

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



DATE: April 28, 2022

Medi-Cal Eligibility Division Information Letter No.: I 22-15

TO: ALL COUNTY WELFARE DIRECTORS

ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS

ALL COUNTY MEDS LIAISONS

ALL CONSORTIA/SAWS PROJECT MANAGERS

SUBJECT: Updated Policy Guidance Regarding Medi-Cal Applications Received from

Participants and Residents of CCTRP and MCRP Facilities

(Reference: Medi-Cal Eligibility Division Information Letters I 17-23, I 18-10 and I 20-05 and All County Welfare Directors Letters 14-24, 14-24E and 21-22; Centers of Medicare and Medicaid Services State

Health Official Letter, SHO# 16-007)

The purpose of this letter is to update and clarify the Department of Health Care Services (DHCS) guidance regarding the county processing of Medi-Cal applications received from State prison inmates who are participating and residing in the California Department of Corrections and Rehabilitation's (CDCR) Custody to Community Transitional Reentry Program (CCTRP) for female inmates, or Male Community Program (MCRP) facilities for male inmates.

The Centers for Medicare and Medicaid Services (CMS) has determined after a participant reaches Phase 3 "Transitional Phase" (no earlier than 61 days after arriving at the designated Reentry facility) in a CDCR Post-Conviction Community Reentry Program facility, they will no longer be considered an inmate of a public institution, and will instead be considered "released" for Medi-Cal eligibility, enrollment, and benefits purposes. CMS acknowledged that participants entering Phase 3 "Transitional Phase" of the CDCR Post-Conviction Community Reentry Programs have freedom of movement and association by being able to access jobs and educational opportunities outside of the facility, community resources, and health care services.

Effective June 1, 2022, for Phase 3 "Transitional Phase" participants in a CDCR Post-Conviction Community Reentry Program facility, this Medi-Cal Eligibility Division Information Letter (MEDIL) shall supersede MEDILs I 17-23 and I 18-10 regarding processing and adjudicating Medi-Cal applications for CCTRP and MCRP Reentry facility participants. The guidance pertaining to CDCR's other Post-Conviction Community Programs, as outlined in MEDILs 17-23 and 18-10, remains unchanged.

Medi-Cal Eligibility Division Informational Letter No. I 22-15 Page 2 April 28, 2022

Background

Medicaid regulation Title 42 Code of Federal Regulations (CFR) § 435.1010 defines an inmate of a public institution as "a person living in a public institution" and defines a public institution as "an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control."

The inmate exclusion is a general coverage exclusion; it is not an eligibility exclusion. Incarceration does not preclude an inmate from being determined Medicaid-eligible. The County Welfare Department (CWD) must accept applications from inmates to enroll in Medi-Cal during the time of their incarceration. If the individual meets all applicable Medi-Cal eligibility requirements, the County must enroll the individual effective before, during, and after the time spent in the correctional facility. Once enrolled, however, the County shall place the inmate in a suspended eligibility status during the period of incarceration. (Welf. & Inst. Code § 14011.10.) (See 42 CFR § 435.1009, 435.1010; CMS SHO # 16-007)

CDCR's Post-Conviction Community Reentry Program facilities in this MEDIL include all CCTRP and MCRP facilities located in California. These programs are voluntary and operated by Community Based Organizations (CBO). CDCR's Reentry programs allow eligible offenders sentenced to State prison, with 2 years or less remaining on their prison sentence, to serve the remainder of their sentence in CCTRP/MCRP facilities in the community in lieu of confinement in State prison.

When a participant reaches Transitional Phase 3 at the CCTRP/MCRP, the participant may receive federally funded Medi-Cal health care services, before finishing the Post-Conviction Reentry Program which will further aid in a successful transition into the community.

CCTRP and MCRP Facilities

The following is a list of the most current CCTRP and MCRP facilities and shall supersede the list for these facilities as outlined in MEDILs I 17-23 and I 18-10.

