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

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DATE: June 2, 2020

Medi-Cal Eligibility Division Information Letter No.: I 20-18

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: FREQUENTLY ASKED QUESTIONS DUE TO THE COVID-19 PUBLIC HEALTH EMERGENCY

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide frequently asked questions (FAQs) to counties regarding the guidance outlined in MEDIL I 20-07 and MEDIL I 20-08. The MEDILs instruct counties about the delay of processing Medi-Cal annual redeterminations and the delay of discontinuances and negative actions for Medi-Cal programs as a result of the COVID-19 public health emergency. The Department of Health Care Services will release updated FAQs with additional questions on a regular basis through MEDILs and counties should follow the guidance outlined in the most current version of the FAQs.

Updated DHCS Responses

DHCS continues to receive additional policy guidance from the Centers for Medicare and Medicaid Services (CMS), which may change the responses DHCS previously provided. **For the 06/02/2020 version of the FAQs enclosed in this MEDIL, please review Question 7, 25, 34, 35, and 36 for updated responses.**

Please continue to reference the ACWDLs and MEDILs regarding public health crisis or disasters:

- MEDIL I 20-06 – Public Health Crisis or Disaster Reminders for Medi-Cal,
- ACWDL 19-01 – Exceptions due to Public Health Crisis or Disaster,
- MEDIL I 17-16 – Processing Applications from Individuals Affected by Disasters, and
- ACWDL 15-36 – Guidance to Counties on Treatment of Applications/Redeterminations in Disaster Areas and Treatment of Disaster

If you have any questions, or if we can provide further information, please contact Bonnie Tran by phone at (916) 345-8063 or by email at Bonnie.Tran@dhcs.ca.gov and Sara McDonald by phone at (916) 345-8061 or by email at Sara.McDonald@dhcs.ca.gov.

Original Signed by

Sandra Williams, Chief
Medi-Cal Eligibility Division

Enclosure

Frequently Asked Questions (FAQs) Due to the COVID-19 Public Health Emergency
Posted 06/02/2020

A. 90-Day Suspension

1. **Which months does the 90-day suspension referenced in MEDIL I 20-07 refer to?**

   The time period for the delay in processing renewals and the delay of negative actions outlined in MEDIL I 20-07 are for the months of March, April, and May 2020. MEDIL I 20-14 extends the timframe beyond the original 90-days, through the end of the public health emergency.

2. **Does the 90-day suspension referenced in MEDIL I 20-07 apply to applications that result in a denial, such as denied for over income?**

   No, the delay of negative actions does not apply to applications. If an application is received and the applicant is determined to be over income, counties should continue to follow current processes. This includes screening the applicant for all available programs, including Covered California programs. Please refer to ACWDL 14-18 for additional guidance. Counties may also deny applications for failure to provide requested verifications.

B. Delayed Negative Actions

3. **Are increases in Medi-Cal premiums and increases in share of cost considered a negative action?**

   Yes, increases in Medi-Cal premiums, increases in share of cost, and transitions from no share of cost to a share of cost are considered negative actions and shall not be processed per MEDIL I 20-07.

4. **How should the county process eligibility for individuals who have aged out of an eligibility group?**

   Per MEDIL I 20-08 continuous coverage applies to individuals who might otherwise have their coverage terminated or benefits negatively affected after a change in circumstance, including individuals who age out of a Medi-Cal eligibility group, for the duration of the public health emergency. Counties shall not process negative actions for individuals who aged out of an eligibility group. This may include individuals who are aging out of former foster youth, individuals turning 65, or young adults aging out of full scope Medi-Cal.

5. **When counties are informed that a beneficiary no longer qualifies for a waiver, such as a child no longer qualifying for the IHO/DDS (Medicaid Waiver benefits) under institutional deeming rules, should a negative action be taken?**

   No, counties should not take a negative action on cases for individuals who no longer qualify for a waiver for the duration of the public health emergency.

6. **How should the county process a case when a household is adding a person that would result in a negative action, such as not providing verification or causing the household to be over income?**

   The counties shall continue to send out the MC 355 when seeking additional verification/information for the newly added person. The county shall not take a negative action on the exisiting household member(s)' case per MEDIL I 20-07, if the requested information is not provided or if existing household members are no longer eligible to the same level of Medi-Cal benefits due to the additional household member. If the additional household member is eligible for Medi-Cal but there is a negative impact on the existing household member(s), counties will give the additional household member eligibility but shall make changes and/or take the processing steps necessary to maintain the current Medi-Cal eligibility for the existing household member(s) .

