State of California—Health and Human Services Agency

Department of Health Services





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TO:

ALL COUNTY WELFARE DIRECTORS

Letter No.: 04-14

ALL COUNTY ADMINISTRATIVE OFFICERS

ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

ALL COUNTY MEDS COORDINATORS/LIAISONS ALL COUNTY MENTAL HEALTH DIRECTORS

ALL COUNTY HEALTH EXECUTIVES

SUBJECT:

QUESTIONS AND ANSWERS - MEDI-CAL INTERCOUNTY

TRANSFERS

(Reference: All County Welfare Directors Letter No. 03-12)

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide clarification to the new Intercounty Transfer (ICT) procedures outlined in ACWDL No. 03-12, dated February 21, 2003. ACWDL No. 03-12 instructed counties that they must coordinate with each other to transfer a beneficiary's Medi-Cal case from one county to another with no interruption in benefits, reapplication, and no redetermination based solely on the change of county residence.

The following questions and answers are in response to questions about the ICT process:

Completion of ICT

- Q. Define completion of an ICT?
- A. An ICT is completed when the Receiving County has the case active in its county system with the correct county address and code on Medi-Cal Eligibility Data System (MEDS).

Example of an Eligibility Review After the ICT

Q. Provide examples of the type of changes that would justify an eligibility review. Would the eligibility review be after the transfer is completed or during the ICT process?

- A. The Receiving County shall conduct an eligibility review after the ICT is completed only if the county learns of a change other than the change of county residence. The Receiving County shall not conduct an eligibility review based solely on a change of residence. Some examples of change in circumstances, in addition to the move, that would justify an eligibility review after the ICT is completed are as follows:
 - Adding additional family member(s) to the Medi-Cal Family Budget Unit (MFBU) that may result in Sneede income and property computation.
 - New MFBU composition could result in change of aid category, ineligibility or reduced benefits for some members of the household.
 - New income or property information could change eligibility of MFBU members.

Reasons For Not Initiating an ICT

- Q. What are some exceptions to the ICT procedures when counties are not required to complete an ICT?
- A. The counties must initiate an ICT in all cases where the beneficiary moves from one county to another, except for the following instances when the beneficiary reports loss of California residency; sends written request to the county to discontinue Medi-Cal benefits; is incarcerated or ineligible due to institutional status; or the beneficiary is dead.
- Q. Does a beneficiary have a choice not to have his/her case transferred to another county?
- A. Under general circumstances, the county of responsibility is where the beneficiary is residing and the case should be transferred when the beneficiary moves from one county to another.

The Department made a county of responsibility policy exception in 1996 for the Long Term Care (LTC) applicant/beneficiary who is mentally incompetent to handle his/her affairs and has a family member or representative acting on his/her behalf. The counties were instructed to accept, process, and staff these out-of-county cases to accommodate these family representatives.

The policy exception for these LTC cases is still in effect. Counties shall afford the family member/representative the flexibility of working with a local Medi-Cal

office. If the family member/representative requests that the case remain in his/her county of residence, counties shall be flexible and continue with this policy.

Notice of Action

- Q. Is the Sending County required to send a ten-day notice of action to discontinue the county case record if the Receiving County has already picked up the beneficiary's Medi-Cal record on MEDS prior to the end of the 30-day ICT period?
- A. No. An ICT is a transfer of county responsibility with no interruption of benefits. Medi-Cal Benefits are not discontinued when the beneficiary reports a change of county residence. The Sending County shall send the beneficiary an ICT Informing Notice (MC 358 S) to inform him/her of the ICT. The Receiving County, upon completion of the ICT, shall send a Receiving County ICT Notice (MC 359R) to inform the beneficiary on the completion of the ICT. The MC 359R shall include the beneficiary's new county case number, worker name and telephone number in his/her new county of residence.

Annual Redetermination (RV)

- Q. Which County has the responsibility for completing the Annual RV when the beneficiary reports a change in county residence and the Annual RV is due?
- A. The Department has made a policy decision to make the Receiving County responsible for the Annual RV when the Annual RV is initiated, due or overdue during the ICT transition period. The beneficiary must comply with federal and State law on Annual RV. The change of county address does not exempt the beneficiary from complying with the Annual RV requirements.

The Sending County, upon notification of the move, must promptly change the address and county code information on MEDS and initiate an ICT to the Receiving County to facilitate the beneficiary's access to health care in the new county of residence.

If the Sending County has already started the Annual RV process, any information received/reported during the ICT period shall be forwarded to the Receiving County for review and follow-up, unless the Sending County has facts clearly demonstrating that the individual or MFBU cannot be eligible for Medi-Cal. See the Q and A below.

- Q. Can the Sending County terminate Medi-Cal and rescind the ICT if the beneficiary is ineligible based on information reported at the Annual RV process during the ICT?
- A. Generally, the Receiving County will be the county responsible for completing the Annual RV if the Annual RV is due or overdue during the ICT period. The Receiving County will review the reported change after the ICT is completed. Therefore, the Sending County can ONLY terminate Medi-Cal for a beneficiary or MFBU and rescind the ICT if the Sending County has facts clearly demonstrating that the individual or MFBU cannot be eligible for Medi-Cal.

The Sending County must document the facts causing the eligibility termination in the beneficiary's case file and provide a ten-day notice to beneficiary specifying the basis for the termination. If the Sending County takes action to terminate a beneficiary during the ICT, the Sending County shall notify the Receiving County of action(s) taken.

- Q. When an individual applies in the new county of residence (Receiving County) or contacts either county about his/her Medi-Cal case and the MEDS record shows the individual was terminated from Medi-Cal for failure to provide information for the Annual RV, what action(s) should the Receiving County take?
- A. If the individual applies within 30 days of the termination action or contacts either county about his/her Medi-Cal benefits, the Receiving County shall not require the individual to complete a new application. The Receiving County shall inform the individual of the Medi-Cal termination reason and explain that he/she should provide the Receiving County with the information requested and complete the Annual RV process. The individual shall be informed that reapplication in the new county of residence is not necessary. The Receiving County shall allow the individual to complete an MC 210RV and notify the Sending County to rescind the termination and initiate an ICT. The Receiving County shall process the Annual RV when the ICT is completed.

If the individual applies at or contacts the Receiving County after 30 days of the termination of his/her Medi-Cal benefits, the Receiving County may require the individual to complete a new application, unless, the individual can demonstrate good cause for failure to complete the Annual RV under Title 22, Code of Regulations, Section 50175 (c). If the beneficiary has good cause, the Receiving County shall allow the individual to complete an MC 210 RV and contact the Sending County to rescind the termination and initiate an ICT. The Receiving County shall complete the Annual RV, after ICT is completed.

