



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



TOBY DOUGLAS  
*Director*

EDMUND G. BROWN JR.  
*Governor*

February 21, 2014

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 14-06  
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: EXPRESS LANE ENROLLMENT FOR CALFRESH ELIGIBLE ADULTS AND CHILDREN

The purpose of this letter is to give background and administrative instruction on the Express Lane Enrollment Project.

### **Express Lane Enrollment Program**

#### **Background**

Senate Bill (SBX) 11 (Chapter 4, Statutes of 2013) authorizes the Department of Health Care Services (DHCS) to seek the federal waivers necessary to use the eligibility information of individuals who have been determined eligible for the CalFresh program to grant 12 months of Medi-Cal benefits. The Express Lane Enrollment Project is an enrollment program based on guidance provided in the federal Centers for Medicare and Medicaid Services (CMS) State Health Official letter #13-003. The program is designed to minimize the administrative burden of completing new applications for selected populations during a period with an already unusually high volume of new applications. DHCS has the authority to expressly enroll in CalFresh individuals, meeting population requirements outlined below, until December 31, 2015.

#### **Populations**

The Express Lane Enrollment Project targets CalFresh recipients, under age 65, who are not blind or disabled and who do not have current enrollment in Medi-Cal or Medicare. The population is broken into two aid codes; aid code 7U for the adults aged 19-64 and aid code 7W for the children under age 19. An approved federal waiver allows DHCS to grant

Medi-Cal eligibility without the need for an application or a determination for 12 months. No further information beyond the active CalFresh enrollment is required. Counties are not to request additional forms or verifications for the Express Lane population. Because the household income data used to determine CalFresh eligibility must be rigorously verified to be below 130 percent of the federal poverty level, these individuals will be allowed to use CalFresh eligibility as a basis for Medi-Cal eligibility. The Express Lane Medi-Cal eligibility lasts for 12 months, until a Modified Adjusted Gross Income (MAGI) determination is done, unless a change of circumstances renders the individual ineligible for CalFresh (see change of circumstance section).

### **New Aid Code Descriptions**

Aid Code 7U - Title XIX, CalFresh adults from 19 through 64 years of age who are citizens or lawfully present and neither blind nor disabled with no Share of Cost (SOC).

Aid Code 7W - Title XIX, children under age 19 not blind or disabled, full scope no cost Medi-Cal, no Share of Cost (SOC).

### **Opting Into Medi-Cal**

On February 3, 2014, DHCS sent notices to identified adult CalFresh recipients that inform them of their Express Lane eligibility. These notices allow individuals, not households, to opt into Medi-Cal. Notices to identified CalFresh recipients under age 19 will be mailed in late February 2014.

CalFresh recipients are able to respond to the opt-in notice in three ways: completing and returning the notice in the postage paid envelope included, opting in by phone, or opting in by website. DHCS will collect all types of returned notices and initiate a transaction that activates the 7U aid code for adults and the 7W aid code for children in Medi-Cal Eligibility Data System (MEDS). Transactions will be sent to MEDS daily, unless the county is putting the individuals on directly. See below for more information. Until programming is completed in the Statewide Automated Welfare Systems (SAWS), Express Lane Medi-Cal cases will exist only in MEDS. However, counties will have access to necessary functionality by means of online MEDS transactions (see list of functionality below).

If a consumer presents themselves in a county office requesting Medi-Cal based on their affirmation notice, counties shall process an eligibility transaction for the consumer.

If a consumer calls the county office with an affirmation notice, the county shall process an eligibility transaction, provided that they have the capability to accept a recorded telephonic signature. If a county does not have the capability to record a telephonic

signature, the county shall enter a case journal entry stating the individual attested to wanting Medi-Cal based on their CalFresh eligibility.

If a consumer mails their affirmation notice to the county, the county shall process an eligibility transaction for the consumer and the county must retain the signed affirmation notice.

