

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



California
Department of
Health Services

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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 303

TO: All Holders of the Medi-Cal Eligibility Procedures Manual

ARTICLE 4X – SINGLE POINT OF ENTRY PROCESSING AND REFERRALS
TO/FROM THE HEALTHY FAMILIES PROGRAM

Refer.: All County Welfare Directors letter (ACWDL) Nos. 99-01, 99-16, 00-31,
00-31E, 01-06, 02-36, 03-05, 03-08, 03-40 and Medi-Cal Eligibility Branch
Information Letter (MEBIL) No. I 03-11

Enclosed is a new section of the procedures manual outlining Single Point of Entry (SPE) Processing and Referrals to/from the Healthy Families Program (HFP). This represents a compilation of instructions issued via the ACWDLs listed above.

Welfare and Institutions (W&I) Code Section 14011.1 mandates a simplified Medi-Cal application package and mail-in process for pregnant women and children. A joint mail-in application form for Medi-Cal and HFP (MC 321) for Children and Pregnant Women was developed. The joint application is submitted to the SPE where it is screened to Medi-Cal or the HFP, and then is referred to either the HFP and/or the county Medi-Cal office where the child or pregnant woman resides.

Some of the highlights of the procedures include detailed descriptions of the following:

- The three application formats: MC 321 mail-in application, Health-e-app and telephone applications completed by customer service representatives at the HFP/Medi-Cal toll-free line, (1-888-880-5355).
- Explanation of the screening process at SPE.

- Responsibilities of the SPE, HFP, and the counties in processing applications and referrals.
- Instructions to complete and interpret the coding on the four transmittal types that accompany applications being referred to (or from) SPE, HFP or county offices.

Filing Instructions:

INSERT PAGES:

ARTICLE 4X
Pages 4X-1 through 4X-26

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If you have any questions, please contact Ms. Sara Rodriguez, Policy Analyst, at (916) 552-9506.

Sincerely,

Original signed by

Tameron Mitchell, R.D., M.P.H, Chief
Medi-Cal Eligibility Branch

Attachment

**4X-Single Point of Entry Processing and
Referrals to/from the Healthy Families Program**

I. BACKGROUND

Welfare and Institutions (W&I) Code Section 14011.1 mandates a simplified Medi-Cal application package and mail-in process for pregnant women and children. The intent of this law is to provide easy access for this population to apply for and receive Medi-Cal benefits as quickly as possible. A joint mail-in application (MC 321) for the Healthy Families Program (HFP) and Medi-Cal for Children and pregnant women was developed. The joint application is mailed to a single administrative vendor to be screened for income eligibility. This entity is referred to as the Single Point of Entry (SPE). The SPE administrative vendor is also the enrollment vendor for the HFP and in that role is referred to as the Healthy Families Administrative Vendor (HFAV). Because the application process between SPE, the HFP, and counties has evolved over the past several years, the purpose of this section of the procedures is to provide counties with a comprehensive guide to the current SPE and HFP policies and procedures.

II. The Application

A. Application Formats

1. MC 321

The HFP/Medi-Cal for Children and Pregnant Women application (MC 321) is a mail-in application, to be used in lieu of the MC 210. The MC 321 is available in ten languages (English, Spanish, Vietnamese, Cambodian, Hmong, Armenian, Cantonese, Korean, Russian, and Farsi). Counties may request the application in these languages using the HFP/Medi-Cal application order form available on the California Department of Health Services (CDHS) website. The website address is as follows: www.dhs.ca.gov/mcs/medi-calhome/HFApp.htm.

2. Health-e-App

Health-e- App (HeA) is a web-based application designed to parallel the MC 321 application process. HeA is available for use by Certified Application Assistants (CAA) and counties. It is not available for use by the general public. Applying with HeA is a two-step process. The first step is completing the application information via a secured Internet site as text data. The second

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step entails faxing all supporting information and signature pages to fax servers at SPE. The CAAs are to fax the signature page and all supporting documentation within 24 hours from the time they transmit the HeA. The above timelines are to allow the SPE to send all information together to the CWD.

3. Telephone application

Application by telephone is a third way an applicant can complete the MC 321. The applicant can call SPE at 1-800-880-5305 and have a customer service representative electronically complete the application. The form is mailed to the applicant for signature. The applicant will need to confirm that the information is correct, sign the application, and mail the application back to SPE along with copies of the required documents, such as proof of income and deductions, proof of citizenship/immigration status and the first month's premium.

B. Opt-Out

The MC 321 application informs applicants that based on the information submitted the children will be enrolled in the program they qualify for. A question on the MC 321 allows applicants an opportunity to choose to enroll in only Medi-Cal or only Healthy Families by checking the box of the program they do **not** want to be enrolled in. This is considered "opting-out".

C. Assistance with the application

If applicants need help in completing the application, they may call 1-800-880-5305 to receive help in their language. Operators at the toll free number can also provide applicants with the name and telephone number of a trained CAA in their community.

