

MEDI-CAL HEALTH CARE PROGRAM

UPDATE

January 2006



CHDP Success story



N.T., a six-month old child with Medi-Cal, had a CHDP examination by an approved doctor in Pomona. He was diagnosed with thrive/malnutrition due to his weight of 13 lbs. 15 oz. N.T. was referred immediately to the emergency room at a public hospital for further evaluation.

The CHDP Public Health Nurse (PHN) informed the mother that the average weight for a six-month old baby should be 16 lbs. to maintain proper growth, development and health. She encouraged the mother to participate in the Women, Infants and Children (WIC) program to obtain nutrition education and vouchers for buying healthy foods.

A few weeks later, the PHN contacted the mother and learned that she and her infant attended a WIC nutritional session and as a result N.T. gained 5 lbs. The PHN congratulated the mother and encouraged her to call if she needed any further assistance.

This is one of many success stories that result from CHDP examinations. The referral to CHDP is a simple procedure that can be completed during the application or re-determination process. CHDP preventive care means healthier children.

IHSS PLUS WAIVER INCOME EXEMPTION

Wages for IHSS caregivers who are either a Parent or a Spouse of the IHSS recipient are to be treated as exempt income. However, LEADER logic does not allow this exemption. The following procedures are for IPW cases only.

- Do not include the caregiver's (parent/spouse only) income in the LEADER income screen
- Document the Case Comments as follows:
 - (Caregiver's Name), spouse or parent of (recipient's name) receives \$X monthly for IHSS caregiver services provided to spouse/child. Wages are exempt per A.D. 4534, dated 11/14/05.

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IEVS Exceeds Amount Reported By More Than \$166

When IEVS exceeds the amount of income reported by the beneficiary by more than \$166, take the following steps:

- Contact the beneficiary by phone.
- If the beneficiary cannot be reached by phone, the EW shall send the beneficiary an **MC 210-LA Pilot Contact Notice** listing the information needed.
 - The EW shall give the recipient 10 calendar days to respond;
 - If the beneficiary does not respond to the first contact notice, a second contact notice is to be sent with another 10-day due date.
 - If the beneficiary still does not contact the EW, issue a Notice of Action terminating Medi-Cal benefits effective the end of the redetermination month or the end of the next month if the 10-day adverse action requirement cannot be met.
 - The IEVS information must be verified with the beneficiary prior to adding it to the case in LEADER.



Ref: AD 4061, dated 02/08/01- AM 03-07,
dated 5/21/03

To all Medi-Cal staff - "Congratulations" on a job well done!

Decrease in State Audit Errors

The results are in and Medi-Cal has shown marked improvement in the number of State audit errors cited on the focused Re-determination reviews for the months of July, August and September. This is the **FIRST TIME** we have ever received a 100% on a Re-determination review. From a sample of 120 cases, 100 cases were error free.

Full-time Student Income Exemption

In order to exempt income for a full-time student, the child (generally under the age of 21 living with parents or a caretaker relative and claimed as a tax dependent) must have a school schedule equal to a full-time curriculum, as defined by the school attended. In some schools, full-time curriculum can be achieved by attending school once a week.

Ref. Title 22, section 50543 and LEADER Handbook, MC 50543

MEDICARE PART D Prescription Drug Program

The Medicare Part D Prescription Drug Program took effect on January 1, 2006. In December 2005, a Reduction of Benefits notice was mailed to every affected beneficiary advising them that effective January 1, 2006 Medi-Cal will no longer cover most of their prescription drugs, and that Medicare Part D will become their prescription drug plan.

Although DPSS has no direct control over the administration of the Prescription Drug Program, this department will likely receive a generous portion of the initial telephone inquiries. Part D inquiries must be referred to 1-800-MEDICARE (1-800-633-4227) or to the Health Insurance Counseling Program (HICAP) at 1-800-434-0222.

Staff are requested to direct callers to these resources while continuing to be sensitive to the confusion, and sometimes fear, that Part D participants are experiencing when trying to understand the new system.

Further information can be found in:

Administrative Memorandum MCP 05-20, dated 11/21/05
Call Out #05-12, dated 12/15/05



MEDICARE PART D Low Income Subsidy

One of the critical features of the new Medicare Part D Prescription Drug Coverage is that a Medi-Cal beneficiary who is Share-of-Cost (SOC) eligible can become eligible to the Low Income Subsidy (payment of the Part D premium) for the entire year if they meet their SOC only one time during the year.

As staff will be reminded in an upcoming Administrative Memorandum, the SOC can be met by paying medical expenses with any medical provider. It can also be met by paying for prescription drugs not normally covered by Medi-Cal. There is no requirement that only payment to Medi-Cal providers can be applied toward the SOC. Because districts may experience an increase in requests for the EW to apply certain payments toward the SOC, it is very important that staff become familiar with the procedures outlined in the Administrative Memorandum in order to properly credit beneficiary payments to share of cost cases. District managers may direct questions to the Medi-Cal Program Section.



MAO for Medically Needy Persons Under 21.

Persons under 21 years of age, who are defined as adults, must be processed for full-scope or restricted Medi-Cal benefits. The following individuals are defined as adults for the MN program. (Ref. MC 50014)

A person 18-21 years of age who is:

- Not living in the home of a parent or caretaker relative
- Not claimed as a tax dependant of his/her parent(s)
- Not receiving out of home care from a public agency

A person 14-18 years of age who is:

- Not living in the home of a parent or caretaker relative, and
 - Who does not have a parent, caretaker relative or legal guardian handling any of his/her affairs.
- (Refer to Section 50167, for verification requirements)

These individuals are responsible for completing the Statement of Facts on their own behalf. Only the income and property for these individuals, if any, are considered when determining eligibility.

Ref. 50147 & ML #162, dated 01/28/87

Note: Persons under 21 years of age, who are defined as adults, are not eligible to Minor Consent Services. (Ref. 50147)

MEDICARE PART D – COPAYS

This is to inform/remind staff that Medi-Cal does not cover the prescription drug co-pays being charged to Medicare Part D beneficiaries.

SB 87

Redetermination Process and Senate Bill (SB) 87

SB 87 rules require the EW to accept the beneficiary's statement on the redetermination form, MC 210 LA Pilot, unless available documents show otherwise. Therefore, when the beneficiary reports no change in income, even if they have previously reported no change in income, verification is not required.

Ref: Administrative Directive 4437, dated 05/22/03