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Director

State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

July 30, 2009

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 09-41
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: PARIS RESIDENCY VERIFICATION PILOT PROGRAM

The Department of Health Care Services (DHCS) is implementing a residency verification program in connection with the Public Assistance Reporting Information System (PARIS). This letter provides County Welfare Departments (CWD) with instructions for coordinating with DHCS in regards to any state-level disenrollments that may result from the residency verification program and the implementation of PARIS.

Background

PARIS is an information sharing system, operated by the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), which allows states and federal agencies to verify public assistance client circumstances.

The PARIS system includes three different data matches. The PARIS-Veterans match allows states to compare their beneficiary information with the U.S. Department of Veterans Affairs. The PARIS-Federal match allows states to compare their beneficiary information with the U.S. Department of Defense and the U.S. Office of Personnel Management. The PARIS-Interstate match allows states to compare their beneficiary information with other states.

DHCS is required by federal statute to implement the PARIS-Interstate match [Title XIX of the Social Security Act, §1903(r)(3)]. DHCS will comply with this federal mandate and start exchanging information with PARIS to identify individuals receiving public assistance benefits in other states.

DHCS is also implementing the PARIS-Veterans and PARIS-Federal matches. DHCS will provide instructions to CWDs regarding the PARIS-Federal match in a separate All County Welfare Directors Letter (ACWDL). DHCS is operating a three county PARIS-Veterans pilot program and is in direct contact with the impacted CWDs in the Counties of Fresno, San Bernardino, and San Diego.

Residency Verification Background

DHCS currently requires Medi-Cal beneficiaries to furnish satisfactory documentary evidence of California residency prior to approval. Applicants must declare, under penalty of perjury, that they are not receiving public assistance outside of California. This is required by the California Code of Regulations, Title 22, §50167 and §50320.1. DHCS requires individuals to sign the application and redetermination forms. When signing these forms, the applicant/beneficiary agrees to several responsibilities, including the responsibility to inform the County Welfare Department (CWD) within ten days whenever the individual plans to change or has already changed the place of residence or mailing address.

PARIS-Interstate Matching Process

The PARIS-Interstate match provides DHCS with the opportunity to improve the existing residency verification process. DHCS only disenrolls those ineligible non-resident beneficiaries that carry out this responsibility and report a change in residence to the CWD. DHCS does not have a method to systematically check the data files of other states to identify Medi-Cal beneficiaries that have failed to report a change in residence and have obtained public assistance benefits. DHCS expects that the PARIS-Interstate match will increase the potential to lower Medi-Cal program expenditures by disenrolling ineligible beneficiaries.

Residency Verification Activities

Effective July 1, 2009, DHCS commenced a two-year PARIS-Interstate pilot program. Under the pilot program, DHCS will send residency verification notices to a limited number of Medi-Cal beneficiaries that PARIS identifies as receiving a public assistance benefit in another state.

The purpose of the notice is to request that the Medi-Cal beneficiaries contact DHCS to confirm residency in the State of California. DHCS will send the notice to California addresses appearing on the Medi-Cal Eligibility Data System (MEDS). DHCS will not attempt to contact the individuals at the out-of-state addresses supplied by PARIS.

The residency verification notice will give Medi-Cal beneficiaries receiving public assistance benefits in another state a simplified method for confirming California residency. The notice will contain a reply card that will make it easy for the beneficiaries to contact DHCS to confirm their residency and continue benefits. The notice will inform the beneficiaries that residency may also be verified by contacting the eligibility worker at the CWD. DHCS will record the responses of the beneficiaries and identify those beneficiaries that did not respond to DHCS or the CWD. Refer to Attachment A for a sample residency verification notice and reply card.

If the individuals do not reply to DHCS or to the CWD within 10 days, DHCS will consider the individuals nonresponsive ineligible beneficiaries. DHCS will disenroll nonresponsive individuals and individuals that returned a reply card confirming that they do not reside in California. DHCS will send a post-disenrollment notice to the non-resident and nonresponsive individuals. The notice will provide the individuals with the reasons for disenrollment and provide the individuals with information for requesting a fair hearing. DHCS will update MEDS by placing an "M1" value in the Eligibility Termination Reason field (Data Element Number 0185). Refer to Attachment B for a sample post-disenrollment notice.

