



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



SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

February 27, 2008

TO: ALL COUNTY WELFARE DIRECTORS Letter No: 08-07
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY AMEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: SECOND CONTACT REQUIREMENTS FOR MEDI-CAL APPLICATIONS
(Reference: All County Welfare Directors Letters 90-07, 97-48, 00-31,
01-36, 02-40, 02-48, 02-59, 03-48 and 07-24; Title 22 California Code of
Regulations Sections 50165, 50175 (b) and 50177)

PURPOSE:

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide clarification on first and second contact requirements during the Medi-Cal Mail-In application process. The second contact policy is the result of the 1980 *Balderas vs. Woods* lawsuit against the California Department of Social Services (CDSS). This lawsuit requires County Welfare Departments (CWDs) to make at least two contacts before denying or discontinuing an individual from cash assistance in order to avoid unnecessary fair hearing requests and help resolve eligibility through attempts to contact the applicant.

The Medi-Cal program implemented the same policy to comply with Title 42, United States Code Section 1936 (r) (2) which requires State Medicaid programs to be “no more restrictive” than a cash assistance program. In order to be “no more restrictive,” the Medi-Cal program established the same policy requiring CWDs to make two contacts before denying an application or discontinuing a case.

Bear in mind the two contact requirement process discussed in this letter begins upon receipt of the Mail-In Application/Statement of Facts (MC 210) form at the county offices. Other applicant contacts may occur prior to receipt of the MC 210 and are in addition to the two contacts required as a result of the 1980 *Balderas vs. Woods* lawsuit. See Title 22 California Code of Regulations Sections §50165 for examples of possible additional contacts made prior to receipt of the MC 210 form from the applicant.

BACKGROUND

The following policy guidance was previously issued to counties:

ACWDL 90-07

Required the county to make at least two contacts with the applicant prior to denying the application whenever the applicant fails to provide requested information by a specific due date. This letter instructed counties to document the date, method of contact and result of the contact in the case file.

ACWDL 97-48

Clarified the first contact occurs at the face-to-face interview whenever the Eligibility Worker (EW) gives the applicant a written request to provide information. (ACWDL written in response to the *Balderas v. Woods*)

ACWDL 00-31

Eliminated the face to face interview requirement and implemented the Mail-In application process. It directed counties to complete a SAWS1 form on the applicant's behalf when the request for an application is made by phone. This is to protect the applicant's date of application and retro months of eligibility.

Title 22 CCR Section 50175 (b)

This section of the California Code of Regulations (CCR) listed the circumstances under which the application should be denied or eligibility discontinued. It also listed when the denial or discontinuance could be rescinded and what circumstances constituted good cause.

Title 22 CCR Section 50177

This section of the CCR required the county to complete the Medi-Cal eligibility determination within 45 days from the date of application, or 90 days, when the application is based on disability. [Welfare and Institutions (W&I) Code Section §14154; Code of Federal Regulations (CFR) (Title 42 Chapter IV Section §435.911)]

ACWDL 03-48

This letter established policy for county performance standards for timely eligibility determinations and proposed a reduction in annual administrative funds when the county failed to meet these standards. (W&I Code Section §14154).

MAIL-IN APPLICATION:

Implementation of the Mail-In application did not eliminate the two contact requirement prior to denying the Medi-Cal application or the requirement to determine eligibility within the 45 or 90 days timeframe.

The Department of Health Care Services (DHCS) recognizes the need for counties to have the applicant return the Mail-In Application /Statement of Facts (MC 210) form promptly to determine Medi-Cal eligibility timely and meet performance standards.

The DHCS reminds CWDs to follow the guidelines outlined in Title 22 CCR Section §50165 and §50175 when forwarding the Mail-In Application /Statement of Facts (MC 210) form to applicants to ensure timely eligibility determinations and provide counties with adequate time to comply with the two contact requirement. Title 22 CCR Sections §50165 and §50175 instruct counties to:

1. Set a reasonable deadline for return of the Mail-In Application/ Statement of Facts (MC 210) form.
2. Inform the applicant of the deadline.
3. Follow-up with the applicant when the deadline is not met.
4. Extend the deadline for returning the Statement of Facts if good cause for the delay is found.
5. Deny the application if good cause for the delay is not established. [(Title 22 (CCR Section §50175 (b))].
6. If good cause is established after the application is denied, the denial action must be rescinded.

TWO CONTACT REQUIREMENT:

The requirement for two contacts discussed in this letter begins upon receipt of the Mail-In Application/Statement of Facts (MC 210) form at the county offices as described below:

First Contact

The county evaluates the Mail-In Application/Statement of Facts (MC 210) form and concludes eligibility cannot be determined without additional information and/or verification from the applicant. The county contacts the applicant to request the additional information and/or verification and provides the applicant a reasonable deadline (at least ten-calendar days) to submit the information and/or verification.

Second Contact

The applicant fails to provide or provides incomplete information and/or verification by the requested deadline. The county contacts the applicant to notify him/her that the needed information and/or verification to complete the eligibility determination has not been received, or was received incomplete. The county provides the applicant a reasonable deadline (at least ten-calendar days) to submit the requested information and/or verification.

CLARIFICATION ON WHAT CONSTITUTES CONTACT:

County-to-applicant contact is a communication that meets the following requirements:

It requests specific information or action that is needed to complete the applicant's Medi-Cal eligibility determination.

It provides a due date by which the applicant must supply the specified information or complete the requested action.

It may be either verbal or written. Verbal contact is defined as live communication between the county and applicant (voice mail or answering machine messages left by the county for the applicant are not defined as verbal contact). If the beneficiary calls back and either talks to a worker or leaves a voice mail message with sufficient information to determine eligibility, the county is not required to make another contact.

APPLICATION PROCESSING REMINDERS:

When processing applications, counties are reminded:

- Case files must document the contact date, method of contact and result of the contact.
- Two contacts are required prior to denial. However, counties are not precluded from making additional contacts to obtain needed information from the applicant. For example, more than two contacts would be required if the county receives new information via IEVS reports, or when an applicant provides new information about income or property after submission of the Statement of Facts form.
- The CWD shall provide the applicant a reasonable deadline of at least 10 calendar days to submit the requested information or verification. In situations when the individual is making a reasonable effort to cooperate and is unable to comply due to circumstances beyond his/her control, the CWD may permit additional time for the applicant to obtain the required information or verification.
- Limited English proficient (LEP) applicants and/or applicants with disabilities may require interpretive or additional assistance throughout the application process. CWDs shall apprise all applicants/beneficiaries of their rights to ask for an interpreter if they have difficulty speaking or understanding the English language. CWDs shall take appropriate steps to ensure that alternative communication services are available to all Medi-Cal applicants/ beneficiaries, including LEP individuals and applicants /beneficiaries with disabilities.

SB 87 PROCESS FOR BENEFICIARIES

The second contact requirements outlined above apply to Medi-Cal applicants. This is to be distinguished from the three step process (*ex parte*, telephone contact and the written contact) to determine continued eligibility for beneficiaries as mandated by Senate Bill 87.

QUESTIONS:

If you have any questions about this ACWDL, please contact Ms. Alison Shull at (916) 552-9510 or by email at Alison.Shull@dhcs.ca.gov.

ORIGINAL SIGNED BY

Vivian Auble, Chief
Medi-Cal Eligibility Division