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TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 09-10
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY CHIEF PROBATION OFFICERS
ALL ADOPTION DISTRICT OFFICES

SUBJECT: IMPLEMENTATION OF AB 1512 (Torrico, Chapter 467, Statutes of 2007);
CLARIFICATION AND INSTRUCTIONS FOR DISENROLLMENT OF
CHILDREN IN FOSTER CARE FROM THE COUNTY ORGANIZED
HEALTH SYSTEM AND MEDI-CAL CHANGE OF ADDRESS
PROCEDURES FOR CHILDREN IN FOSTER CARE AND ADOPTION
ASSISTANCE PROGRAMS
(Reference: All County Welfare Directors Letter (ACWDL) Nos. 99-35 and
00-13)

The purpose of this letter is to inform counties about the implementation of AB 1512 which, beginning January 1, 2009, requires foster care (FC) children who have moved to a new county of residence to be disenrolled from the County Organized Health System (COHS) in the previous county of residence within two working days of a request for disenrollment by the county child welfare services agency (CWS), county probation department (PD), foster caregiver, or any other person authorized to make medical decisions on behalf of the FC child.

This letter provides a new process for meeting the requirements of AB 1512, updates instructions provided in ACWDL 00-13 on changing residence address information in the county systems that report eligibility information to the Medi-Cal Eligibility Data System (MEDS), and emphasizes the importance of ensuring that MEDS residence address information has been updated accordingly whenever a FC or Adoption

Assistance Payment (AAP) child moves out of the county where the court jurisdiction took place or is placed in a California facility with an out-of-state mailing address. This letter also provides information received by the California Department of Mental Health (CDMH) that explains procedures for delivery of Medi-Cal mental health services for clients whose residence county is different from their responsible county.

Background and MEDS Processing Overview

The County ID associated with eligibility on MEDS contains the county code of the county that is responsible for determination of the client's eligibility. When a client first applies for Medi-Cal, the responsible county (the one that will make the eligibility determination) is the county in which the client resides at the time they apply. In most situations, responsibility for a Medi-Cal client's case will be transferred to the new residence county when a client moves from one county to another, although the transfer of responsibility may not occur immediately. However, with FC or AAP cases, the original county where the court retains jurisdiction also retains responsibility for a client's case when a client is placed or moves out of the original county.

Enrollment in a Medi-Cal health plan is not mandatory for FC and AAP children unless they reside in a COHS county. Eligibility in a COHS is based on the county in which a client resides and eligibility in a Geographic Managed Care (GMC) or Two-Plan Model health plan is based on the zip code and/or county in which a client resides. The FC and AAP children are initially entered into MEDS using the residence address information for the county of responsibility. If the county has a Medi-Cal managed care plan that is a COHS, the child is automatically enrolled in this COHS. If the county of responsibility offers managed care under a GMC Plan or Two-Plan Model, the child has the option of enrolling in one of these types of managed care plans or the child may obtain Medi-Cal services through fee-for-service (FFS) providers. It is the residence zip code and/or the residence county code on MEDS that determines which managed care plans are available to the child while residing in a given county. If there is no residence county code on MEDS, then the responsible county code is used in lieu of the residence county code in making that determination.

Prior to 1999, MEDS carried only a single address for each client. That address was the mailing address, which in most cases was also the residence address. However, there was no way to determine on MEDS whether the mailing address was also the residence address. In 1999, with the expansion of COHS and other Managed Care Plans, significant changes were made to MEDS in order to deal with access-to-care issues when the responsible county (reflected in the County-ID on MEDS) is different from the client's residence county. MEDS was changed to:

- (1) Capture residence address in addition to mailing address;
- (2) Validate the address using United States Postal Service (USPS) software and, when possible, determine the residence county based on the residence address;
- (3) Allow county reporting of the residence county to accommodate zip codes that cross county lines and addresses not recognized by the USPS software; and
- (4) Use the residence county, when present, in lieu of the responsible county as the basis for making Medi-Cal health plan eligibility decisions.

MEDS logic was also revised at that time to use the residence county or residence zip code, when available, in lieu of the mailing address zip code in determining when a foster care child is residing out of state and so is not eligible for Medi-Cal coverage.