7. **If a case was approved due to system or administrative error, should the county take a negative action? If the beneficiary is on Soft Pause, should the county correct the determination and put them in the correct coverage?**

   The county shall not take a negative action on these cases per MEDIL I 20-07 and shall retain the eligibility. If the beneficiary is on Soft Pause, the county shall not lift Soft Pause and shall not take negative action on the case. Counties shall take action once the public health emergency is terminated.

8. **Should the county take a negative action for Transitional Medi-Cal (TMC) households who did not provide their TMC report or have ended their 12-month TMC period?**

   No, the county shall not take a negative action on these redetermination cases per MEDIL I 20-07 and shall retain the eligibility in a transitional aid code for the duration of the public health emergency.

9. **Does continued eligibility during the executive order period count towards months of TMC?**

Yes, however, if the TMC period ends prior to the end of the public health emergency, TMC will continue and discontinuance of the program shall be delayed for the duration of the public health emergency.

10. When a county inmate needs the MCIEP aid code, are counties to suspend the Medi-Cal aid code or allow both aid codes to run at the same time?

CMS clarified that suspension of Medi-Cal benefits for incarcerated individuals is not considered a negative action during this public health crisis. Please see newly released MEDIL I 20-05 for MEDS changes, and continue to follow existing inmate suspension guidance via MEDIL I 20-11, ACWDL 14-26 and 14-26E, and MCIEP guidance via ACWDL 13-18.

11. Are the counties suspending the negative action of an individual who has failed to pay their premium payment?

Yes, counties shall not take negative actions on individuals who fail to pay their premium payment.

12. How should the county process a negative action currently on hold once the public health emergency is terminated?

DHCS will provide further guidance at a later date.

13. How should the county process a Craig vs. Bonta Case?

Counties shall leave Craig vs. Bonta individuals in the corresponding aid code for the duration of the public health emergency .

C. Allowable Negative Actions

14. How can counties move beneficiaries into Long Term Care (LTC) aid codes while complying with the delayed negative action requirements?

Transitioning a beneficiary into an LTC aid code is considered a positive action as it prevents any access to care issues. Counties shall process cases for individuals going into LTC and put them into the appropriate LTC aid code, if applicable. If there are cases where an individual does not qualify for LTC due to excess property, contact DHCS for technical assistance.

15. Can the county discontinue an individual who is over income for Medi-Cal but has accepted coverage for a Qualified Health Plan (QHP) case through Covered California?

Individuals who have enrolled in a QHP through Covered California and effectuated their plan, are considered to have voluntarily requested disenrollment from Medi-Cal and can be discontinued accordingly.

16. If an individual becomes eligible for Medi-Cal under a cash-based program (e.g. CalWORKs, SSI/SSP), can the county discontinue providing Medi-Cal to the individual during the public health emergency period?

Yes, the county may discontinue a Medi-Cal Only individual in order to approve benefits under a cash-based program such as CalWORKs, as long as the level of Medi-Cal benefits and services remains the same. Per CMS, "…states may increase the level of assistance provided to a beneficiary who experiences a change in circumstances, such as moving the individual to another eligibility group which provides additional benefits, (however) states may not reduce benefits."

D. Benefit Reinstatement Guidelines

17. Should the counties reinstate benefits to beneficiaries who have been discontinued (effective April 2020) and are requesting a reinstatement?

In accordance with MEDIL I 20-08, counties must prioritize requests for Medi-Cal reinstatement from individuals who were discontinued effective April 1, 2020. The county shall reinstate the case without requiring additional documents, verifications and/or information from the individual. These cases should be identified for future processing once the public health emergency is terminated.

18. Should counties reinstate benefits to beneficiaries who have been discontinued effective March 2020 or before and are requesting a reinstatement?

In accordance with MEDIL I 20-08, individuals discontinued effective March 1, 2020 are within their 90-day cure period and must work with the county, providing information and/or documentation required to resolve any outstanding eligibility issues, prior to the county restoring Medi-Cal eligibility.