- Q. When the individual has already completed an application in the new county (Receiving County) of residence, during the eligibility review process and the Receiving County discovers the individual has been terminated from Medi-Cal within 30 days for failure to complete the Annual RV in the Sending County, what should the counties do?
- A. The Receiving County shall not deny the application, but continue to process the completed application and use that completed application for the Annual RV. The Receiving County shall contact the Sending County, not the beneficiary, for any documentation that he/she has already provided to the Sending County. The Sending County, upon notification from the Receiving County, shall restore the case and initiate an ICT. The Receiving County will complete the Annual RV review after the ICT is completed.
- Q. Can the Receiving County reject an ICT when the case has an overdue Annual RV?
- A. No. The Receiving County cannot reject an ICT for an overdue Annual RV if the individual is now residing in that county. The Receiving County can ONLY reject the transfer when the ICT packet is sent to the wrong county of responsibility.

Mid-Year Status Report (MSR)

- Q. Can the Sending County terminate Medi-Cal and rescind the ICT if the beneficiary is ineligible based on information reported on the MSR during the ICT process?
- A. Yes. The Sending County can ONLY terminate Medi-Cal and rescind the ICT if the county has facts clearly demonstrating that the individual or MFBU cannot be eligible for Medi-Cal. The Sending County must document the facts causing the eligibility termination in the beneficiary's case file and provide a ten-day notice to beneficiary specifying the basis for the termination.
 - Counties are reminded that, when a beneficiary reports a change of circumstances during the ICT, and the change would require the county to complete an eligibility review using the SB 87 process, the Receiving County will be responsible for the eligibility review after the ICT is completed.
- Q. What are the county's and the nonexempt beneficiary's responsibilities when the MSR is due during the ICT?

A. If the nonexempt beneficiary is required to submit an MSR when a change of county residence is reported, and the Sending County has already sent the beneficiary an MSR in the mail, the beneficiary has the responsibility to submit the MSR. The Sending County shall not delay the ICT pending the receipt of the MSR. The Sending County, during the ICT, continues to be the county of responsibility of the case record and has the responsibility to ensure the beneficiary completes and submits the MSR.

If the nonexempt beneficiary returns the MSR to the Sending County after the ICT has already been initiated, the Sending County must forward the MSR to the Receiving County for follow-up unless the beneficiary reports facts clearly demonstrating that the beneficiary cannot be eligible for Medi-Cal, then the Sending County may take action to terminate. Otherwise, the Receiving County, after the ICT is completed, shall be responsible for the eligibility review on the changes reported on the MSR using the MSR process as outlined in ACWDL No. 03-41.

If the nonexempt beneficiary submits a complete MSR and reports a change in county address on the MSR in addition to changes in household composition, income or assets, the Sending County shall initiate an ICT and document the changes on the MC 360 unless the beneficiary reports facts clearly demonstrating that the beneficiary cannot be eligible for Medi-Cal. Again, if the change reported by the beneficiary requires an eligibility review, the Receiving County shall complete the review using the MSR process outlined in ACWDL No. 03-41, after the ICT is completed.

- Q. What action should the Sending County take when a nonexempt beneficiary fails to submit an MSR?
- A. If the nonexempt beneficiary fails to submit an MSR by the due date, the Sending County may initiate action to discontinue benefits with a ten-day NOA if the nonexempt beneficiary is the only member of the MFBU based on the instructions in ACWDL No. 03-41. The Sending County shall not initiate an ICT because the beneficiary will not be eligible for ongoing Medi-Cal.

If the MFBU contains exempt and nonexempt beneficiaries, the Sending County shall initiate action to terminate benefits with a ten-day NOA for those non-exempt members of the MFBU. The Sending County is still required to initiate an ICT to the Receiving County for the exempt beneficiaries in the MFBU. The Sending County must document the information regarding the nonreceipt of the MSR on the MC 360 and identify those ineligible members of the MFBU.

Q. Which county is responsible for processing the incomplete MSR during the ICT?

A. The Receiving County is responsible for processing the incomplete MSR submitted by the beneficiary during the ICT. The Receiving County, after the ICT, shall complete processing the MSR as outlined in ACWDL No. 03-41 for incomplete MSR.

Counties shall note this policy instruction supercedes the instruction outlined in ACWDL No. 04-06, Questions and Answers – Medi-Cal Midyear Status Report, Question 24.

ICT Notification to the Receiving County

- Q. When does the 30 days notification start?
- A. When a beneficiary reports a permanent change of county residence or reports that he/she is living in another county for an indefinite period, the Sending County must initiate an ICT within seven calendar days to the Receiving County. The 30 days county notification starts from the date the Sending County mailed or sent via an electronic interface the ICT notification and packet to the Receiving County.
- Q. Can the Sending County request the Receiving County to sign a receipt for the ICT packet?
- A. Yes. The ICT packet receipt is being developed with consultation with counties. Once the form is finalized, the Department will issue an All County Information Notice to all counties. At the interim, counties may use the sample ICT Packet Receipt (Attachment 1) attached to this letter until the form is released.
- Q. ACWDL No. 03-12 provides counties with a new ICT Notification form, MC 360. Interim Statewide Automated Welfare Systems (ISAWS) counties have an ICT form available in the automated system. Can the automated ICT Notification form be used in place of the new MC 360?
- A. ISAWS Counties may use an automated form ONLY if the form contains all the elements on the MC 360 with similar format. If counties deviate from the MC 360, some Receiving Counties may not be able to recognize the ICT packets sent to them.

- Q. Are ISAWS counties required to use the MC 359-R? The Notice of Action (NOA) that ISAWS generates in these cases would provide the same information contained on the MC 359-R.
- A. Counties may automate the MC 359-R NOA as long as it generates the same language and NOA number provided by the Department to ensure consistency in the administration of the Medi-Cal program. Please reference ACWDL No. 03-12 for ICT NOA language.

Pending State Programs - Disability Adult Programs Division (SP-DAPD) Decision Cases

- Q. Is the county required to transfer a case with a pending SP-DAPD decision?
- A. An ICT shall be initiated if the case has any MFBU members already on Medi-Cal and one of the MFBU members has a pending SP-DAPD decision (person alleges disability). After the Receiving County becomes the County of Responsibility, the Receiving County shall use the SP-DAPD transmittal to inform State Programs of the new county information so that communication with or from State Programs will not be delayed.

