



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



ARNOLD SCHWARZENEGGER
Governor

August 1, 2008

TO: ALL COUNTY WELFARE DIRECTORS Letter No: 08-25
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: PROCEDURE FOR PROCESSING EVIDENCE OF CITIZENSHIP
DOCUMENTS FOR THE BREAST AND CERVICAL CANCER
TREATMENT PROGRAM IN COMPLIANCE WITH THE FEDERAL
DEFICIT REDUCTION ACT (DRA) OF 2005

Introduction

This All County Welfare Directors Letter (ACDWL) references ACWDL No. 06-09, 06-25, and 07-12. In compliance with Welfare and Institutions Code, Section 14007.7.1, the Breast and Cervical Cancer Treatment Program (BCCTP) provides full scope, no share-of-cost (SOC) Medicaid benefits to uninsured women under age 65 who are citizens or lawful immigrants and who are screened through an authorized screening provider and found in need of treatment for breast and/or cervical cancer, including some precancerous conditions. BCCTP also maintains a program in compliance with Health and Safety Code, Sections 140160 et seq., which is a corresponding State-funded BCCTP program that serves the population that has been determined to be ineligible for the federal BCCTP. The federal BCCTP program allows for immediate Accelerated Eligibility (AE) for women if an authorized screening provider determines, based on preliminary information, that the woman meets the eligibility criteria for the BCCTP, which is then followed by a full determination of BCCTP eligibility. This ACWDL only applies to those who declare they are United States citizens and nationals

while a full determination of BCCTP eligibility is being made or at the time of annual redetermination. The ACWDL does not apply to individuals being assessed for eligibility for AE, nor to individuals who are not United States citizens or nationals.

In compliance with the federal Deficit Reduction Act of 2005 (DRA), United States citizens and nationals applying for or receiving benefits through the federal BCCTP are required to provide original or copies certified by the issuing agency as documentation of citizenship and identity. The documentation is required before they can be approved for federal BCCTP eligibility or at the time of annual redetermination in order to remain eligible. The federal BCCTP must comply with the policy set forth in ACWDL 07-12, including taking all reasonable steps to implement the requirements in a manner that poses the least inconvenience to applicants and beneficiaries.

An individual need not mail the document(s), but can satisfy the DRA requirement by having the original or a copy certified by the issuing agency inspected by the Sacramento BCCTP office, a county social service office, or a provider that is either a Federally Qualified Health Center (FQHC) or a Disproportionate Share Hospital (DSH). The county social services office, FQHC or DSH will review the document(s) to ensure that they are originals or copies certified by the issuing agency, but may not determine the acceptability of the documentation.

The BCCTP is administered by the California Department of Health Care Services (DHCS) which is located in Sacramento. However, as the office is located in Sacramento and covers the entire state, it would not be feasible for the applicant or beneficiary to deliver original documents to our location. Due to security issues (i.e., identity theft) and the risk of loss in the mail, we are strongly discouraging applicants or beneficiaries from mailing their original documents to Sacramento. Therefore, it is necessary that the counties provide some coordination and assistance in the receipt of the DRA citizenship and identity documentation on behalf of BCCTP and then forward copies of that documentation to BCCTP. The policies and procedures in this ACWDL will be effective September 1, 2008.

Counties should not create a separate case file for the DRA documentation for each BCCTP client, but should retain a copy of all BCCTP receipts issued and copies of the documents in a reference file. The assistance provided by the counties is a support effort, not a new intake or ongoing case. Counties should refer any BCCTP related DRA questions to BCCTP. Counties should accept documentation from BCCTP applicants and beneficiaries regardless of their county of residence. Counties do not determine the acceptability of the document, counties just check that it is an original or certified copy and provide the applicant/beneficiary with a receipt for the original or certified copy of the documents provided and forward a copy of that receipt with the documentation to BCCTP.

In addition to county social service departments, certain health care providers are authorized to verify that documentation of citizenship and identity is original or certified copies. These providers are FQHCs and DSHs. Some applicants and beneficiaries under BCCTP may find it easier to have their documents checked by a provider authorized to do the document review.