E. Annual Redeterminations

19. Are counties permitted to delay processing all annual renewals?

Yes, all manual renewal activities have been suspended per MEDIL I 20-07, MEDIL I 20-08, and MEDIL I 20-15 for the duration of the public health emergency.

20. Will Medi-Cal redetermination dates be pushed out for 12 months?

No. At this time, CMS timeliness flexibilities for annual renewals do not include pushing out Medi-Cal redetermination dates for 12 months.

21. Are counties expected to continue to send out redetermination packets during this time?

Packets sent out through an automated process will continue. Counties should not send out any manual renewal packets at this time and shall not process any annual redeterminations at this time.

22. If counties have the ability to process redeterminations, can counties continue to process cases where no negative actions would occur?

Per MEDIL I 20-07, I 20-08, and I 20-15, counties shall prioritize processing determinations for those individuals who would gain access to health care coverage and resolve barriers related to access to care such as new applications, intercounty transfers (ICTs), adding a person, a decrease in income, or prioritizing 90-day cure period restorations. To allow for counties to concentrate staffing resources where needed during this public health emergency, counties shall refrain from processing annual redeterrminations through the duration of the public health emergency.

23. Should individuals that are included as part of the CalWORKS household or those individuals who are not aided in CalWORKS cases but have a Medi-Cal-only record on the case have their renewal date moved forward six months to align with CalWORKS?

For cases in which an individual is receiving Medi-Cal-only on a CalWORKs case, the individual's Medi-Cal redetermination date should align with the CalWORKs renewal date. DHCS is working with SAWS to align these dates.

F. Other Case Processing Guidance

24. Should counties process carry forward referrals that come as "pending eligible"?

Counties shall not delay the processing of carry forward referrals. Per ACWDL 17-07, a Covered California enrollee in carry forward status is not an existing Medi-Cal beneficiary and the Covered California referral is treated as a new application for Medi-Cal purposes. Per MEDIL I 20-08 and MEDIL I 20-15, counties shall prioritize eligibility determinations for transitioning cases in Carry Forward Status to prevent gaps in coverage.

25. What action should counties take if an individual applies for Medi-Cal and is eligible for the first month but is ineligible the following month due to an increase in income?

Once the individual is found eligible for the application month, they are considered a beneficiary and the rules outlined in MEDIL I 20-07 and 20-08 apply. The negative action should not be applied for the duration of the public health emergency, however, the case should be tracked for future processing once the suspension of negative action activities is lifted.

- Please note that this answer may not apply to retroactive Medi-Cal requests as these individuals are not considered beneficiaries and DHCS is still determining how MEDIL 20-07 and 20-08 applies to those situations.

26. What should the county do if the applicant/beneficiary cannot provide a social security number (SSN)?

The county shall be flexible regarding the requirement to apply for or provide the SSN due to the current public health crisis and as a result of Social Security Administration (SSA) offices being closed. ACWDL 19-13, which describes the requirement to apply for and provide an SSN, includes the following guidance:

"*Note that if a beneficiary informs the county that an application has been made to comply with the requirement, and the delay is a result of the entity making the decision, the beneficiary shall not be discontinued pending the outcome of the decision. Counties may determine their own best practices for following up with the individual after a reasonable amount of time to determine if the individual has received the approval or denial or is not responding to the county*."

This policy guidance can also be applied where the beneficiary is unable to apply for or obtain a SSN due to office closures or delays due to current SSA office closures. Counties must notate the reason for the delay in the case record and, per the guidance above, determine their own best practices for following up with the beneficiary, depending on the length of the crisis or delays at SSA.

27. Can the county accept written affidavits telephonically signed by the applicant or beneficiary?

Yes, during the federally declared emergency, counties may accept written affidavits that are telephonically signed for verification of items such as income ending and proof of property spenddown. MEDIL I 20-08 provides guidance regarding the acceptance of affidavits over the telephone.

28. During this public health crisis, can counties utilize the CW2200 form for Medi-Cal-only application verification requests?

Yes, the CW2200 form can be used by counties for Medi-Cal-only cases during intake or counties can use other county generated verification forms to request verifications and information from applicants to determine Medi-Cal eligibility. Counties shall follow the two applicant contacts and timeframe requirements in ACWDL 08-07 when requesting verifications using the CW2200 or other county generated forms.

