June 12, 2001

TO: ALL COUNTY CALIFORNIA CHILDREN’S SERVICES (CCS) ADMINISTRATORS AND MEDICAL CONSULTANTS, AND STATE CHILDREN’S MEDICAL SERVICES (CMS) STAFF

SUBJECT: CCS POLICY REGARDING THE REQUIREMENT THAT ALL CCS APPLICANTS SHALL MAKE APPLICATION TO THE MEDI-CAL PROGRAM; HEALTH AND SAFETY CODE SECTION 123995

This letter replaces Numbered Letter 03-0300, dated March 17, 2000, related to the requirement that all CCS applicants shall make application to the Medi-Cal program. Numbered Letter 03-0300 is being replaced to:

1) adopt recommendations made by local CCS programs for improving policy;

2) specify that the Medi-Cal screening tool contained in Chapter 6 of the CCS Manual of Procedures is to be used when determining whether a CCS applicant or client should be required to apply to Medi-Cal; and

3) accurately reflect Medi-Cal’s current application process.

BACKGROUND

As you are aware, the legal authority to require CCS applicants to make application to the Medi-Cal program in order to be eligible for CCS treatment services is established under Section 123995 (previously Section 275) of the Health and Safety (H and S) Code. Section 123995 states the following:

A. The department shall require all applicants to the program who may be eligible for cash grant assistance or for Medi-Cal to apply for Medi-Cal.

B. This section shall not be interpreted to prohibit the coverage of services in emergency cases.

The CCS policy for complying with this requirement has been modified to correspond with the application process that is currently used by the Medi-Cal program. Effective July 1, 2000, the Department implemented the requirements of Assembly Bill 1107
(Chapter 146, Statutes of 1999), eliminating the mandatory Medi-Cal face-to-face interview requirement for all persons/families applying for Medi-Cal. This expanded the Healthy Families (HF)/Medi-Cal mail-in application process which previously applied to only certain children in specific Medi-Cal percent programs and pregnant women to now include all children and adults. While the mandatory face-to-face interview requirement has been eliminated, the department has issued a policy to address certain exceptions. The exceptions are:

1) all applicants are allowed the opportunity to request a face-to-face interview;

2) all applications for minor consent services must be made in person; and

3) Medi-Cal eligibility staff are allowed to require that applicants complete a face-to-face interview only if there is good cause such as suspicion of fraud.

**POLICY**

The following revisions to CCS policy reflect the Medi-Cal Program’s simplified application process:

A. Local CCS programs shall allow CCS applicants/clients/families who are referred to the Medi-Cal program to decide which application process to use and, based on their choice, apply the relevant policy. This applies to all CCS cases, whether new, previously closed, or on-going.

1. Local CCS programs shall use the Medi-Cal screening tool contained in Chapter 6 of the CCS Manual of Procedures to determine whether an applicant/client/family will be required to make application to the Medi-Cal program. This screening tool was developed to make the referrals to Medi-Cal process efficient and to avoid unnecessary referrals to the county welfare department. It was approved by department’s Medi-Cal Eligibility Branch and should always be used in conjunction with the current Medi-Cal “Federal Poverty Level Chart” (the most recent chart was enclosed in CCS Numbered Letter No. 03-0301, dated March 27, 2001).

2. Children who are eligible for the CCS program and who are also HF subscribers **shall not** be referred to Medi-Cal.
3. Local CCS programs shall inform all applicants/clients/families who are being referred to Medi-Cal that they have the right to use the HF/Medi-Cal mail-in application and simplified application process.

4. Families should be advised that they should apply for retroactive Medi-Cal coverage regardless of which process they use for application.

B. The following CCS policy shall be applied to those cases where the applicant/client/family chooses to use the Medi-Cal mail-in process.

1. If the applicant/client/family completes the HF/Medi-Cal mail-in application and self-declares that the application has been mailed to the HF enrollment contractor, this declaration is sufficient to establish that the family has applied for Medi-Cal.

2. Based on the family’s self-declaration and all necessary program documents have been signed, the CCS case shall be activated and appropriate medically necessary services authorized. If the applicant/client/family has been determined to be medically, residentially, and financially eligible for the CCS program, CCS shall continue to authorize all medically necessary services while Medi-Cal eligibility is pending, whether or not those services are considered to be emergencies.

3. Within 30 days of a family’s self-declared application to Medi-Cal, CCS should contact Medi-Cal to determine the status of the applicant/client/family’s application. If no application has been received by Medi-Cal, CCS should

a) notify the applicant/client/family to re-apply;

b) offer assistance with the application; and

c) alert the applicant/client/family that CCS eligibility will be terminated if the application has not been received by Medi-Cal within another 30 days (i.e. 60 days from the date of the initial Medi-Cal application.)

If there has been no action on Medi-Cal eligibility after the additional 30 days (i.e. 60 days from the date of the initial Medi-Cal application), CCS should take one of the following actions:
a) If the applicant/client/family is not cooperating with completion of the Medi-Cal application, the case shall be closed pursuant to H and S Code Section 123995 and the applicant/client/family shall be sent a Notice of Action (NOA); or

b) If no decision has been made, the M/C application medically necessary services shall continue to be authorized.

C. The following CCS policy shall be applied to those cases where the applicant/client/family chooses to request a face-to-face interview:

1. Cooperation on completing the CCS application by the applicant is required until the Medi-Cal application process has been completed. (This includes submitting the required forms and financial/residential information, attending the face-to-face interview, and complying with any other Medi-Cal program requirements.)

2. Applicants must promptly report to CCS the status of their Medi-Cal application and provide either the Medi-Cal card (California’s Benefits Identification card (BIC)) or the completed “Notice of Action” form from Medi-Cal as written evidence of denial of their application. Local CCS programs should authorize all medically necessary services for children otherwise eligible for CCS while their Medi-Cal eligibility determination is pending, whether or not those services are considered to be emergencies, as long as all other CCS eligibility requirements are met.

As a reminder to local CCS programs, client/families who lose or drop their Medi-Cal during the program year shall remain eligible for CCS program benefits as long as there is a signed Program Services Agreement (PSA). The PSA is a contract between the CCS program and the client/family for 12 continuous months of CCS eligibility regardless of any change in Medi-Cal eligibility. Changes in Medi-Cal status are to be considered during the annual re-determination process.

If you have any questions regarding this policy, please contact your designated regional office consultant.

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