



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



EDMUND G. BROWN JR.
Governor

June 19, 2017

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

SUBJECT: Errata to All County Welfare Directors Letter No. 16-10

The purpose of this All County Welfare Directors Letter (ACWDL) errata is to correct previous guidance provided in ACWDL 16-10.

Note: This ACWDL errata is not intended to address mandates of Senate Bill (SB) 1339, Chapter 801, Statutes of 2016. The Department of Health Care Services will issue a future ACWDL with this guidance.

Summary of Changes

Corrections to ACWDL 16-10 pages 2 through 5 are recorded using the following:

- strike-through for deleted language; and
- underline and bolding for adding new language

Page 2

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 **business** ~~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 **business** ~~calendar~~ days from the request date.

The Department of Health Care Services 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 **business** ~~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.”

Page 3

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 **business** ~~calendar~~ days for Medi-Cal cases and within seven **business** ~~working~~ days for California Work Opportunities and Responsibility to Kids (CalWORKS) or non-assistance CalFresh cases. The seven **business** days start 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 **business** ~~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 **business** ~~calendar~~ days and within seven **business** ~~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.”

Pages 3-4

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~~, **depending on the length of time the system is anticipated to be unavailable**, 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 workday, 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.”

Pages 4-5

Online Fillable Managed Care Health Plan (MCHP) Disenrollment/Enrollment Expedite Request for County Staff Use

“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 **has not used** Medi-Cal services ~~have not been used~~ through the MCHP located in the Sending County for the current month.

The county staff should ask the beneficiary if they have received any medical services in the current month through the MCHP and accept the response that the beneficiary states.

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.” If a beneficiary has used services within the current month, then the earliest that they can be enrolled/change plan/disenrolled would be effective the first day of next month. **Counties should refer to MEDIL I 14-59 Frequently Asked Questions for more information on the use of the online fillable form.**”

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If you have any questions or if we can provide further information, please contact
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Original Signed By

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