

MEDI-CAL HEALTH CARE PROGRAM

UPDATE

May 2006



Assisting Homeless Applicants

Loss of contact is often the barrier to providing ongoing Medi-Cal assistance to our homeless population, especially when Medi-Cal eligibility is based on a Disability and Adult Programs Division (DAPD) approval. However, if input correctly, information registered in LEADER regarding a DAPD approval is still accessible and can be used to re-establish eligibility.

Tips for accessing previously registered DAPD approvals

- Clear MEDS using the applicant's name, birth date, and social security number.
- To check for a previous DAPD/SSA disability determination, review the LEADER Disability/DAPD Summary screen, accessed through the Data Collection Sub-System.

Note: Using the applicant's correct CIN is critical in viewing the accurate record.

If previous disability determination is not found:

- Assist the applicant in completing the forms and obtaining the medical information needed in the disability packet.
- Document homelessness on item #10 of the MC 221 LA-Disability Determination and Transmittal to alert SP-DAPD. This application needs to be processed as a priority.
- Inform the applicant that he/she can use the district office address as his/her mailing address, and to check the mail periodically at his/her designated mailing address.
- If possible, get at least two contact telephone numbers where the applicant can be reached or where messages can be left.
- Document any other agencies/persons within the community assisting the applicant, such as churches, clinics, food banks, and homeless shelters that may help in maintaining contact with the applicant.

Ref: AM 05-03, dated 01/20/05; BSO Memo to District Directors, dated 04/11/06, titled DHS-DAPD Referrals; and MEM Title 22, Section 50101.

250% Working Disabled Program

The 250% Working Disabled Program became effective April 1, 2000. The program expands Medi-Cal eligibility to working disabled individuals who meet certain eligibility conditions such as having countable income less than 250% of the federal poverty level (FPL).



The 250% Working Disabled Program is centrally administered in the Medi-Cal Long Term Care District #80 and referrals to the program should follow instructions contained in Administrative Directive 4038, dated 5/22/00.

Additional detailed information on the program can be found in Administrative Directive 4038, Suppl. 1, dated 8/28/01, and Suppl. 2, dated 9/26/02.

It is VERY important for all public contact staff to be aware of this program and to ensure that referrals are made immediately upon request.

Completion of Support Questionnaire (CW2.1Q)



This is to remind Medi-Cal Assistance Only eligibility staff, including staff in Outreach and Medi-Cal Mail-In districts, that completion of the CW 2.1Q, Support Questionnaire, is required with new applications when one or both parents are absent from the home or two unmarried parents are living in the home. Applicants who refuse to complete the Support Questionnaire without good cause must be denied benefits and determination of eligibility should continue for the children.

At redetermination, Eligibility Workers must review cases to insure that the CW 2.1Q has been completed and a copy is on file in the case.

Ref: Medi-Cal Eligibility Procedures Manual, Article 23B

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ERRATA To "LEADER Automation Of New Hire Registry Abstract"



This is to clarify erroneous information provided on the subject article which was published in the April Medi-Cal Monthly Update. In the April article, we wrote that when the user updates the Discrepancy field in the 'IEVS NHR Details' screen with Yes or No, LEADER will automatically generate an entry to LEADER Case Comments with the P number of the individual updating the 'IEVS NHR Details' screen. The correction is that LEADER will **NOT** generate an automatic entry to LEADER Case Comments with the P number of the individual updating the screen. **LEADER will queue the user to the 'Case Comments' screen for the user to document the discrepancy status and reason for it.**

Ref: LEADER Build #187-Information in this article has been cleared with ESD

Medi-Cal to Healthy Families Bridging Program



This is an update on the Medi-Cal to Healthy Families Bridging Program (HFBP) which provides one extra month of full scope, no cost coverage to eligible children. The 7X aid code for Bridging is assigned to an eligible child in the first month that a share of cost follows zero share of cost eligibility. If the family consents, the child is then referred to the Healthy Families Program. Districts have been reporting on the manual process of assigning aid code 7X and referrals to HFBP each month pending automation of Bridging in LEADER. The manual assigning of 7X and processing HFBP referrals will continue until final changes in the Bridging program are received from the California Department of Health Services (CDHS). Meanwhile, district staff is reminded to report only those HFBP referrals that are a result of placing a child in Bridging aid code 7X each month.

Ref: AM MPD 05-04, dated 02-08-05, and Bureau of Workforce Services/Bureau of Special Operations AM 05-08, dated 05-19-05.

Deemed Eligible Infants Born to SSI and Minor Mothers



Any child born to a mother who was eligible to Medi-Cal and received pregnancy related Medi-Cal coverage in the birth month is "deemed eligible" up to age one. This includes infants born to mothers who received Supplemental Security Income (SSI) and minor mothers who were eligible under the Minor Consent Program or were part of a CalWORKs (CW) or Medi-Cal Assistance Only (MAO) case with their parents and/or siblings. Applications **are not** required for these infants to receive Medi-Cal. Other documents that are not required for the deemed eligible infant to receive Medi-Cal include: birth certificates, Social Security Numbers, and income documentation. The mother may report the birth of her child by telephone, in person, in writing, or by completing an MC 330 Newborn Referral form. Staff should take immediate steps to add the newborn to an existing case once notice of the infant birth has been reported. MC 330s received for cases that have been transferred should be immediately sent to the new case-carrying Eligibility Worker.

Ref: ACWDL 03-49, dated 10-6-03; AD 4201 Supp. 1, dated 4-20-05.

COMING SOON!

Case Transfer from BWS to IHSS Plus Waiver (IPW) Districts

This is a reminder to all districts with approved IPW Medi-Cal cases. Soon, you will be receiving requests for cases to be transferred to the respective IPW district. District staff must follow existing case transfer procedures and transfer these cases as soon as possible. A paper case review must be completed to ensure a redetermination is on file. If the redetermination is due within two months, the case can not be transferred until the redetermination process has been completed.

For further information regarding the IPW procedures, refer to AD 4534, dated 11/14/05.