Scope of the Pilot Program

DHCS is not able to include the entire Medi-Cal population in the scope of this pilot program due to DHCS resource constraints. Each quarter, DHCS will select a group of Medi-Cal beneficiaries to include in the PARIS match and will filter match results based on lessons learned from the previous match and based on the needs of other state agencies that agree to participate during the two-year pilot program.

DHCS could potentially select any Medi-Cal beneficiary that resides in any California county during the pilot period. While the specifications may change for each quarterly PARIS match, DHCS initially intends to focus on Medi-Cal beneficiaries that do not receive other benefits such as Food Stamps or county medical services, and on Medi-Cal beneficiaries that are receiving high-cost services or are enrolled in a managed care plan.

CWD Coordination

DHCS will inform the CWDs of the disenrollment actions performed at the state-level. DHCS will provide each impacted CWD with disenrollment reports that will be available via the Business Objects Reporting System (BORS). Upon request, DHCS can provide CWDs with disenrollment reports in an alternate format, such as spreadsheets. DHCS

will send emails to the CWD representatives to announce the availability of disenrollment reports. DHCS will provide instructions for accessing the reports directly to the CWD representatives.

DHCS will perform the PARIS-Interstate match and the residency verification program activities once per quarter. The CWDs will retrieve disenrollment reports from BORS on a quarterly basis, approximately one month after the PARIS-Interstate match. The CWDs will review disenrollment reports and update county systems and/or paper case files as necessary to reflect the disenrollments. The CWDs will suppress the mailing of notices to disenrolled beneficiaries as DHCS will be responsible for issuing the post-disenrollment notices. If a CWD is unable to suppress the mailing of a notice, please contact DHCS at paris@dhcs.ca.gov.

Although the residency verification notice will instruct the Medi-Cal beneficiary to return the reply card directly to DHCS, some Medi-Cal beneficiaries will contact the CWDs. CWDs may accept the signed reply card from the Medi-Cal beneficiary or direct the Medi-Cal beneficiary to return the reply card directly to DHCS. If the CWD elects to assist beneficiaries in responding to DHCS, the CWDs must only accept beneficiary responses in the form of signed reply cards or similar signed declarations if the reply cards are unavailable.

CWDs can mail the signed reply cards to DHCS or notify DHCS of beneficiary responses if the Medi-Cal beneficiaries submitted signed declarations of California residency. If the CWDs accept signed residency declarations from the Medi-Cal beneficiaries, the CWDs must notify DHCS within two business days of receiving the beneficiary responses. Refer to Attachment C for a sample CWD Notification of Beneficiary Response form.

CWDs must send completed CWD Notification of Beneficiary Response forms to DHCS using a secure transmission method. If CWDs have secure email capabilities, CWDs should send the forms using secure email to paris@dhcs.ca.gov. If CWDs do not have secure email capabilities, CWDs should send the forms by fax to (916) 440-5233. DHCS will retrieve CWD Notification of Beneficiary Response forms daily and will suspend pending disenrollment actions. If CWDs have questions regarding how to send secure emails, the CWDs should contact DHCS at paris@dhcs.ca.gov.

CWD coordination is necessary during the pilot period as DHCS is performing most of the residency verification activities at the state level. If the pilot program is successful, DHCS would potentially implement the residency verification program on a larger scale. Under full statewide implementation, the CWDs may assume more responsibility in performing residency verification program activities.

All County Welfare Directors Letter No.: 09-41
Page 5
July 15, 2009

CWD Contact Information Requested

DHCS requests that CWDs appoint a representative that is responsible for coordinating with DHCS on this residency verification pilot program. CWDs should send an email to paris@dhcs.ca.gov or fax to (916) 440-5233 by July 27, 2009 to inform DHCS of the CWD representative. DHCS intends to notify the CWD representatives via email when DHCS sends out reply cards and when DHCS is performing disenrollment actions.

