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

DAVID MAXWELL-JOLLY
Director

ARNOLD SCHWARZENEGGER
Governor

September 15, 2009

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

Letter No.: 09-42

SUBJECT: MEDI-CAL REFERRALS AND BREAST AND CERVICAL CANCER TREATMENT PROGRAM –COUNTY RESPONSIBILITIES
(Reference: All County Welfare Directors Letters Numbers: 01-36, 01-39, 02-12, 02-59, 06-09, and 06-25).

The purpose of this letter is to remind counties that the Breast and Cervical Cancer Treatment Program (BCCTP) has a Medi-Cal program component that must be considered when a Medi-Cal determination or redetermination is made and an applicant or beneficiary declares they have breast and/or cervical cancer. At the initial Medi-Cal application or at redetermination, for any individual who has or declares to have breast and/or cervical cancer a referral to the BCCTP must be made. Furthermore, for a woman beneficiary who is under 65 years of age, an assessment for BCCTP eligibility must be determined by the BCCTP staff prior to the county denial or termination of Medi-Cal eligibility.

The BCCTP is a statewide program administered by the Department of Health Care Services (DHCS) in Sacramento. All County Welfare Directors Letter (ACWDL) No. 06-09 dated February 24, 2006, provides an overview of the BCCTP. Counties shall refer to ACWDL No. 06-09 regarding BCCTP eligibility requirements and aid codes for both federal and State-funded components. Counties must refer all individuals who

have or declare to have breast and/or cervical cancer to BCCTP regardless of whether they would qualify for federal or state-funded BCCTP. The following instructions must be followed for referrals to the BCCTP.

BCCTP FLIER

In order for applicants and beneficiaries to be aware that the BCCTP is available, DHCS has prepared the enclosed flier (Enclosure 1). Counties shall include the BCCTP flier in all intake packets and all Medi-Cal redetermination packets. The enclosed flier in English and in all threshold languages will be available on the DHCS website by October 30, 2009.

APPLICATION FOR MEDI-CAL

When an individual applies for Medi-Cal, they must be evaluated for eligibility under all Medi-Cal programs, including BCCTP. If the individual does not have linkage or will be denied by the county, and the county is aware that the individual has or declares to have breast and/or cervical cancer, the county shall:

- Simultaneously refer the case to the Disability Determination Services Division-State Programs (DDSD-SP) for a disability determination (if the individual meets all criteria for a disability evaluation packet as required in the Medi-Cal Eligibility Procedures Manual [MEPM] Article 22) and to BCCTP for an eligibility determination (See County – BCCTP Coordination section for details).
- Make a notation on Box 10 of the DDSD-SP referral form (MC 221) that the case information has been referred to BCCTP. **OR**
- Refer the case to BCCTP without a disability packet if the criteria for a disability packet are not met.

Referring the case to BCCTP allows federal BCCTP eligible women (men are not eligible to federal BCCTP) to receive Medi-Cal benefits, including Accelerated Eligibility if eligible, while their disability determination is being reviewed. A BCCTP Eligibility Specialist (ES) will contact the applicant to determine if she meets federal BCCTP requirements. The ES will make a BCCTP eligibility determination and if found eligible will issue a Notice of Action (NOA) to the applicant and copy the county worker who made the referral. If the applicant is found not eligible for BCCTP see section “CASES FOUND INELIGIBLE FOR FEDERAL BCCTP.”

REDETERMINATION AND SENATE BILL 87 (SB 87)

If a beneficiary is no longer eligible for their existing Medi-Cal program at the annual redetermination or when the beneficiary reports a change in circumstances, and the beneficiary has or declares to have breast and/or cervical cancer, the county must follow the SB 87 process to determine whether the individual is eligible for any other Medi-Cal program, including federal BCCTP if the individual is a woman under 65 years of age, before the individual is discontinued from the existing Medi-Cal. In order to follow the SB 87 process, the county shall:

- Simultaneously refer the case to DDSD-SP for a disability determination (if the individual meets all criteria for a disability evaluation packet as required in the MEPM Article 22) and to BCCTP for an eligibility determination. (See County – BCCTP Coordination section for details).
- Make a notation on Box 10 of the DDSD-SP referral form (MC 221) that the case information has been referred to BCCTP.
- Place the beneficiary in one of the SB 87 Pending Disability aid codes (6J, 6R, 5J, or 5R) while a disability determination is made. **AND**
- Not terminate the beneficiary's Medi-Cal eligibility until a determination has been made by DDSD-SP and, if the beneficiary is a woman under 65 years of age, by BCCTP. **OR**
- Refer the case to BCCTP without a disability packet if the criteria for a disability packet are not met. **AND**
- If the beneficiary is a woman under 65 years of age, not terminate her Medi-Cal eligibility until a determination has been made by BCCTP. (A referral of a male or a 65 years or older female beneficiary to BCCTP cannot result in eligibility for the federal BCCTP but counties are reminded that they must still follow the SB 87 process to determine whether the individual is eligible for any other Medi-Cal program).

