STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
14/744 P STREET
ACRAMENTO, CA 95814

July 29, 1985

TO: All County Welfare Directors
County Administrative Officers

Letter No. 85- 54

BEGINNING MONTH OF ELIGIBILITY AND INTERCOUNTY TRANSFER PROCESS FOR FOUR MONTH AND NINE MONTH CONTINUING MEDI-CAL COVERAGE

This letter is to provide you with clarification on the beginning month of eligibility and the intercounty transfer process required for Four Month and Nine Month Continuing Medi-Cal coverage.

Beginning Month of Eligibility for Continuing Medi-Cal Coverage

Medi-Cal regulations (Title 22, California Administrative Code (CAC) Section 50243) state that eligibility for Four Month Continuing no cost Medi-Cal shall continue for a period of four months following the most recent month in which the family became ineligible for AFDC. Title 22, CAC, Section 50244 states that eligibility for Nine Month Continuing shall continue for a period of nine consecutive months following the most recent month in which the family became ineligible for AFDC. The month in which eligibility for Four Month or Nine Month Continuing begins, therefore, is the month immediately following the month in which the family became ineligible for AFDC irrespective of the termination date on the AFDC Notice of Action. In other words, for purposes of Continuing Medi-Cal coverage, the most recent month in which the family became ineligible for AFDC is the month in which the family is actually considered ineligible for an AFDC assistance payment.

- Example: The Smith Family was receiving AFDC benefits in January 1985. In early February, Ms. Smith notified her eligibility worker (EW) that both she and her husband would be employed as of March 1, 1985. Due to the significant increase in income, the Smith's were determined to be ineligible for AFDC and were sent a Notice of Action terminating AFDC benefits effective February 28, 1985. Four Month Continuing eligibility for the Smith's began March 1, 1985.

- Example: The Brown family was receiving an AFDC cash grant in March 1985. On April 15, 1985, Ms. Brown received a promotion and an increase in earnings which caused her family to be ineligible for an AFDC aid payment during the entire month of April. She notified her EW of this change in income on April 17, 1985. Due to the increase in income, the Browns were determined to be ineligible for AFDC and were sent an NOA terminating AFDC benefits effective April 30, 1985. Additionally, the county initiated overpayment procedures for the month of April. Four Month Continuing eligibility for the Brown family began in April.

- Example: The county allowed the Glass family assistance unit the $30 plus 1/3 earned income disregard for the months of September through December; however, due to an administrative error, the Glass family continued to receive the disregard until March 1985. The family was sent an NOA terminating AFDC effective March 31, 1985 and overpayment procedures were initiated for January, February and March. Nine Month Continuing eligibility for the Glass family began in January. As the Glass family already received three months of AFDC cash-based and therefore no-cost Medi-Cal cards (aid code 30) for January through March, the county is only required to provide Medi-Cal cards (aid code 39) for April through September.

Intercounty Transfer Process for Continuing Medi-Cal Coverage Groups

Medi-Cal regulations (Title 22, CAC, Section 50136) require that an intercounty transfer be initiated within 14 days of the date the county learns of a change in county of responsibility. Although generally the originating county must maintain responsibility for card issuance and, when appropriate, case monitoring in Four Month and Nine Month Continuing Cases (CAC Section 50137(a)(2)), the intercounty transfer process must still be initiated within 14 days in accordance with Title 22, CAC, Section 50136. (Through mutual agreement, a county may transfer responsibility for all case activity before the four and nine month periods expire, in accordance with CAC, Section 50137(c).) Prior to the expiration of the Four Month or Nine Month Continuing coverage and in time for any adverse NOA to be issued, the receiving county must determine whether Medi-Cal eligibility exists under another program.

Example: On January 1, 1985, the Woo family began receiving Nine Month Continuing in San Benito County. In March, the Woo family notified San Benito County Welfare Department (CWD) that they had moved to El Dorado County. San Benito initiated the inter-county transfer within 14 days but continued to maintain responsibility for Medi-Cal card issuance until the family was discontinued from Nine Month Continuing effective September 30, 1985. During the month of August, El Dorado CWD contacted the family and determined that they would be eligible for Medi-Cal as medically needy persons and granted eligibility effective October 1, 1985.

Should you have questions regarding this policy, please contact Catherine Buber-Chatten at (916) 324-4972.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: December 31, 1985