III. SCREENING PROCESS AT THE SINGLE POINT OF ENTRY FOR MAIL-IN APPLICATIONS

A. Processing Timeframes

SPE has four business days to screen the initial application to no-cost Medi-Cal or HFP. This includes contacting the applicant for additional or missing information (if necessary for file clearance), file clearance, reporting Accelerated Enrollment (AE), if applicable, and transmitting application information to Medi-Cal Eligibility Data System (MEDS). If

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enough information is available to screen to no-cost Medi-Cal, but not enough information is available to assign a Client Index Number (CIN), the application is forwarded to the County Welfare Department (CWD) without AE being issued. If there is not enough information to screen the application to no-cost Medi-Cal, the application is forwarded to HFP for additional research.

B. Screening Process Description

1. SPE Mailroom Operations

Applicants submit the MC 321, joint application form, in a pre-addressed envelope to SPE. Once received at the SPE mailroom, the application and all accompanying documents are assigned a document control number (DCN) stamped with the date of receipt and are electronically imaged (scanned) into the vendor's automated system. Applications processed through the web-based HeA are electronically transmitted to SPE, and are processed identically to the paper mail-in applications that are scanned into the system, with the exception that the date does not appear on the HeA application. Instead the date of receipt appears on the cover sheet entitled, "Maximus Document Separator Sheet" that accompanies the application.

2. Screening Procedures

- a. Initially, SPE screens all applications for the age-appropriate no-cost Medi-Cal, Federal Poverty Level (FPL) program for infants and children. The SPE income screening process is based on Section 8F-11 of the Medi-Cal Eligibility Procedures Manual (MEPM) and includes establishing the Medi-Cal Family Budget Unit (MFBU), responsible relative determinations, and income calculations applying all Medi-Cal income deductions.
- b. To screen for no-cost Medi-Cal, SPE conducts an age and income screening only, based upon the information stated on the application. The screening does not review immigration status. Income documentation, if provided with the application, is used for the income screening. Also, if the child's birth certificate is provided, it is used to determine the age and paternity of the child.

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- c. The SPE screening does not verify information that is provided by the applicant, such as income or immigration. SPE is not required to verify any of the information provided with the application. It is possible that sibling children on the same application will not be screened to the same program.

Note: It is the responsibility of county Medi-Cal staff to request any required verifications from the applicant for children screened to Medi-Cal, and the responsibility of HFP staff to request any required verification from the applicant for children screened to the HFP.

3. File clearance

SPE conducts a file clearance on each applicant child and pregnant woman, following guidelines provided by CDHS. SPE does not request Social Security Numbers (SSN) or cards. If the SSN is provided, it is used in the file clearance process. Based on the results of the file clearance, SPE either assigns a CIN to individuals that do not have a CIN, or uses an existing CIN for individuals known to MEDS. If file clearance results in multiple CINs for an individual, designated staff research the records and complete a MEDS transaction to combine the duplicate records.

4. Accelerated Enrollment (AE)

If the screening process indicates potential eligibility for no-cost Medi-Cal, and there is no current or future month eligibility on MEDS, SPE reports AE eligibility to MEDS. AE coverage begins the first day of the month in which the child was screened to no-cost Medi-Cal and will continue until the CWD makes the final determination. SPE cannot discontinue AE.

5. Applications Forwarded to the Counties

The HeA and supporting documents are intended to be mailed together. SPE forwards a transmittal, the original mail-in application or a copy of the HeA application and all supporting documents received with the application to the county of residence in any of the following circumstances (See Section F for detailed information on transmittals). However, if SPE did not get the supporting documentation timely, the application will be mailed first and then SPE sends the verifications to the CWD as soon as they

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received. The field "Date original application forwarded to CWD" is entered on the transmittal.

- a. The screening process indicates potential eligibility for no-cost Medi-Cal for any of the applicant children and the applicant did not opt-out of Medi-Cal. These children will have an "M" in the "Screened for" field on the detail transmittal form.
- b. Children age 19-20 applying for benefits.
- c. Question number 16 on the joint application, "I do not want Healthy Families" is checked.
- d. Question number 34 on the joint application, "Are any family members who are living in the home pregnant?" is marked yes or Section 2, questions 17-32 are answered under the last column marked, "Pregnant Woman".
- e. Question number 36 on the joint application, "Do any of the people listed in this section, or any of the parents listed in Section 2, want Medi-Cal" is marked yes.
- f. Question number 49 on the joint application, "Does the pregnant woman and/or child want to apply for Medi-Cal coverage for any expenses in the last three months?" (Retroactive Medi-Cal) is marked yes.

NOTE: In some instances, SPE screens all of the applicant children to the HFP, but because the parents or older siblings want Medi-Cal, or there were medical expenses in prior months and retroactive Medi-Cal is requested, the application is forwarded to the county of residence. The "screened for" indicator on the detail transmittal for those children screened to HFP will be set to 'H.' The CWD does not need to determine Medi-Cal eligibility for these children. The county should only explore Medi-Cal eligibility for other family members, and/or retroactive Medi-Cal. No paperwork should be returned to the HFP.