Individuals can use the Express Lane notice to opt into Medi-Cal at any time. Their Medi-Cal benefits begin the first day of the month in which the individual opts into coverage.

If a CalFresh recipient contacts the county and requests Medi-Cal because they have heard about the Express Lane program or contacts the county to request Medi-Cal, but have not received an opt-in notice, the county shall process an Express Lane eligibility transaction for the consumer and enter a case journal entry stating the individual attested to wanting Medi-Cal based on their CalFresh eligibility. The county can only process the eligibility transaction if the individual meets the Express Lane population requirements and aid code descriptions. This same process shall also apply to CalFresh recipients who submit a Medi-Cal application.

Counties shall use an online MEDS transaction of EW20 with an eligibility status action code (ESAC) of "new" to establish eligibility, along with the CalFresh case number and the same family budget unit, digit and person number in the CalFresh case. Express Lane Eligibility will show on the accelerated enrollment screen in MEDS.

Once an individual has opted into the Express Lane program and their eligibility is reflected in MEDS, the State will send a welcome packet to the individual. The welcome packet contains the following:

- Welcome letter (which also satisfies the notice of action (NOA) requirements)
- Multi-lingual notice for consumers who need help in a language other than English or Spanish
- NA BACK 9 for fair hearing rights
- List of county phone numbers
- Pub 68 – Medi-Cal What It Means to You
- Notice of Privacy Practices

## **MEDS Functionality for Counties**

For the Express Lane aid codes, counties will have access to perform the following actions by means of online MEDS transactions. This is the only functionality counties will have to perform case management until the cases are made available in SAWS:

- Address changes
- Issuing Benefits Identification Cards (BICs)
- Terminating cases
- Restoring cases to the same aid code
- Intercounty transfers
- Approving new applications not included in the initial mailing of Express Lane Eligibility opt-in notices

## **Change of Circumstance**

If a change of circumstance renders the individual ineligible for CalFresh, counties must initiate a MAGI determination and send the Request for Tax Household Information (RFTHI). The individual will remain on the Express Lane aid code until the MAGI determination is completed. Counties must follow the two contact requirement as outlined in All County Welfare Directors Letter 08-07.

If an individual is removed from CalFresh for a failure to complete their Semi-Annual Reporting form, then reinstated into CalFresh, this individual can also be reinstated to into Medi-Cal using the same Express Lane aid code the individual was previously on. Pursuant to Welfare and Institutions Code 14005.37(i), this reinstatement must be done within 90 days. The individual's Medi-Cal renewal date continues to be counted from the month in which initial Express Lane eligibility was determined.

## **CalFresh Application Referral**

The CalFresh application and recertification form, CF 285, allows applicants and beneficiaries applying for or renewing CalFresh eligibility to check a box on the form to indicate they would like the information they provided used to determine their eligibility for Medi-Cal. Any CF 285 forms received by counties as new applications or recertifications where the applicant or beneficiary checked the Medi-Cal box are to be treated as an Express Lane application provided that they are in an appropriate coverage group (group one is between 19-64 years old and group two is under 19 years old). The county is to enroll the individual into Medi-Cal, once found CalFresh eligible, via MEDS with the

appropriate Express Lane aid code. Express Lane coverage begins the first day of the month the individual was determined eligible or recertified for CalFresh.

If the application or recertification is denied, the individual is not eligible to receive Express Lane Medi-Cal. The county must then initiate a Modified Adjusted Gross Income (MAGI) determination and send the Request for Tax Household Information (RFTHI). As stated in Medi-Cal Eligibility Division Letter (MEDIL) 14-02, the application date will be set once the RFTHI form is completed and received at the county office. The county eligibility worker must then use the information on the CF 285 and the RFTHI form to complete the application and determine Medi-Cal eligibility.

