

Medi-Cal Health Care Program Update



"To Enrich Lives Through Effective and Caring Service"



SEPTEMBER
2008

DRA CORNER

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Question:

Whose information goes where on the Proof of Acceptable Citizenship or Identity Documents- DHCS 0011?

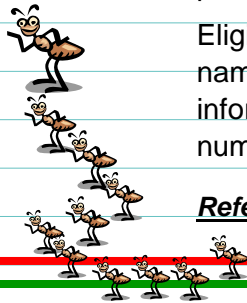
Answer:

The applicant's or beneficiary's name is entered under the **Applicant or Beneficiary Name** section. The Case Name and the Applicant or Beneficiary's name will not always be the same. For example, when a mother provides DRA documents for her child, the case name at the bottom of the DHCS 0011 will be the mother's but the applicant or beneficiary's name and date of birth on the top will be the child's or the person for whom DRA documents are presented.



When an authorized representative or someone else provides DRA documents for a beneficiary or a mail in applicant, the DHCS 0011 will have the beneficiary or applicant's name and date of birth on the top and the case number of the person(s) for whom documents are provided will be registered in the county use box below.

Eligibility staff verifying original documents must sign and print their name on the DHCS 0011. Lobby Team staff will list the general information number for the case carrying district unless the direct phone number for the intake or case carrying worker is known.



Reference: ACWDL 07-12 dated 06/04/07

APG

Reminder!

Take Action!

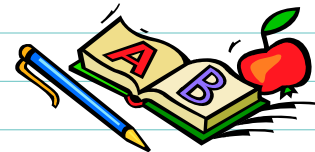
Reminder!

This is to remind eligibility staff to follow-up on the applicants'/beneficiaries' reported income. If an applicant or beneficiary reports unearned income, among acceptable verification is:

- The most recent check stub
- Any type of award letter
- A bank statement showing an electronic deposit which identifies the source and gross amount
- Any type of documentation from the party providing the income
- An IEVS Printout or
- The previous year's tax return (1040).

If the income is earned, the applicant/beneficiary may provide:

- The most recent check stub
- A statement from the employer
- The previous year's tax return (1040) if it reflects current income as stated by the applicant/beneficiary on their application/re-application or report.



Self-employed applicants and beneficiaries may verify their earnings by:

- Using the previous year's tax return (1040) including Schedule C or F; or
- Providing three months Profit and Loss Statements.

If the applicant/beneficiary cannot provide proof, a declaration under penalty of perjury is acceptable evidence. When there is a discrepancy between the previous year's tax return and the information reported on the current application/re-application, then current information shall be used to determine eligibility.

Reference: ACWDL 01-50, dated 08/27/01



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Medical Support Enforcement Referrals

As a condition of eligibility, Medi-Cal applicants/beneficiaries must comply with the Medical Support Enforcement (MSE) requirement. It is necessary for eligibility staff to make MSE referrals to the Child Support Services Division (CSSD) in the following instances:

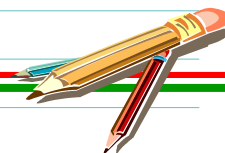
- when there is an absent parent who may be responsible for their dependent child(ren)'s medical care
- when paternity has not been established for a child(ren) born out of wedlock
- when an applicant/custodial parent does not agree to assign their rights to medical support or establish paternity without claiming good cause
- when an applicant/custodial parent agrees to assign their rights, signs the application and agrees to cooperate in paternity establishment

In the instances cited, referrals for medical support enforcement are to be made for all children under the age of eighteen who are recipients of Medi-Cal.

NOTE: Do not make MSE referrals when an applicant/custodial parent agrees to assign their rights and signs the Medi-Cal application but he/she has provided proof of good cause not to cooperate. However, it is **necessary** to send the CW 371 (Two-Way Gram) along with the CW 51 (Good Cause for Noncooperation) to CSSD as notification of the good cause determination.

Reference: Medi-Cal Eligibility Procedures Manual, Article 23B and 23E.

TB



Medical Support Enforcement (MSE) Q&A Corner

Question: If the unwed father is in the home, should a CW 2.1(Q) be initiated?