6. Transmittals

SPE sends a detail transmittal with each application forwarded to counties. A transmittal is a computer-generated form, which gives detailed information for the reason each application is referred to the CWD by SPE and the outcome of the income screening for each person that requests health coverage. The application date is the date received at SPE. This date is found on the detail transmittal.

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See Section F below for an explanation and detailed description of the transmittal process.

7. Applications Forwarded to HFP

SPE forwards to the HFP the application and supporting documentation received with the application for applicants up to age 19 that did not opt-out of HFP in any of the following circumstances:

- a. Any child(ren) with countable income above no-cost Medi-Cal limits.
- b. A pregnant child up to age 19 with countable family income over the 200 percent Federal Poverty Level (FPL).
- c. Question number 16 on the joint application, "I do not want Medi-Cal" is checked.
- d. A county returns an application with the determination of not eligible to no-cost Medi-Cal.

8. Notification

SPE sends a letter to applicants advising them that their application was forwarded to the CWD of residence for a Medi-Cal eligibility determination, to the HFP or both CWD and HFP. If the child is granted AE, a Benefit Issuance Card (BIC) and information on how to utilize Medi-Cal services are sent to the family.

C. Program Opt-Out Actions

1. Healthy Families Opt-Out

If the opt-out question of the application indicates that HFP is not desired, SPE does not conduct an income screening, however, SPE will conduct a file clearance, assign a CIN for each applicant, screen for AE and forward the application and all supporting documentation to the CWD of residence. The county must process the application even if the income is too high for no-cost Medi-Cal. The county must then make a share-of-cost Medi-Cal determination, including a property evaluation. In this instance, the county should explain to the applicant that the children might be eligible to HFP, and ask them to reconsider their choice. This consent can be either a signed statement or a verbal request. The written authorization from the applicant must accompany the

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application. If the applicant's consent to have the application forwarded to the HFP is verbal, the CWD should record this in their Medi-Cal record and also indicate this in the 'Comments' section of the transmittal and send it to the HFP. Because the HFAV has the application and documentation scanned into its automated system, the county does **not** need to return the application or paperwork that accompanied the transmittal from SPE/HFP. The county should include any new verification, the budget sheet and/or NOA.

2. Medi-Cal Opt-Out

If the opt-out question of the application indicates that Medi-Cal is not desired, SPE will forward the application to HFP. HFP requests any necessary information and verifications in order to complete an eligibility determination. If the eligibility determination finds the applicant potentially eligible to no-cost Medi-Cal, HFP sends a letter to the applicant asking that Medi-Cal be reconsidered. The applicant has 90 days in which to reply to the reconsideration letter. If the applicant returns the reconsideration letter consenting to forward the application to the CWD within 90 days, the HFP evaluates for AE eligibility, forwards the original application, the signed reconsideration letter, and all the supporting documentation to the CWD. The Medi-Cal application date is the "date referred" on the detail transmittal. If the reconsideration letter is received beyond the 90 days, the applicant will need to submit a new application with current verification.

D. County Responsibility

1. Processing Timeframes

The CWD has 45 days to make a Medi-Cal eligibility determination. The Medi-Cal application date is described in Section F below.

2. Eligibility Determination

NOTE: SPE does not require verifications when screening applications. If the applicant sends in verification, it will be used in the screening process. If no verification is received with the application, SPE will screen children based on income amounts listed on the application.

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Upon receiving an application from SPE or HFP, the CWD is responsible for completing the Medi-Cal eligibility determination based upon Medi-Cal regulations. Counties are to determine eligibility for children and pregnant women without delay. If other family members request Medi-Cal, the CWD is not to delay the determination for children and/or pregnant women while obtaining the necessary information from the other members. If additional information is needed for an accurate eligibility determination, the CWD shall use information/verification contained in open public assistance (PA) case records and/or case records closed within the last 45 days. If the above is not available, then the CWD shall gather all required information/verifications from the applicant. The county must report the outcome of all applications (grants and denials) to MEDS in order to shut down the AE or Child Health and Disability Prevention (CHDP) Gateway eligibility.

The CWD must request any necessary information from the applicant for other family members requesting Medi-Cal or retroactive Medi-Cal and complete the determination based upon Medi-Cal regulations.

3. Rights and Responsibilities

The MC 321 contains a short list of Medi-Cal Rights and Responsibilities. Counties must send the applicant an MC 219 upon receipt of the referral from SPE. A returned, signed copy of the MC 219 is not required; however, the counties must document that the MC 219 was mailed and the date mailed in the case file.