An ICT shall not be initiated if the case consists of only the applicant whose potential basis for eligibility is the allegation of disability because there is no active Medi-Cal case. The case shall remain with the original (Sending) county of application even when the applicant has reported that he/she has moved to another county. The Sending County will keep the pending case until a decision is received from the SP-DAPD in order to approve or deny Medi-Cal benefits. The county shall notify SP-DAPD of the applicant's new county address.

Once the Sending County receives the SP-DAPD decision and the applicant is approved for Medi-Cal, the Sending County shall transfer the case to the appropriate County of Responsibility. If the applicant is determined not to be disabled and there is no other linkage to Medi-Cal, the county shall deny the application, send a denial notice and not be required to initiate an ICT as no eligibility exists.

Q. The Sending County initiates an ICT for a beneficiary who is alleging disability and is in a Share-of-Cost (SOC) Aid Code. If SP-DAPD determines that the beneficiary is disabled, the beneficiary is then entitled to the Aged, Blind, or Disabled-Medically Needy (ABD-MN) deductions and the county must reevaluate the case eligibility for prior month's budget,

allow the appropriate ABD-MN deductions, and change the Aid Code and SOC on MEDS. Which county is responsible for the prior month's budget and MEDS changes?

A. The county responsible for recomputing the budget months in question will depend on which county has the case responsibility for those months. For example, the Sending County initiated an ICT for a beneficiary in March 2003 and the Receiving County picked up the ICT in May 2003. The SP-DAPD determination is received and the beneficiary's disability onset day is January 2003. The Sending County is responsible for January 2003 through April 2003. The Receiving County is responsible starting May 2003.

The Receiving County, upon receipt of the disability determination from SP-DAPD, shall send a copy of the decision to the Sending County's Disability Liaison so that review for the budget months prior to the ICT can be completed.

Address Change Not Reported to the Sending County

- Q. A beneficiary appears at the Medi-Cal office in the new (Receiving) County asking to apply for Medi-Cal when he/she already has an active case in the old (Sending) county. What should the Receiving County do in this situation or anytime when a beneficiary fails to report a move to the Sending County?
- A. ACWDL No. 03-12, Section III, F1 instructs the Receiving County not to ask the beneficiary to complete a new application if the beneficiary reports that he/she is receiving Medi-Cal in another California County. The Receiving County must contact the Sending County and request the Sending County to initiate an ICT on behalf of the beneficiary.

MEDS-Address and County Codes

- Q. What are the data elements for residence address on MEDS? For example, a Welfare Client Data System (WCDS) county, reports all of the addresses as residence addresses with data element codes of 310, 315, 320, 322, 325 and 326. If these are the same element codes that are referenced in the ACWDL No. 03-12, is the county in compliance?
- A. The MEDS edits determine whether the address is truly the residence by keying on the data element number (DE#) for the second line of address. If the second line of the address is reported on the transaction as DE# 0315, then the address is treated as indeterminate (could be residence, could be mailing, could be both).

If the second line of address is reported DE# 0360, then the address is treated as a true residence address. Counties shall consult their MEDS Coordinators on this issue as individual county systems may vary on data transmission.

Managed Care

- Q. Page 10, VII, A of ACWDL No. 03-12 states that, once a beneficiary becomes a resident of the Receiving County, as a member of a Medi-Cal managed care health plan in the Sending County, the beneficiary will not be able to access routine medical care in the Receiving County without prior authorization from the Managed Care plan in the Sending County. Does emergency care include routine pregnancy-related doctor visits?
- A. Emergency care does not include routine pregnancy-related doctor visits. If a pregnant woman needs routine pregnancy care during the ICT period, she shall be directed to call the Ombudsman's office toll-free at (888) 452-8609 for assistance with authorization or disenrollment from a health plan based on the new county address showing on MEDS. The pregnant woman may also call Health Care Options (HCO) toll-free at (800) 430-4263 and request a medical exemption, based on pregnancy, which allows the pregnant woman (who may be in a mandatory aid code) to disenroll from a health plan and receive benefits under fee-for-service (FFS) in the new county of residence with a provider of her choice.

Managed Care-County Code Change

- Q. Page 11, VII, C of ACWDL No. 03-12, the example states that "MEDS will automatically disenroll the beneficiary from the Sending County's County Organized Health System (COHS) plan based on the new residence county "code". Does this mean that the Sending County should have changed the Residence Code on MEDS?
- A. Yes. Counties were instructed to enter the beneficiary's new residence address and county code on MEDS as soon as the new address is reported in order to facilitate the beneficiary's access to health care in the new county of residence. The instructions are on page 9, Section V of the ACWDL, New Residence County Code on MEDS. Counties must complete this MEDS process regardless of the county's Medi-Cal delivery system (FFS, COHS, Geographic Managed Care (GMC) or Two-plan) because some providers will not provide services if the beneficiary's eligibility information from the point-of-service device shows the beneficiary is a resident of another county. MEDS completes address updates

daily. Any problems associated with the new county address shall be directed to the Sending County caseworker.

- Q. When a beneficiary moves from one county to another county, and the beneficiary is getting Medi-Cal under one of the mandatory enrollment aid codes, what will happen to this beneficiary when the county enters the new or temporary residence address and county code? Give examples of FFS to COHS, FFS to two-plans, COHS, GMC and two-plan to FFS.
- A. If the new residence county is a COHS, the beneficiary will be automatically enrolled into the new county's COHS by MEDS at the next MEDS Renewal. If the new residence county is non-COHS and the beneficiary is already enrolled in a health care plan (HCP) in his/her county, the beneficiary will receive FFS eligibility at the next MEDS Renewal; MEDS will place the HCP in hold status (status code 59). After two consecutive months on HCP hold, the beneficiary is automatically disenrolled from the HCP by MEDS.

If the beneficiary was FFS or COHS and the new county is one of the counties serviced by HCO, the beneficiary will be sent an enrollment packet by HCO and has 30 days to enroll in a plan or the beneficiary will be defaulted into one of the HCPs of the new county.