DHCS is currently working on procedures to assist individuals in identifying a FQHC or DSH provider who might be able to assist with DRA compliance. However, if an individual presents to a county office with the DRA letter attached, county staff must perform the responsibilities as outlined below and may NOT send individuals elsewhere to have DRA documentation verified.

BCCTP RESPONSIBILITIES

This section describes the responsibilities that BCCTP has in the DRA process. BCCTP will:

- Send letters of information to the applicants and beneficiaries explaining the process, the time line, good faith effort requirements and instructing them on what they need to do to comply as well as any consequences. (Enclosures BCCTP DRA 001 and BCCTP DRA 0002)
- Inform applicants and beneficiaries if they are exempt from the documentation requirements or if a California birth record was found.
- Instruct applicants and beneficiaries to present a copy of the letter concerning the DRA requirements to the county or other selected provider. (Enclosure 1 [or enclosure 2 for individuals from Los Angeles County]). BCCTP will provide a postage paid envelope to applicants and beneficiaries to use to return the DHCS 0005 Receipt of Citizenship and Identity Documentation form and copies of documentation(s).
- Serve as a point of contact for all DRA and program related questions for BCCTP applicants/beneficiaries.
- Receive copies of the DHCS 0005 "Receipt of Citizenship and Identity Documentation" form and the applicant's/beneficiary's documentation from the counties, FQHCs or DSHs.
- Determine if the documentation is on the acceptable list of DRA documents.
- Issue a DHCS 0011 "Proof of Receipt of Citizenship and Identity Documents" form to the applicant or beneficiary upon a determination that the documents are acceptable.
- If documents are not returned, BCCTP will determine if the applicant or beneficiary is making a good faith effort to provide documentation, and will inform

the individual on what is needed in meeting the requirements and where to obtain the documentation, as appropriate.

- BCCTP will notate in the file concerning the specifics of the good faith effort, including dates.
- Request proof of good faith effort and continue case as appropriate.
- Send notice to the client as to the action to be taken if documentation is not provided and transfer the case to State-funded BCCTP and limited scope Medi-Cal benefits as necessary and appropriate.
- Perform all Medi-Cal Eligibility Data System (MEDS) transactions to indicate that citizenship and/or identity documentation was provided.

County Responsibilities

This section provides information describing the counties' responsibilities upon receiving an original or certified copy of a citizenship or identity document for a BCCTP applicant or beneficiary.

STEP ONE - CLEARANCE

- If the applicant/beneficiary shows a BCCTP DRA notification letter to confirm BCCTP status or states that she is in the BCCTP program, proceed to Step Two.
- If the BCCTP applicant or beneficiary does not have a copy of the BCCTP DRA notification letter, and does not indicate that she is in BCCTP:
 - Proceed in the same manner for any person who brings in citizenship and identity documentation to the county, including:
 - Check Medi-Cal Eligibility Data System and the county system to determine if the client has Medi-Cal through the BCCTP or the county. BCCTP aid codes include:
 - **0N, 0P - Full Scope,**
 - **0U, and 0V – Restricted Scope**

The majority of cases (99.8 percent) will be aid codes 0N and 0P. In rare circumstances, there may be a woman in 0U or 0V who has become a citizen and may need to present proof of citizenship and/or identity. For women in aid code 0U or 0V who have obtained satisfactory immigration status, BCCTP will evaluate them for full-scope Medi-Cal (aid code 0P).

DRA documentation is necessary to allow BCCTP to determine if the woman is eligible for aid code 0P or restricted coverage (State-funded cancer treatment and emergency, pregnancy and Long Term Care). If she is in an aid code other than the BCCTP aid codes, take county appropriate action.