4. Immigration Status

Question 25 on the MC 321, asks if the person requesting coverage is a U.S. citizen or National? If the question is answered “no,” the applicant must provide verification of his/her satisfactory immigration status (SIS). The verification may be sent in with the MC 321 or within 30 days. If counties have all other information necessary to make an eligibility determination and the child is found to be otherwise eligible for no-cost Medi-Cal, the child must be approved for Medi-Cal with full-scope benefits. Once the verification of SIS is received, the CWD must run the Systematic Alien Verification for Entitlements (SAVE). SAVE will ultimately determine an alien’s immigration status. If the immigration verification is not received within the 30 days, the CWD shall

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reduce benefits to restricted scope coverage after a ten-day notice of action period. If the CWD receives verification that the applicant is **not** eligible to full-scope Medi-Cal, the CWD shall issue a ten-day notice and reduce benefits to restricted scope coverage.

5. Brochures/Forms

The following program brochures/forms are not included with the revised mail-in application and instructions. Upon receipt of the mail-in application, counties are to send the following brochures/forms to the applicant:

- The CHDP Informational Publication.
- MC 007 "Medi-Cal General Property Limitations."
- Medi-Cal Brochure (Pub 68)
- MC 003 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Brochure.

The above items may be mailed at the same time as the MC 219.

6. Application tracking

W&I Code Section 14011.9 mandates the department to issue instructions to CWDs via an all-county letter to establish an automated system for tracking the status of applications received by a CWD via SPE. As a result, All County Welfare Directors Letter (ACWDL) 03-08 instructed counties to submit separate transactions for each individual listed on the application. Two MEDS transactions are designed for this purpose, AP18 and AP34.

- a. AP18 – Reports the receipt of an application. In instances where the CWD can determine the disposition of the application at the point of initial processing (e.g., denial due to duplicate application), the denial/referral can be submitted via the AP18.
- b. AP34 – Updates pending application information, reports the denial of an application or updates the status on a pending application previously reported to MEDS via an AP18. This transaction is also used to report a HFP referral.

7. County Returns to SPE

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If after making the determination, the CWD finds that the child(ren) is not eligible for no-cost Medi-Cal, the CWD is to return the Healthy Families Administrative Vendor (HFAV) Transmittal Form with the "County Response Area" completed and the necessary enclosures. The only exception to the above are undocumented children. These children do not meet the eligibility criteria for HFP. See Section F of this procedures manual below for an explanation and detailed description of the transmittal process.

IV. HFP ACTIONS

A. Processing Timeframes

HFP has ten calendar days from the date the application is received from SPE to complete the application review of a complete application and 20 calendar days from date of receipt for applications needing further information or documentation (i.e., incomplete applications).

B. Applications screened to the HFP by SPE

In order for the HFP staff to determine eligibility for the HFP, all the necessary verifications, health plan choice, and premium payments must be processed prior to HFP enrollment. Once eligibility has been established, health coverage begins in ten calendar days. Once eligibility is established, children are covered for 12 months unless the child turns 19, is disenrolled for nonpayment of premiums, or the family submits a written disenrollment request. If eligibility is not established within 20 calendar days from the date the application was received by HFP, the applicant is denied HFP and the applicant is sent the appropriate denial letter with appeal rights.

C. Initial applications forwarded to the CWD by the HFP

If the HFP determines that one or more of the children are potentially eligible for no-cost Medi-Cal, the application and supporting documents will be forwarded, under cover of a transmittal, to the CWD of residence. If all factors have been met for AE, the children's AE eligibility will be reported to MEDS by SPE. The Medi-Cal application date is the date the application was received at SPE. This date is found on the detail transmittal.

D. Annual Eligibility Review (AER)

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Each year the family must submit an AER packet in order for the HFP to make a redetermination of eligibility. HFP mails the packet not more than 75 days and not less than 60 days prior to the subscriber's anniversary date with the program. The due date displayed on the AER packet is the subscriber's anniversary date in the HFP. AER packets are generally accepted all the way up until the last day of the anniversary month. If at AER, the HFP determines that one or more of the children are potentially eligible for no-cost Medi-Cal and the family authorized the AER to be sent to Medi-Cal, the AER application and supporting documents will be forwarded, under cover of a transmittal, to the CWD of residence. These children will receive two months of Bridging. The Bridging program provides an additional two months of HFP for the child(ren) thus allowing the CWD time to make a Medi-Cal determination. The Medi-Cal application date is the "Date referred" on the detail transmittal.

E. Add-A-Person Applications – non-AER

Sometimes, an Add-a-Person application is received at the HFP during the 12-month eligibility period, not at the AER, and the children screen to no-cost Medi-Cal. In these instances, if the family authorized the application to be sent to Medi-Cal, the Add-a-Person form, the last application or AER on file with HFP, and all supporting documentation will be forwarded to the CWD of residence. If all factors have been met for AE, this eligibility will be reported to MEDS by SPE. The Medi-Cal application date is the date the add-a-person application was received at HFP. This date is found on the detail transmittal. Only the person on the add-a-person form will be evaluated for eligibility.