Answer: Yes, a CW 2.1(Q) along with the CW 371 should be forwarded to the Child Support Services Division (CSSD) if paternity has not been legally established. Responsibility for medical support can only be assigned after both unwed parents submit a signed and appropriately witnessed copy of the CS 909 Declaration of Paternity. If the family remains intact and wish to voluntarily sign the CS 909, the Eligibility Worker may act as a witness, then forward the original (white) copy of the paternity declaration along with the CW 2.1 (Q), and the CW 371 to CSSD. **Note:** "The CS 909 can be witnessed by any one of the following: local welfare office, family law facilitator of a local court, hospital where child was born, local registrar of births and deaths, notary public, or local child support agency."

Question: If the unwed father signed the birth certificate, should a CS 909 Declaration of Paternity be initiated?

Answer: Yes, a CS 909 must be initiated as a mere signature on the birth certificate does not legally establish paternity for unwed parents living together or apart.

Question: When a custodial parent claims good cause for refusing to cooperate with medical support enforcement, should he/she be aided?

Answer: Yes, he/she should continue to be aided pending the final outcome of the Good Cause Claim. If an applicant claims good cause for failure to cooperate with Child Support Services Division (CSSD) medical support enforcement requirements, the CW 51 (Good Cause for Noncooperation) along with the CW 371 (Two-Way Gram) should be sent to CSSD. CSSD will return the CW 371 with a final Good Cause recommendation and the eligibility worker will make a final decision based upon this recommendation. If Good Cause is determined the beneficiary will remain on the Medi-Cal case. If it is determined that there is *no evidence* of Good Cause, the beneficiary will become ineligible to receive Medi-Cal benefits. However, the children in the Medi-Cal Family Budget Unit are to remain eligible.

Question: The unwed father is in the home and signed the CS 909 at the hospital at the time of the child's birth. Should an MSE referral be made even though the family is intact and the CS 909 was signed previously?

Answer: No, an MSE referral should not be made; therefore, do not have the unwed parents complete the CW 2.1, CW 2.1(Q), or the DHS 6155. **However,** it is necessary to obtain a copy of the signed CS 909 from the unwed parents and forward it along with the CW 371 to CSSD.

Reference: Medi-Cal Eligibility Procedures Manual, Article 23

TB

Systematic Alien Verification for Entitlement

Eligibility Workers (EWs) **must** verify the immigration status of aliens using the Systematic Alien Verification for Entitlement (SAVE) procedure, any time a written declaration of alien status change is reported, full-scope benefits are requested and at every **redetermination**.

Primary Verification

Step 1: Obtain written declaration of alien or citizen status from application/beneficiary, except for undocumented and temporary visa holders.

Step 2: Determine if applicant/beneficiary has appropriate documentation to authenticate satisfactory immigration status (SIS).

✓ *If no "A" series number is available, start the secondary verification process.*

Step 3: Initiate primary verification via the LEADER and MEDS/SAVE automated systems using the "A12345678" series number with only the last eight numeric characters provided by the applicant/beneficiary. Be sure to complete and authorize the annual **redetermination**, intake, reapplication or restoration process while awaiting the SAVE Abstract.



✓ *If SAVE response validates SIS, match collected data to the response and proceed with eligibility determination and file all findings permanently.*

✓ *If SAVE response does not validate SIS, you have doubts, or there are discrepancies, proceed to Step Four. In addition, all findings are to be permanently filed in the case records.*

Secondary Verification

Step 4: Initiate secondary verification process by manually submitting a G-845S to United States Citizenship and Immigration Service (USCIS) with required - front and back- copies of alien documentation.

Mail to: United States Citizenship and Immigration Service
300 North Los Angeles Street, B 120
Los Angeles, CA 90012
Attn: Immigration Status Verification Unit



Step 5: Complete and authorize the annual redetermination, intake, reapplication or restoration process while awaiting the SAVE/USCIS response.

✓ *If the applicant/beneficiary is otherwise eligible, approve restricted benefits pending response from USCIS/SAVE.*

Step 6: Ensure the appropriate Notices of Action are mailed to the applicant/beneficiary regarding actions taken during the Medi-Cal application/**redetermination** period.

Step 7: Control for G-845S response to ensure appropriate Medi-Cal eligibility determination.

Note:

- ✓ **Document** all actions and responses received from SAVE/USCIS on LEADER **Case Comments**.
- ✓ File the G-845S on left side of identification folder and all supporting documents on the right side.