G. DHCS Reports

29. Will the counties continue to receive periodic data matching reports from DHCS during the emergency period? Should counties suspend the processing of other reports received from DHCS?

Yes, in accordance with House Resolution Bill (HR) 6201, DHCS will continue to deliver periodic data matching reports. For example, this would include reports such as the Income Eligibility Verification System (IEVS) the Public Assistance Reporting Information System (PARIS) and monthly Asset Verification Program (AVP) reports. Counties should keep these reports on file and delay renewal processing as directed by MEDIL I 20-07 through the duration of the public health emergency.

Examples of the reports counties shall suspend processing include the Exception Eligibles report, the Disabled Adult Child(ren) Cleanup Effort reports, and the Married Filing Jointly Cleanup Effort reports.

H. Fair Hearings

30. Will there be extensions for beneficiaries to request a fair hearing?

In accordance with MEDIL I 20-08, DHCS received federal approval from CMS, granting temporary flexibilities that extends timeframes to allow beneficiaries up to an additional 120 days, for a total of up to 210 days, to request a fair hearing for Medi-Cal eligibility or a Fee-For-Service appeal.

31. Should the county take the action if a hearing decision orders a negative action during the executive order period?

No, the county shall not take the negative action and the individual shall remain eligible until the public health emergency is terminated.

32. Will Aid Paid Pending (APP) continue for individuals who are a no-show for their scheduled hearing?

Yes, APP will continue for individuals who are a no-show to their scheduled hearing for the duration of the public health emergency as removing APP could be considered a negative action.

I. Premiums

33. Will premium payments be waived or will they acculmulate during the executive order period?

Premium payments will be waived and will not acculmulate during the public health emergency period when individuals notify Maximus or Third Party Liability that they are unable to pay due to impacts of COVID-19.

J. Change in Scope

34. Should individuals in the Young Adult Expansion (YAE) program who are aging out (turning 26) transition from full scope to limited scope before the end of the public health emergency?

No, for all age-out scenarios within the Young Adult Expansion program, counties shall keep these individuals in full scope Medi-Cal coverage through the duration of the public health emergency.

35. If an individual has made a declaration of citizenship or satisfactory immigration status and been assigned a Reasonable Opportunity Period (ROP) to provide proof, but fails to provide such proof within the ROP, should the county take a negative action to move the individual from full scope Medi-Cal to limited scope services before the end of the public health emergency?

No, individuals who were assigned a ROP to provide proof of citizenship or satisfactory immigration status but have failed to provide such proof within the ROP, must remain enrolled in full scope Medi-Cal until the termination of the public health emergency, even if their citizenship or satisfactory immigration status has not been verified.

36. If the county discovers an individual incorrectly declares citizenship or satisfactory immigration status information or is erroneously granted full scope coverage at application, should the county take negative action to move the individual from full scope Medi-Cal to limited scope services before the end of the public health emergency?

No, if a case is approved, but the county later discovers that one of the case members is incorrectly receiving full scope Medi-Cal and should be receiving limited scope Medi-Cal because it has been verified that the case member is not a U.S. Citizen nor in a satisfactory immigration status, the county must keep the individual enrolled in full scope Medi-Cal through the duration of the public health emergency. The county shall take a negative action to correct the error and decrease the scope of Medi-Cal services, as appropriate, once the public health emergency is terminated.

K. Other Reminders

37. How should counties verify individuals with no income?

Counties shall follow the existing policy for verifying no income. When an individual reports no income, including when an individual self-attests to no income as a result of income ending, the CEW shall only request additional verifications if the individual's self-attested income is not verified through electronic sources such as with the Federal Data Hub (WIC § 14013.3) or other electronic sources. This applies to all individuals who self-attest to no income, including non-MAGI individuals who are included in the household composition.

If the self-attested income is not reasonably compatible then the CEW shall attempt to administratively verify no income. Verification of income can be through employment contracts, paystubs, letters from the employer, unemployment denial letter, social security award letters, etc. As a reminder, counties shall accept a sworn statement that may be signed telephonically as outlined in MEDIL I 20-08 for forms and verifications that usually require a wet signature during the public health emergency.