A Managed Care Transition from Sending County to Receiving County Chart is attached to this ACWDL for reference. (Attachment 2)

Managed Care-Temporary County Change

- Q. Will the beneficiary be required to enroll into a managed HCP in the temporary residence county if he/she is in one of the mandatory aid codes? Will this result in disenrollment from a HCP in the county where he/she maintains a permanent home and enrollment into a HCP in the temporary residence county?
- A. If the beneficiary is aided under one of the mandatory aid codes, the beneficiary may be required to enroll in one of the HCPs offered in the new county of residence, unless he/she qualifies for a medical exemption for continuity of care. MEDS, at renewal, reads the change as a new address only and is unable to determine whether the address change is temporary or permanent.
- Q. Can a beneficiary get an exemption from enrollment into a HCP based on temporary residency?

A. No. There is no exemption for temporary residence. HCO can disenroll a beneficiary from the home county's HCP if MEDS is showing the updated temporary address. HCO will disenroll the beneficiary effective the first day of the month in which the request was made. The disenrollment into FFS should last until after the enrollment process, at least 60 days. If the disenrollment request is made after MEDS renewal, but before the first of the new month, HCO will disenroll the beneficiary effective the first day of the month in which the request was made and the upcoming month as well. Because the address in MEDS has been changed, an enrollment packet will be sent to the beneficiary in the new county. This will start the enrollment process again.

The home county's HCP can request a temporary exemption for 60 days based on the beneficiary's moving to a new location.

- Q. If the beneficiary is residing temporarily in another county that is not a managed care county, will the beneficiary be disenrolled from his/her home county's managed HCP and put into FFS temporarily until returning home?
- A. Yes. MEDS will disenroll the beneficiary based on the address change at the next MEDS renewal and the beneficiary will go into FFS. If the beneficiary returns to the home county within two months, and the county changes the address and county code in MEDS, the beneficiary will be automatically reenrolled in the old plan by MEDS at the next MEDS renewal.

As long as the county updates the temporary address and residence county code in MEDS, MEDS will place the beneficiary's HCP in hold status at the next MEDS renewal. Being in hold status will provide the beneficiary with FFS Medi-Cal. After two months on hold, MEDS will automatically disenroll the beneficiary from the HCP. If the county fails to update the address and residence county code in MEDS, the beneficiary will continue to be in the home county's HCP.

Continuous Eligibility for Children (CEC)

- Q. If a CEC period began in the Sending County, does the Receiving County pick up where the Sending County left off and set the CEC period for review after a total of 12 months or does the Receiving County begin a new CEC period with the first month of eligibility in the Receiving County?
- A. The CEC period shall not change for the child when the case is transferred from one county to another. The CEC period does not change for change of county residence during the CEC period. The CEC period is 12-months from the Annual

RV, which requires the completion of the MC 210 RV and a full eligibility review for the MFBU.

Change of Child Custody

- Q. A child was on Medi-Cal with a parent/caretaker. The child moved out of county due to a change in custodial parent/caretaker. Should an ICT be initiated for the child?
- A. Yes. The Sending County shall initiate an ICT for the child and the ICT packet shall include information on the child only. The Sending County shall not delay the ICT. If the new custodial parent or caretaker applies for Medi-Cal in the child's new county of residence (Receiving County) and the child is on Medi-Cal in the Sending County, the Receiving County should contact the Sending County to initiate an ICT for the child.

After completion of the ICT, the Receiving County shall complete an eligibility review of the child based on his/her new living arrangement with the new custodial parent or caretaker. If, after the ICT, the eligibility review results in a SOC for the child, and the child did not have a SOC before the ICT, the Receiving County shall continue the child in CEC for the remainder of his/her 12-month CEC period.

Foster Care

- Q. Are counties required to initiate ICT for 4M cases?
- A. Yes. ACWDL No. 00-61, page 3 under Application and Redeterminations, question No. 1 states that 4M, Former Foster Care Children (FFCC) cases are no longer in the Foster Care program. They are in the Medi-Cal program and will be subject to the procedures in ACWDL No. 03-12.

 ACWDL No. 00-61, question No. 4, under Application and Redeterminations, states that 4M FFCC cases are required to have RVs, but it may consist of status/address updates and verifications of desire to continue eligibility only because 4M FFCC cases are not subject to income and resource tests and are in their own family budget unit, regardless of who they live with. Therefore, an ICT is required if the beneficiary moves from one county to another.

Counties shall reference ACWDLs No. 00-41 and 00-61 for more information regarding former foster care cases.

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Change in Household Composition or Deprivation

- Q. When a beneficiary reports change in circumstances such as county residence and household composition that would affect ongoing eligibility, such as a woman and children moving to return to the father of the children, which County is responsible for the ongoing eligibility determination?
- A. The Sending County, the county where the mother was residing, shall transfer the case with the mother and children and annotate the information that the family composition will change upon moving to the new county, along with other available information with the ICT packet. The Receiving County shall complete the ICT with the mother and children. The Receiving County, after the ICT, shall complete an eligibility review using the SB 87 guidelines described in ACWDL No. 01-36.

Property/Resources

- Q. The Sending County's determination has a Certificate of Deposit (CD) account as exempt property that should have been counted in the property reserve. Does the Receiving County accept the ICT, and put the family on Medi-Cal, and then initiate the spend-down process up to the discontinuance action for over property limits?
- A. Yes, the new ICT process treats ICT cases the same as the continuing cases. Since this is an administrative error that requires corrective action, the beneficiary is allowed 30 days to spend-down before a ten-day NOA for a discontinuance action is sent. This is based on Title 22, CCR, Sections 50182 and 50119(a). The Receiving County must explain the spend-down provisions and the appropriate limits to the beneficiary and provide him/her with 30-days to spend-down and provide the necessary verification if he/she has not done so already.
- Q. Does the Sending County take action to discontinue a Medi-Cal case when changes in circumstances occur that are not related to the transfer? For example: The beneficiary called and reported a \$50,000 inheritance that puts him/her over the property limits. Should the case be discontinued, or should an ICT be sent to the Receiving County and have the property change listed on the MC 360?
- A. Unless the beneficiary requests the county to discontinue benefits, the Sending County must initiate the ICT and annotate on the MC 360 the property notification

timeline for the Receiving County. In addition to mailing an ICT notice to the beneficiary, the Sending County must explain the spend-down provisions, provide information on spend-down options, and the appropriate property limit. Since the change is reported timely and not an administrative error, the Receiving County must allow the beneficiary 20 days to provide verification of spend-down in accordance with SB 87.

