



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



EDMUND G. BROWN JR.
Governor

October 19, 2016

Medi-Cal Eligibility Division Information Letter No.: I 16-19

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

SUBJECT: Authorized Representative Roles and Responsibilities for Pre-Release
and Newly Released Inmates

The purpose of this letter is to provide clarification to counties on the roles and responsibilities of an Authorized Representative (AR) designated by an inmate/individual who is in the process of being released, or has been newly released, from a California Department of Corrections and Rehabilitation (CDCR) institution.

Specifically, this letter will provide clarification in the following key areas:

- Which individuals or entities are authorized to request information from the County Welfare Departments (CWDs) for purposes of establishing Medi-Cal eligibility for inmates under the Pre-release program, as described in All County Welfare Directors Letter (ACWDL) 14-24.
- The timeframe in which an AR may request and receive eligibility information from CWDs for current or newly released inmates.
- The type of information CWDs may provide to the AR before and after the inmate is released.

The Department of Health Care Services is in the process of promulgating new AR regulations. Once they have been implemented, updated instructions will be distributed to all counties. The guidance provided in this letter is intended to address current policy and procedures.

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Roles and Responsibilities of Authorized Representatives While the Inmate is Still Incarcerated

ACWDL 14-24 details the pre-release process for establishing Medi-Cal eligibility. Included in the ACWDL is a summary of the duties and responsibilities of the CDCR and the CWDs when processing pre-release applications. While in custody, the inmate authorizes CDCR's Transitional Case Management Program (TCMP) benefit workers to be their AR for purposes of assisting them in filling out the Medi-Cal application and submitting the application to the appropriate CWD.

The intent of the pre-release application process is to ensure continued access to health coverage for eligible inmates being released to Post Release Community Supervision (PRCS) and the Division of Adult Parole Operations (DAPO). To accomplish this goal, TCMP benefit workers meet face-to-face with the inmate prior to their release. The benefit worker collects pertinent information and provides assistance in completing and submitting a pre-release Medi-Cal application packet to the human services office in the county where the inmate intends to reside upon release.

The pre-release packet submitted to the county includes the following documents:

- CDCR cover letter: Identifies the designated AR assisting the inmate in applying for Medi-Cal, inmate's name, date of birth, anticipated release date, and County of residence.
- Single Streamlined Application (SSApp) for Insurance Affordability Programs: The inmate designates their appointed AR on Page 15 of the SSApp.
- Authorization for Release of Information (CDCR form 7385-A): This form identifies the additional persons and organizations authorized to receive information, the types of information being requested, and the dates for which the authorization is valid.

In conjunction, these forms serve to identify the individuals and entities that are authorized to request and receive eligibility determination information on behalf of the inmate. We have attached a sample CDCR cover letter and the CDCR form 7385-A for your review and reference.

During the inmate's incarceration, the counties will only receive requests from, and may only share information with, the AR listed on the SSApp and the cover sheet. If the information requested relates to the beneficiary's application, the outcome of an eligibility determination, or correspondence for the purpose of securing Medi-Cal benefits for the inmate, this information can be shared with the AR and will be indicated on CDCR form 7385-A in the space marked "Other". Occasionally, there will be staff turnover or an inmate may be transferred to another correctional facility, prior to release, where they may continue to pursue Medi-Cal benefits coverage with the assistance of a new AR. In these instances, an updated AR form from page 15 of the SSApp will need to be submitted to the county so that they may update their AR contact information accordingly. Submission of a new AR form will automatically cancel any prior AR contact form on record. TCMP workers will contact county workers via phone to confirm receipt of the updated AR form

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page 15, explain the reason for the change in AR and provide the inmate's full name, CDCR number, and Social Security Number to assure that the correct file is updated. TCMP workers will follow up via email and respond to questions from county workers whenever necessary.

