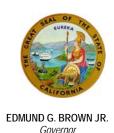


# State of California—Health and Human Services Agency Department of Health Care Services



June 24, 2011

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 11-27

ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS

ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

ALL COUNTY HEALTH EXECUTIVES

ALL COUNTY MENTAL HEALTH DIRECTORS

ALL COUNTY MEDS LIAISONS

SUBJECT: OVERVIEW OF THE MEDI-CAL INMATE ELIGIBILITY PROGRAM

The purpose of this letter is to provide counties with an overview of the Medi-Cal Inmate Eligibility Program (MCIEP). The MCIEP was implemented on April 01, 2011.

# **Background**

42 CFR 435.1009, which was previously enacted, generally prohibits claiming federal Medicaid funds for health care services provided to inmates residing in public institutions, such as state prisons. Federal Medicaid rules do allow states to claim federal Medicaid funds for inpatient services provided to Medicaid eligible inmates, if those services are provided off the grounds of the correctional facility.

Assembly Bill 1628, Chapter 729, Statutes of 2010, authorizes the Department of Corrections and Rehabilitation (CDCR) and the Department of Health Care Services (DHCS) to develop a process to maximize federal financial participation (FFP) for inpatient hospital services received by state prison inmates in a hospital off the grounds of the correctional facility. In order to be eligible to claim FFP, an inmate must be eligible for Medi-Cal or the Low Income Health Program (LIHP). MCIEP will enable California to claim FFP for the inmates' inpatient hospital services off the grounds of the correctional facility if the inmate is eligible for Medi-Cal and receives services in a medical institution not under the control of the correctional facility for services included in the state's Medicaid plan or LIHP. DHCS began accepting and processing Medi-Cal applications for adult inmates in collaboration with the California Prison Health Care Services (CPHCS) on April 1, 2011. This letter will only speak to the Medi-Cal coverage of inmates. A subsequent letter will follow regarding LIHP coverage of inmates.

Page 2

June 24, 2011

DHCS will enter into an Interagency Agreement with CPHCS as part of the implementation of MCIEP. CPHCS is a receivership established in June 2005, by court order as the result of a 2001 class-action lawsuit (*Plata v. Schwarzenegger*) against the State of California over the quality of medical care in the state's 33 prisons. Pursuant to that receivership, CPHCS reports to the court and is only responsible for the inmates' medical care. The inmates' mental health care and dental care services remain under the CDCR.

#### CPHCS:

- Provides medical care to 166,000 inmates (93% male, 7% female).
- Delivers medical care at 33 adult institutions in California.
- Oversees more than 7,000 California prison medical care positions, including doctors, nurses, pharmacists, and administrative staff.

# **MCIEP Overview:**

An inmate that is hospitalized off the grounds of the correctional facility for 24 hours or more for inpatient hospital services can choose to apply for Medi-Cal. Staff at the hospital will be available to help the inmate complete the Medi-Cal application. If the inmate claims to be disabled, completion of a disability application packet will also be part of the Medi-Cal application process. Hospital staff could include County Outstationed Workers, which may assist in the completion of Medi-Cal applications, but shall not conduct an eligibility determination.

Applications will be submitted to CPHCS for review prior to submission to DHCS for a Medi-Cal eligibility determination. DHCS will be responsible for eligibility determinations for the inmate population. The Medi-Cal determinations will include all the same requirements as the general Medi-Cal population. Applicants found eligible for Medi-Cal will be given an MCIEP aid code and will show eligibility in the Medi-Cal Eligibility Data System (MEDS). Inmate applicants found eligible for Medi-Cal will not receive a Benefits Identification Card (BIC). DHCS will instead provide CPHCS with the eligibility information necessary for administration of the MCIEP program.

County eligibility staff will have some interaction with the inmate's case if:

- DHCS finds an open Medi-Cal case while file clearing
- An infant is born to a Medi-Cal eligible inmate
- An inmate is released from prison while on Medi-Cal in MCIEP
- DHCS requests information or verifications from counties, as appropriate

Page 3

June 24, 2011

Further instructions are provided in the County Responsibility section below.