When a client moves to a new residence address, timely updating of MEDS with that new residence address information is critical to minimize access-to-care issues. In most cases, simply entering the new residence address into the county system will resolve upcoming month access-to-care issues since that information will update MEDS with the new residence address and the related residence county code on the following business day. If the change in residence is reported on the day of MEDS renewal or after the last county system update prior to MEDS renewal, the change in residence address information must also be reported to MEDS via an online MEDS update to ensure appropriate determination of the client's Medi-Cal health plan eligibility for the upcoming month.

There are two situations where MEDS will not be able to determine the residence county based solely on county reporting of the new residence address. Counties must report the residence county code to MEDS when the residence address is not a USPS recognized mailing address or the residence address zip code is one that crosses county lines (90631, 91361, 91362, 91759, 91766, 91913, 92324, 92373, 92536, 92672, 93243, 93523, 93555, 93560, 93601, 93618, 93620, 93622, 93626, 93633, 94303, 94550, 94571, 94952, 95023, 95033, 95230, 95620, 95626, 95629, 95690, 95899 and 96142).

Description of the Problem

Problems have been occurring when a child enrolled in a COHS moves to another county or when a child moves into a COHS county. If the child's residence address

information is not immediately updated in the county system when there has been a request to disenroll the child from a health care plan based on a change in residence, there are two major consequences. Most immediately, a child who has moved into a COHS county may be unable to quickly obtain necessary mental, dental, and health care services or prescription medications in the new county of residence. In the longer term, the child will not be permanently disenrolled from the COHS in the former county of residence.

In the past, disenrollment of FC/AAP children from a COHS was accomplished by the county worker contacting the Medi-Cal Managed Care Ombudsman at the State Department of Health Care Services (DHCS). The Ombudsman manually disenrolled the child from the managed care plan in the former county of residence. This successfully disenrolled the child for the current month and ongoing months for the GMC and Two-Plan managed care models, but only for the current month for COHS counties.

For COHS counties, if the county system is not updated with the new residence address information in time for that information to update MEDS prior to the next monthly renewal process, the prior address information would be used to determine health plan eligibility for the upcoming month. Also, if MEDS residence address information is updated via an online update and the county system is not updated, the next reconciliation process or case update generated by the county system would change the MEDS address back to the prior address information. Because enrollment into a COHS is triggered by the residence county code or, absent a residence county code, the responsible county code—the child would be automatically re-enrolled back into the prior COHS. This resulted in an ongoing problem for FC and AAP children to readily obtain Medi-Cal services in the new county of residence.

The problem of automatic re-enrollment did not occur for children enrolled in GMC or Two-Plan Models because enrollment in these types of managed care plans is voluntary and, once disenrolled, a beneficiary is not automatically re-enrolled. For COHS plans, however, not only is enrollment automatic but the COHS is the only option for obtaining Medi-Cal services in a COHS county.

Regardless of how a beneficiary is obtaining Medi-Cal services, it is critical that the residence address information be permanently changed in the county system every time a move occurs.

Assembly Bill 1512 (Torrico, Chapter 467, Statutes of 2007)

This legislation requires DHCS to implement procedures that provide for disenrollment of FC children who have moved to another county within two working days of DHCS' receipt of a request for disenrollment made by the CWS agency, PD, foster caregiver, or other person authorized to make medical decisions on behalf of the child. This will allow these children to quickly obtain Medi-Cal services in their new county of residence through FFS providers or through a Medi-Cal managed care plan, if available.

To meet the two-day requirement, counties may continue to contact the DHCS Managed Care Ombudsman Office (1-888-452-8609) to immediately disenroll the child from the COHS for the current month and, if necessary, between MEDS renewal and the end of the current month, for the upcoming calendar month. However, the county must also immediately change the FC child's residence address and, if necessary, the residence county code in the county system, and verify that the new residence address information updated in MEDS to prevent the child from being automatically re-enrolled in the COHS the following month.

The county must also determine if an online update to MEDS is needed to ensure that MEDS has the new residence address information prior to MEDS monthly renewal process. These same procedures must likewise be performed for AAP children. If new residence address information does not get updated on MEDS, a FC or AAP child moving to or from a COHS county will not be able to obtain critical medical, dental, and mental health services or prescription medications in the new county of residence on an ongoing basis, even if the child has been immediately disenrolled for the month of the change in placement.