Medi-Cal Eligibility Division Information Letter 14-57 states that the appointment of an AR is limited to one year. However, Senate Bill x1 1 (Chapter 4, Statutes of 2013), Sec. 14014.5 was subsequently enacted that implemented changes to rules for persons authorized to represent individuals applying for or renewing coverage. This change allows the person's authority to remain in effect until the beneficiary cancels or modifies the authorization, appoints a new AR, or if there is a change in legal authority.

CDCR form 7385-A identifies the specific date in which the beneficiary is canceling the authorization. The agreement between the beneficiary and CDCR routinely allows up to one year from date of intake, before the authorization expires, to assist parolees with benefits follow-up. This expiration date is reflected on page two of form 7385-A [45 CFR 164.508 (c)(1)(v) & Civ. Code 56.1 (h)].

Roles and Responsibilities of Authorized Representative After the Inmate is Released

After the passage of Assembly Bill 109 (Chapter 15, Statutes of 2011) criminal justice alignment in April 2011, inmates are being released at their scheduled release dates, or getting authorization to complete their sentences in a county jail instead of a California State Prison. CDCR will release inmates to either PRCS or the DAPO. If a pre-release application is not processed timely (within 60-90 days or earlier), this change can result in some applicants not receiving a Medi-Cal determination or Benefits Identification Card prior to their release from the CDCR facility. It is beneficial to both the applicant and the county when the inmate's determination is completed prior to release. Any information regarding eligibility should be mailed to the benefit worker while the individual is still incarcerated at the address identified on the pre-release packet cover letter. Once the individual is released from custody, any additional paperwork should be sent directly to the applicant/beneficiary at the address listed in the Medi-Cal Eligibility Data System (MEDS).

If the designated AR listed on the pre-release packet cover letter is unable to obtain a final determination 10 days prior to release, the AR will cease to contact the county and instead instruct the newly released inmate of the name and location of their designated CWD office where they can obtain information about their eligibility status in person. Counties are responsible for sending any Notices of Action to the AR if the inmate is still incarcerated, or to the address in MEDS once they have been released.

The individual and entity authorized to receive information regarding Medi-Cal benefits, after an inmate has been released, is any person(s)/organization(s) listed on CDCR form 7385-A. The listed individual(s) can request information specified on the form until the date of expiration.

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Information requests made after the inmate has been released will primarily come from authorized CDCR Parole staff directly involved in the parolee's rehabilitative/re-integration plan such as Parole Agents, Psychiatrists, Licensed Clinical Social Workers, Parole Services Associates, and Parole Administrators. In order to assist county workers in identifying these individuals or entities, CDCR has provided the attached lists of parole unit locations for the Northern and Southern regions. Additionally, if there are any questions or issues that arise from these requests, or if counties wish to verify that requests are coming from authorized staff, counties may contact the regional contacts listed on the attachments.

In summary, the Authorization of Release of Information form 7385-A is paired with the pre-release Medi-Cal Application materials to identify the individuals and entities who may request information both pre and post release. In conjunction, these forms identify the type of information to be released, for which purpose the information is being used, and the date the authorizations expire. While incarcerated, the primary AR for the inmate is the individual identified on the pre-release packet cover letter and on the SSApp.

Upon the inmate's release, the AR function is then delegated to the entities listed on CDCR form 7385-A. These individuals are authorized to request and receive eligibility information post release up to one year from the date it is signed (please see the attached examples for further clarification). If county workers wish to verify that requests are originating from authorized staff, they can refer to the attached Northern and Southern regional parole office locations or call the regional contacts that are included in this letter.

If you have any questions regarding the information in this letter, please contact Ms. Irene Gen at (916) 319-9734 or irene.gen@dhcs.ca.gov. Any questions regarding the Medi-Cal Inmate Eligibility Program (MCIEP) should be directed to MCIEP@dhcs.ca.gov.