Four-Month Continuing and Transitional Medi-Cal (TMC) Cases

- Q. Should ICT be initiated for the four-month continuing cases?
- A. Yes. The four-month continuing cases shall be treated like any Medi-Cal case. The Sending County must initiate an ICT to the Receiving County when the beneficiary moves from one county to another during the four-month continuing period. At the end of the four-month continuing period, the Receiving County must redetermine the beneficiary's eligibility for other Medi-Cal programs.
- Q. When a TMC beneficiary fails to turn in a TMC status report, the TMC case turns into 38 Edwards case and requires SB 87 time frames. Which would take precedence, ICT or SB 87?
- A. It depends whether the change of residence has already been reported when the TMC status report is not returned. If the move has been reported, the Sending County must not delay the ICT while waiting for a status report. If the report is not returned and the ICT is already in process, the redetermination of eligibility under other Medi-Cal programs shall be completed by the Receiving County after the ICT.

All beneficiaries receiving TMC are required to complete a TMC status report to continue TMC benefits. If the beneficiary fails to send in a TMC status report, TMC benefits may be terminated. Therefore, if the move has not been reported and the beneficiary fails to send in a TMC status report, TMC benefits may be terminated. Before terminating the beneficiary from TMC benefits, the County is required to review his/her eligibility under all other Medi-Cal programs, following the SB 87 procedures as outlined in ACWDL No. 01-36.

California Work Opportunity and Responsibility to Kids (CalWORKs) Program Status Report Discontinued Cases

Q. When a CalWORKs case is discontinued in the Sending County for an incomplete CalWORKs Status Report, such as reported property change, and no verification is provided, the CalWORKs caseworker must do an

SB 87 ex parte review to determine continued Medi-Cal eligibility and the appropriate Medi-Cal program the client qualifies for. The discontinued CalWORKs case is automatically converted by MEDS to aid code 38 after MEDS renewal for the following month. Can the Sending County initiate an ICT on aid code 38 cases or should the Sending County complete an ex parte and set them up for whatever appropriate Medi-Cal program the client qualifies for, prior to initiating an ICT?

A. The Sending County must initiate an ICT on aid code 38 cases without delay. When a CalWORKs case is discontinued because the beneficiary submits an incomplete status report that has enough information to reflect a change in circumstances affecting Section 1931(b) Medi-Cal Only eligibility, the Sending County shall ensure the case is transitioned into aid code 38 pending a Medi-Cal Only eligibility review. After the ICT is completed, the Receiving County shall complete a Medi-Cal Only eligibility review based on the reported change using the SB 87 process.

Companion Cases

Q. What are companion cases?

A. Companion cases are cases in which some members of the MFBU (for CalWORKs, it is called the assistance unit) receive both CalWORKs and Medi-Cal benefits, while other members receive Medi-Cal only. Examples of these types of cases include timed-out adults, sanctioned individuals, and undocumented adults.

Q. Are two separate ICTs required for the companion cases?

A. Only one ICT is required if the Sending County administers the companion case in one CalWORKs case file with both cash assistance and Medi-Cal only members. The Sending County CalWORKs caseworker is not required to set up a separate Medi-Cal case only for the purpose of completing an ICT for the entire family. Counties must ensure that CalWORKs ICT requirements such as reapplication and face-to-face interview are not imposed on the Medi-Cal only beneficiaries.

The Sending County, when initiating the ICT for the companion case, must complete both the CW 215 and MC 360 ICT forms and include all documentation necessary for the Receiving County to complete the CalWORKs and Medi-Cal ICT. A check box will be added to the CW 215 to alert the Receiving County that a separate Medi-Cal ICT may be required if the Receiving County administers

these cases through separate program workers. The Sending County should also note on the MC 360, the "Receiving County follow-up" section, that there is a CalWORKs ICT for other family members. Again, this process will alert the Receiving County that both a CalWORKs and a Medi-Cal ICT must be completed for the family.

Two separate ICTs are required if the Sending County administers the companion cases separately with different program workers. Each caseworker shall only be responsible for his/her case and initiate the ICT to the Receiving County. The caseworker shall note the companion case information on the MC 360 or CW 215 form to alert the Receiving County that other family members are under a separate ICT case. The Receiving County, upon receipt of the companion ICT case, must take appropriate action or referral to complete the ICTs according to the Receiving County's program directives.

Reference: California Department of Social Services (CDSS), ACWDL NO. 04-14, Continuation of Medi-Cal Benefits in CalWORKs Intercounty Transfer Cases.

Counties must work together to ensure continuous CalWORKs and Medi-Cal benefits are provided to families during the ICT period. Medi-Cal beneficiaries are not required to comply with CalWORKs ICT rules that are more restrictive than the Medi-Cal ICT rules, such as a face-to-face interview or completing additional paperwork. The ICT may not be delayed or stopped for Medi-Cal benefits if the beneficiary does not meet the CalWORKs ICT requirements.

CalWORKs ICT Discontinued Cases

- Q. What does the county do with CalWORKs ICT discontinued cases when the cash aid is not being picked up in the Receiving County?
- A. The Medi-Cal program does not have the same CalWORKs ICT rules. Therefore, when CalWORKs ICT is not being picked up in the Receiving County, a Medi-Cal ICT must still be processed in the Receiving County. To facilitate and standardize the process for the continuation of Medi-Cal benefits, CDSS has developed the CalWORKs Intercounty Transfer Continuation Request for Additional Documents form (CW 215A), (attachment 3) to be used by the Receiving County to notify the Sending County that the CalWORKs cash aid case will not be picked up in the Receiving County and to request additional documentation needed to determine the family's continued Medi-Cal eligibility.

Page 18

The Sending County must provide the requested information to the Receiving County caseworker listed on the CW 215A within ten calendar days. The Receiving County must not delay processing the Medi-Cal ICT while waiting for additional information from the Sending County because the receipt of benefits is not contingent upon the transfer of case documents from one county to another. The Receiving County's CalWORKs program shall immediately transfer the existing case record to the Medi-Cal program.

The Sending County's ICT packet must contain information necessary for the Receiving County's Medi-Cal program to initiate an active Medi-Cal case for the beneficiary. If additional information is needed, the Receiving County should first contact the Sending County before contacting the beneficiary. If the Sending County is unable to locate documents or verifications, the Sending County must annotate the missing documentation or verification on the MC 360 for the Receiving County to follow-up with the beneficiary at the next Annual RV. The Annual RV due date for Medi-Cal is the same date established under CalWORKs before the case was discontinued.

Reference: CDSS ACWDL NO. 04-14, Continuation of Medi-Cal Benefits in CalWORKs Intercounty Transfer Cases.

