



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



EDMUND G. BROWN JR.
Governor

November 14, 2014

Medi-Cal Eligibility Division Information Letter No.: I 14-55

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

SUBJECT: Workload Efforts for Individuals Pending in the Backlog

The purpose of this letter is to notify counties of the process the Department of Health Care Services (DHCS) is requiring of all counties to assist in further reducing the existing, pending backlog of cases.

While we have made great strides working collaboratively on reducing the backlog since March 2014, DHCS is further exploring additional options to effectuate immediate coverage for the remaining pending cases. These efforts are a component of our ongoing mitigation strategy to address the pending caseload and are tied to the approval of enhanced federal funding related to eligibility and enrollment work conducted by county eligibility workers.

The goal of this effort is to review the remaining pending backlog case reports and identify those cases that are most likely eligible. If counties have cases that are likely eligible, which includes cases that have only income verification needed, and other cases that are likely eligible, those cases will go through a preliminary determination of eligibility (similar to presumptive eligibility) process which DHCS, Information Technology Services Division (ITSD) staff will grant eligibility in MEDS once the lists of these likely eligible cases are received back from counties. Counties shall note that if there are cases that appear to be eligible and do not require any follow up or additional information, and can be granted eligibility via the Statewide Automated Welfare Systems (SAWS) without the use of manual Medi-Cal Eligibility Data System (MEDS) transactions, by December 1st as noted by the timeframes listed below, counties shall work those cases and grant eligibility and not identify those as cases for the preliminary determination of eligibility process.

In order to meet the timelines associated with this work effort, we are advising counties to prioritize this work effort. We recognize this priority is in addition to that of renewals and discontinuances and that each county will need to work through these priorities given available resources. To help assist with the priority setting for addressing the pending cases, the DHCS IT Team will be sending to each county their specific backlog files.

We recognize that many counties may have already reviewed prior versions of the backlog case files so we request that if a county has made every effort on the existing backlog cases and can provide information that demonstrates that the remaining backlog cases are cases that are not likely eligible, then no further work will be necessary and all individuals included in the file will be excluded from the proposed eligibility process outlined in this letter. However, if a county has not made those efforts to identify backlog cases that may be likely eligible, we request that counties proceed with reviewing and working the backlog reports as outlined below.

Here is the timeline to complete the action items required for this effort:

November 5, 2014 – DHCS ITSD sent out the lists to counties.

December 1, 2014 – Counties will return evaluated lists to DHCS ITSD by this date (counties are encouraged to send sooner if done before this date).

December 1, 2014 – Counties to grant ongoing eligibility by this date on cases that appear eligible and do not require any follow up or additional information (these cases should be excluded from those that will be granted a preliminary eligibility determination).

By December 8, 2014 – DHCS ITSD will start granting the preliminary determination of eligibility coverage for children and adults that are included on the county lists.

On November 5, 2014, DHCS ITSD sent the counties the backlog report files and discussed the processing during a meeting held with the counties. The distribution of these files is the same process the counties have been utilizing for the Statewide Batch where the files are sent from CalHEERS to SAWS via a secure website. DHCS and SAWS will send a communication to all counties when the files are available and each county has a representative who can access the file.

The files should be evaluated in order to identify individuals who should be excluded from those who will be granted the preliminary determination of eligibility for the following reason(s):

1. Individual will be denied or discontinued when negative action functionality is available.
2. Individual is active under another Client Index Number (CIN) and/or case.
3. County has denied or discontinued the individual in SAWS but the individual remains "Pending" or "Active" in CalHEERS. These individuals are considered part of the backlog "Active in CalHEERS but Not Active in MEDS" and counties are waiting for negative action.

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4. Individual is "Pending" or "Active" in CalHEERS with a different case, social security number and/or CIN, and is active in SAWS with a pseudo number.
5. Individual is an inactive member of the case (not applying, not in the home, not requesting aid, etc.) but is "Pending" in CalHEERS.
6. Individual request to withdraw their application or discontinue their case.
7. Case will be granted ongoing eligibility by December 1st.
8. Other reason defined by the county.

Counties should document the exclusion reason in the existing files for each individual and communicate with their SAWS when the files are ready to be uploaded and sent to CalHEERS/DHCS. For those individuals that counties identified for DHCS ITSD to grant the preliminary determination of eligibility, counties must continue to review and complete the final eligibility determination for these cases within 30 days. Counties should follow the application processing timeline as outlined in ACWDL 08-07.

Questions on the batch report process may be sent to StatewideBatch@dhcs.ca.gov. We appreciate the counties cooperation and assistance with this process to further reduce the number of pended cases in the backlog.

ORIGINAL SIGNED BY

Tara Naisbitt, Chief
Medi-Cal Eligibility Division