



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



EDMUND G. BROWN JR.  
Governor

June 11, 2014

Medi-Cal Eligibility Division Information Letter No.: I 14-32

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

SUBJECT: Inter-County Transfer (ICT) of former Low Income Health Program (LIHP) Cases in Aid Code L1

This letter provides guidance regarding responsibilities of the sending and receiving counties during the ICT of cases for former LIHP beneficiaries currently in aid code L1. This workaround process should be used for active cases in L1 because the electronic ICT (e-ICT) process utilized by the Statewide Automated Welfare Systems (SAWS) does not yet support cases in aid code L1.

Counties are reminded that an eligibility review shall not be conducted based solely on a beneficiary's change of residence. The receiving county shall conduct an eligibility review after the ICT is completed only if the county learns of a change that affects Medi-Cal eligibility. Medi-Cal benefits shall not be discontinued solely because a beneficiary reports a change in county of residence.

The receiving county is responsible for the annual redetermination (RV) when the annual RV is initiated, due or overdue during the ICT transition period. An ICT is considered to be complete when the receiving county has the case active in its county system with the correct county address and county code on the Medi-Cal Eligibility Data System (MEDS). Refer to All County Welfare Directors Letter Nos.: 03-12 and 04-14 for more information on ICT.

Workaround Process in MEDS:

1. The sending county shall submit a EW12 MEDS transaction using the appropriate LIHP aid code (F7, F8, 84 - do not use L1) to update the address and county of residence and send the paper ICT packet to the receiving county. In the EW12 transaction, the county should use the LIHP aid code that was in effect for this

beneficiary in December 2013. MEDS will convert the LIHP aid code on the transaction to aid code L1. Counties cannot send aid code L1 directly to MEDS.

2. The receiving county shall assist the beneficiary with health plan enrollment questions in the new county of residence by referring them to Health Care Options for plan selection assistance if plan choice is available. The receiving county shall submit a EW05 MEDS transaction (using the LIHP aid code from December 2013), to take over responsibility for the case and establish eligibility in their county for the following month. Again, MEDS will convert the LIHP aid code on the transaction to aid code L1.
3. The receiving county shall notify the sending county of the effective date of the transfer. The sending county shall then terminate the beneficiary's case in their county system and MEDS, effective the end of the month preceding the month in which the receiving county takes responsibility for the case. Both the sending and receiving counties shall properly inform the beneficiary of the ICT per pre-established ICT procedures. The sending county shall send the beneficiary an MC 358S notifying them of the ICT and the receiving county shall send the beneficiary an MC 359R notifying them that the ICT has been completed.

**Example:** A former LIHP beneficiary (who transitioned from F8 to L1 in January 2014) notifies Sacramento County he moved to Yolo County in June 2014. Sacramento County submits a EW12 MEDS transaction, using the December LIHP aid code (F8 in this case), to change the beneficiary's address and county of residence and send the completed paper ICT packet to Yolo County. After receiving the ICT packet, Yolo County submits a EW05 MEDS transaction, again using the same December LIHP aid code (F8), to take over responsibility for the case from Sacramento County and establish eligibility beginning July 2014. Yolo County notifies Sacramento County they will take over responsibility on July 1, 2014. Sacramento then terminates the beneficiary's case in SAWS and MEDS, effective the end of June 2014.

4. SAWS Consortia shall provide further instructions, if necessary, on the processes for appropriately sending and receiving ICTs manually as to not have any SAWS transactions interfere with the MEDS workaround outlined above. Counties shall work cooperatively to ensure the beneficiary has access to care during the ICT process.

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If you have any questions or if we can provide further information, please contact Frank Kwong at (916) 552-9487 or by email at [Frank.Kwong@dhcs.ca.gov](mailto:Frank.Kwong@dhcs.ca.gov).

Original Signed By

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