Retroactive Request

- Q. Which county should process a retroactive Medi-Cal request after the Sending County has initiated the ICT?
- A. If the beneficiary requests retroactive Medi-Cal during the ICT period, the Sending County should complete the retroactive request since the case is still open at the Sending County.

If the beneficiary requests retroactive Medi-Cal after the ICT has been completed, the retroactive Medi-Cal request shall be processed as follows:

 Retroactive benefits request for the months that the beneficiary was on Medi-Cal in the Sending County:

The Sending County shall complete the eligibility review for those months because budget recalculation is necessary to correctly issue benefits. The Receiving County shall contact the Sending County's Medi-Cal Policy Liaison regarding the retroactive request.

 Retroactive benefits request for the months prior to the application month and no Medi-Cal was provided to the beneficiary for those months in the Sending County:

The Receiving County shall be responsible for processing the retroactive request because it is now the county of responsibility for the case. The Receiving County can contact the beneficiary directly for any information necessary to compute the budget in order to issue benefits for those months.

In-Home Supportive Services (IHSS)-Linked Medi-Cal Cases

- Q. Are the ICT procedures for IHSS-linked Medi-Cal cases different from the regular Medi-Cal only cases?
- A. Yes, IHSS ICT procedures are different from regular Medi-Cal only cases, but ICT procedures for the Medi-Cal part of the case are not. IHSS is administered by CDSS. When an IHSS beneficiary moves out of the county, a new IHSS evaluation is necessary in the new county because the beneficiary's living situation may have changed. SB 87 requires the Sending County to continue Medi-Cal when cash aid is terminated unless the county determines the beneficiary is no longer eligible for Medi-Cal benefits. Therefore, the Sending County must complete a Medi-Cal evaluation and complete an ICT even when IHSS is discontinued.

Craig vs. Bontá

- Q. What should the county do when the Craig individual moved to another county?
- A. The Sending County shall notify the Receiving County with the MC 360. A MEDS printout or an ICT packet is not necessary because the Sending County has no actual case files for the individual beneficiary. The Sending County must complete the EW 12 transaction to MEDS to transfer the individual from one county to another and remove the individual off the Sending County's list. On the following month, the individual will show up on the Receiving County's list and the Receiving County can look up the information on the MEDS screens.

Homeless

Q. A homeless beneficiary has no address in the county he/she declared as the county of residence, but has a Post Office (P.O.) box in another county. Should an ICT be initiated to the county where his/her P.O. box is?

Page 20

A. An ICT is not necessary if the beneficiary declares that he/she maintains a P.O. box in another county for mail pickup and delivery. The homeless beneficiary can declare his/her intent to reside in a particular county and have a mailing address, such as a P.O. box, in another county. If the homeless beneficiary moves to another county or requests the case be transferred to another county, an ICT shall be initiated for him/her.

Incomplete Packet and/or Incorrect ICT Notification

- Q. The Receiving County received an ICT from the Sending County with the ICT packet completed according to the old procedures and not using the new process as instructed in ACWDL No. 03-12. How should the Receiving County handle this ICT?
- A. The Receiving County must accept the ICT and contact the Sending County for additional documentation to complete the transfer. The Receiving County cannot reject an ICT based on an incomplete ICT packet or incorrect paperwork from the Sending County or incorrect ICT procedures used by the Sending County. The Receiving County must not delay processing the ICT, but instead work with the Sending County to complete the ICT. See ACWDL No. 03-12, page 7, Section IV.

ICT Coordinator

- Q. What are the responsibilities of the ICT Coordinator?
- A. The role of the ICT Coordinator is to assist the county eligibility staff as well as State or community agency staff with problems associated with the ICT issues that cannot be resolved by the caseworker. Each county shall instruct its caseworkers that the ICT Coordinator should be contacted only when issues cannot be resolved between counties at the caseworker/supervisory level. In addition, caseworkers should not tell beneficiaries to contact the ICT Coordinator directly or list the Receiving County's ICT Coordinator's name on the ICT notice as the contact person during the ICT period. If the beneficiary has questions regarding the ICT, he/she shall contact the Sending County caseworker because the Sending County retains case responsibility until the ICT is completed.

Counties are reminded that working together will ensure continuous Medi-Cal benefits are provided to beneficiaries during the transition from county to county or program to program. An updated ICT Coordinators list is attached to this ACWDL. If you have any

questions regarding the ICT process, please contact Ms. Alice Mak at (916) 552-9514 or via email at amak@dhs.ca.gov. If you have questions or issues regarding a beneficiary's access to health care coverage or emergency disenrollment during the ICT period, please address them to the Medi-Cal Managed Care, Office of the Ombudsman, at (888) 452-8609.

Original signed by

Beth Fife, Chief Medi-Cal Eligibility Branch

Enclosures

MEDI-CAL INTERCOUNTY TRANSFER PACKET RECEIPT

TO:				
	(Receiving County)			
FROM:	(Sending County)			
SENDING > Enclose	COUNTY: Comple a self-addressed ref	ete this inform turn envelope.	ation and attach to the	ICT packet.
Case name:		 		
SSN and/or	CIN:			
Worker nam	e/Worker code:		/	_
Worker phoi	ne number (including	area code):		<u> </u>
E-Mail addre	ess:			
Use the	IG COUNTY: Com enclosed envelope t n received/assigned.	to return to Sei	rmation. nding County when the	ICT packet
ICT packet v	was received on	(doto)	It has been assig	ned to:
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MC 360 R (04/04)

Managed Care Transition from Sending County to Receiving County

Sending County submits address an	ss and residence	d residence county change to MEDS before MEDS Renewal
Sending County is:	Receiving County is:	Outcome effective the first of the upcoming month:
Fee-for Service (FFS) Two-Plan (2-Plan) Geographic Managed Care (GMC) County Organized Health System (COHS)	COHS	Beneficiary will become a member of the Receiving County's COHS
FFS 2-Plan GMC COHS	2-Plan GMC	Beneficiary will receive FFS. Enrollment contractor has or will provide beneficiary with available options for Receiving County. Mandatory beneficiary must select a plan, unless exemption allowed, or will be defaulted into a plan.
FFS, 2-Plan, GMC, and COHS	FFS	Beneficiary will receive FFS.
Sending County submits address a	ess and residence	ind residence county change to MEDS after MEDS renewal
Sending County is:	Receiving County is:	Outcome effective the first of the upcoming month:
FFS 2-Plan GMC COHS	FFS 2-plan GMC COHS	Beneficiary will retain the same benefits that he/she had in the Sending County for an additional month. After MEDS renewal, beneficiary will follow the Receiving County's path as determined in "Sending County submits address and residence county change to MEDS before MEDS renewal" (above).
		 Beneficiary in COHS counties may contact the Ombudsman Unit for disenrollment assistance. Beneficiary in 2-Plan or GMC counties may contact either HCO or the Ombudsman Unit for disenrollment assistance.
Attachment 2		

CalWORKs INTERCOUNTY TRANSFER CONTINUATION REQUEST FOR ADDITIONAL DOCUMENTS

Instructions: The CalWORKs Intercounty Transfer will not be picked up in the receiving county. A Medi-Cal referral must be completed for this case. Please provide copies of the documents indicated below to the worker in the receiving county within ten calendar days.