F. Add-A-Person Applications – AER

An Add-a-Person application can be received at HFP with the AER packet. This may cause all the children or some of the children to be screened to no-cost Medi-Cal. In these instances, if the family authorized the application to be sent to Medi-Cal, the Add-a-Person form, the AER, and all supporting documentation will be forwarded to the CWD of residence. If all factors have been met for AE, this AE eligibility for the added child will be reported to MEDS by SPE. The other children on the AER form who are determined to have income below the HFP income level will be granted an additional two months of Bridging HFP coverage while their application is forwarded to the CWD or the Reconsider Medi-Cal letter is sent. The Medi-Cal application date is the "Date referred" on the detail transmittal.

G. Re-enrollment Form

If a child is disenrolled from HFP, the family may complete a re-enrollment form within 60 days of disenrollment. HFP disenrollment always occurs on the last day of the month. The re-enrollment form must be accompanied by proof of income and deductions as well as the first month's premium and any past due amount. If the HFP determines that one or more of the children are potentially eligible for no-cost Medi-Cal, and the family authorized the application to be sent to Medi-Cal, the re-enrollment form, the last application received and all current supporting documents will be forwarded, under cover of a transmittal, to the CWD of residence. If all factors have been met for AE, the children's eligibility will be reported to MEDS by SPE. The Medi-Cal application date is the "Date referred" on the detail transmittal.

H. Premium Re-evaluation Form

At any time of the year, a member may ask for a Premium Re-evaluation Form in order to request HFP to reevaluate the monthly premium. This form must be accompanied by proof of income and deductions. If the HFP determines that one or more of the children are potentially eligible for no-cost Medi-Cal and the family authorized the application to be sent to Medi-Cal, the Premium Re-evaluation, the last application or AER form received and all current supporting documents will be forwarded, under cover of a transmittal, to the CWD of residence. The children who have been on HFP will be bridged for two months in order to allow the CWD adequate time to make an eligibility determination. The Medi-Cal application date is the "Date referred" on the detail transmittal.

V. CWD Forwarding to HFP

A. New applications

If the CWD determines that the applicant child(ren) is eligible for share-of-cost Medi-Cal or is denied Medi-Cal, the family income is below 250 percent FPL and the parent/caretaker consents, then the case will be forwarded to the HFP. The most current application, supporting documents, copy of the NOA sent to the client showing the SOC amount or denial reason and a copy of the Medi-Cal Budget Computation Worksheet (unless the complete budget computation is found on the NOA) will be forwarded, under cover of a transmittal, to the HFP.

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B. Redeterminations

If at the annual redetermination the family's income is found to be above the child's FPL for no-cost Medi-Cal, but within the HFP income guidelines, and the applicant authorizes the application to be forwarded to HFP, then the CWD will forward the application to the HFP. The packet must include the most current application, supporting documents, copy of the NOA sent to the client showing the SOC amount and a copy of the Medi-Cal Budget Computation Worksheet (unless the complete budget computation is found on the NOA) under cover of a transmittal, to the HFP. These children will receive one month of Bridging. The Bridging program provides an additional month of no-cost Medi-Cal for the child(ren) thus allowing adequate time for the child to apply for HFP.

Note: If the family has given the CWD authorization to forward the application to HFP, the CWD must forward the application to HFP for a determination and not request the family to send in a new application to the HFP.

VI. TRANSMITTALS

Transmittal forms are the main form of communication between SPE, HFP, and the CWDs. For this purpose there are four transmittals. They are the HFAV Summary Transmittal; HFAV Detail Transmittal; County Summary Transmittal, and County Detail Transmittal. Below are instructions on completing and reading each of the transmittals.

A. HFAV Summary Transmittal

1. Description

This is a computer-generated summary of all applications being referred to the CWD. The CWD shall review the HFAV Summary Transmittal for accuracy prior to assigning the cases. If CWDs discover a discrepancy between the number of applications listed and the actual applications sent, the CWDs are to contact the SPE Liaisons immediately (See Section G below regarding SPE Liaisons).

2. Explanation of Fields

| | | |
|----|--------------------|---|
| i. | County Name | This identifies the County to which the applications belong. Please review the transmittal to ensure the county identification is |
|----|--------------------|---|

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| | | |
|-------|----------------------------|---|
| | | correct. If it does not belong to your county, please return it immediately to: Healthy Families Attn: SPE P.O. Box 138005 Sacramento, CA 95813-8005 |
| ii. | Courier Number | SPE use only. |
| iii. | Total Apps | Total number of new applications (same as intake at CWD). |
| iv. | Total PREs | Total number of cases determined to be potentially eligible to Medi-Cal at the time the Premium Re-evaluation form is evaluated. |
| v. | Total AERs | Total number of cases determined to be potentially eligible to Medi-Cal at the Annual Eligibility Review (same as redeterminations at CWD). |
| vi. | Total AAPs | Total number of add-a persons (same as CWD). |
| vii. | Total Addl | Total number of cases having sent in additional information or verification since the original application was forwarded to the CWD. |
| viii. | Total Transmittals | Grand total of applications sent and should be the total of above 5 categories (iii-vii). |
| ix. | Family Number (FMN) | This is the SPE/HFP case number. It is also known as the Case Control Number (CCN). This number is needed when CWDs contact HFAV with questions regarding a case. This FMN can also be used as a search option in MEDS via IAPP screen to track an application. |
| x. | Transfer Type | Specifies the type of document, such as new application AER, AAP, Addl...or Pre |
| xi. | AE Eligible | A "Y" in this column means the child was granted AE. |
| xii. | DCN | Document Control Number (DCN): a tracking number used by SPE |

B. HFAV Detail Transmittal

1. Description

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This is a computer-generated form that accompanies each application referred to the CWD by either SPE or the HFP. The transmittal is a summary of each application sent and advises the CWD how the application was screened by summarizing items, such as how each person is screened, the family composition, and income used.

