate coverage through PE. However, their application will be processed by BCCTP and they may be eligible to initiate cancer treatment through a State-funded program once BCCTP completes a full eligibility determination.

After an enrolling provider submits the BCCTP application, all applicants receive a system generated Confirmation Document showing their assigned BCCTP Case Tracking number, stating their eligibility results for PE, and Directions to Apply for Medi-Cal form. The latter specifically explains why and who is requiredto apply for Medi-Cal. This also serves as notice that their PE benefits end the last day of the following month if they do not initiate an application for Medi-Cal with the county.

VI. Applying for BCCTP via the County

Individuals that could not be enrolled by an EWC or Family PACT enrolling provider can be referred to BCCTP at their local county social services office.

Counties must initiate a referral to BCCTP immediately upon request if a Medi-Cal applicant or beneficiary states they have, or believe they have, breast and/or cervical cancer, and appear to be eligible for BCCTP. Having other health insurance should not preclude an individual from being referred. It is imperative not to delay cancer treatment or access to care to an individual who has or suspects they have breast and/or cervical

cancer. The County Eligibility Worker (CEW), designated by their county, must follow the next steps to complete a county referral to BCCTP:

1. Initiate the referral on the first day of contact by the beneficiary or applicant. The CEW shall not wait to complete a Medi-Cal determination, before sending the referral to BCCTP.
2. Complete the referral by using the County Referral to the BCCTP rev 12/21 (MC 373) form and include the CEW's name and direct phone number (including extension); so that BCCTP can follow up with CEW if necessary. Please provide current and available information at the time of the referral that would assist in determining BCCTP eligibility. The completed MC 373 can be forwarded to BCCTP via:
    a) Fax: (916) 440-5693 or
    b) Secure, encrypted email: BCCTP@dhcs.ca.gov.

    Please do not include Personally Identifiable Information (PII) in the Subject Line of an email even if the email is encrypted, as the information of the Subject Line is not encrypted in the same manner as the email.
3. If available, any documents pertinent to the referral must be included with the MC 373 (e.g. pathology report, front and back of identification card, Legal Permanent Resident card, income). The CEW shall not wait to receive or request these documents before sending the referral to BCCTP.
4. Applicants/beneficiaries shall not be directed to call BCCTP to apply. BCCTP only initiates applications through county referrals and EWC/FamilyPACT enrollments.
5. As soon as BCCTP receives the MC 373 referral form, BCCTP will follow up with the applicant directly and will continue to evaluate for eligibility and register an application if eligible.

In an effort to make all Medi-Cal applicants and beneficiaries aware of BCCTP, counties shall continue to include the MC Info Notice 372 rev 12/21 flyer in all Medi- Cal intake and redetermination packets. The MC Info Notice 372 is available in English and all of the threshold languages on the DHCS website.

IMPORTANT NOTE: *Individuals found eligible for Medi-Cal through the local county Medi-Cal office shall not request discontinuance from "county" Medi-Cal to be eligible for Federal BCCTP.*

VII. BCCTP Referrals to County (Change in BCCTP Eligibility)

When a BCCTP beneficiary no longer meets Federal BCCTP eligibility requirements, a complete eligibility review for all other Medi-Cal programs must be completed before they can be discontinued. Please refer to ACWDL 17-03 for guidance regarding the Medi-Cal hierarchy to be used when determining or redetermining Medi-Cal eligibility. BCCTP does not have statutory authority to make eligibility determinations for any other Medi-Cal program. For this reason, the State needs to coordinate with counties to ensure there is no break or reduction in Medi-Cal coverage for the beneficiary during the referral process. State BCCTP beneficiaries can also be referred to the county for a redetermination of Medi-Cal eligibility (see below).

The State will initiate a referral to counties for any of the following reasons:

Federal BCCTP Beneficiary	**State BCCTP Beneficiary**
• Turns age 65,	• Turns age 65,
• Obtains creditable health insurance coverage (e.g. Medicare, employer provided insurance, Covered CaliforniaPlan), or	• Obtains creditable health insurance coverage but their out- of-pocket expenses will *not* exceed • $750 in the next 12 month period, or
• Is no longer in need of breast and/or cervical cancer treatment as determined by their physician	• Is no longer in need of breast and/or cervical cancer treatment as determined by their physician

Per W&IC Sections 14005.37 and 14005.39, BCCTP will discontinue a beneficiary without making a referral to the county for a Medi-Cal redetermination for any of the following reasons:

- Death;
- Loss of California residency;
- Voluntary withdrawal;
- Failure to cooperate; or
- Fraud.

When BCCTP determines that a beneficiary is no longer eligible for BCCTP, the BCCTP Eligibility Specialist (ES) will mail a Notice of Action (NOA) to inform them the reason for the discontinuance.

BCCTP Interim Aid Codes

W&IC, Section 14005.37 requires that when a beneficiary is no longer eligible for BCCTP Medi-Cal, the beneficiary must remain eligible for BCCTP while the county makes an eligibility determination of all other Medi-Cal programs. The BCCTP ES will place the individual in an interim BCCTP aid code. Federal BCCTP beneficiaries will continue receiving the same level of Medi-Cal coverage. State BCCTP beneficiaries will receive restricted, pregnancy- related, postpartum, emergency, and long-term care (LTC) services. Please see *Section IX BCCTP Aid Codes* below for description of Federal and State transitional BCCTP aid codes.

BCCTP Responsibilities When Referring a Case to Counties

The assigned BCCTP ES will initiate the referral to the county.

Steps BCCTP will complete when referring a BCCTP beneficiary to the county:

1. Mail the beneficiary a Change in Benefits Notice to state the reason(s) why they are no longer eligible for Medi-Cal through BCCTP. The Change in Benefits Notice also informs the beneficiary that their local county social services office will complete a determination of eligibility of other Medi-Cal programs and the level of benefits they will receive during the process.
2. Place the beneficiary on the appropriate interim aid code in the Medi-Cal Eligibility Data System (MEDS).
3. Send the BCCTP County Notification form to the BCCTP county liaison to inform them of the case that requires a county determination of Medi-Cal. Other documents included in the packet are the Case Details sheet, the lastNotice of Action, and any other document checked on the BCCTP County Notification form.
4. Review MEDS when the daily alert received states the county completed the Medi-Cal determination.
5. Determine if the beneficiary is eligible for State BCCTP.
6. Mail the beneficiary a timely ten-calendar day notice notifying them they are no longer eligible for Federal or State BCCTP Medi-Cal.

7. If the beneficiary is eligible for State BCCTP, add beneficiary in MEDS on the appropriate aid code the first day of the month following the termination of Federal BCCTP to ensure they continue to receive access to cancer-related treatment and services.
8. Mail beneficiary a NOA to inform them about their approval for State BCCTPbenefits.

County Responsibilities when BCCTP Packet is Received

The county must complete a Medi-Cal eligibility review after receipt of the BCCTP Referral packet. The county must inform BCCTP of any changes or updates and contact information of the county liaison for BCCTP timely, to ensure that BCCTP sends the referral to the correct person. Updates shall be emailed to BCCTP@dhcs.ca.gov.

Steps the county shall complete upon receiving a BCCTP referral packet:

1. Perform file clearance to determine if the individual currently has Medi-Cal through the county.
2. If the individual does not currently have Medi-Cal through the county, complete a MEDS AP18 or AP20 transaction to register the date the county received theBCCTP case and initiated the redetermination review.

   Send the individual the appropriate Medi-Cal Information Notices as required byACWDL 20-22.
3. Complete an eligibility redetermination for all other Medi-Cal programs following the normal change in circumstance process as outlined in ACWDLs14-18 and 17-03.
4. Report eligibility to MEDS if the county determines the beneficiary is newly eligible for county Medi-Cal or has a change in their county Medi-Cal eligibility (For example: no cost full-scope Medi-Cal, SOC full-scope Medi-Cal, or restricted-scope Medi-Cal).
5. Complete a MEDS AP34 or EW34 transaction to report the denial if the beneficiary is ineligible for Medi-Cal through the county.
6. Send a Medi-Cal NOA to the beneficiary to explain the approval, change in eligibility, denial, or discontinuance of county Medi-Cal as appropriate. (Interim BCCTP benefits will end at the end of the month)

IMPORTANT NOTE: *It is necessary that the county report the determination of Medi-Cal timely and correctly in MEDS. The county's MEDS transaction to approve or deny Medi-Cal eligibility will terminate the beneficiary's BCCTP interim aid code. This will also create the MEDS alert BCCTP needs to ensure there is no break in aid for the beneficiary if they will continue on State BCCTP and allow for timely notice.*

VIII. Required County Contacts to Beneficiary

The county shall follow normal change in circumstances redetermination processes, including first performing an *ex parte* review, to obtain the information needed to determine or redetermine eligibility. More information can be found in ACWDLs 14-18, 17-03, and 19-03. The county may need to make required contacts with the beneficiary to obtain and verify income, household composition, tax household information, resources, and other requirements of eligibility due to BCCTP providing limited beneficiary information with the referral packet.

Important Note*: Counties should also refer the applicant or beneficiary to the Disability Determination Services Division – State Programs (DDSD-SP) for an eligibility determination if they allege to have a disability and meet all criteria for a disability evaluation as required in the Medi-Cal Eligibility Program Manual (MEPM) Article 22 and directives on ACWDL 02-59. Counties shall notify BCCTP, and report in MEDS, the disposition of the disability application per ACWDL 11-29.*

IX. BCCTP Aid Codes

Below are the Federal and State aid codes used by BCCTP to provide services to applicants and beneficiaries. For a full description of the aid codes, refer to the Medi-Cal Aid Code Chart found at the California Health and Human Services Open Data Portal: https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx.

Federal Aid Codes

- **0M**: Accelerated Enrollment (AE). Temporary, full-scope, no SOC Medi-Cal
- **0N**: Temporary, no-SOC, full-scope Medi-Cal, Presumptive Eligibility
- **0P**: Full-scope, no-SOC Medi-Cal

Federal Transitional Aid Codes

- **0W**: Transitional full-scope Medi-Cal coverage with no SOC

State Aid Codes

- **0R**: State-Funded, High-Cost Other Health Coverage
- **0T**: Other State-Funded
- **0U**: Federal/State-Funded (Emergency, and Pregnancy Related Medi-Cal Services) and State-Funded Breast/Cervical Cancer Treatment and Related Services
- **0V**: Restricted to pregnancy-related, postpartum, emergency and long-term care (LTC) services

State Transitional Aid Codes

- **0X**: Beneficiary has acquired creditable health coverage, but their out-of-pocket expenses will not exceed $750 in the next 12 month period.
- **0Y**: Beneficiary has turned 65 years of age and has no creditable health coverage
- **0L**: Beneficiary is no longer in need of treatment for breast and/or cervical cancer; or has acquired creditable health coverage, but their out-of-pocket expenses will *not* exceed $750 in the next 12-month period.

Aid Code Display

BCCTP eligibility aid codes display in MEDS on the Q1, Q2, and Q3 screens.

X. Fair Hearings/Appeals

All beneficiaries in BCCTP Medi-Cal aid codes have the same hearing and appeal rights as any other Medi-Cal beneficiary. Under certain circumstances, BCCTP beneficiaries may also have the right to aid paid pending during an appeal, if the request for a hearing is before termination of eligibility. California Department of Social Services processes Fair Hearings and Appeals for Medi-Cal programs. If an individual files an appeal on a BCCTP Medi-Cal discontinuance or denial, the BCCTP ES will prepare the position statement. If an individual files an appeal on a Medi-Cal discontinuance or denial based on the county's determination, the county will prepare the position statement.

XI. Public Health Emergency

In case of a Public Health Emergency, DHCS will update the counties of any temporary BCCTP changes in policy and provide guidance.

If you have any questions or if we can provide further information, please contact BCCTP by:

Phone: (800) 824-0088
Facsimile: (916) 440-5693
Email: BCCTP@dhcs.ca.gov
Mail: Department of Health Care Services
Medi-Cal Eligibility Division
Breast and Cervical Cancer Treatment Program
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Original Signed By

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