If you have any questions regarding the information in this letter, please contact Mr. Manuel Urbina at (916) 650-0160 or at Manuel.Urbina@dhcs.ca.gov.

Sincerely,

Original Signed By:

Vivian Auble, Chief
Medi-Cal Eligibility Division

Enclosures



State of California—Health and Human Services Agency
Department of Health Care Services



ATTACHMENT A
Page 1

August 1, 2009

Mr. John Doe
Street Address
City, State, Zip Code

Dear Mr. Doe:

This letter asks you to contact the Department of Health Care Services (DHCS) to confirm that you still live in California. You must live in California to receive Medi-Cal benefits.

You are currently receiving Medi-Cal benefits in California. Our records show that you are also receiving public assistance benefits in another state.

Please return the attached reply card to inform the DHCS where you live. If you still live in California, please check the “yes” box, sign the card, and return to DHCS. If you do not live in California, please check the “no” box, sign the card, and return to DHCS. You do not need a stamp to return this card.

DHCS will stop your Medi-Cal benefits if you do not return this card to DHCS within 10 days or if you return a card confirming that you do not live in California.

If you have questions regarding this letter, please send an email to paris@dhcs.ca.gov or send a fax to 916-440-5233. You can also contact your Medi-Cal eligibility worker at your local county welfare department to ask questions or to submit a signed reply card.

<<DETACH REPLY CARD>>

<<REPLY CARD TEXT>>

Yes, I still live in California

No, I do not live in California

I declare under penalty of perjury under the laws of the State of California that the response I have given on this reply card is correct and true to the best of my knowledge and belief. I declare that I have read and understand the letter, the instructions, the declarations, and all the information printed on the reply card.

Signature

Date

NOTICE OF ACTION
DISCONTINUANCE OF BENEFITS
NOT A CALIFORNIA RESIDENT

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Notice Date: _____

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DISCONTINUANCE OF BENEFITS NOTICE FOR:

[Insert Name\(s\) Here](#)

We have asked you to confirm that you live in California. Based on this information, your eligibility to receive Medi-Cal will be discontinued effective the last day of _____.

The reason for this discontinuance is:

Your Medi-Cal benefits were discontinued because you no longer reside in California or you did not confirm your California residency. You must live in California to receive Medi-Cal benefits.

Please Note: Other family members with different eligibility status will receive a separate notice. Please call your county welfare department if you need additional information about this notice.

DO NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD (BIC)

If you already have a plastic Benefits Identification Card (BIC), do not throw it away. You can use it again if you become eligible for Medi-Cal.

We based this discontinuance action on what another state told us. You should call or write your county welfare department right away if you have any questions about this action or if the information in the notice is not correct. You can appeal this discontinuance. Follow the directions on the back of this page. You can reapply at any time.

RULES: This action is required by California Code of Regulations, Title 22, §50167 and §50320.1. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.

Sample County Welfare Department Notification of Beneficiary Response Form

Submitter Information

<<Name of CWD PARIS Coordinator>>
 <<Street Address>>
 <<Telephone Number>>
 <<Email Address>>

Message Information

<<The County of _____, Department of _____ submits this CWD Notification of Beneficiary Response Form to the DHCS because beneficiaries have contacted the CWD in response to the residency verification program>>

Submission Instructions

<<Please complete all fields on this form and send to DHCS as follows>>

- Secure Email* to paris@dhcs.ca.gov
- Fax to 916-440-5233

#	Client Identification Number	Last Name	First Name	Date of Birth**	Beneficiary Response Date***	Beneficiary Residency Status****

*CWDs should contact DHCS at paris@dhcs.ca.gov for questions regarding the use of secure email
 **MMDDYYYY
 ***MMDDYYYY
 ****Values for Beneficiary Residency Status Field: Y = Beneficiary submitted signed reply card or declaration indicating: "Yes, I live in California," and N = Beneficiary submitted signed reply card or declaration indicating: "No, I do not live in California."