Referring the case to BCCTP allows federal BCCTP eligible women to receive Medi-Cal benefits while their disability determination is being reviewed. A BCCTP ES will contact the beneficiary to determine if she meets federal BCCTP requirements. The ES will make a BCCTP eligibility determination and if she is found eligible will issue a NOA to the beneficiary and copy the county worker who made the referral. If the beneficiary is determined eligible for federal BCCTP while DDSD-SP is making an eligibility determination, counties shall terminate the SB 87 pending disability aid code, effective the date BCCTP grants eligibility. Since the beneficiary is receiving Medi-Cal through the BCCTP, **the county must not send a discontinuance NOA** for the SB 87 Pending Disability aid code as this could confuse the beneficiary and delay care for her cancer.

County – BCCTP Coordination

When the county needs to obtain a determination of BCCTP eligibility, the county must:

- Call (916) 322-3410 and inform BCCTP that the case information is being faxed for a BCCTP eligibility determination, and then FAX the enclosed referral form to (916) 440-5693 (Enclosure 2). At a minimum, the case information must include:
    - The full name of the person
    - Address of the person,
    - The phone number of the person,
    - CIN, current aid code and the county case number, and
    - Name and contact information of the worker making the referral
- Notify the applicant/beneficiary that the case is being referred to BCCTP for an eligibility determination.

CASES FOUND INELIGIBLE FOR FEDERAL BCCTP

Applicant with a disability packet:

If an applicant is determined not eligible for the federal component of BCCTP, BCCTP will make a determination for the State-funded BCCTP. Once both federal and state BCCTP eligibility are determined, the BCCTP will notify the applicant and the county if the individual is eligible. BCCTP will only send an eligibility letter regarding the State-funded BCCTP since State-funded is not a Medi-Cal benefit. If the applicant is not found eligible for any BCCTP or found eligible only for State-funded BCCTP, the county will need to wait for the disability determination in order to make a final Medi-Cal eligibility determination for any other Medi-Cal program and only then send the appropriate Medi-Cal NOA.

<u>Full-scope beneficiary with a disability packet</u>:

If a beneficiary is determined not eligible for the federal component of BCCTP, BCCTP will notify the county and the individual must remain active in one of the SB 87 pending Disability aid codes (6J or 6R) while a disability determination is pending. BCCTP can not determine eligibility for the State-funded BCCTP until all eligibility determinations for Medi-Cal have been completed. Upon receipt of a decision from the DDSD-SP, the county will take appropriate action. If the individual is found not to have disability linkage for Medi-Cal, the county must inform BCCTP and send a final discontinuance NOA. In order for BCCTP to make a timely State-funded BCCTP determination and

avoid a break in aid, the county must inform the BCCTP as soon as the decision is received from DDSD-SP and must not wait until the discontinuance NOA is sent to the beneficiary. The purpose of the county sending the final discontinuance NOA is to avoid sending multiple NOAs to the beneficiary and to avoid confusing the beneficiary. The final discontinuance NOA sent by the county shall include the following paragraph: Your application for Medi-Cal has been denied, including for the Breast and Cervical Cancer Treatment Program (BCCTP). However, BCCTP will now review your case to determine if you are eligible for State-funded BCCTP. State-funded BCCTP is not a Medi-Cal program. You will receive a separate letter from the BCCTP letting you know if you are eligible for State-funded BCCTP.

Restricted-scope beneficiary with a disability packet:

If a beneficiary in restricted Medi-Cal is determined not eligible for the federal BCCTP, BCCTP will notify the county and the individual must remain active in one of the SB 87 pending Disability aid codes (5J or 5R,) while a disability determination is pending. Simultaneously, BCCTP will make a determination for the State-funded BCCTP. If the beneficiary is determined eligible for the State-funded BCCTP, the state will notify the beneficiary of that coverage immediately. This will ensure the individual can receive treatment while waiting for the disability evaluation. Upon receipt of a decision from the DDSD-SP, the county will take appropriate action. If the individual is found not to have disability linkage for Medi-Cal, the county must inform BCCTP and send a final discontinuance NOA for all Medi-Cal programs including the federal BCCTP. The purpose of the county sending the final NOA is to avoid sending multiple NOAs to the beneficiary and to avoid confusing the beneficiary.