New Process - Change of Address Reported to the DHCS Ombudsman

When a call is placed to the DHCS Managed Care Ombudsman from a person who is authorized to make medical decisions for the child (as outlined in this ACWDL) notifying the Ombudsman that the child has moved to a new county and is requesting disenrollment from the COHS, the Ombudsman will immediately disenroll the child from the COHS for the current month and, if appropriate, for the upcoming month. The Ombudsman will also instruct the caller to do the following:

Contact the FC or AAP worker in the county of responsibility and ask that worker to ensure that the new residence address information is updated in the county system. Advise the caller that timely completion of this task is critical to avoid

future access to care issues.

Existing Process - Change of Address Reported to the FC or AAP Worker

Any time a FC or AAP child has a change in residence address, the FC or AAP worker in the responsible county must ensure that the new residence address information is **updated in the county system** and that the county system generated MEDS transaction updates MEDS residence address information (including the residence county code).

Updating the address in the county system and ensuring that the county system generated MEDS transaction updates MEDS residence address information (including the residence county code) is critical to avoid future access-to-care issues. If new address information is reported to MEDS via an online update and is not also immediately updated in the county system, the next reconciliation or case update generated from the county system will override any new information that may have been entered in MEDS. Consequently, the old address will reappear and the FC or AAP child will automatically be re-enrolled in the COHS for the prior county of residence.

Once the change in residence address information has updated both the county system and MEDS, MEDS will carry that residence address and residence county code forward until a different address and/or residence county code are reported for that child. This will ensure that enrollment in a COHS or other type of Medi-Cal managed care plan is handled promptly and appropriately based on the child's residence address. These actions will also help prevent interruptions in access to care.

As indicated above, to meet the two-day requirement, counties may continue to contact the DHCS Managed Care Ombudsman Office (1-888-452-8609) to immediately disenroll the child from the COHS for the current month and, if necessary, between MEDS Renewal and the end of the current month, for the upcoming calendar month.

Placement in a California Facility with an Out-of-State Office or Mailing Address

When a child in foster care is placed in a California facility that has an out-of-state mailing address, the responsible county must ensure that the actual facility address is reported to MEDS as the residence address and that the MEDS residence county is updated accordingly. If notices and Beneficiary Identification Cards need to be sent to the Out-of-State Office or mailing address, that address should be reported to MEDS as the mailing address. This will ensure that these beneficiaries are shown as Medi-Cal eligible on MEDS rather than as eligible for cash assistance only. This will eliminate the

need for the county to perform monthly online updates to establish the child's Medi-Cal eligibility.

Access to Mental Health Services

Most Medi-Cal mental health services must be arranged by or delivered through county Mental Health Plans (MHPs). A list of contact numbers for MHPs is located at <http://www.dmh.ca.gov/docs/CMHDA.pdf>. The county of responsibility (not the county of residence) is financially responsible for the provision of mental health services. Below is the process MHPs follow when a foster child lives outside their county of responsibility. These requirements are outlined in Title 9, California Code of Regulations, Section 1830.220(b)(4).

- **Foster children residing outside the county of responsibility:** The MHP in the child's county of responsibility must make an authorization decision (approve or deny) and notify the MHP in the child's county of residence and the requesting provider, if applicable, of the decision within three working days following the date of receipt of the request for services from the MHP in the child's county of residence. If the MHP in the child's county of responsibility needs additional information, the authorization decision must be made within 3 working days from the date the additional information is received, or 14 calendar days from the receipt of the authorization request, whichever is less. However, pursuant to SB 785 (Chapter 469, Statutes of 2007), the CDMH is required to develop and implement a standardized contract and other authorization documents for providers and MHPs will be required to use the standardized documents.
- **Children receiving AAP, residing outside the county of responsibility:** The authorization request is subject to the same regulations cited earlier, including timelines, **as required for FC children residing outside the county of responsibility** (outlined above). However, pursuant to SB 785 (Chapter 469, Statutes of 2007), the MHP in the child's county of residence must provide medically necessary specialty mental health services to a child in an AAP aid code residing outside of the child's county of responsibility.
- **Children in a Kin-GAP arrangement, residing outside the county of responsibility:** The authorization request is subject to the same timelines as required for FC children residing outside the county of responsibility (outlined above). As with the children receiving AAP, the MHPs in the child's county of residence must provide specialty mental health services to a child in a Kin-GAP aid code residing outside the child's county of responsibility.

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If you have questions regarding this letter, please contact Ms. Helen Cahueque at (916) 552-9482 or by e-mail at helen.cahueque@dhcs.ca.gov.

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