### **SAWS 2 Plus Applications**

For individuals completing the SAWS 2 Plus application for multiple benefit programs, counties may advise individuals that if they are applying for CalFresh benefits and would also like health coverage, they do not need to complete the health coverage questions on the application because they may qualify for Medi-Cal based on their CalFresh eligibility. The individual must check the "Medi-Cal Health Care" box in question 6 to indicate to the county that they are interested in receiving Medi-Cal coverage; however, they do not need to answer any other health care questions on the application.

If the application for CalFresh benefits is denied, the individual is not eligible to receive Express Lane Medi-Cal. The county must then initiate a Modified Adjusted Gross Income (MAGI) determination and send the Request for Tax Household Information (RFTHI). As stated in Medi-Cal Eligibility Division Letter (MEDIL) 14-02, the application date will be set once the RFTHI form is completed and received at the county office. The county eligibility worker must then use the information on the SAWS 2 Plus and the RFTHI form to complete the application and determine Medi-Cal eligibility.

### **Pending Applications in CalHEERS**

Counties will be sent a list of individuals who have pending cases in the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) who were also sent an Express Lane opt-in letter. Counties shall use this list to process the pending CalHEERS applications based on their Express Lane eligibility. Because the applicant is on the list for the Express Lane mailing, they qualify for Medi-Cal based on their CalFresh eligibility. Counties must use the CalFresh case information to satisfy the needed verifications to complete the eligibility determination process.

If a county is processing a pending CalHEERS case and finds that the individual is already on an Express Lane aid code, the county should continue processing the pending case, as outlined above. If found eligible, the individual will then receive a Medi-Cal aid code and no

longer be part of the Express Lane program. If the individual is found ineligible for Medi-Cal, the county must discontinue the beneficiary and provide notice and appeal rights unless the application provides a basis for eligibility on some other basis.

### **Retroactive Coverage**

If an individual requests retroactive Medi-Cal benefits and is in an Express Lane aid code, counties must initiate a retroactive eligibility determination. Additional guidance regarding performing retroactive eligibility determinations for months prior to January 2014 will be issued shortly. Once the required eligibility determination is complete, the individual will either be placed in a Medi-Cal aid code going forward or, if not eligible for Medi-Cal, the county must discontinue the beneficiary and provide notice and appeal rights unless the application provides a basis for eligibility on some other basis.

### **Renewals and Modified Adjusted Gross Income (MAGI) Determinations**

Counties are required to complete MAGI determinations before the twelfth month of Express Lane Eligibility. MEDS will begin to send the standard renewal worker alerts during the individual's tenth month of Express Lane Eligibility. In the event eligibility is not determined prior to the 12<sup>th</sup> month, the consumer's record will be placed in a Burman hold and workers will continue to receive MEDS alerts.

Individuals on Express Lane aid codes shall receive 12 months of Medi-Cal eligibility unless a change in circumstance is reported for their CalFresh eligibility, as described above. For the initial 12 months of eligibility, the Medi-Cal renewal data may not align with the CalFresh recertification date.

Counties are to keep track of all Express Lane individuals who are approved in MEDS in order to complete annual redeterminations when due. At the time of redetermination, the county will need to open a Medi-Cal case in SAWS to process the renewal. DHCS is working on a system to transmit a list of individuals to the consortia for dissemination to counties.

### **Future Populations**

DHCS is exploring adding parents of Medi-Cal eligible children, not on CalFresh, with incomes under 138 percent of the federal poverty level to the Medi-Cal program through Express Lane Eligibility. Guidance will also be provided for that population in a subsequent ACWDL.

All County Welfare Directors Letter No: 14-06  
Page 7  
February 21, 2014

If you have any questions regarding this letter, please contact Mr. Jeffery Baca at (916) 449-5286 or email at [jeff.baca@dhcs.ca.gov](mailto:jeff.baca@dhcs.ca.gov).

Visit the Express Lane web page at <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/ExpressLane.aspx> to view the Express Lane notices and other related documents.

Original Signed By:

Tara Naisbitt, Chief  
Medi-Cal Eligibility Division