MEDI-CAL HEALTH CARE PROGRAM UPDATE

June 16, 2004

Cancellation of Work Around #7

Section 1931(b) was implemented in LEADER on June 2, 2004, therefore it is no longer necessary for Medi-Cal staff to do Work Around #7.

It is very important that EWs and ESs no longer place overrides on family cases. LEADER now completes the computation and eligibility determination. If a worker or supervisor feels that the system has incorrectly determined eligibility, a trouble ticket must be done in order to correctly determine if it is a system problem or an eligibility problem.

Any questions regarding Section 1931(b) eligibility should be referred to Roxana Molina at the Medi-Cal Program Section.

Refugees

This is to remind staff that Refugees must be determined ineligible for Medi-Cal before they can be placed in the Refugee Medical Assistance (RMA) or Entrants Medical Assistance (EMA) programs. If the beneficiary is eligible for medical assistance under any other Medi-Cal program, then Medi-Cal must be approved and not RMA/EMA. If a refugee is ineligible because there is no linkage, then place the refugee in RMA/EMA because linkage is not required for RMA/EMA.

Refugees in RMA/EMA are eligible to full scope Medi-Cal for up to eight months from the Date of Entry. After the eight months, staff should review the case to see if there is any other eligibility for Medi-Cal. If there is not enough information in the case to make a determination, additional information can be requested from the recipient. If no ongoing Medi-Cal eligibility exists, be sure that the appropriate Notice of Action is initiated.

Reference: Medi-Cal Eligibility Procedures Manual Letter 256, Article 24B, dated 01/04/02.

CHDP for Preventive, Life Saving Care

In 2003, a six year old child had a CHDP assessment that revealed a lead level of 24.7 micrograms per deciliter (mcg/dl). The Centers for Disease Control and Prevention has studied blood lead levels (BLLs) in children and established that BLLs greater than 10 pose substantial risks to children ages 1-5. State regulators require screening for childhood lead poisoning through the first 72 months of a child's life. Since lead poisoning can result in severe physical disabilities or death, a comprehensive physical examination by a pediatrician and a referral to the Lead Program was indicated. Upon review, it was found that the child has had a BLL as high as 36 and not below 20 since 1995. The child was referred to Children's Hospital of Los Angeles (CHLA). Treatment was authorized and the child is currently being followed by CHLA and the Lead Program.

This is one of many success stories that result from CHDP examinations. CHDP is a preventive care program, does not replace traditional health care, and is available to fee for service and managed care beneficiaries. The referral to CHDP is a simple procedure that can be completed during the application or recertification process. Pregnant women must be referred to CHDP unless services are refused. Please remember to discuss the CHDP program services with your applicants and participants. CHDP preventive care means healthier children.

Reference: Title 22, Section 50184 Referral for Social Services, ACWDL 01-47 dated 08-20-01.

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Temporary Policy on MEDS Online Point of Service Inquiry (MOPI) Screen

Previously, instructions were issued regarding the California Department of Health Services (CDHS) policy of printing the MOPI screen in place of printing the temporary paper cards for providers. This temporary policy remains in force until programming changes have been completed by CDHS and new instructions have been released. If a MOPI screen is requested by a provider, staff are reminded to black out the Eligibility Verification Code (EVC) Number. Providers should be advised that an individual's eligibility may be verified through the point of service (POS) device.

References: ACWDL 02-58, dated 12-06-02 and Administrative Memorandum 03-17, dated 05-19-03.

Medical Support Referrals

Medi-Cal staff are reminded that a medical support referral must be made when there is an absent parent in the MFBU or when the parents are unmarried.

This referral process is done automatically in LEADER. The EW must complete the "Caretaker" tab information in the Absent Parent Information screen. This screen is accessed through the Data Collection subsystem and the Absent/Unmarried Parent Summary screen.

Medical support referrals are a mandatory requirement for the parent(s) in the MFBU who is/are requesting Medi-Cal benefits. Failure to comply with this requirement may result in the denial or termination of benefits for the parent(s).

Identification Cards

Staff is reminded that the Matricula Consular Cards are valid for identification from individuals who have no other acceptable form of identification, such as a Drivers License. Staff should continue accepting the Matricula Consular Card issued by the Consulate General of Mexico. In addition, the Argentine Foreign Consulate Identification Card (FCIC), issued by the Consul General of the Argentine Republic shall also be accepted for indentification purposes only. Identification cards from other countries are **NOT** acceptable at this time.

Deemed Eligibility Reminder

Infants born to a mother, who was eligible to and receiving Medi-Cal benefits in the birth month, are deemed eligible up to age one. This includes infants born to mothers receiving CalWORKs, Medi-Cal only, or SSI/SSP. The newborn must be placed into a full scope aid code based on the mother's no cost or share of cost eligibility. Aid continues for one year as long as the infant resides with the mother within the state. **Failure of the mother to complete the redetermination process does not disrupt the infant's continued eligibility.**

Reference: ACWDL 03-49, dated 10-06-03.

MEDS Recon is HERE!

As you all are aware, the MEDS Recon is back in LA and the State plans to continue this process every quarter. In order to reduce the number of mismatched records, it is crucial that **MEDS is checked** each time a case or an individual's eligibility is terminated to ensure that each ineligible individual in the MFBU has been correctly terminated in both systems.