Applicant/beneficiary without a disability packet:

If an applicant/beneficiary is determined not eligible for the federal component of BCCTP, BCCTP will make a determination for the State-funded BCCTP. Once both federal and state BCCTP are determined, the BCCTP will notify the individual and the county if the individual is eligible. BCCTP will only send an eligibility letter regarding the State-funded BCCTP, not a NOA, since State-funded BCCTP is not a Medi-Cal benefit. If the individual is not found eligible for BCCTP or found eligible only for State-funded BCCTP, the county will need to send the final denial or discontinuance NOA for all Medi-Cal programs including the federal BCCTP. Since men, and women 65 years or older, are not eligible for the federal BCCTP, the county must refer the case to BCCTP and send a final discontinuance NOA. In order for BCCTP to make a timely State-funded BCCTP determination and avoid a break in aid, the county must inform the BCCTP as soon as possible and must not wait until the discontinuance NOA is sent to the beneficiary.

DISABILITY DETERMINATION SERVICE DIVISION – STATE PROGRAMS (DDSD-SP)

Applicant:

The DDSD-SP has been provided with instructions for individuals who have applied for Medi-Cal on the basis of disability and the claim of disability is based on breast and/or cervical cancer. If the MC 221 that is received from the county does **not** indicate in Box 10 that the county has made a referral to the BCCTP, then the DDSD-SP analyst must fax the MC 221 to the county indicating a BCCTP referral appears necessary. The county must check the case file verify if a referral has been made to the BCCTP and if one has not been made, the county must make the referral.

Beneficiary:

The DDSD-SP analyst has also been provided instructions for cases where an existing Medi-Cal beneficiary has been referred for a disability evaluation and the claim of disability is based on breast and/or cervical cancer. If the MC 221 that is received from the county does **not** indicate in Box 10 that the county has made a referral to the BCCTP, then the DDSD-SP analyst must fax the MC 221 to the county indicating a BCCTP referral appears necessary. The county must check the case file verify if a referral has been made to the BCCTP and if one has not been made, the county must make the referral. When a case decision is received by the counties from DDSD-SP and it is determined that the person does not meet Medi-Cal disability criteria, the county may not deny or terminate Medi-Cal eligibility of a female beneficiary under 65 years of age until BCCTP has made an eligibility determination.

RECEIPT OF DECISION FROM DDSD-SP ON DISABILITY

When a case referred to BCCTP by the county is approved for federal BCCTP and the county subsequently receives a DDSD-SP decision of disability linkage to Medi-Cal, the County must check the Medi-Cal Eligibility Data System (MEDS) to determine if the woman is still active in BCCTP (aid code 0N, 0P or 0W). If the woman is still federal BCCTP active, but is now also eligible for Medi-Cal based upon disability, the county shall:

- Make the woman eligible for Medi-Cal under the correct disability aid code effective the first of the following month and send the approval NOA, explaining which program she is eligible for, to the woman.

- If the original application to the county included a request for retroactive benefits and MEDS does not show coverage for the requested months, the county shall follow the procedures for retroactive eligibility.
- Send a copy of the approval NOA to BCCTP to indicate that the individual is eligible to Medi-Cal and under which Medi-Cal program.

BCCTP will evaluate if the individual must be terminated from BCCTP or if she may continue under BCCTP. A woman would continue to be eligible for federal BCCTP if the woman has a Medi-Cal share-of-cost, or restricted Medi-Cal.

If during the MEDS review it is determined that the woman is no longer active in federal BCCTP, the county will either make the woman Medi-Cal eligible under the correct disability aid code and send an approval NOA to the woman if the DDSD-SP determines eligibility or deny Medi-Cal eligibility because there is no disability linkage and there is no other Medi-Cal linkage and send the final denial NOA to the woman denying all Medi-Cal programs.

APPEALS BASED ON DENIAL OF DISABILITY WITHOUT A BCCTP DETERMINATION

Women appealing their disability denial and who have a claim of disability due to breast and/or cervical cancer may be eligible for BCCTP. The BCCTP does not have disability determination requirements like regular Medi-Cal. The women must only be found to be in need of treatment of breast and/or cervical cancer and to be under 65 years of age. When a Medi-Cal applicant or beneficiary appeals a denial of Medi-Cal eligibility and that appeal is based on her having, or declaring to have, breast and/or cervical cancer, Administrative Law Judges (ALJs) have been instructed that the case must be referred to BCCTP.