STEP TWO – REVIEW OF DOCUMENTS

- View citizenship/identity documents to determine that they are originals or copies certified by the issuing agency.
- Make a photocopy of the original or certified citizenship/identity documents.
- Complete and sign a copy of the DHCS 0005 “Receipt of Citizenship or Identity Documentation” form for the citizenship/identity documents provided by the applicant/beneficiary.
- The identity of the county staff that viewed and copied the document must be provided on the bottom half of the DHCS 0005 “Receipt of Citizenship or Identity Documentation” form.
- Promptly return the original documents to the applicant, beneficiary or authorized representative.
- Provide the applicant, beneficiary or authorized representative with a copy of each DHCS 0005 “Receipt of Citizenship or Identity Documentation” form

STEP THREE – FORWARD DOCUMENTS

- Attach a copy of the citizenship and/or identity documents to the DHCS 0005, “Receipt of Citizenship or Identity Documentation” form.
- Mail or fax copies of the documents and the DHCS 0005, “Receipt of Citizenship or Identity Documentation” form to BCCTP at the following addresses:

FOR FAX TRANSMISSIONS:

Department of Health Care Services
ATTN: Breast and Cervical Cancer Treatment Program – DRA
Fax number: (916) 552-9440

Counties must call the listed Eligibility Specialist (ES) on the notice or BCCTP at (800) 824-0088 prior to faxing any documentation in order to be Health Insurance Portability and Accountability Act (HIPAA) compliant.

FOR UNITED STATES MAIL: (In envelope provided by individual, if provided)

Department of Health Care Services
Breast and Cervical Cancer Treatment Program - DRA
MS 4611
P.O. Box 997417
Sacramento, CA 95899-7417

- If the applicant/beneficiary did not bring the self-addressed pre-paid envelope, the county may mail the form and copies of the documents in a county envelope or they may fax the documentation to (916) 552-9440 and call (800) 824-0088 to confirm receipt.
- Keep copies of the documents viewed and of the signed "Receipt of Citizenship or Identity Documentation" in a master file for a period of three months in case the documentation is not received from the county by BCCTP.

In counties with multiple office locations, it is imperative that counties have more than one office to which applicants and beneficiaries may take their documentation. The applicants and beneficiaries have breast and/or cervical cancer and it is essential that they be afforded easy and timely access to the social services offices. Counties also should accept documentation from BCCTP applicants and beneficiaries regardless of their county of residence, since the program is administered by DHCS on a statewide basis.

If BCCTP clients have questions regarding the BCCTP, including any that are related to the DRA requirements, please refer them to the ES listed on their contact letter or the BCCTP toll-free number at (800) 824-0088.

FQHC/DSH Responsibilities

This section provides information that has been provided to FQHCs and DSHs describing the FQHCs and DSHs responsibilities upon receiving an original or certified copy of a citizenship or identity document for a BCCTP applicant/beneficiary.

STEP ONE - CLEARANCE

- If the applicant/beneficiary shows a BCCTP DRA notification letter to confirm BCCTP status or states that she is in the BCCTP program, proceed to Step Two.
- If the applicant/beneficiary does not show the BCCTP DRA notification letter or does not identify herself as BCCTP, but brings citizenship or identity documents,

complete step two, but send the DHCS 0005 and documentation to the appropriate county social services office.

STEP TWO – REVIEW OF DOCUMENTS

- View citizenship/identity documents to determine that they are originals or copies certified by the issuing agency.
- Make a photocopy of the original or certified citizenship/identity documents.
- Complete and sign a copy of the DHCS 0005, "Receipt of Citizenship or Identity Documentation" form for the citizenship/identity documents provided by the applicant/beneficiary.
- The identity of the FQHC or DSH staff that viewed and copied the document must be provided on the bottom half of the DHCS 0005, "Receipt of Citizenship or Identity Documentation" form.
- Promptly return the original documents to the applicant, beneficiary or authorized representative.
- Provide the applicant, beneficiary or authorized representative with a copy of each DHCS 0005, "Receipt of Citizenship or Identity Documentation" form.