Original Signed By

Sandra Williams, Chief
Medi-Cal Eligibility Division

Enclosures (5)

CC: Lisa Heintz, Chief, Clinical Program Administrator, CDCR Division of Adult Parole Operations

DIVISION OF ADULT PAROLE OPERATIONS

1515 S Street, Room 212-N, Sacramento, CA 95814
P.O. Box 942883, Room 212-N
Sacramento, CA 94283-0001



9/8/14

County of Release, County Worker

In accordance with the Memorandum of Understanding between the California Department of Corrections and Rehabilitation (CDCR) and the California Department of Health Care Services (DHCS) attached is an Application for Health Insurance for processing.

Please mail application determination and BIC Cards to the following Appointed Representative (AR):

**[Name, Benefit Worker
Institution Name
Transitional Case Management Program
Institution mailing address**

INMATE NAME:

INMATE CDCR NUMBER:

DATE OF BIRTH:

RELEASE DATE:

COUNTY OF RELEASE:

Questions regarding the Application for Health Insurance for the above mentioned inmate may be directed to the contracted authorized representative at <insert phone number> and/or <insert email>. The authorized representative's fax number is <insert fax number>. Please mail any correspondence to the address listed below.

Thank you for your assistance.

**Name, Benefit Worker
Institution Name
Transitional Case Management Program
Institution mailing address**

AUTHORIZATION FOR RELEASE OF INFORMATION - DAPO

YOUR INFORMATION:			
Last Name:	First Name:	Middle Name:	Date of Birth:
This area includes the inmate's identifying information			
Street Address:	City/State/Zip:	CDC #:	

PERSON(S)/ORGANIZATION(S) AUTHORIZED TO RELEASE INFORMATION
California Department of Corrections and Rehabilitation (CDCR) Staff
<input checked="" type="checkbox"/> Staff Under Contract with CDCR

PERSON(S)/ORGANIZATION(S) AUTHORIZED TO RECEIVE THE RELEASED INFORMATION
<input type="checkbox"/> County Service Providers and/or Representatives
<input checked="" type="checkbox"/> Community Based Health Care Providers and/or Representatives
<input type="checkbox"/> Community Based Mental Health Care Providers and/or Representatives
<input type="checkbox"/> Transitional Case Management Staff
<input checked="" type="checkbox"/> Relatives This area identifies who may request and receive information post release
<input type="checkbox"/> Staff and/or Parole Agent(s) of CDCR Division of Adult Parole Operations (DAPO) For Case Management Assistance and/or Review Global Positioning System or Residency Restriction
<input checked="" type="checkbox"/> Modification/Exclusions
Other (Specify):
<input type="checkbox"/> [45 CFR § 164.508(c)(1)(iii) & Civ. Code § 56.11(e), (f)]

SPECIFIC DESCRIPTION OF INFORMATION AUTHORIZED FOR RELEASE [45 CFR § 164.508 (c)(1)(i) & Civ. Code § 56.11(d), (g)]	
<input type="checkbox"/> Medical	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Dental	<input type="checkbox"/> Psychotherapy Notes
<input type="checkbox"/> Human Immunodeficiency Virus (HIV)	<input type="checkbox"/> Substance Abuse/Alcohol Abuse
<input type="checkbox"/> Communicable Disease	<input type="checkbox"/> Genetic Testing
<input type="checkbox"/> Polygraph Examination	<input type="checkbox"/> Other (Specify): Medi-Cal Eligibility, BIC card, status

DATES OF INFORMATION AUTHORIZED FOR RELEASE:
The date range FROM authorization for release of information is identified in this section

SPECIFIC DESCRIPTION OF AUTHORIZED USE FOR RELEASED INFORMATION [45 CFR § 164.508(c)(1)(iv)]	
<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> Assist Application for Public Benefits
<input type="checkbox"/> Mental Health Care	<input checked="" type="checkbox"/> Assist Case Management (Parole Agent)
<input type="checkbox"/> GPS Modification/Exclusion Review	<input type="checkbox"/> Other (Specify):