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CLIENT ADDRESS (NUMBER, STRE	ET)	CITY	ZIP CODE		
CLIENT PHONE NUMBER		DATE MOVED			
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DOGUMENT	S REQUESTED E	OR MEDI	-CAL REFERRAL	PACKET	
 ☐ Statement of Facts and Applic ☐ Social Security Card(s) 	able Supplements		Other Health Coverag	e Information (DHS 6155)	
☐ Identifications (CDL, etc.)					
☐ Income Verifications			Family Support Inform	nation (CW 2.1s)	
Primary Wage Earner:		□	Property Verifications		
Pregnancy Verification for:	_ 🗆	Incapacity Verification	for		
☐ Completed MC 360;					
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	ÁX (510) 259-3880	
	Alameda County, Social Services Agency, Workforce and Benefits Administration Department, 24100 Amador St., 6th Floor, Hayward, CA 94544	
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Foster Care			(500) 450 0000	
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FAX			(510) 262-8545	
Foster Care				
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Contra Cost	a County, Employment & Human Se	rvices Dept , 40 Dou	gias Drive, Martinez, CA 94553	DELINORIE
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John Johnson			(530) 642-7203	
Foster Care Diana Foster			(530) 642-7278	
Ularia i Oster			. (555) 542 1215	
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CalWORKS ICT - Incoming				FRESNO
			(559) 456-7537	
CalWORKs ICT - Outgoing				
Pete Martinez			(559) 453-6537	
FAX			(559) 453-8388	
<u> Medi-Cal ICT - Incoming</u>				
Jennie Pham			(559) 456-7417	
Medi-Cal ICT - Outgoing				
Maria Guerra			. (559) 453-3944	
<u>Welfare to Work</u>				
FAX			(203) 423-4743	
Foster Care				
Peter Worthley			(559) 453-6279	
Fresno Cou	unty, Employment and Temporary As	ssistance, P.O. Box 1	912, Fresno, CA 93750-0001	

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•	Becky Hanson (530) 934-6514	
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•	Loretta Kjer (530) 934-6514	
	Glenn County, Human Resources Agency, P O. Box 611, Willows, CA 95988	
12		HUMBOLDTI
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•	Bill Linn	
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•	Mary McCulcheon	
	FAX	
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•	Marty Baker (707) 476-4741	
	Humboldt County, Department of Social Services, 929 Koster Street, Eureka, CA 95503	
13		IMPERIAL
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•	Charles Fourong	
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•	Carmen M Encinas	
•	Dora Juslin	
	FAX (760) 370-0492	
Fos	tel Care	
•	Claudia Camarena (760) 337-6855	
	Imperial County, Department of Social Services, 2995 S. 4th Street, Ste. 105, El Centro, CA 92243	
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•	Deana Baird (661) 631-6484	
	FAX (661) 631-6562	
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•	Shelly Nisperos	
	Kern County, Department of Human Services, P.O. Box 511, Bakersfield, CA 93302	

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Soster Care Launa Brown	
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Nancy Naumann	
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Robert Fredrickson (707) 463-7948 Menocino County, Department of Social Services, P.O. Box 8508, 737 South State Street, Uk	ıah, CA 95482
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June 4, 2004 Page 5

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<u>CalWOR</u>	Ks/Medi-Cal Mailing Address	
	Riverside County, Department of Public Social Services, 4260 Tequesquite Avenue, Riverside, CA 92501	
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	Riverside County, Department of Public Social Services, 1020 Iowa Avenue, Riverside, CA 92507	
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• Sus	an Duble (909) 358-3532	
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June 4, 2004 Page 7

35	SANBENITO
<u>CalWORKs</u>	
Pat Estrada	(831) 636-4180
<u>Medi-Cal</u>	
Alma Villasana	. (831) 636-4180
Foster Care	
Diana Gutierrez	. (831) 636-4180
Welfare to Work	
Snen Pieper	ad, Ste 206, Hollister, CA 95023
Central Index	(909) 386-9509
CalWORKs	•
• Judy Varela	
• Karol Haruman	. (909) 383-9710
Medi-Cal	
• Candice Karpinen	. (909) 383-9859
Elisa Miller	. (909) 383-9660
Foster Care	(000) 000 0700
Paris Brooks San Bernardino County, Human Services System, Transitional Assistance Dept., ICTs, 49	(909) 383-9768 D4 North *E" Street San Bernarding, CA 92415-0080
37	S'AN DIEGO
CalWORKs/Medi-Cal	
Barbara Silvia	. (858) 514-6899
FAX	
San Diego County, Health & Human Services Agency, 4990 Viewridg	ge Avenue, San Diego, CA 92123
Foster Care	
• Irene Flores	(858) 495-5448
Health & Human Services Agency, Family Resource Center, 5201 Ruffin	Road, Ste K, San Diego, CA 92123 SANIFRANCISCO
영화 CalWORKs/Welfare to Work	SANIMANCIOCO
	/415\ 557 500G
• Ana Villalpando	(415) 557-6314
Mark Cal	
<u>Medi-Cal</u>	
• Mercy Gaine	· · · · · · · · · · · · · · · · · · ·
Foster Care	
• Barbara Price	
San Francisco County, Department of Human Services, P.O. Box 7	
39	SANJOAQUIN
<u>CalWORKs/Medi-Cal</u>	
Robin Duclos (ICT Incoming)	
Robin Crowl (ICT Outgoing)	(209) 468-1453 (209) 468-1968
Firster Con.	
Frank Hernandez	/200\ 468_2025
San Joaquin County, Human Services Agency, P O. Box 201056	6. Slockton. CA 95201-3006
40	S'ANILLUIS OBISPO
CalWORKs	(005) 704 4070
• Trish Avery	. (603) (61-19(0
<u>Medi-Çal</u>	
• Christina Chow	(805) 781-1897 (805) 781-1846
Contro Core	
Foster Care	
• Chris Haggie	(805) 781-1896