STEP THREE – FORWARD DOCUMENTS

- Attach a copy of the citizenship and/or identity documents to a signed DHCS 0005, "Receipt of Citizenship or Identity Documentation" form.
- Mail or fax copies of the documents and the DHCS 0005, "Receipt of Citizenship or Identity Documentation" form to BCCTP at the following addresses:

FOR FAX TRANSMISSIONS:

Department of Health Care Services
ATTN: Breast and Cervical Cancer Treatment Program – DRA
Fax number: (916) 552-9440

FQHC/DSH must call the listed ES on the notice or BCCTP at (800) 824-0088 prior to faxing any documentation in order to be HIPPA compliant.

For UNITED STATES MAIL: (In envelope provided by individual, if provided)

Department of Health Care Services
Breast and Cervical Cancer Treatment Program - DRA
MS 4611
P.O. Box 997417
Sacramento, CA 95899-7417

- If the applicant/beneficiary did not bring the self-addressed pre-paid envelope, the FQHC or DSH may mail the form and copies of the documents in a FQHC or DSH envelope or they may fax the documentation to (916) 552-9440 and call (800) 824-0088 to confirm receipt.
- Keep copies of the documents viewed and of the signed "Receipt of Citizenship or Identity Documentation" in a master file for a period of three months in case the documentation is not received from the county by BCCTP.

The applicants and beneficiaries may have breast and/or cervical cancer and it is essential that they be afforded easy and timely access to the FQHC or DSH. FQHCs and DSHs also should accept documentation from BCCTP applicants and beneficiaries regardless of their county of residence, since the program is administered by DHCS on a statewide basis.

If BCCTP applicants or beneficiaries have questions regarding the BCCTP program, including any that are related to the DRA requirements, please refer them to the ES listed on their contact letter or the BCCTP toll-free number 800-824-0088.

COUNTY CONTACTS

In order for this coordination to be successful, BCCTP needs the name, address, phone number and email address of a contact in each county that BCCTP can refer applicants and beneficiaries in order to provide the location of offices within each county that they can bring their documentation to. Please provide the contact information to Ms. Sara Rodriguez at (916) 552-9413 by August 12, 2008.

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If you have any questions about the information in this letter, please contact Ms. Lynne Wheatley, of the BCCTP, at (916) 322-5063.

ORIGINAL SIGNED BY:

Vivian Auble, Chief
Medi-Cal Eligibility Division

Enclosures



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



ARNOLD SCHWARZENEGGER
Governor

BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP)
DEFICIT REDUCTION ACT (DRA) NOTICE

Notice Date:
Case Tracking No.:
Eligibility Specialist (ES):
ES Telephone: (916) -
ES Work Hours:
Notice For:

A new federal law, the Deficit Reduction Act (DRA), requires that most U.S. citizens and nationals applying for or getting Medi-Cal must show proof of citizenship and proof of identity. The enclosed forms explain who the law affects, who it does not affect, and what papers can be used to prove U.S. citizenship and identity. IF YOU ARE NOT A U.S. CITIZEN OR NATIONAL, THIS LETTER AND THE ENCLOSED FORMS DO NOT APPLY TO YOU.

You are getting this notice because:

1. You are a U.S. citizen or national; **and**
2. You applied for Medi-Cal through the BCCTP and need to prove your identity and that you are a U.S. citizen or national,

OR

You are already on Medi-Cal through the BCCTP and need to prove your identity and that you are a U.S. citizen or national in order to stay on Medi-Cal.

The new law requires that the papers used to prove citizenship and identity be originals or copies certified by the issuing agency. We do not think that you should mail in these important papers to us. Instead of mailing the papers, you may:

1. Take the papers to the local county social services office closest to you. The local county social services office will make copies of the papers and will give you the originals and a copy of a receipt. The county office will send the original receipt and copies of the papers to the BCCTP office in Sacramento. For a list

of county social services offices closest to you, please call your BCCTP Eligibility Specialist (ES) at the telephone number listed on this notice or call the Breast and Cervical Cancer Treatment Program (BCCTP) at 800-824-0088.