This authorization for release of the above information to the above-named persons/organizations will expire on (Date): _____

This area indicates the date the authorization expires

[45 CFR § 164.508(c)(1)(v) & Civ. Code § 56.1 (h)]

I understand:

- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed. I understand that this authorization is voluntary.
[45 CFR § 164.508 (c)(2)(i)]
- I have the right to revoke this authorization by sending a notice ending this authorization to DAPO Parolee Health Management Unit. The authorization will end on the date my notice is received.
- Under California law, the recipient of the protected health information under the authorization is prohibited from re-disclosing the information, except with a written authorization or as specifically required or permitted by law.
[Civ. Code § 56.13]
- If the organization or person I have authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations.
[45 CFR § 164.508(c)(2)(ii)]

I have the right to receive a copy of this authorization.

[45 CFR § 164.508(c)(4) & Civ. Code § 56.11(i)]

Signature:	CDC #:	Date:
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[45 CFR § 164.508(c)(vi) & Civ. Code § 56.11(c)(1)]

Representative:	Relationship:	Date:
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[45 CFR § 164.502(g)(1) & Civ. Code § 56.11(c)(2)]

Regional Contact:
Felicia Lewis-Clifton

Northern Region Parole Office Locations

(510) 577-2407/ felicia.lewis-clifton@cocr.ca.gov

AUBURN & SIERRA GPS	VISALIA & HANFORD	EAST BAY GPS
1915 Grass Valley Hwy, Suite 500	344 W. 5th Street	7717 Edgewater Drive, Suite 100
Auburn, CA 95603	Hanford, CA 93230	Oakland, CA 94621
(530) 823-4188/(530) 823-4193	(559) 582-1969	(510) 577-2000
REDDING GPS & RED BLUFF	BAKERSFIELD 1	OAKLAND
391 Hemsted Drive	3400 Sillect Avenue	7717 Edgewater Drive, Suite 200
Redding, CA 96002	Bakersfield, CA 93308	Oakland, CA 94621
(530) 226-3432	(661) 634-9620	(510) 577-2407
CHICO	BAKERSFIELD 2	RICHMOND
1370 Ridgewood Drive, Suite 14	3416 A Sillect Avenue	1950 University Avenue, Suite 100
Chico, CA 95973	Bakersfield, CA 93308	Berkeley, CA 94704
(530) 895-4534	(661) 633-5100	(510) 883-6664
SACRAMENTO METRO	VENTURA	REDWOOD CITY
1103 North B Street, Suite E	1555 West 5th Street, Suite 140	540 Price Avenue
Sacramento, CA 95811	Oxnard, CA 93030	Redwood City, CA 94063
(916) 324-4141	(805) 382-8151	(650) 367-1444
SACRAMENTO METRO 2 GPS	SAN FRANCISCO 1	VALLEJO
1608 T Street	1727 Mission Street, 1st Floor	1840 Capitol Street
Sacramento, CA 95811	San Francisco, CA 94103	Vallejo, CA 94590
(916) 322-5504	(415) 703-3164	(707) 648-5372
SACRAMENTO NATOMAS & NORTH	SAN FRANCISCO 2	WOODLAND
4616 Roseville Road, Suite 100	1727 Mission Street, 2nd Floor	814 Court Street
North Highlands, CA 95660	San Francisco, CA 94103	Woodland, CA 95695
(916) 574-2414	(415) 703-3164	(530) 662-4977
STOCKTON	SANTA ROSA	SAN JOSE 1
612 Carlton Avenue	3222 Airway Drive, Suite A	165 Lewis Road
Stockton, CA 95203	Santa Rosa, CA 95403	San Jose, CA 95111
(209) 948-7652	(707) 576-2200	(408) 629-5980
CERES & MODESTO 2	UKIAH	SAN JOSE 2
1051 Partee Lane	798 North State Street	909 Coleman Avenue
Ceres, CA 95307	Ukiah, CA 95482	San Jose, CA 95110
(209) 556-5010	(707) 445-6520	(408) 277-1821
MERCED	EUREKA	SALINAS
439 West 15th Street	930 3rd Street, Suite 100	365 Victor Street, Suite P
Merced, CA 95340	Eureka, CA 95501	Salinas, CA 93907
(209) 726-6513	(707) 445-6520	(831) 422-2043
FRESNO	BERKELEY	SAN LUIS OBISPO
5060 E. Clinton Way	1950 University Avenue, Suite 100	3232 Sout Higuera Street, Suite 102
Fresno, CA 93727	Berkeley, CA 94704	San Luis Obispo, CA 93401
(559) 253-4144	(510) 883-6664	(805) 549-3251

