

MEDI-CAL HEALTH CARE PROGRAM UPDATE

February 2007

PROPERTY: Available Vs. Unavailable Resources

This is to remind staff of the differences between available and unavailable resources. Available resources are to be counted towards the property limit. Unavailable resources are not counted.

Available:

- Those accounts to which an applicant or beneficiary has unrestricted access (this includes accounts that are maintained outside of the United States);
- Accounts held with persons who are not family members are considered **available** in their entirety unless the applicant or beneficiary can provide clear evidence to support that all or a portion of the funds specified are the property of the individual who is not a family member. Only those funds claimed by the non-family member are to be excluded from the applicant/beneficiary's property limit determination;
- Accounts that carry a penalty for early withdrawal, such as a 401K, IRA, etc. are also considered **available** resources. It should be noted that although a penalty may be imposed when money is withdrawn from these types of accounts the money is still **available** to the applicant or beneficiary.

Unavailable:

- Accounts that cannot be accessed by the beneficiary due to an incapacity (i.e., beneficiary is in a coma);
- Accounts that are held in trust by someone other than the applicant or beneficiary;
- Applicant/beneficiary has restricted access to an account (i.e., accounts which require two signatures, and second party refuses to sign).

Additionally, proper verification is required to substantiate a declaration that an account is not available to an applicant/beneficiary. "Client Statement" is never an acceptable verification source.

Staff are encouraged to contact Medi-Cal Program for clarification, through their administration, whenever there is any doubt about a resource.

Ref. Title 22, Sections 50167(7) (I), 50402 and 50453



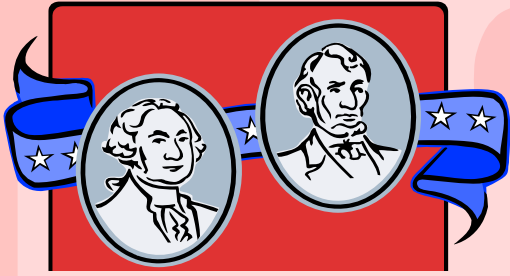
Coming soon . . .



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Bureau of Special Operations

Medi-Cal Program Division staff is currently working on a special project which will provide web access to Administrative Directives published by Medi-Cal Program. Due to the volume of the project, Administrative Directives will initially be made available and later Administrative Memorandums will be included.

Users will be able to log on to the DPSS website and find a link to the library of Medi-Cal Administrative releases. The site will include a "Search" feature that will allow staff to locate a particular publication by release Number and Date or Subject. Users will then be able to view, print and save a copy of the publication on their work stations.



MEDICARE BUY-IN

This is to remind Medi-Cal Intake and Approved staff that when a participant is eligible to Medi-Cal and Medicare, the State of California pays their Medicare Part B premium. This is called the State Buy-In. Policy is the same whether the person is a newly approved beneficiary or someone who has been on Medi-Cal but is newly approved for Medicare benefits.

In LEADER, the Medicare Coverage Screen and the Medical Expense Screen must be completed. The Medicare Coverage Screen must reflect the Medicare eligibility, including the Health Insurance Claim (HIC) number. The Medical Expense screen must include all data, including amount of the premium (\$93.50 per month for 2007), beginning date and end date. The deduction may be allowed for the month of approval and the following two months of eligibility only. If an applicant for Medi-Cal already has Medicare, this would mean the first, second, and third months of Medi-Cal eligibility. If a participant already has Medi-Cal and is newly approved for Medicare, this would mean the first, second, and third months of Medicare eligibility.

Problems/exceptions in LEADER most often occur when the EW has failed to include the HIC number and/or the Medical Expense screen has not been completed to reflect the premium amount as well as the begin and end dates of the premium deduction.

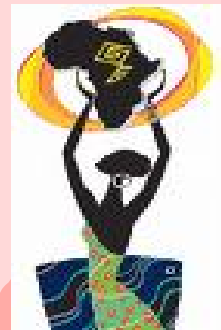
Medi-Cal Eligibility Procedures Manual, Article 15, Page F-3

TRAFFICKING AND CRIME VICTIMS ASSISTANCE PROGRAM (TCVAP)

This is to inform all Medi-Cal staff that with the passage of State Senate Bill 1589, a new State only program will be implemented to provide full scope Medi-Cal benefits to noncitizen victims of human trafficking, domestic violence, and other serious crimes. Under Trafficking and Crime Victims Assistance Program (TCVAP), specified victims of trafficking or other serious crimes whose immigration status does not entitle them to receive Refugee Medical Assistance (RMA) or full scope Medi-Cal benefits may receive state-funded Medi-Cal.

If you receive an application for persons who may be a victim of Trafficking/Domestic Violence or a crime victim, prior to the implementation of TCVAP, please contact Michele Davis, Medi-Cal Program, at (562) 908-3530.

Reference: California Department Social Services All County Letter No. 06-60 dated 12-31-06.



AUTHORIZED REPRESENTATIVES

This is to reaffirm to staff that when an individual represents himself/herself as a participant's authorized representative (AR) the authorization must be in writing. The MC 306, Appointment of Representative, may be used or the participant may submit a document with equivalent language. Confidential case information may not be given out to persons who have not been authorized. Attorneys have no special exemption and must provide the necessary document as would anyone else requesting AR status.

Telephone authorizations may be accepted in lieu of a written authorization where the circumstances insure that the applicant or recipient has adequately identified himself or herself to the county. A telephone authorization is temporary and should be followed up by a written authorization.

See December 2006 update for information on three-party calls.

Medi-Cal Eligibility Procedures Manual, Article 2, Section H