OR

2. Take the papers to certain health care providers who are able to inspect the documents and give you a receipt. For a list of these providers closest to you, please call your BCCTP Eligibility Specialist at the telephone number listed on this notice or call the Breast and Cervical Cancer Treatment Program (BCCTP) at 800-824-0088.

Please note: You must take this notice, your original or certified copies of the papers that prove your citizenship and identity, and the enclosed pre-paid envelope to the county social services office or certain health care providers near you. You may check the local telephone directory or contact BCCTP to get the names and addresses of the county social services office nearest to you.

You will get time to submit the papers to prove your identity and that you are a citizen. To continue on the BCCTP program if you do not have the papers, you can also tell us that you are making a good faith effort to locate the papers. Please call your BCCTP Eligibility Specialist at the telephone number listed on this notice or the toll-free number at 800-824-0088 if you are having difficulty locating the papers.

It is very important that you either show the correct papers or tell us that you are making a good faith effort to locate the papers. If we do not get your proof of citizenship and/or identity, your Medi-Cal benefits may decrease in both the length of coverage and the services you may receive. **Please provide your papers or tell us you are making a good faith effort to get the papers by _____. If you miss the due date and still want full-scope Medi-Cal coverage under the BCCTP, call your BCCTP Eligibility Specialist NOW!**

If you have any questions or need help, please contact your BCCTP Eligibility Specialist at the telephone number listed on this notice or call our toll-free number at 1-800-824-0088.



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



ARNOLD SCHWARZENEGGER
Governor

BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP)
DEFICIT REDUCTION ACT (DRA) LOS ANGELES NOTICE

Notice Date:
Case Tracking No.:
Eligibility Specialist (ES):
ES Telephone: (916) -
ES Work Hours:
Notice For:

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2. You applied for Medi-Cal through the BCCTP and need to prove your identity and that you are a U.S. citizen or national,

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You are already on Medi-Cal through the BCCTP and need to prove your identity and that you are a U.S. citizen or national in order to stay on Medi-Cal.

The new law requires that the papers used to prove citizenship and identity be originals or copies certified by the issuing agency. We do not think that you should mail in these important papers to us. Instead of mailing the papers, you may:

1. Take the papers to the local county social service office closest to you. The local county social services office will make copies of the papers and will give you the originals and a copy of a receipt. The county office will send the original receipt and copies of the papers to the BCCTP office in Sacramento. For a list of county social services offices closest to you, please call Los Angeles County,

at the toll-free number 1-877-597-4777 for information about where to provide your documents or your BCCTP Eligibility Specialist (ES) at the telephone number listed on this notice or call the Breast and Cervical Cancer Treatment Program (BCCTP) at 800-824-0088.

OR

2. Take the papers to certain health care providers who are able to inspect the documents and give you a receipt. For a list of these providers closest to you, please call your BCCTP Eligibility Specialist at the telephone number listed on this notice or call the Breast and Cervical Cancer Treatment Program (BCCTP) at 800-824-0088.

Please note: You must take this notice, your original or certified copies of the papers that prove your citizenship and identity, and the enclosed pre-paid envelope to the county social services office or certain health care providers near you. You may check the local telephone directory or contact BCCTP to get the names and addresses of the county social services office nearest to you.

You will get time to submit the papers to prove your identity and that you are a citizen. To continue on the BCCTP program if you do not have the papers, you can also tell us that you are making a good faith effort to locate the papers. Please call your BCCTP Eligibility Specialist at the telephone number listed on this notice or the toll-free number at 800-824-0088 if you are having difficulty locating the papers.

It is very important that you either show the correct papers or tell us that you are making a good faith effort to locate the papers. If we do not get your proof of citizenship and/or identity, your Medi-Cal benefits may decrease in both the length of coverage and the services you may receive. **Please provide your papers or tell us you are making a good faith effort to get the papers by _____. If you miss the due date and still want full-scope Medi-Cal coverage under the BCCTP, call your BCCTP Eligibility Specialist NOW!**

If you have any questions or need help, please contact your BCCTP Eligibility Specialist at the telephone number listed on this notice or call our toll-free number at 1-800-824-0088.