



MEDI-CAL HEALTH CARE PROGRAM

UPDATE

September 2006



Minor Consent Cases

Minor Consent Services are services provided to a minor without parental consent, such as pregnancy and pregnancy-related services, family planning, sexually transmitted diseases, services related to sexual assault, drug and alcohol abuse, outpatient mental health treatment and counseling.



All minor consent cases are confidential.

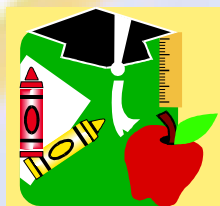
Request for Eligibility Limited Services MC 4026

The MC 4026 must be completed by the minor every month services are requested. Each month the EW **must** review the MC 4026 with the minor, verify the information on the MC 210 has not changed, and ensure the minor understands his/her rights and responsibilities. Minor consent eligibility is for a period of one month. As required per MC 4026, minors must report changes which may impact their eligibility to their EW.

Minors requesting outpatient mental health services are required to provide a statement from the mental health professional stating the need for mental health treatment or counseling and the length of time treatment will be needed. The MC 4026 does not have to be signed each month that the minor is eligible for outpatient mental health services. **However**, as in all minor consent cases, the minor **must be seen by their EW**, and the case must be approved **each month**. Additionally, the MC 239V NOA must be issued manually for all minor consent cases.

Note: If there is a break in aid for minor consent services, a new MC 210 and MC 219 must be completed. If requesting aid for Retro months, the MC 210A and MC 4026 must also be completed for each Retro month.

Ref: Medi-Cal Eligibility Procedures Manual Letter #183; Admin Memo 03-09, dated 04/03/03



Back to School

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Diligent Search

Staff must conduct a Diligent Search when a Medi-Cal application is filed for a person who is in a coma, is otherwise incompetent, suffers from amnesia, or in some situations, is deceased, and there are no friends, guardians, or relatives available to supply the information needed for a Medi-Cal eligibility determination.

These applications usually originate with a hospital or other medical provider. The hospital/provider must present a signed letter written on company letterhead stating that a search was conducted in an attempt to establish the identity of the patient and/or seek individuals able to act on behalf of the patient.

District offices other than those listed below will not generally receive applications which involve a Diligent Search. However, if a District office other than those listed below receives an application that involves a Diligent Search, the assigned Deputy should contact Medi-Cal Program for guidance. Diligent Search cases are mostly processed by the following Districts:

- Medi-Cal Outreach District West, #42
- Medi-Cal Long Term Care, #80
- Medi-Cal Mail-In Application Center, #89
- Canoga Park Medi-Cal District, #90

Ref: Administrative Directive 4500, dated 09/21/04; MEPM Article 4, Section I

Alert!

Case Documents Missing in Medi-Cal Audits

Our department continues to be cited with audit errors for cases with missing documents, especially the MC 210 LA Pilot (redetermination) form. It is critical for district staff to pre-audit cases to ensure that all required documents are filed in the case record prior to sending the case record to audit.

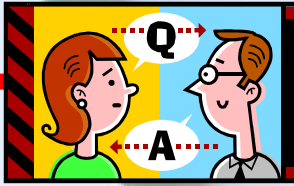
Ref: BWS/BSO Admin Memo 05-21, dated 09/01/05

Reminder!

BCCTP

When an applicant states that she has breast cancer, she should be immediately referred to BCCTP toll free number:

1(800)824-0088



Availability of IEVS Applicant Abstracts in LEADER

This is a reminder to staff that IEVS Applicant abstracts are now available in LEADER. LEADER requests IEVS Applicant abstracts two months prior to the redetermination month. The State processes the request and sends LEADER a file with the abstracts to load onto LEADER. The IEVS Applicant abstract information will also be available in MEDS for 60 days from the time State processes the request. If staff prints the IEVS Applicant abstract from LEADER, there is no need to print the IEVS abstract from MEDS.

If an IEVS Applicant abstract is not available in LEADER, staff should check MEDS to see if the abstract information is there. If the information is not available in LEADER or MEDS, staff must request an on-line Applicant IEVS abstract via MEDS. Staff is required to produce an IEVS Applicant abstract at redetermination for each person with an SSN, process the abstract information, sign the abstract, and **file it in the case record**.

Ref: Admin Memo MPD 06-13, dated 07/10/06

Court Ordered Child Support Expense

Question: If a participant does not have the actual court order to indicate the amount they pay for court ordered child support, can they use their pay stub which indicates the amount deducted for child support as verification?

Answer: No. When a beneficiary claims court ordered child support as an expense, we need to have a copy of the court order.

Policy requires that we “deduct” the lesser of:

- ◆ the amount actually paid by the beneficiary, or
- ◆ the amount specified in the court order.

If the beneficiary is paying more than what is specified in the court order, we will allow the lesser amount.

Back to Basics

- ✓ File the Redetermination form and Mid-Year Status Report in the case
- ✓ File IEVS abstracts in the case
- ✓ File documents in appropriate folders

All cases that go for audit need to be carefully reviewed and pre-audited by district staff and all documents, **particularly Medi-Cal redetermination** forms, must be filed in the case prior to the case being audited.

Ref: BWS/BSO Admin Memo 05-21, dated 09/01/05

Senate Bill (SB) 87 Requirement for Requesting Information

This is a reminder to staff to follow the Senate Bill (SB) 87 guidelines when requesting verification from beneficiaries. SB 87 requires a three step process; ex-parte review; direct contact and request for information form (MC 355). When information is being requested from the beneficiary using the MC 355, the beneficiary must be given 20 days to respond. Therefore, when information is needed, staff should send the first MC 355 allowing 10 days for the beneficiary to respond. If the beneficiary does not respond in 10 days, a second contact MC 355 is sent to the beneficiary allowing another 10 days, giving the beneficiary a total of 20 days to respond.

Ref: ACWDL #01-39 and #02-59



Medicare Benefits and Proof Of Citizenship

It is more important than ever that staff remember to include Medicare eligibility when entering data into LEADER. Not only does the correct entry of Medicare information place the beneficiary into the State Buy In (where the State of California pays the individual's Medicare premium), it also makes a Medicare recipient potentially eligible to one of the Medicare Savings Programs (MSP), also known as QMB/SLMB/QI.

As many of you already know, the Deficit Reduction Act (DRA) of 2005 requires that any person claiming to be a U.S. citizen must now provide proof of citizenship in the form of original documents, such as Naturalization Certificate, U.S. Passport, certified copy of birth certificate, etc. When this is implemented in California, it may prove difficult for some of our elderly and disabled population. Persons who have ever received SSI and/or Medicare are exempt from the proof of citizenship requirement. This exemption will benefit a great many of our aged and disabled beneficiaries.

