

# Medi-Cal/CHIP and Public Health Crises or Disasters

Medi-Cal Eligibility Division Policy Development Branch



# Types of Public Health Crises and Disasters

- Hurricanes (e.g., Hurricanes Katrina, Maria, Harvey and Irma)
- Wildfires (e.g., California wildfires)
- Flooding (e.g., Hurricane Harvey Floods in Texas)
- Public health crises (e.g., Flint, Michigan lead contamination crisis)



## Flexibilities

Timely determination of eligibility

Self-Attestation

 Signed affidavit in place of Verification Documentation



- 42 Code of Federal Regulations (CFR) §435.912(e)(2) - Timely determination of eligibility.
  - provides an exception to timeliness standards for applications and renewals in an emergency or under unusual circumstances beyond the agency's control.



- 42 CFR §435.952(c)(3) Use of information and requests of additional information from individuals.
  - requires states or territories accept selfattestation for all eligibility criteria, on a case-by-case basis, when documentation does not exist at the time of application or renewal, or is not reasonably available due to a natural disaster.



- California Code of Regulations, Title 22, Section 50167(c) Verification-Prior to Approval.
  - provides that a signed and dated affidavit, under penalty of perjury, can be used in place of the requested verification documentation.



### State Plan

#### For Medicaid

 California Medicaid SPA 17-044 was approved allowing premiums to be waived for individuals affected by emergencies or natural disasters.



### State Plan

#### For CHIP Programs:

- California CHIP SPA 17-0043 was approved to align with the rules and procedures that are followed for Medicaid.
- In the event of an emergency or natural disaster, a Letter of Instruction is delivered to DHCS' administrative vendor MAXIMUS, to ensure that premiums are waived, as well as expedited application processing, delaying discontinuances, and reinstatement of benefits of any individual affected by the emergency.



# Medi-Cal Application Processing

 Counties should expedite eligibility determinations, whenever possible, for any Medi-Cal applicant or beneficiary who has immediate medical needs or requesting expedited medical services



# Delaying Discontinuances

- Beneficiaries should have their discontinuance delayed, to the extent possible, for not being able to provide required documents
- Beneficiaries should be allowed additional time to provide the required documents
- Counties should document the reason for the delay in processing an application or redetermination in the case file



### Reinstatement of Benefits

- If the beneficiaries were discontinued due to not providing required documents, counties shall reinstate their benefits to the previous benefit level
- Beneficiaries should be allowed additional time to provide required documents
- Counties should document the reason for the restoration of benefits in the case file



# Accessing Services Out of County

 The beneficiary's current health plan is the point of contact for services out of county up until an official change of address has occurred and the beneficiary is in a new plan in a new county

 Their current plan is able to provide assistance to ensure access to care and medications



# Intercounty Transfers

 Beneficiaries who are displaced and need their case transferred to a different county may contact either the Receiving County or Sending County to assist with transferring the case on a permanent or short-term basis



# Office of the Ombudsman

- http://dhcs.ca.gov/MCOmbudsman
- Hours of Operation: Monday through Friday,
   8am to 5pm PST; excluding holidays
- By Phone: 1-888-452-8609

By email\*:
 MMCDOmbudsmanOffice@dhcs.ca.gov



#### Resources

- ACWDL 19-01 <u>https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/ACWDL/2019/19-01.pdf</u>
- MEDIL 17-16
   http://www.dhcs.ca.gov/services/medical/eligibility/Documents/MEDIL/2017/I17-16.pdf
- ACWDL 15-36 <u>http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/ACWDL/2015/15-36.pdf</u>

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## Contact

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