



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



EDMUND G. BROWN JR.  
GOVERNOR

April 21, 2016

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 16-10  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: Clarification of the Intercounty Transfer Process  
(Reference: All County Welfare Directors Letters 03-12, 04-14, 15-30;  
Medi-Cal Eligibility Division Information Letter 14-59)

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide counties with clarification on the Intercounty Transfer (ICT) process that is currently in place. This ICT process moves a beneficiary's Medi-Cal eligibility file from one county to a new county without a new application. Additionally, this ACWDL provides updated information regarding how a new address change can be made through the Managed Care Health Plan (MCHP) to the county and how the ICT impacts the beneficiary's enrollment in MCHPs in the new county.

**Beneficiary Responsibilities for Requesting a Permanent Change of Residence Address**

Per Title 22, California Code of Regulations, Section 50185(a) (4) a beneficiary is required to report a permanent change in county address or a change for an indefinite period within ten days from the change in residence.

This change must be reported to the county human services office or, if the beneficiary has personal account with the California Healthcare Eligibility, Enrollment and Retention System, through the online portal at [www.CoveredCa.com](http://www.CoveredCa.com). A beneficiary may also report a short term change in county residence to the county human services office for a family member due to attending school or obtaining health treatments outside the county of residence, however this reporting will not initiate the ICT process.

## **County Responsibilities to Initiate the ICT Change**

The timely processing of ICTs is a priority of the Department of Health Care Services (DHCS). DHCS has issued previous ACWDLs and Medi-Cal Eligibility Division Information Letters (MEDILs) which detail the required timeframes for completing ICTs. This ACWDL is a reminder of these established and required timeframes.

When a beneficiary reports a change in county address for an indefinite period, the Sending County must follow the instructions provided in ACWDL 03-12 to assist the beneficiary with the transition of Medi-Cal benefits to the Receiving County. The Sending County must initiate an ICT and may only discontinue Medi-Cal benefits during the ICT once a new benefit effective date is confirmed with the Receiving County. Counties cannot require the beneficiary to reapply for Medi-Cal benefits in the Receiving County. Counties must ensure all Medi-Cal cases remain active throughout the ICT period without an interruption in benefits.

## **Electronic-ICT (eICT) Process Via Statewide Automated Welfare System (SAWS) Documentation**

All California counties now utilize the eICT process. The electronic data file with the imaged document file must be initiated by the Sending County within seven calendar days from the date the beneficiary notifies either the Sending County or Receiving County of the permanent move. For any additional requested or required documentation after the initial electronic imaged file, the Sending County is required to fax or mail the additionally requested information or needed documents within seven calendar days from the request date.

DHCS has previously issued ACWDLs 03-12 and 04-14 to provide counties with ICT guidelines for general case management responsibilities when an ICT occurs before, during or at annual redetermination and other situations. These policies have not changed with the implementation of the e-ICT process and counties are referred to these ACWDLs for guidance. The Sending County is allowed seven calendar days to initiate an eICT to the Receiving County and the Receiving County is required to complete and process the eICT within 30 calendar days.

- The 30-day transfer period begins with the postmarked date on a mailed paper ICT packet or the date of the electronic transfer of the ICT imaged document packet and notification of ICT. The Receiving County must complete a change in circumstances eligibility review to determine continuing eligibility by the end of the 30 day transfer period.

### **Requests for an eICT by the Receiving County**

When a beneficiary contacts the Receiving County office requesting an ICT, the Receiving County will, upon confirmation of the beneficiary's potential ICT status, submit the eICT request to the Sending County within three working days of the notification by the beneficiary. All ICT requests are to be sent electronically.

When the Receiving County has not received an eICT data file for a specific case within 10 working days of the eICT request, the Receiving County ICT coordinator will promptly contact the Sending County ICT coordinator by telephone to resolve any issues responding to the request, to ensure the timely processing of the ICT. Please note that the SAWS consortia project produces and distributes updated ICT coordinator lists to counties on an as-needed basis throughout the year to facilitate ICT coordinators' communication throughout the eICT process.

### **Sending an eICT to the Receiving County**

Once the Sending county is notified of an eICT request, the Sending County will initiate the eICT within seven calendar days for Medi-Cal cases and within seven working days for California Work Opportunities and Responsibility to Kids (CalWORKS) or non-assistance CalFresh cases. The seven days starts with the date of receipt of the submitted request for eICT in the Sending County. (For CalWORKS/Medi-Cal cases the timeframe follows the CalWORKS timeframe.)

**Example:** The eICT batch process usually takes two working days. An eICT request is entered by the Receiving County on Monday, which batch processes Monday night. The Sending County's consortium receives the eICT request/file on Tuesday and processes the file on Tuesday night. The Sending County would see the eICT request/file on Wednesday. The Sending County processes the eICT request, for Medi-Cal within seven calendar days and within seven working days for CalWORKS, and responds to the Receiving county with the eICT data and imaged document file. For those counties that do not have document imaging systems, the documents would be sent manually by fax or mail within timeframes stated above.

### **eICT Processing During Systems Outage**

Per eICT Communication Protocols that were developed by collaborating counties, when there is a system outage lasting one day or less, the counties will determine whether to wait for system availability to complete the automated

process or to complete a manual ICT process. For any system outage lasting more than one work day, counties will use the manual process. For files not processed manually, the consortia systems will process the files in order of date received once the system outages are resolved. When the need for a manual process is determined by the county, it is the responsibility of that county to communicate to the consortia and counties. Consortia and county ICT coordinators will be communicating with one another regarding outage business plans per the county/consortia communication plan.

