



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



TOBY DOUGLAS
Director

EDMUND G. BROWN JR.
Governor

June 16, 2014

TO: ALL COUNTY WELFARE DIRECTORS Letter No.:14-27
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: ADDITIONAL EXPRESS LANE ENROLLMENT GUIDANCE

The purpose of this letter is to give administrative instruction on the Express Lane Enrollment Project, including information on the CalFresh Parents, Legal Guardians, and Caretaker Relative section of Express Lane Enrollment (ELE).

Express Lane Enrollment for Parents

Effective immediately, CalFresh parents, legal guardians and caretaker relatives enrolling into Medi-Cal at the county social services offices using ELE must be put into aid code 7S. The 7S aid code is necessary to accurately claim federal financial participation for parents. Going forward, the 7U aid code will be used for individuals who would likely be “newly” eligible based on the Medicaid expansion of the Affordable Care Act (childless adults 19-64 years old). As with aid code 7U, counties may enroll individuals by processing an online Medi-Cal Eligibility Data System (MEDS) transaction.

The definition of a parent, legal guardian, and caretaker relative for ELE is: a CalFresh recipient adult between the ages of 19 and 64 who:

- Has at least one child living in the home under age 19, and
- Is the parent/caretaker relative/legal guardian of that child or children

Note: The child does not have to be on CalFresh or Medi-Cal in order for the parent, legal guardian, or caretaker relative to be considered a parent for Express Lane purposes. The child must only meet the age limit for a child for Express Lane purposes and be in the home.

Medicare recipient eligibility

Department of Health Care Services (DHCS) has identified a population of Medicare beneficiaries that are in Express Lane aid codes. To qualify for Medicare benefits, individuals under age 65 must also be disabled, and therefore, do not qualify as being “newly” eligible. Since aid code 7U is primarily for individuals who would likely be “newly” eligible, DHCS will transfer Medicare beneficiaries currently on aid code 7U into aid code 7S. Previously, All County Welfare Directors Letter (ACWDL) 14-06 had directed that Medicare recipients were ineligible for ELE. Since aid code 7S has been established for those individuals who would have been eligible under Medi-Cal rules that existed before the initiation of the Affordable Care Act, Medicare beneficiaries may now enroll by means of Express Lane. Going forward, counties shall expressly enroll Medicare beneficiaries in aid code 7S, provided that they meet all other Express Lane eligibility requirements, including enrollment in CalFresh. This section updates ACWDL 14-06.

Discontinuance Notice Of Action (NOA) language

Individuals that report a change of circumstances or have their 12 months of Express Lane eligibility expired, and have been determined ineligible for Modified Adjusted Gross Income (MAGI)-based Medi-Cal, must be sent a discontinuance NOA. One of the following discontinuance reasons shall be used in a manually generated NOA by the county’s Statewide Automated Welfare System (SAWS):

- You did not give us the information we asked for. California Code of Regulations, Title 22, Section 50175.
- You are above the income allowed for Medi-Cal. California Welfare & Institutions Code §14005.30, 14005.60, 14005.64.
- We received notification of the death of <Person Name>. California Code of Regulations, Title 22, California Code of Regulations, Section 50176.
- You are not a resident of California. California Code of Regulations, Title 22, California Code of Regulations, Section 50320.

Upon being found ineligible for MAGI-based Medi-Cal, the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) will provide a referral for the individual to coverage options offered by Covered California, including Advance Premium Tax Credit (APTC), Cost Sharing Reduction (CSR), and unsubsidized coverage. This enrollment into APTC, CSR, or unsubsidized coverage will make the individual eligible for a special enrollment period to a Qualified Health Plan. This referral provides a NOA for the denial of MAGI-based Medi-Cal and an approval for a QHP; however, the county will still need to send a discontinuance NOA to the beneficiary.

Application date for individuals using the CalFresh application to affirm ELE

In the event an individual uses a CalFresh application (CF 285) to initiate ELE and is found ineligible for CalFresh, the county shall initiate a MAGI determination by sending a Request for Tax Household Information (RFTHI) form to the applicant. The RFTHI information can also be gathered over the phone. When the RFTHI form is sent to the individual, the county shall fill out an Application for CalFresh, Cash Aid, and/or Medi-Cal/Health Care Programs (SAWS 1) to memorialize the date the RFTHI was sent. This SAWS 1 will serve as the application date for insurance affordability programs. Previously, ACWDL 14-06 directed counties to set the application date once they received the returned RFTHI form from the beneficiary. This section updates ACWDL 14-06.

Retroactive coverage for Express Lane enrolled individuals

Individuals enrolled in Medi-Cal by means of ELE may be entitled to three months of retroactive coverage in the appropriate Express Lane aid code back to February 2014 when ELE was initiated by DHCS. The individuals must have had active CalFresh benefits for the month in which retroactive coverage is requested. For requests for retroactive coverage for January 2014, a MAGI determination must be initiated. A MAGI determination also effectively enrolls the individuals into MAGI aid codes and eliminates the need for Express Lane eligibility. For any request for retroactive coverage for a month prior to January 1, 2014, a full Pre-Affordable Care Act Medi-Cal application must be completed with MC210A.

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.

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