Program Type	County	Facility	Address	Phone
CCTRP	Sacramento	St Johns	4410 Power Inn Road, Sacramento, Ca	(916) 453-1487
CCTRP	Los Angeles	Epidaurus dba Amity Foundation	2756 James M Woods Blvd, L.A., Ca	(213) 523-3100
CCTRP	Kern	Mental Health Systems	1932 Jessie Street, Bakersfield, Ca	(661) 447-4666
CCTRP	San Joaquin	WestCare	1609 North Wilson Way, Stockton, Ca	(209) 642-8488
Program Type	County	Facility	Address	Phone
CCTRP	Los Angeles	LA CADA	11121 Bloomfield Ave., Santa Fe Springs, Ca	(562) 236-9390
CCTRP	San Diego	WestCare	3050 Armstrong Ave., San Diego, Ca	(619) 359-8266
MCRP	Butte	Butte County Probation Department	2740 Oro Dam Boulevard East, Oroville, Ca	(530) 353-3294
MCRP	Kern	Turning Point of Central California, Inc.	1100 Union Avenue, Bakersfield, Ca	(661) 861-6111
MCRP	Los Angeles	GEO Reentry, Inc.	2233 East 69th Street, Long Beach, Ca	(562) 663-0711
MCRP	Los Angeles	Epidaurus dba Amity Foundation	3745 South Grand Ave, Los Angeles, Ca	(323) 572-5566
MCRP	Los Angeles	HealthRIGHT 360	2307 West 6th Street, Los Angeles, Ca	(213) 351-2800
MCRP	San Diego	Core Civic, Inc. (CCA)	2727 Boston Avenue, San Diego, Ca	(619) 232-1066

CDCR's Four-Phased Progressive Program for CCTRP/MCRP Participants

The CCTRP/MCRP Programs utilize a four-Phased progressive program that allows each participant the opportunity to work through each phase at their own pace. Each phase is designed to assist in the participants' successful transition back into the community while connecting and accessing local resources. Participants are case managed by their assigned Parole Agent and/or their Care Team (Case Manager / Counselor) in achieving individualized goals in the specified timeframes.

- Phase 1 "Orientation Phase" (Day 1 through day 30): This time is used to identify treatment and support needs. In this phase, CCTRP/MCRP participants are not allowed to leave the facility without a program staff escort.
- Phase 2 "Treatment Phase" (Starts no earlier than day 31): Participants in this
 phase may receive "passes" and are allowed to leave the facility without a
 program staff escort for certain reasons.
- Phase 3 "Transitional Phase" (Starts no earlier than day 61): Participants in this phase are allowed independent living within the program with Care Team support to adjust to community living. Participants in this phase are no longer considered inmates of a public institution for Medi-Cal purposes.
- Phase 4 "Discharge Phase" (No later than 30 days before release): It is
 essential during this phase that the participants are leaving the program with a
 verified rehabilitation arrangement that shall include housing and/or treatment.
 During the discharge phase, the Care Team shall coordinate and/or assist the
 participant in submitting a Med-Cal application for Medi-Cal benefits if not already
 established.

County Processing Medi-Cal Applications Received from CCTRP/ MCRP Facilities

Effective June 1, 2022, CDCR Reentry staff will leverage pre-existing county Points of Contact (POCs) when submitting pre-release applications for participants residing in CCTRP/MCRP facilities. Counties shall maintain and provide a county POC list, to CDCR that includes information about where pre-release applications should be sent.

Counties shall follow the steps below to evaluate Medi-Cal applications submitted by the reentry program participants, or the participant's authorized representative(s). CWDs shall accept and process all Medi-Cal applications based upon the information presented in the application and consistent with current Medi-Cal requirements and guidelines.