When consortia anticipate a planned outage, all counties will be notified one week in advance of the planned outage.

### **ICTs - Change of Address Reported Through the Beneficiary's MCHP**

Counties should refer to the guidance issued in ACWDL 15-30, as it pertains to when a beneficiary contacts the MCHP to report a permanent change of address and the beneficiary provides approval for the MCHP to provide the updated contact information, including address change to the county.

The MCHPs will contact the county offices by phone, fax, or email to provide the updated beneficiary contact information for the purpose of address changes, name changes and telephone number changes. The MCHP shall indicate whether each beneficiary has approved the updated information and when the MCHP obtained this information each time the MCHP contacts the county to provide updated contact information.

When the MCHP indicates that it has received the beneficiary's approval to provide the updated contact information to the Sending County, counties must incorporate this information into the case record upon receipt. If the new address is in another county, after the address has been updated, the Sending County will initiate an eICT to the Receiving county as prescribed above.

### **Online Fillable MCHP Disenrollment/Enrollment Expedite Request for County Staff Use**

As stated in MEDIL 14-59, the DHCS Medi-Cal Managed Care Office of the Ombudsman has developed an online fillable form that counties should use as a tool for urgent Medi-Cal Managed Care Ombudsman requests.

This easy-to-use online, fillable form was developed for county staff to use in order to increase efficiency and response times, ensure a secure transmission of Personal Health Information, and provide minimally required information for processing. This tool

is available only to county staff, and is located at the following DHCS website:  
<http://dhcs.ca.gov/MCOmbudsman>

This on-line form should be utilized for urgent expedited matters only. All standard, non-urgent enrollment change requests need to be processed by the beneficiary or authorized representative through Health Care Options (HCO) at 1-800-430-4263.

As a reminder, Medi-Cal Eligibility Data Systems (MEDS) updates enrollment changes during the renewal process with an effective date of the 1<sup>st</sup> day of the following month. Beneficiaries will still have access to emergency room (ER) services while enrolled in a MCHP until the address change takes effect in MEDS and the renewal processes.

The online, fillable form should be used when requesting expedited changes that cannot wait for renewal to process:

- Current or retroactive month MCHP Changes for access to care;
- Current or retroactive month MCHP Enrollments for access to care;
- Current or retroactive month MCHP Disenrollments for access to care; and
- Current or retroactive month Removal of 59 Holds for access to care

Please note the following requirements for submission through the on-line form:

- MEDS must reflect all current information (i.e., residence address and county code).
- MEDS must show active coverage for the beneficiary.
- County staff must verify with the beneficiary that Medi-Cal services have not been used through the MCHP located in the Sending County for the current month. Examples of services: Filled a prescription, visited a doctor, received ER services, received an x-ray, etc. that would be covered under the beneficiary's current MCHP.
  - There are exceptions for beneficiaries with an immediate need for non-emergent services, which are reviewed on a case-by-case basis, regardless of services rendered with the MCHP. An example of immediate non-emergent need would be prenatal services needed in the current month.

Completion of this on-line form does not guarantee that the request will be approved. If the Medi-Cal beneficiary does not meet the required expedite criteria or the form is not sent from a valid county office email address, the request will not be processed by the Medi-Cal Managed Care Ombudsman.

## **Medi-Cal Coverage During the ICT Process**

When a beneficiary notifies Sending County of the planned move to a new county (Receiving County) and provides the new address, the Sending County initiates an ICT to the Receiving County. For beneficiaries enrolled in a MCHP, when the new county address is updated in MEDS as the residence address, even if the responsible county has not yet changed, a “59 hold” could be placed on the beneficiary’s MCHP enrollment, which would place the beneficiary temporarily in Fee-For-Service.

When either the Sending or Receiving county becomes aware that a beneficiary is in immediate need of medical treatment, that county should request that the transfer be expedited. In urgent situations, either county can assist the beneficiary in expediting health plan disenrollment/enrollment. Once the new residence county code is reflected in MEDS, either county may submit the online fillable form to expedite disenrollments/enrollments needed for current month. If the need is for future months, MEDS will update the beneficiary’s record during the monthly MEDS renewal process. The beneficiary may also contact HCO to request a plan change once the address is updated in MEDS.

If the Receiving County is a County Organized Health System (COHS) county, the beneficiary will be enrolled in the COHS automatically for the first of the month following the MEDS update. If a beneficiary has an immediate need for non-emergent care in the current month, please refer to the “**Online Fillable MCHP Disenrollment/Enrollment Expedite Request for County Staff Use**” section of this ACWDL for guidance. Standard, non-urgent requests for disenrollment/enrollment should be made by contacting HCO at 1-800-430-4263.

Currently, there are six managed care models that service the 58 counties: COHS, Geographic Managed Care, Two Plan, Regional, Imperial and San Benito. For more information about the beneficiary population and counties served by these models, you may visit:

<http://www.dhcs.ca.gov/provgovpart/Documents/MMCDModelFactSheet.pdf>

For a listing of the MCHPs available in each county, you may visit:

<http://www.dhcs.ca.gov/individuals/pages/mmcdhealthplandir.aspx>

DHCS appreciates the cooperation of county workers in coordination with MCHPs and HCO to successfully transfer beneficiaries and their health coverage in accordance with established ICT processes.

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If you have any questions or if we can provide further information, please contact  
Guadalupe (Lu) Sanchez at (916) 341-7360 or email at  
[Guadalupe.Sanchez@dhcs.ca.gov](mailto:Guadalupe.Sanchez@dhcs.ca.gov).

Original Signed By

Sandra Williams, Chief  
Medi-Cal Eligibility Division