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DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

January 9, 2019

TO: ALL COUNTY WELFARE DIRECTORS Letter No: 19-01
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL CONSORTIA PROJECT MANAGERS

SUBJECT: EXCEPTIONS DUE TO PUBLIC HEALTH CRISIS OR DISASTER
(Reference: All County Welfare Directors' Letters 09-27 and 15-36 and
Medi-Cal Eligibility Division Information Letters I 14-59 and 17-16)

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide guidance to counties about the timeliness exceptions for processing applications and redeterminations, as well as information about applicants and beneficiaries receiving services from Medi-Cal, Medi-Cal Access Program (MCAP), Medi-Cal Access Infant Program (MCAIP), County Children's Health Initiative Program (CCHIP), and Optional Targeted Low Income Children Program (OTLICP) in counties affected by a state or federally declared major public health crisis or natural disaster.

This ACWDL also provides guidance for acceptable verifications to determine Medi-Cal eligibility, guidance on receiving out of county services for individuals in affected counties, and good cause extensions for exempt property.

Counties shall continue to process applications and redeterminations from individuals affected by these crises and disasters according to the instructions in ACWDL [15-36](#) and Medi-Cal Eligibility Division Information Letter (MEDIL) [17-16](#).

Background

As of October 1, 2017, the California Medicaid and Children's Health Insurance Program (CHIP) State Plans were amended. State Plan Amendments (SPA) [17-0043](#) (CHIP) and [17-044](#) (Medicaid) were approved to provide temporary policy adjustments for applicants and beneficiaries impacted by disaster events.

Both SPAs provide California with the authority to implement the temporary policy adjustments in the event of a future disaster.

Expedited Medi-Cal Application Processing

Applicants in the affected areas requesting expedited medical services shall not have their applications delayed. For applicants with immediate medical needs, counties shall:

- Inform persons with severe or immediate medical needs of available resources, such as Presumptive Eligibility (PE) programs available through participating hospitals, PE providers for pregnant women, and Child Health Disability Prevention (CHDP) Program providers.
- Ensure that persons with severe or immediate medical needs who have communication disabilities have access to the information contained above in their requested formats.
- Expedite eligibility determinations, whenever possible, for any Medi-Cal applicant or beneficiary who has immediate medical needs.
- Accept self-attestation, electronic verification, and ex parte review to attempt to confirm eligibility without requesting additional documentation from the applicant. In situations where the applicant or beneficiary is unable to provide the necessary verifications, California Code of Regulations, Title 22, Section [50167\(c\)](#) provides that a signed and dated affidavit, under penalty of perjury, can be used in place of the requested verification documentation.
 - Verification of citizenship or immigration status is still required. A reasonable opportunity period is allowed for verifications of citizenship or immigration status in accordance with ACWDL [09-27](#).
- Accept self-attestation from applicants signed under penalty of perjury to prove California residency. This attestation is usually in the form of an answer to a question on the Single Streamlined Application or the Statewide Automated Welfare System 2 Plus.

For applicants or beneficiaries with a cognitive or intellectual disability, who are unable to self-attest or sign an affidavit, the eligibility worker may complete and sign an affidavit on behalf of the individual in accordance with California Code of Regulations, Title 22, Section [50163](#).

Delayed Discontinuance

Any beneficiaries in areas affected by public health crises or disasters shall have their discontinuance delayed, to the extent possible, for not providing required documents and be allowed additional time to provide required documents.

If the beneficiary is unable to provide the required documents, the County Eligibility Workers (CEWs) shall accept a signed and dated affidavit, under penalty of perjury, in place of the requested verification documentation.

The CEWs shall document the reason for the delay in discontinuing benefits in the case file and shall include the following statement for auditing purposes:

“Delayed discontinuance of Medi-Cal or CHIP benefits approved due to state or federally declared major public health crisis or natural disaster.”

Reinstatement of Benefits

Any beneficiaries in areas affected by public health crises or disasters that were discontinued due to not providing required documents may have their benefits reinstated to the previous benefit level and be allowed additional time to provide required documents.

If the beneficiary is reporting a change in circumstance that qualifies them for a more advantageous program, counties shall not delay the redetermination and shall reinstate their previous benefit level while the redetermination takes place.

If the beneficiary is unable to provide the required documents, the CEWs shall accept a signed and dated affidavit, under penalty of perjury, in place of the requested verification documentation.

The CEWs shall document the reason for the restoration of benefits in the case file and shall include the following statement for auditing purposes:

“Reinstated Medi-Cal or CHIP benefits approved due to state or federally declared major public health crisis or natural disaster.”

Administrative Processing of Applications or Redeterminations

Administrative processing of Medi-Cal or CHIP applications or redeterminations may be delayed due to significant increase in immediate need applications, loss of power, downed phone lines, ability to travel to work, or similar circumstances. Counties may exceed the timeliness standards due to circumstances beyond the agency's control.

CEWs shall document the reason for the delay in processing an application or redetermination in the case file, and should include the following statement for auditing purposes:

“Delayed application or redetermination processing for Medi-Cal or CHIP benefits approved due to state or federally declared major public health crisis or natural disaster.”

Premiums for CHIP – MCAP, MCAIP, OTLICP, CCHIP

The Department of Health Care Services will notify MAXIMUS to waive premiums for individuals in MCAP, MCAIP, and OTLICP when a state or federally declared major public health crisis or natural disaster occurs. Additionally, counties shall delay discontinuance of Medi-Cal for these beneficiaries due to lack of premium payments in affected areas. If applicable, CCHIP plans will process their own waivers to premiums.

Exempt Property and Extensions

As a reminder, cash payments received for the repair or replacement of lost, damaged, or stolen exempt property shall be treated as exempt property for nine-months from the date of receipt. The initial nine-month period can be extended for a reasonable period up to an additional nine-months if the individual shows good cause for why repair or replacement was not possible during the first nine-months for a total of 18-months.. The county shall find that the individual has good cause when circumstances beyond the individual's control prevents the repair, replacement, or contracting for the repair or replacement of the exempt property.

An additional extension may be provided for major disasters declared by the President of the United States for up to an additional 12-months for a total of 30-months if:

- the exempt property is within the disaster area as defined in the presidential order;
- the individual intends to repair or replace the exempt property, and
- the individual presents evidence of good cause

Individuals may use these cash payments to pay for rent expenses during the extension period as long as the intent is to use the funds for the designated repairs or replacement. The good cause extension will terminate as of the date of the change of intent. Funds previously not treated as property will be taken into account in determining property for the following month.

Accessing Services Out of County

The beneficiary's current health plan will be the point of contact for services out of county, up until an official change of address has occurred and the beneficiary is in a new plan in a new county. The current plan is able to provide assistance to ensure beneficiaries have access to care and medications.

Intercounty Transfers

Beneficiaries who are displaced for an unknown amount of time may contact either the Receiving County or Sending County to assist with transferring the case on a permanent or short-term basis.

Counties should follow the existing processes for changes needed to the Medi-Cal Managed Care Plan coverage.

Submit the on-line fillable form to the Office of the Ombudsman as directed in MEDIL I [14-59](#). The online, fillable form should be used when requesting expedited:

- Plan Changes;
- Plan Enrollments;
- Plan Disenrollments; or
- Removal of 59 Holds.

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Counties may submit the form to the website located at:
<http://dhcs.ca.gov/MCOmbudsman> or contact the Office of the Ombudsman by phone
at 1-888-452-8609.

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.

Original Signed By

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Medi-Cal Eligibility Division