

Medi-Cal Health Care Program Update

January 2007

DHS 6155 Health Insurance Questionnaire

The DHS 6155, "Health Insurance Questionnaire," must be completed at intake for all members of the family budget unit who have other health coverage.

Staff must attempt to have the applicant complete and sign the DHS 6155. However, the State will not return the form if it is complete but unsigned, as they realize that sometimes this is not possible.

If the applicant returns the DHS 6155 completed but unsigned, the EW must mark LEADER as "Received" and mail it to: Third Party Liability Branch, MS 4719, P.O. BOX 997422, Sacramento, CA 95899-7422. A copy must be filed in the case record, and a copy must be mailed to the beneficiary. If the DHS 6155 is received incomplete or partially complete, it should be considered as not received.

Currently, the DHS 6155 is available in LEADER in English and Spanish. A Forms Manual Letter 4710, dated 10/16/06, was released to staff to introduce the DHS 6155 in all threshold languages.

Ref: ACWDL 94-79, dated 10/7/94

Rescinding Cases Within 30 Days Of Termination

When a beneficiary returns a signed and completed Annual Redetermination or Mid-Year Status Report (MSR) within 30 days after the case has been terminated for failure to return one of these forms, eligibility must be determined as though the form was submitted on time. The EW must also rescind the termination when a case is terminated for other reasons and the beneficiary complies within 30 days after termination with the needed information. This 30-day period is also known as the "cure" month. **The beneficiary shall not be asked to re-apply** nor discouraged from complying within the "cure" month (the 30 days after termination). For instructions on Rescission Procedures, refer to the LEADER Handbook.

Reference: Manual Letter #369, dated 9/6/01.

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Deemed Eligibility Alert!

This is a reminder to Medi-Cal Assistance Only (MAO) and CalWORKs (CW) staff. When a participant was receiving Medi-Cal in the month that she gave birth to her newborn, the **Pregnancy Information** screen in LEADER must be updated with the newborn's birth. The first day of the newborn's birth month must be entered in the Valid From field in the **Pregnancy Information** screen. Additionally, the **Pregnancy Information** screen must be updated **prior** to adding the newborn as an individual to the case (if not already completed).

When updating the **Pregnancy Information** screen to end a pregnancy, enter the first day of the newborn's birth month in the Valid From field **and** the infant's date of birth in the Pregnancy End Date field. **Regardless of the actual report date**, the newborn is **eligible** for Medi-Cal beginning with the month of birth. For example, a baby is born on 06/29/2006, and the birth is not reported until 12/12/2006. The Valid From date in the **Pregnancy Information** screen will be 06/01/06, the Pregnancy End Date will be 06/29/2006, but the Report Date will be 12/12/2006.

Once the **Pregnancy Information** screen is updated, the EW should click on the "Add" button at the bottom of the screen to queue the **Case Individual Summary** and click on the "Details" button to add the infant's information in the **Case Individual Information** screen. The Valid From date in **Case Individual Information** should be the infant's date of birth and the Report Date will be the date the information was reported.

This information in the **Pregnancy Information** and **Case Individual Information** screens are vital for LEADER to complete the evaluation for deemed eligibility (DE). DE will not be determined when the mother and infant are not viewed as living together in the birth month.

As a reminder to CalWORKs staff, the beginning date of cash aid will be the first of the month after the birth is reported and all conditions are met.

Ref: Draft Amin. Directive for Automation of Deemed Eligibility;
LEADER Handbook: Individual LEADER Procedures, Add Individual -
To Access, Pregnancy Information - Ending A Pregnancy; CW44-
318.1 - BDA for New Individuals.

Medi-Cal To Healthy Families Referrals At Intake

When a child is approved for Medi-Cal with a Share of Cost (SOC) at the initial application, a referral to Healthy Families (HF) must be initiated if the child meets the HF criteria and the parent or caretaker relative has given consent. The parent or caretaker relative must give consent to a referral before a transmittal is forwarded to HF. Verbal consent is acceptable; however, staff is reminded to update the LEADER **CHDP/Social Services/Healthy Family Referral** screen and document **Case Comments** to indicate the name of the person giving consent. The recently released PA 1681, Notice to Medi-Cal Applicants: Medi-Cal to Healthy Families Bridging Consent Form shall be mailed when a telephone contact is unsuccessful or not possible. The Bridging aid code does not apply to the initial application, and the child may continue to receive SOC Medi-Cal even if enrolled in the Healthy Families Program.

Ref: Administrative Directive 4104, dated 03/12/01; FML 4253, dated 03/20/01; FML 4693, dated 09/20/06. For HF requirements, see Administrative Memorandum MPD 05-04, dated 02/8/05.

Appointment of Representative Form Needed in the Disability Packet

When a Medi-Cal applicant/beneficiary is authorizing someone to act on his/her behalf, an MC 306 - Appointment of Representative form or any other written authorization signed and dated by the applicant and his/her authorized representative (AR) is required. A copy of the form or other written authorization shall be included in the disability packet sent to the State Programs-Disability Determination Service Division (SP-DDSD). The Eligibility Worker is to document in item #10 of the MC 221 that the applicant has an AR, and that the AR form is included.

If the written authorization for an AR is provided after the disability packet is submitted, a copy of the AR verification shall be sent to SP-DDSD using the MC 222 LA – DAPD Pending Information Update form. If someone contacts SP-DDSD requesting information on behalf of an applicant, no information will be given unless there is an AR form, MC 306 or other written authorization as noted above, on file that substantiates the individual is the applicant's AR.

Ref: ACWDL 97-01 dated 01/03/97.



How To Handle Requests for MC 210s From Outside Agencies

With the passage of Assembly Bill 774, districts may begin to receive telephone calls from outside agencies requesting a supply of Medi-Cal applications, MC 210s. When such a request is received, district staff shall provide the calling agency with the following procedures for requesting the forms from the California Department of Health Services (CDHS) Forms Warehouse:

- The agency must prepare a letter on agency/company letterhead requesting that the DHS 2031, "Faxable Warehouse Order Form" be faxed to the agency's fax number.
- Fax the signed letter to the CDHS Forms Warehouse at (916) 928-1326.
- Upon receipt of the signed letter, a representative from the CDHS Forms Warehouse will fax the agency/company a copy of the numbered and controlled DHS 2031 form.
- The agency/company must complete the DHS 2031 and fax it back to the CDHS Forms Warehouse at the provided fax number.
- CDHS will ship the requested quantity of the MC 210s to the requesting agency/company within 6 weeks.

Please Note: The agency/company should also request a supply of the DHS 2031 forms with the initial request for MC 210s. This will eliminate the need to repeat this process.



The New and Improved MC210LA PILOT

Recurrent State audits indicate that missing, completed, MC210 LA Pilot forms are a common reason for errors. To make these forms more easily identified and therefore properly filed, we have arranged to have the redetermination form printed on canary yellow paper. January's redetermination mailing list is the first group to be sent in the new color. Staff should begin seeing the returned form by February for their March redeterminations. The new colored MC 210 LA Pilot form may be requested, as needed, from MMS via the PA 16.

ICT Liaisons

This is a reminder to all ICT District Liaisons. Other County ICT Coordinators' contact information is strictly for county use, and should not be given to the public. This will reduce the volume of unnecessary calls which can easily be resolved at the district level by the District Liaison.

If there is an unresolved ICT issue that cannot be handled/resolved by the District Liaison, the District Liaison should contact the County Coordinator, Patricia Molina, at (562) 908-3550. This number is for Liaison purposes only and should not be given to the public.