Southern Region Parole Office Locations

Regional Contact:

Farida Hanna, Mental Health Program Supervisor
(909) 468-2300 ext. 287/ farida.hanna@cdcr.ca.gov

ANTELOPE VALLEY 1, 4 & ANTELOPE VALLEY GPS	PALM SPRINGS & INDIO PALM SPRINGS GPS
43645 Pioneer Court	79-687 Country Club Drive, Suite 101
Lancaster, CA 93534	Bernuda Dunes, CA 92203
(661) 729-0530	(760) 772-3157
VICTORVILLE 1, 2, & SAN BERNADINO GPS2	FONT, RIALTO, SAN BERNADINO 1, 2 & SAN BERNADINO GPS 1
14040 Park Avenue	303 W. 5th Street
Victorville, CA 92392	San Bernardino, CA 92401
(760) 241-3744	(909) 806-3516
PASADENA 1, SAN FERNANDO VALLEY 1, 2, & VAN NUYS 2 & VAN	CHULA VISTA 1, 2 & EL CAJON
8100 Balboa Place	765 Third Avenue, Suite 200
Van Nuys, CA 91406	Chula Vista, CA 91910
(818) 442-0400	(619) 476-3700
COMPTON 1 & COMPTON GPS	EL CENTRO
322 W. Compton Boulevard, Suite 203	279 S. Waterman Avenue
Compton, CA 90220	El Centro, CA 92243
(310) 639-8601	(760) 352-7524
LONG BEACH 1, LA CENTRAL 1, 3, 4 & LA CENTRAL GPS	SAN DIEGO 1 & SEAPORT GPS
2444 S. Alameda Street, 2nd Floor	765 Third Avenue, Suite 300
Los Angeles, CA 90058	Chula Vista, CA 91910
(323)238-1700	(619) 476-3710
LONGBEACH 4, MID CITY 1, 3, 4, HUNTINGTON PARK GPS & MID	ESCONDIDO & INLAND GPS
2444 S. Alameda Street, 1st Floor	1301 Simpson Way
Los Angeles, CA 90058	Escondido, CA 92029
(323) 238-1600	(760) 737-7925
EL MONTE 1, 2, LONG BEACH 2 & SANTA FE SPRING 2	
9900 Baldwin Place	
El Monte, CA 91731	
(626) 527-3005	
POMONA, ORANGE 2 GPS, SAN GABRIEL VALLEY 1 & SAN GABRIEL	
971 Corporate Center Drive	
Pomona, CA 91768	
(909) 802-1020	
FULLERTON, ORANGE & ORANGE GPS 2	
2911 Coronado Street	
Anaheim, CA 92806	
(714) 688-4855	
SANTAT ANA 1, 3, SO COAST & ORANGE GPS	
18002 Sky Park Circle	
Irvine, CA 92614	
(949) 863-1478	
MORENO VALLEY 1, 2, RIVERSIDE 1, 3 & RIVERSIDE GPS	
1777 Atlanta Avenue, Suite G3	
Riverside, CA 92507	
(951) 782-4479	