2. Explanation of fields

a. Case Level Information

| | |
|---|---|
| County Name | This identifies the designated County. Please review the transmittal to ensure the county identification is correct. If it does not belong to your county, please return it immediately to: Healthy Families Attn: SPE P.O. Box 138005 Sacramento, CA 95813-8005 |
| Date original application forwarded to CWD | If this field contains a date it is because SPE or the HFP had previously sent the original application. SPE/HFP are now forwarding changes, new verification or new information on one or more members of the application. Use this date to track when the original application was forwarded to the CWD. |
| Case Control Number (CCN) | This is the same as the FMN on the Summary Transmittal. This is the SPE/HFP case number. |
| Date Received | This is the date SPE received the original application. Use this date as the Medi-Cal application date for new applications and for Add-A-Person applications not associated with the AER. |
| Date Referred | This is the date the HFP determines an application should be referred to Medi-Cal. Use this as the Medi-Cal application date for HFP AER, Add-a-Person applications associated with the AER, Premium Re-evaluation Form, Re-enrollment Form and when a family opts out of Medi-Cal and then signs a reconsideration letter. |

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| | |
|---------------------------------------|---|
| Opt-out of HF | Y= Family does not want HFP. The county must process the application even if the income is too high for no-cost Medi-Cal. The county must then make a share-of-cost Medi-Cal determination, including a property evaluation. The county should explain to the applicant that the child(ren) might be eligible for the HFP, and ask if they want to reconsider their choice. The family's consent can be either a signed statement or a verbal request. If the consent to have the application forwarded to the HFP is verbal, indicate this in the 'Comments' section of the transmittal and return it to the HFP. |
| Unlisted Member Wants Medi-Cal | Y= Question number 36 on the joint application, "Do any of the people listed in this section, or any of the parents listed in Section 2, want Medi-Cal" is marked yes. The CWD will make a Medi-Cal determination for these individuals. N = No other family members are requesting Medi-Cal. |
| Retro MC Requested | Y = Question number 49 on the joint application, "Does the pregnant woman and/or child want to apply for Medi-Cal coverage for any expenses in the last three months?" (Retroactive Medi-Cal) is marked yes. The CWD will make a determination for retro Medi-Cal based on the regulations for retro Medi-Cal. N = Applicant is not requesting retro Medi-Cal. |
| Type | This designates the type of application being forwarded: SPE: A new case that was screened to Medi-Cal through Single Point of Entry. HF: A case that was screened to Medi-Cal by an Eligibility Enrollment Specialist (EES) through Healthy Families (This would include initial applications screened to HFP originally but further verification screens them to Medi-Cal, Re-enrollment). AER: This case was screened to Medi-Cal during the Annual Eligibility Review. ADD: This case was screened to Medi-Cal while an Add-a-Person form was worked on by HFP. PRE: This case was screened to Medi-Cal while a Premium Re-evaluation form was worked on by HFP. |

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b. Individual Level Information

| | | | | |
|------------------------------|---|--------------------------------|-----|-----------------|
| Member | Numeric number assigned to each member of the application. (Same as person number in the CWD). 1=Applicant 2-99 All other persons | | | |
| CIN# | This is the Client Identification Number (CIN) that SPE has assigned to this individual. | | | |
| Names | Last Name; First Name; Middle Initial: This should list all the names of individuals listed on the application. CWD should review for accuracy. | | | |
| Relation to Applicant | 1 * | Applicant's child | M * | Adopted child |
| | 2 * | Second adult's child | N | Niece or nephew |
| | 3 * | Significant other | O | Other |
| | A | Aunt or uncle | P | Parent |
| | B | Step-child | Q * | Cousin |
| | C | Common child | S | Spouse |
| | D * | Son or daughter-in-law | T | Stepfather |
| | F | Foster child | U * | Unborn |
| | G | Grandparent | V | Stepmother |
| | H * | Dependent of a minor dependent | W | Ward |
| | J | Brother or sister | X * | Ex-spouse |
| | K | Grandchild | Y | Self |

