Attachment 1: Intercounty Transfer Process Flow Chart

Family/Provider/Agency/Receiving County/MCP informs Sending County or Receiving County that family is moving or has moved to another county

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Sending County reviews, the beneficiary's medical eligibility. Is the beneficiary still medically eligible at the time of notification?

No →

Sending County:

1. Closes the case without initiating a transfer;
2. Informs the family of their appeal rights with the Sending County.
3. Family may reapply in the Receiving County.

Yes →

Is the beneficiary still financially eligible or enrolled only in the Medical Therapy Program (MTP)?

No →

Yes ↓

Sending County:

1. Sends a transfer letter to the family. (See, Chapter Two: Ongoing Case Management)
2. Coordinates a Transfer Date with the Receiving County to avoid any gap or overlap in services.
3. Does not close the case until a formal Transfer Date is in place with the Receiving County.
4. If the child is moving from a Whole Child Model (WCM) County and is enrolled in the county's health plan, sends the WCM Inter-County Transfer Form to the Health Plan.
5. Sends copy of the beneficiary's information listed in Section IV and case records to the Receiving County.
6. The Sending County must conduct the annual renewal if the case is within 60 days of the annual renewal date.

Receiving County:

1. Accepts the Sending County's CCS medical and program eligibility determination and the established program eligibility period;
2. If Receiving County is a classic CCS county, it begins authorizing medically necessary services immediately;
3. If Receiving County is a WCM county and the beneficiary is eligible for Medi-Cal benefits but is not yet enrolled in the WCM MCP, the Receiving County will issue authorizations for up to 90 calendar days until the child is enrolled in the MCP, as referenced in Section V.