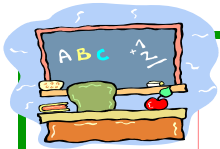
Reminder: SAVE must be completed at every redetermination.

References: ACWDL 88-16 dated 03/07/88, 88-59 dated 07/29/88, 88-66 dated 09/15/88, 88-68 dated 09/15/88, 88-70 dated 09/15/88, 88-91 11/07/88, 89-14 dated 03/20/89, 89-45 dated 06/09/89 and 91-10 dated 02/08/91. **TB/OP**



Correction to July Newsletter SAVE article – first bullet

The SAVE abstract **MUST BE** requested for all aliens declaring satisfactory immigration status (SIS) at intake, redetermination, restoration and re-application and wish to apply for or continue to receive full-scope Medi-Cal benefits.



Transfer Procedures for Ongoing Medi-Cal Segment from a Terminated CalWORKs Case

This is a reminder to staff of the requirement to transfer the open Medi-Cal segment of a CalWORKs (CW) terminated case to the Approved Medi-Cal section or the designated Transitional Food Stamp Liaison.

CW cases that have been terminated for any reason other than failed redetermination (RD) can have the RD date advanced one year. The CalWORKs redetermination form meets the Medi-Cal redetermination requirement.

Example

During the CW Redetermination (RD) an Eligibility Worker (EW) discovers that the participant's case would fail due to excess income. The EW shall continue to process the RD using the reapplication form (SAWS 2) provided by the participant in the face-to-face interview. After completing the RD queue, the case will fail for CW, but LEADER will evaluate for potential eligibility to Medi-Cal. If the participant is eligible to Medi-Cal, the RD date will be advanced by one year.

The Approved CW EW shall hold the approved Medi-Cal segment for 30 days following the effective date of termination to allow for possible rescission of the CW case. After thirty days, the CW EW shall transfer the terminated Cal-WORKs case with the food stamp segment to the designated Transitional Food Stamp (TFS) Liaison. The same procedures apply to a terminated CalWORKs case that does not contain a food stamps segment however the Approved CW EW will create a mini case containing the documentation specified below and send it to the Approved Medi-Cal section.

At the end of the five month TFS period, the TFS Liaison will create a mini case and send the active Medi-Cal segment to the Approved Medi-Cal section. The TFS Liaison must ensure that the mini case contains the following:

- All Citizenship/Identification documentation;
- Income verification;
- Property verification;
- PA 481, Primary Language Designation Form; and
- CW 2.1, Child/Spousal and Medical Support Notice and Agreement and the CW 2.1Q, Child Support Questionnaire.

This verification is mandatory in the event of a State Quality Control Audit.

Reference: Administrative Memorandum MPD 04-12, dated 12-29-2004
Administrative Directive #4469, dated 01-15-2004
MCP 06-05, dated 06-26-2006

LM

Designated Medi-Cal Processor for CalWORKs Denials

This is a reminder to staff of the procedures currently in place for determining eligibility for the Medi-Cal program on denied CalWORKs cases. Each district has a Designated Processor assigned to each CalWORKs Intake Unit with the following responsibilities. The Designated Processor:

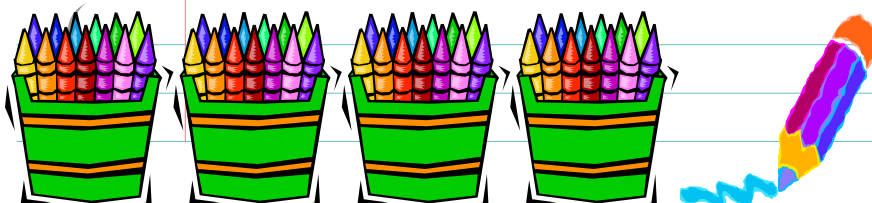
- Determines eligibility to the Medi-Cal portion of the denied CalWORKs case within 45 days of the CalWORKs application date using the LEADER Application Disposition Screen as a control.
- Prepares cases for transfer to the Approved Medi-Cal section.

Eligibility Supervisors shall ensure that denied CalWORKs cases are sent to the Designated Processor in their unit immediately upon authorization.

Reference: Administrative Memorandum 04-16, dated 10/13/04



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