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| | L | Legal guardianship | | |
| Date of Birth | The date of birth for each individual. CWD should review for accuracy. | | | |
| SSN | The social security number for each individual, if provided. CWD should review for accuracy. | | | |
| Screened for | This field indicates which program the individual has been screened to: M = Medi-Cal H = Healthy Families N = Not screened to either program | | | |
| Pregnant Indicator | Y = Question number 34 on the joint application, "Are any family members who are living in the home pregnant?" is marked yes or Section 2 questions 17-32 are answered under the last column marked, "Pregnant Woman". N = Not pregnant Counties shall expedite eligibility determinations for all pregnant applicants. | | | |
| AE Start Date | Effective date of Accelerated Enrollment. The AE effective date is the first day of the month in which eligibility is determined. This eligibility is only terminated when the county reports a Medi-Cal eligibility determination (approval or denial) on MEDS. | | | |
| Budget Unit | The budget unit the individual belongs to per SPE/HFP screening. | | | |

* These relationship codes are not used at this time. CDHS will advise county staff if these codes will be used in the future.

c. Income/Budget Unit Section

| | |
|----------------------------|--|
| Member | The member number to whom the income is associated. |
| Frequency of Income | A = Weekly B = Bi-weekly C = Bi-monthly D = Monthly E = Yearly |
| Type of Income | SPE/HFP assigns a number or letter to each type of income. |

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| | | | | |
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| | 1 | Employee pay stub | G | RSDI |
| | 2 | Federal tax form | H | Veterans |
| | 3 | Award letter | I | Railroad Retirement |
| | 4 | W2 (not accepted by HFP) | J | SDI |
| | 5 | Bank statement with direct deposit | K | Worker's Compensation |
| | 6 | Employer statement | L | Unemployment |
| | 7 | Quarterly P&L statement | M | Pension/retirement |
| | 8 | NOA | N | Grants |
| | 9 | Child support | O | Settlements |
| | A | Alimony | P | Gift |
| | B | SSA | Q | Lottery/bingo |
| | C | Self-employment statement (not accepted by HFP) | R | Other |

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| | F | Affidavit | | |
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| Income Type Amount | The gross amount of income associated with this member, income type and frequency as determined by HFAV. |
| Budget Unit | The Budget Unit number that HFAV associates with the corresponding income and individual. Not used by CWD. |
| Family Size | The total number of family members on the case used by HFAV to determine income levels for the corresponding Budget Unit. (Same as MFBU in CWD). |
| Total Gross Income | Total monthly income, before deductions, as determined by HFAV. |
| Deductions | The total amount of deductions allowed by HFAV for the corresponding Budget Unit. This includes the \$90 deduction for work, when appropriate. |
| Total Net Income | This is the Total Gross Income minus deductions. |
| Percent FPL | This is the percentage of the Federal Poverty Level for the corresponding Budget Unit, as determined by HFAV. |
| Members | These are the members who are part of this Budget Unit. (Same as MBU in CWD). |

d. County Return Section

| | |
|----------------------------------|---|
| Case Name | CWD enters the case name. |
| Case Number | CWD enters the county case number. |
| County Representative | CWD enters the name of the person completing the transmittal. |
| Phone Number | CWD enters the phone number for the above person. |
| Date Referred | CWD enters the date the transmittal is being completed for return to SPE. |
| Reasons for Return to SPE | CWD checks the appropriate box(es) for why the transmittal is being returned. |

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| | <p>Applicant checked "I do not want Healthy Families." Applicant now wants Healthy Families.</p> | <p>If the applicant has given written permission to forward the application to HFP, then forward the written statement. If authorization was over the phone, use the comment section to record the authorization.</p> |
| | <p>CIN was missing, now located or a new one assigned.</p> | <p>Check this box if a new CIN is assigned, the wrong CIN was listed on top portion or if there are CIN merges needed.</p> |
| | <p>Amount of child support or child care expense shown on application not verified.</p> | <p>Check this box if the verification is not being provided, and this results in the member(s) having a SOC. CWD must indicate the member, the SOC amount and provide the NOA and budget sheets.</p> |
| | <p>Changes in household membership.</p> | <p>Check this box if the CWD has a change in family composition, which results in a different eligibility determination.</p> |

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| | Not eligible for Medi-Cal. | Check this box if it applies and use the next few boxes to further explain. |
| Member Changes | For the person(s) who is affected, use the same member number at top portion of transmittal. | |
| County Assigned CIN# | List the CIN that the CWD found as the correct number. | |
| Active Case Individual on... | If SPE/HFP included a person who is active on a PA program, list the program they are active on. | |
| Not Eligible for Medi-Cal... | Not currently in use. This field was placed on the transmittal for Parental Expansion which has not been implemented. | |
| Comments | Include any additional information that affected the eligibility determination. | |
| Enclosures | Check the appropriate boxes. CWD must include NOA and budget worksheets. | |

C. County Summary Transmittal

1. Description

This is the summary of all applications being referred from the CWD to HFP. The transmittal can be completed on line at www.dhs.ca.gov/publications/forms/medi-cal/eligibilitybynumber.htm. The form number is MC 363S.

a. Explanation of Fields

| | |
|----------------------------|--|
| County Name | This field identifies the sending CWD. |
| Number of Referrals | The number of referrals must agree with the total number of applications listed on this transmittal as well as with the total number of applications sent. |
| Contact Person | Name of person to be contacted at the CWD regarding the applications. |
| Telephone | Telephone number of the person listed above. |

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| Case Name | List the case names of all the applications that will be forwarded with the transmittal. |
| Case Number | List the corresponding county case number for each case listed. |

D. County Detail Transmittal

1. Description

This transmittal is to be used with county initiated applications only. The County Detail Transmittal can be completed on line at www.dhs.ca.gov/publications/forms/medi-cal/eligibilitybynumber.htm. The form number is MC 363. Do not use this transmittal for County returns of applications that originated at the HFAV. For county returns, only use the County Response Section of the HFAV detail transmittal.