#### **Eligibility Requirements:**

To be eligible for MCIEP, an inmate must meet ALL of the following criteria:

- Be an inmate of a California State prison
- Receive inpatient hospital services off the grounds of the correctional facility
- Be hospitalized for 24 hours or more
- Receive allowable inpatient hospital services
- Meet all Medi-Cal eligibility requirements such as, linkage, deprivation, alien/citizenship/national status, income, and property

#### MCIEP aid codes:

- F1 Title XIX, Medi-Cal No Share-of-Cost (SOC) State Inmates. Medi-Cal No SOC limited to hospital inpatient services only, for inmates in state correctional facilities, who receive those services off the grounds of the correctional facility. Services exclude Long Term Care (LTC), pharmacy, dental, mental health, and outpatient services.
- G1 Title XIX, Medi-Cal SOC State Inmates. Medi-Cal SOC limited to hospital inpatient services only, for inmates in state correctional facilities, who receive those services off the grounds of the correctional facility. Services exclude LTC, pharmacy, dental, mental health, and outpatient services.
- F2 Title XIX/Title XXI, Medi-Cal No SOC for Undocumented State inmates. Medi-Cal No SOC limited to hospital inpatient emergency (Title XIX) and pregnancy-related (Title XXI) services only, for inmates in state correctional facilities, who receive those services off the grounds of the correctional facility. Services exclude LTC, pharmacy, dental, mental health, and outpatient services.
- G2 Title XIX/Title XXI, Medi-Cal SOC for Undocumented State inmates.
   Medi-Cal SOC hospital limited to inpatient emergency (Title XIX) and
   pregnancy-related (Title XXI) services only, for inmates in state correctional
   facilities, who receive those services off the grounds of the correctional facility.
   Services exclude LTC, pharmacy, dental, mental health, and outpatient services.

Page 4

June 24, 2011

## **Summary of Responsibilities**

#### CPHCS staff will:

- Forward completed state inmate Medi-Cal applications to DHCS
- Forward all needed verifications
- Forward medical records, if a disability determination packet is needed
- Receive eligibility information from DHCS regarding an inmate's Medi-Cal determination
- Work with DHCS to identify inpatient services provided to eligible inmates

#### DHCS staff will:

- Perform state inmate eligibility determinations
- Perform MEDS maintenance
- Perform ongoing case maintenance
- Process and forward disability determination packets to the Disability Determination Services Division-State Programs (DDSD-SP) for a disability determination
- Not issue a BIC card
- Forward inmate eligibility information to CPHCS for program administration purposes
- Refer to county eligibility offices infants born to pregnant inmates, who are Medi-Cal eligible for Deemed Eligibility
- Refer inmate cases for those released from prison and still active in MCIEP to the county for an SB 87 eligibility redetermination

#### **County Responsibility:**

There will be circumstances when the county may be contacted by DHCS on an inmate's case. DHCS will utilize the attached MCIEP/County transmittal form to forward the case information to the county. Below are instructions regarding actions the county will need to take.

Page 5

June 24, 2011

## **File Clearance**

If at the time DHCS file clears in MEDS, it is found that there is an open Medi-Cal case with the county, DHCS will advise the county of its finding. The county shall discontinue the individual from the active Medi-Cal case and send a NOA to the last known address in sufficient time to reach the beneficiary by the effective date of action. If the inmate was part of a family case, the family shall be redetermined using the SB 87 process.

## **Infants Born to Inmates on MCIEP**

When a pregnant inmate is eligible for and receiving Medi-Cal at the time of the infant's birth, the infant is automatically deemed eligible for Medi-Cal without a separate Medi-Cal application until age one, as long as the infant resides in California. DHCS will notify the county of the infant's birth through the attached MCIEP/County transmittal form. The county of responsibility will be where the infant resides unless the infant is under foster care placement or pending the adoption process. The County shall follow the current process for deemed infant, foster care, and/or adoption eligibility.