490		SANIMATEO
 Central Indeg <u>CalWORKs</u> 	k	
Lorena Gonz FAX	ralez (650) 802-7942 (650) 595-7576	
Medi-Cal		
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oster Care		
	s	
	San Mateo County, Human Services Agency, 400 Harbor Blvd., Bldg. C, Belmont, CA 94002	7-10-10-10-10-10-10-10-10-10-10-10-10-10-
2 CalWORKs		SANTA BARBARA
	h	
fedi-Cal		
Mysty Bonne	r	
Velfare to Work		
Kelly Arredo	ndo	
oster Care (ICT)		
	Santa Barbara County, Department of Social Services, 1100 W Laurel Ave., Lompoc, CA 93436	
8 CalWORKs		SYANITA CLARY
	o	
Kila Garvaini)	
Refugees Candy Savin	(408) 491-6700	
Janette Anas FAX	(Not LTC)	Attn: ICT Clerk
mployment Ser	vices	
Rafaela Pere	z (408) 491-6700 Santa Clara County, Social Services Agency, 1888 Senter Road, San Jose, CA 95112	
oster Care		
Yolanda Mari	tinez	
4	Santa Clara County, Social Services Agency 373 W. Julian Street, 5 th Floor, San Jose, CA 95112	SANTACRUZ
alWORKs		
	eveld-Bidmon	
ledi-Cal		
	caba	
Velfare to Work		
Carol Walber	g	
oster Care		
	Santa Cruz County, Human Resources Agency, P.O Box 1320, Santa Cruz, CA 95060	

당 CalWORKs		SHASU
Jeanetie Trusty		
fedi-Cal		
Janet Wright		
Velfare to Work		
Jari Myers		
oster Care		
Susan Hovator Shasta County, Department of Social Services, P O. Box 4	(530) 225-5868 96005, Redding, CA 96049-6005	
6		SIERI
CalWORKs/Medi-Cal/Foster Care Lori Wright		
Sierra County, Human Services Department, P.O. Box 1	019. Lovalton, CA 96118	
7		SISKIY
Main Number,	(530) 841-2700	
Bill Wallis	(530) 841-2755	
lodi Cal		
<u>ledi-Cal</u> Gall Taylor	(530) 841-2754	
Nadine Della Bitta	• •	
FAX F	. (530) 841-2790	
Nadine Della Birta FAX FAX SalWORKs/Medi-Cal/Welfare to Work Siskiyou County, Human Services, 818 S. Main Street Care	. (530) 841-2790 net, Yreka, CA 96097	
Nadine Della Birta FAX Siskiyou County, Human Services, 818 S. Main Stree Judy Growney	. (530) 841-2790 eet. Yreka, CA 96097 (530) 841-4218 (530) 842-6277	
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Nadine Della Bitta FAX Siskiyou County, Human Services, 818 S. Main Street Siskiyou County, Human Services, 818 S. Main Street Siskiyou County, Human Services/Social Services Division, 490 Siskiyou County, Health & Social Services Department, P.O. Box Siskiyou County, Health & Soc	. (530) 841-2790 eet. Yreka, CA 96097 (530) 841-4218 (530) 842-6277) S Broadway, Yreka, CA 96097 . (707) 553-5407 (707) 784-8715 (707) 432-3548 (707) 784-8804	
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	STĀŅISLĀUS
aIWORKs	
Susan List (209) 558-2680	
<u>edi-Cal</u>	
Josephine Navarro	
<u>∕elfa≀e to Work</u>	
Carol Wnght	
oster Can	
Rick Dunn	
Stanislaus County, Community Services Agency, P.O. Box 42, Modesto, CA 95353-0	
ll Programs	SUITHER
April James	2
FAX	
Sutter County, Department of Human Services, P.O. Box 1535, Yuba City, CA 9599 <u>felfage to Work</u>	2
FAX	_
Sutter County, Department of Human Services, P.O. Box 1592, Yuba City, CA 9599 oster Care	2
Pam Priem	
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alWORKs	
F o Cleary	
<u>edi-Cal</u> Sandy Foster	
Sue Proctor	
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Phyllis Lang	O93
Phyllis Lang	O93
Phyllis Lang	D93 TULARE
Phyllis Lang	O93 TULARE
Phyllis Lang	O93 TULARE

5 5		-	TUOLUMNE
	WORKs		0.54545111111
•	Vicki Brown	. (209) 533-5753	
Me	di-Cal		
•	Rebecca Espino	. (209) 533-5746 (209) 533-5714	
Fo	ster Care		
•	Kalhy De Clercq	. (209) 533-7309	
	Tuolumne County, Social Services Agency, 20075 Cedar Road	North, Sonora, CA 95370	
56			VENTURA
<u>Ca</u>	<u>WORKs</u>		
•	Rosie Magallanes	(805) 652-7612	
Мe	di-Cal		
•	Pat Judkins	. (805) 652-7815	
IC1	Clerk		
-	Jane Gilbert	(90E) 6E2 7664	
•	FAX	(805) 652-7571	
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<u>Fos</u>	<u>ster <i>Caro</i></u> Eva Magness	(805) 654-3250	
	Machine County Union Continue Access FRE Date Clean	Monthers CA 02004	
57	Ventura County, Human Services Agency, 505 Poli Street.	Ventura, CA 93001	YO'LO
_	WORKs		
•	Tanya Provencher FAX		
Me	di-Cal/Foster Care		
•	Debbie Thomas		
	FAX Vale County Department of Employment and Social Sequence 25 College		
	Yolo County, Department of Employment and Social Services, 25 Cottons	wood Street, Woodland, CA 95095	
We	lfare to Work		
•	Kım Britt	(916) 375-6200x6328	
•	FAX	(916) 375-6310	
	Yolo County Department of Employment and Social Services, 500-A Jefferso		
58			YUBA
Cal	<u>WORKs</u>		
•	Julie Rainbolt	(530) 749-6235	
<u>We</u>	fare to Work		
•	Julie Rainbolt	(530) 749-6235	
Me	fi-Cal		
IVIE		/E20\ 740 C4E2	
•	Bob Guerin, email Rguerin@ychsa org	.(330) /49-6432	
Fo:	ter Care		
•	Dawn Sokolowski ,		
	Yuba County, Human Services Agency, P.O. Box 2320, Ma	arysville, CA 95901	

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