2. Explanation of Fields

| | |
|--------------------------------|--|
| County Name | This field identifies the sending CWD. |
| County Representative | Name of person to be contacted at the CWD regarding the applications. |
| Telephone Number | Telephone number of the person listed above. |
| Date Referred | The date the CWD mails the application to. HFAV. |
| Case Name | List the case name of the application that will be forwarded with this transmittal. |
| Case Number | List the corresponding county case number for the above case. |
| Applicant Name | Name of the person identified as the applicant. This can differ from the case name. |
| Language Spoken | Applicant's primary spoken language, if known. |
| Language Written | Applicant's primary written language, if known. |
| Applicant Phone Number | Phone number for the applicant. |
| One or more individuals | Changed mind about not wanting Healthy Families: The applicant originally opted-out of HFP but has subsequently requested HFP. If the applicant gave the authorization to forward the application in writing, please include the authorization with the application. If the authorization was verbal, please make a |

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| | <p>notation in the "Comments" section of the transmittal.</p> <p>Were determined ineligible for Medi-Cal (see comments): If anyone listed on the application is not eligible for no-cost Medi-Cal for reasons other than having a SOC, please notate the person(s) and the reason under the "Comments" section.</p> <p>Were determined to have a SOC (see below): For any individual found to have a SOC, please check this box and enter the information in the section below.</p> |
| Type of Application | <p>Food stamps only application: Starting 07/01/03, HFP accepts these applications.</p> <p>School lunch application: Starting 07/01/05, HFP accepts these applications. HFP will still need to contact the applicant to obtain health plan information and the premiums.</p> <p>Redetermination (RV): Check this box if you are forwarding the MC 210RV. HFP will still need to contact the applicant to obtain health plan information and the premiums.</p> |
| HF Requested | <p>Yes = This individual has requested HF benefits</p> <p>No = This individual has not requested HF benefits, but is included in the MFBU for budgeting purposes.</p> |
| M/C FBU | <p>Yes = This individual is included in the MFBU for budgeting purposes.</p> <p>No = This individual is not included in the MFBU for budgeting purposes.</p> |
| List all Household Members | List all the household members by name. |
| CIN Number | List the CIN attached to this individual. HFAV will use the CIN provided. Please ensure that any CIN discrepancies have been resolved. |
| Social Security Number | List the Social Security Number for this individual, if available. |
| Sex | Identify the individual's gender. |
| Date of Birth | List the date of birth for this individual. |
| Relationship to Applicant | List the relationship of individual identified to the applicant. |

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| Individual Gross Income | List the gross income used in the budget for each individual. If the individual has more than one source of income, list each source of income on separate lines. |
| Type of Income | Identify the type of income known for this individual. If the individual has more than one source of income, list each type of income on separate lines. |
| Share-of-Cost Amount | Enter the SOC amount for this individual. |
| Enclosures | The CWD must include: Medi-Cal NOA, Medi-Cal budget worksheet and a copy of the application (MC 210 or MC 210RV). The CWD may include, if available: Birth certificates, Immigration verification, verification of residency, and any other verification pertinent to eligibility. |
| Comments | Explain why the application is being forwarded to HFP. Identify any individuals who are receiving Public Assistance (SSI, CalWORKS, etc.) |

VII. COUNTY LIAISONS

There are two different types of liaisons available to CWDs to ensure that SPE and/or HFP issues and problems are resolved.

A. County Liaisons at SPE

SPE retains three County Liaisons with experience in determining Medi-Cal eligibility. They have two main functions.

1. SPE Eligibility Issues

SPE liaisons handle questions regarding SPE screening, transmittals, HFP eligibility, and/or CWD return applications. Effective January 1, 2004, the SPE County Liaisons can be reached at (916) 673-4602 or via e-mail at SPELiaisons@maximus.com.

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2. MEDS Issues

The liaisons also handle CWD questions and requests regarding MEDS discrepancies. They can be reached via e-mail at HFPMEDS@maximus.com.

Note: The contact information provided above is solely for the use of County and State personnel. Please do not give out to the public.

B. County Liaisons at DHS

CDHS has analyst positions appointed to be liaisons between SPE/HFP and CWD. DHS liaisons can be contacted if problems and/or issues cannot be resolved at the SPE liaison level.