The Medi-Cal application will include a cover letter (see enclosures) informing the county that the applicant is participating in the CCTRP/MCRP and the phase they are enrolled in. The CWD shall process the Medi-Cal application and determine eligibility for full or restricted scope Medi-Cal coverage consistent with current Medi-Cal requirements and guidelines. The County shall notify the designated CDCR Reentry staff of the outcome of the eligibility determination or if additional information is required.

Medi-Cal Eligibility Division Informational Letter No. I 22-15 Page 5 April 28, 2022

Note: If the application does not include a cover letter, the County can accept the participant's written or verbal attestation of enrollment in the CCTRP/MCRP program.

CCTRP/MCRP Participants in Phase 1 and Phase 2

Pre-release Application

If the CCTRP/MCRP participant is determined eligible for Medi-Cal and is in Phase 1 or Phase 2 of their Reentry Program, the CWD shall follow existing guidance in MEDILs I 17-23 and I 18-10 because DHCS considers CCTRP/MCRP participants in Phase 1 and Phase 2 as incarcerated inmates. The CWD shall enroll the individual in the appropriate Medi-Cal aid code and then suspend the benefits per Welf. & Inst. Code § 14011.10. Counties shall refer to the existing Medi-Cal suspension process outlined in ACWDL 21-22 and MEDIL I 20-05.

• If the participant is determined ineligible for Medi-Cal, the CWD shall deny the Medi-Cal application and send a denial Notice of Action (NOA) to the applicant at the address provided on the application to the last known address in MEDS, or to the applicant's/authorized representative's address.

CCTRP/MCRP Participants in Phase 3 and Phase 4

Once the participant reaches Phase 3, "Transitional Phase", they no longer are considered an inmate of a public institution and will instead be considered released from incarceration for Medi-Cal purposes.

New Application

When the cover letter indicates the participant is enrolled in Phase 3 or Phase 4 and the participant's eligibility has not previously been established, the CWD will process the application to determine eligibility for Medi-Cal, in accordance with current Medi-Cal rules.

Suspended Benefits

If the participant's eligibility has already been established and their Med-Cal benefits are suspended, the participant/beneficiary can verbally attest or provide written attestation to being enrolled in Phase 3 or Phase 4. This attestation shall serve as acceptable proof for the CWD to process the "release" within MEDS for Medi-Cal purposes. The CWD must enter the release date via the EW32 transaction in the Medi-Cal Eligibility Data

Medi-Cal Eligibility Division Informational Letter No. I 22-15 Page 6 April 28, 2022

System (MEDS) to activate their Medi-Cal benefits and lift the Medi-Cal suspension. The release date entered on the EW32 transaction is the same day as the Phase 3 enrollment date indicated by the participant or their authorized representative. If the actual date is unknown, the date of the reporting can be considered an attestation by the individual and can be used as the date of release. Counties shall refer to the existing Medi-Cal suspension process for activating benefits as outlined in ACWDL 21-22 and MEDIL I 20-05.

Questions and Answers

1. Can CCTRP/MCRP participants apply for Medi-Cal before they reach Phase 3?

Answer: Yes, the inmate exclusion is a general coverage exclusion; it is not an eligibility exclusion. Incarceration does not preclude an inmate from being determined Medi-Cal eligible. The CWD must accept pre-release applications from inmates to enroll in Medi-Cal during the time of their incarceration. If the individual meets all applicable Medi-Cal eligibility requirements, the county shall enroll the individual in the appropriate Medi-Cal aid code and then suspend the benefits per Welf. & Inst. Code § 14011.10. Counties shall refer to the existing Medi-Cal suspension process outlined in ACWDL 21-22 and MEDIL I 20-05.

2. What action shall the county take when the beneficiary comes into the CWD office, calls into the office, or writes to the CWD and reports that they have reached Phase 3 of the Reentry Program?