There will be circumstances when a pregnant inmate may not be Medi-Cal eligible under the MCIEP for inpatient hospital services (24 hours or more). In these circumstances, the infant does not qualify under Deemed Eligibility. CPHCS has an established Medi-Cal application process in place for the mother to apply for the infant and that process shall continue.

#### **Senate Bill 87 – Changes in Circumstances**

Although benefits for MCIEP beneficiaries are restricted to in-patient services, they cannot be required to re-apply for Medi-Cal when they are released within 12 months of the MCIEP application. When it is discovered that an MCIEP beneficiary will be released from prison, this is considered a change in circumstances and the county shall follow the SB 87 process. The county shall follow each step sequentially until a determination of eligibility or ineligibility is made.

Once DHCS has confirmed the inmate has been released, the county shall transition MCIEP beneficiaries into the aid code he/she would have been eligible for, if not incarcerated. The MCIEP beneficiary, based on the current MCIEP eligibility determination shall be placed in an appropriate Medically Needy aid code (MN) (Aged, Blind, Disabled) or an aid code appropriate for a pregnant beneficiary prior to conducting the SB 87 process. The county shall send a BIC after placing the beneficiary in the appropriate MN aid code to the address provided by the MCIEP Eligibility Specialist. DHCS will transmit the case information to the county of residence.

Page 6

June 24, 2011

#### Inmate requests assistance from Benefits Worker at CDCR prior to release

If an inmate requests assistance from the institution's benefits worker, CDCR may contact the county or forward an application. If a county social services office determines, after reviewing an application, that the inmate has eligibility under MCIEP, then the county shall deny the new application (because the inmate is already eligible) and follow the case transfer and SB 87 requirements described in this letter.

# Parolee requests benefits from the county

If the inmate is released and requests aid at the county social services office, and the inmate has eligibility under MCIEP, then the county shall request the case file from the state and utilize the SB 87 process to request additional information if required. Counties shall send a secure e-mail to MCIEP@dhcs.ca.gov to request case files from MCIEP staff.

#### **County Liaisons**

Counties are requested, within 30 days of receipt of this letter, to provide DHCS with a listing of county contacts. The county liaison will receive referrals from MCIEP staff and handle any issues arising from those referrals. This information shall be submitted to Ms. Maria Delk by telephone at (916) 552-9481 or by e-mail at <a href="mailto:maria.delk@dhcs.ca.gov">maria.delk@dhcs.ca.gov</a>.

If you have any questions, or need further information, please contact Ms. Maria Delk at (916) 552-9481 or by email at <a href="mailto:maria.delk@dhcs.ca.gov">maria.delk@dhcs.ca.gov</a>.

Original signed by

René Mollow, MSN, RN, Chief Medi-Cal Eligibility Division

Enclosure

# Medi-Cal Inmate Eligibility Program (MCIEP) DHCS-County Transmittal Form

Instructions: Complete each space or box. If information does not pertain to this case, indicate with N/A.

To: County: Medi-Cal Liaison Name: Liaison Telephone: Fax Number: E-mail:  MCIEP Beneficiary Information		From:  DHCS, Medi-Cal Inmate Eligibility Program  Eligibility Specialist (ES):  ES Telephone:  ES Fax Number:  ES E-mail:	
Name		CIN	Alternate/Message phone number
Address (number, street)			ZIP code
Authoriz	zed Representative AR name □No	AR phone number	Beneficiary's primary language
Reason for Transmittal:			
Parole Date Linkage:		☐ Infants born to MCIEP Mom (MC 330 attached)	
	Aged Blind Disabled Pregnant Under 21 years old	☐ Inmate active on county case  Case #  ☐ Other	
Case Documents in Referral Packet:			
	MC 210, Medi-Cal Application  Disability Decision  Statement of Citizenship, Alienage, and Immigration Status (MC13)		
	Copy of Income verification		
	Copy of property verification (Bank accounts, real property, vehicles registration, etc.)  Identifications		
	Social Security Card		
	Citizenship/Immigration documents		
	Last Notice of Action		
	Case details		
	AR Form		
	Other		