The case must be referred to BCCTP by the county if the ALJ renders a decision to the county and the county has previously not referred the case to BCCTP. If the decision is rendered to the DDSD-SP and the MC 221 does not show a comment stating that a referral to BCCTP has been made, the DDSD-SP staff must fax the MC 221 to the county indicating a BCCTP referral appears necessary. The county must check the case file verify if a referral has been made to the BCCTP and if one has not been made, the county must make the referral.

The ALJ cannot make a ruling on the individual's Medi-Cal eligibility or otherwise uphold a NOA denying an applicant or terminating a female beneficiary from Medi-Cal until the federal BCCTP assessment is completed. If the case was not previously referred to BCCTP, the ALJ must pend the decision until the BCCTP determination is made. If

BCCTP determines that the woman is federal BCCTP eligible, the ALJ will dismiss the case based on federal BCCTP eligibility. If BCCTP determines that the woman is not eligible for federal BCCTP, and the woman does not qualify for Medi-Cal disability, the ALJ will deny the appeal.

APPEALS BASED ON DENIAL OR DISCONTINUANCE OF MEDI-CAL

When the county receives a fair hearing request from a woman who was determined not to be eligible for Medi-Cal, including federal BCCTP, the County is to write a position statement for the hearing. As part of the position statement, the County must contact the BCCTP and receive a statement from BCCTP as to the details of why the applicant or beneficiary was not eligible to the federal BCCTP.

If you have any questions regarding this letter, please contact Ms. Sara Rodriguez at (916) 552-9413.

ORIGINAL SIGNED BY:

Vivian Auble, Chief
Medi-Cal Eligibility Division

BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP)

The BCCTP may provide Medi-Cal to low-income people that live in California and have breast and/or cervical cancer.

If you have been denied Medi-Cal or you are no longer eligible for Medi-Cal through your county and you have breast and/or cervical cancer, tell your county Eligibility Worker (EW). Your EW can make a referral for you to the BCCTP.

An Eligibility Specialist (ES) from the BCCTP will call or write to you for more information. The requested information will help us to see if you are eligible for the program. You may be Medi-Cal eligible through the BCCTP if you are a woman and you meet the following requirements:

- Have been screened and found in need of treatment for breast and/or cervical cancer, follow-up care for cancer, or precancerous cervical lesions/conditions by an Every Woman Counts (EWC) or Family Planning, Access, Care and Treatment (FamPACT) provider; and
- Are a California resident; and
- Are under age 65; and
- Are a United States citizen or have satisfactory immigration status; and
- Have no other health insurance including full-scope no share-of-cost Medi-Cal, or Medicare; and
- Have a monthly gross family income, at the time of screening and diagnosis, that is at or below 200 percent of the federal poverty level.

If you have been screened for breast and/or cervical cancer by a provider that is not with EWC or FamPACT, you can still be referred to the BCCTP. Your BCCTP worker will help you find an EWC or FamPACT provider that can confirm your diagnosis.

Even if you do not meet all the above requirements, you may still receive BCCTP through the State-funded BCCTP. The State-funded BCCTP can help you for up to18 months for breast cancer or up to 24 months for cervical cancer. The State-funded BCCTP is available to men and women, regardless of immigration status.

For additional information or questions on the BCCTP, call 1-800-824-0088

Enclosure 1

COUNTY REFERRAL TO THE BREAST AND CERVICAL CANCER TREATMENT PROGRAM

To:	**From:**
Department of Health Care Services Breast and Cervical Cancer Treatment Program MS 4611 P.O. Box 997417 Sacramento CA 95899-7417 Phone number: 916-322-3410 Fax number:916-440-5693	Name of County: Name of Eligibility Worker (EW): Phone number of EW: Fax number of EW:

Applicant/Beneficiary Information:

Name:		Phone number:	Alternate/message phone number:
Address:(number, street)		City:	Zip Code:
Authorized Representative: ☐ Yes ☐ No	AR Name:	AR Phone number:	Applicant's/beneficiary's primary Language:
Case number:		CIN:	

Case Information (check all that apply):

- ☐ Referral is for an applicant.
- ☐ Referral is for a beneficiary.
- ☐ Case referred to the Disability Determination Service Division – State Programs for a disability evaluation
- ☐ Beneficiary put into an SB-87 Pending Disability aid code (6J, 6R, 5J or 5R).

Comments: