



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



EDMUND G. BROWN JR.  
Governor

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Medi-Cal Eligibility Division Information Letter No.: I 14-17

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: Instructions to Counties When Beneficiaries Age Out of Certain Medi-Cal Programs or Reach the End of a Time Limited Coverage Period and Burman Holds

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to supplement instructions already given to counties for various workarounds to continue coverage for Medi-Cal beneficiaries within Statewide Automated Welfare Systems (SAWS) and the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) that are approved by the Department of Health Care Services (DHCS) for use by county eligibility workers for Medi-Cal eligibility determinations. Earlier MEDILs provided instructions for various situations, including deemed infants and for those transitioning to long term care. This MEDIL provides instructions for beneficiaries reaching certain program or age limits, or those who experience a change in circumstance that would cause Medi-Cal eligibility to be reevaluated for eligibility under other Medi-Cal programs.

## Background

When beneficiaries reach certain milestones or experience a change in household composition, the county re-evaluates eligibility for other Medi-Cal programs and discontinues the beneficiary if there is no other Medi-Cal eligibility. Examples of this are:

- Aging out of the children's federal poverty level (FPL) program
- Reaching age 21
- Children leaving the home causing a change in household composition
- Pregnant women reaching the end of their pregnancy/postpartum period
- Reaching the end of the program time limit such as the Four Month Continuing program, Transitional Medi-Cal (TMC) or Continuing Eligibility for Children (CEC)

- When a child enrolled in 1931(b) reaches age 18 (or age 19 if enrolled full time in school and expected to graduate by their 19<sup>th</sup> birthday)

There are exceptions to these rules, such as:

- When a child in the FPL program is continuously hospitalized before the maximum age is reached
- When a child ages out of the Medically Needy or Medically Indigent program at 21 years and is continuously hospitalized in an institution for mental diseases
- When a second pregnancy coverage period overlapped with the prior pregnancy/postpartum coverage period

### **Current Situation and Instructions**

Recently, DHCS has advised counties not to make negative changes to Medi-Cal cases for a period of time until certain programming can be completed to CalHEERS and SAWS that allow an accurate redetermination of Medi-Cal eligibility. DHCS is now providing guidance to counties on how this may be accomplished. For these continuing cases, counties are to extend eligibility in the same aid code through SAWS, when administratively possible.

If counties are unable to continue the beneficiary in the same aid code through SAWS, certain age related or time limited programs may be extended by submitting a transaction to the Medi-Cal Eligibility Data System (MEDS) and entering an eligibility status action code (ESAC) of 4 for continuing cases. This method may produce Burman holds.

If no other method is available, counties are to place the beneficiary in a comparable aid code with the same benefit level and/or share-of-cost (SOC) status. These aid codes are:

- 34 for full scope, no SOC
- 37 for full scope, SOC
- 38 (primarily for cases that were formerly cash linked such as California Work Opportunity and Responsibility to Kids, but can be used in any circumstance where a full scope, no SOC aid code is needed if administratively feasible)
- 58 for restricted scope cases, both no SOC and SOC
- 44 for pregnancy related citizen
- 48 for pregnancy related non-citizen

If the beneficiary has more than one aid code (such as in a pregnancy related aid code and in either a full scope or restricted scope aid code with an SOC), the county shall continue both aid codes.

## **Special Instructions for Pregnant Women Reaching the End of the Postpartum Period**

When processing changes for pregnant women who have reached the end of their pregnancy and postpartum period, please continue benefits in aid code 34 or 38 (full scope, no SOC), 37 (full scope SOC) or 58 (restricted, no SOC and SOC) to match the appropriate benefit and SOC level for the citizenship/immigration and SOC status. If the only aid code for the individual is aid code 44, please continue benefits in aid code 34 or 38. If the only aid code for the individual is aid code 48 or 76, please continue benefits in aid code 58, without a SOC. If the individual also has a full or restricted scope aid code with a SOC, continue benefits in that aid code only.

### **Programs that Require a Discontinuance Date**

The following programs, while not technically an automatic MEDS discontinuance, MEDS does require an end date in the on-line transaction to MEDS when the program is approved. This end date may not exceed the number of months permitted in the regulations or guidelines. These programs would include CEC (up to 11 months), TMC (the limit only applies to the continuing 6 month period), and Four Month Continuing. If eligibility is continued beyond the termination date, the case will go into a Burman hold. The aid codes are as follows:

- CEC - 7J Full Scope; 7K Restricted
- TMC Initial 6 months - 39 Full Scope; 3T Restricted
- Continuing TMC - 59 Full Scope; 5T Restricted
- Four Month Continuing - 54 Full Scope; 5W Restricted

Coverage can be continued in these situations using the following methods:

1. If SAWS allows issuance of a second period of coverage, a second period in the same program could be “approved”.
2. If a termination date has not been previously reported to MEDS, SAWS allows the extension of the same aid code as an exception eligible. In these cases, an on-line MEDS transaction may be submitted reporting an ESAC of 4.
3. Counties can place the individuals in an aid code with a comparable benefit package as described above under “Current Situation and Instructions”.

### **Burman Holds, Notices of Action (NOA) and Tracking**

Continuing cases in this manner may create both alerts and Burman holds. If the alerts and holds are related to extending Medi-Cal eligibility beyond a program or age limit **only**, they do not require action until negative changes can be processed again unless the method for extending Medi-Cal eligibility produces a reconciliation hold (On MEDS, not on

County in particular). If the hold is generated in reconciliation because the information is on MEDS but not in SAWS, or if holds/alerts are produced for reasons other than continuing eligibility, as instructed above, counties must evaluate to ensure eligibility continues, as instructed above. Reconciliation holds will terminate the MEDS record six months after the last MEDS update, so counties must ensure that the record is reflected correctly in SAWS.

If a NOA discontinuing or granting eligibility is produced in error when processing cases as described in the paragraphs above, counties must avoid sending the NOA as much as is administratively feasible. This may occur when the age or time limited eligibility ends and the individual is subsequently continued in another aid code.

Counties must track all cases where eligibility has been extended pending changes to SAWS and CalHEERS so these cases can be acted on once programming is in place to handle these evaluations.

If you have any questions, or if we can provide further information, please contact Leanna Pierson at (916) 327-0408 or by email at [Leanna.Pierson@dhcs.ca.gov](mailto:Leanna.Pierson@dhcs.ca.gov).

Original Signed By

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