Answer: The County shall accept the program participant's or authorized representative's verbal attestation as proof of their enrollment in Phase 3. This is the date that they are no longer considered an inmate of a public institution and thus released from incarceration for Medi-Cal purposes. If the actual date is unknown, the County may use the date of the reporting as the release date on the EW32 transaction in MEDS. However, if the release date that is given by the individual causes the County to have additional questions, the County can contact the facility and request additional information.

3. Can a participant in the Transitional Phase 3 downgrade to a lower phase or be returned to the public institution?

<u>Answer:</u> Yes, although not common, a participant can return to the public institution (State prison) or "phase down" to a lower phase. In these instances, DHCS, in coordination with CDCR, will ensure the suspension of benefits policy is followed for this population.

Medi-Cal Eligibility Division Informational Letter No. I 22-15 Page 7 April 28, 2022

4. What action does the County take if an applicant, who is also enrolled in the CCTRP/MCRP program, fails to report an address on their application?

<u>Answer:</u> All CCTRP/MCRP participants should report one of the facilities as their residence listed in this MEDIL. If there is no address reported, the County shall verify with the individual if they are still part of the reentry program. If the participant has completed phase 4 and is still without a residence, the County shall follow Medi-Cal rules pertaining to the current homeless policy and process the application accordingly.

5. What if a Reentry participant applies for Medi-Cal in a different County that does not have a Reentry program facility?

<u>Answer</u>: In these circumstances, the Courtesy Application Process should be followed whereby the County shall forward the application and all information collected to the appropriate County where the Reentry facility is located and where the participants resides.

If you have any questions, or if we can provide further information, please contact Angelo Vitale at (916) 345-8197 or via email at MCIEP@dhcs.ca.gov.

Original Signed By

Sandra Williams, Chief Medi-Cal Eligibility Division

Enclosures

DIVISION OF REHABILITATIVE PROGRAMS

P.O. Box 942883 Sacramento, CA 94283-0001

CUSTODY TO COMMUNITY TRANSITIONAL REENTRY PROGRAM nsert CCTRP Facility Address>



<Insert Date>

<Insert County of CCTRP facility and Medi-Cal local county contact information>

In accordance with the Memorandum of Understanding between the California Department of Corrections and Rehabilitation (CDCR) and the California Department of Health Care Services (DHCS) attached is an Application for Health Insurance for processing.

<u>Please mail application determinations and BIC Cards to the following Appointed Representative</u> (AR):

<Insert CCTRP contract staff name>
Custody to Community Transitional Reentry Program
<Insert CCTRP contractor>
<Insert CCTRP facility address>

PARTICIPANT NAME: PARTICIPANT CDCR NUMBER: DATE OF BIRTH: PHASE:

Questions regarding the Application for Health Insurance for the above-mentioned participant may be directed to the contracted authorized representative at <Insert Phone> and/or <Insert Email>. The authorized representative's fax number is <Insert Fax Number>.

Thank you for your assistance.

DIVISION OF REHABILITATIVE PROGRAMS

P.O. Box 942883 Sacramento, CA 94283-0001

CUSTODY TO COMMUNITY TRANSITIONAL REENTRY PROGRAM nsert CCTRP Facility Address>



<Insert Date>

<Insert County of MCRP facility and Medi-Cal local county contact information>

In accordance with the Memorandum of Understanding between the California Department of Corrections and Rehabilitation (CDCR) and the California Department of Health Care Services (DHCS) attached is an Application for Health Insurance for processing.

<u>Please mail application determinations and BIC Cards to the following Appointed Representative</u> (AR):

<Insert MCRP contract staff name>
Male Community Reentry Program
<Insert MCRP contractor>
<Insert MCRP facility address>

PARTICIPANT NAME: PARTICIPANT CDCR NUMBER: DATE OF BIRTH: PHASE:

Questions regarding the Application for Health Insurance for the above-mentioned participant may be directed to the contracted authorized representative at<<u>Insert Phone</u> and/or <u><Insert Email</u>. The authorized representative's fax number is <u><Insert Fax Number</u>.

Thank you for your assistance.