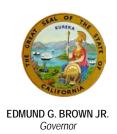


State of California—Health and Human Services Agency Department of Health Care Services



August 11, 2017

TO: ALL COUNTY WELFARE DIRECTORS Letter No.:17-28

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: MEDI-CAL COUNTY INMATE COMPASSIONATE RELEASE

PROGRAM/COUNTY MEDICAL PROBATION PROGRAM AID CODES (Title 42 Code of Federal Regulations Sections 435.1009, 435.010: Welfare and Institutions Code Sections 14011.10, 14053.7, 14053.8, 14053.9: Penal Code Sections 4011.11, 5072; References: All County

Welfare Directors Letters 11-27, 13-18, 14-26)

The purpose of this All County Welfare Directors Letter is to provide counties with information regarding the new Medi-Cal County Inmate Eligibility Program (MCIEP) County Compassionate Release Program/County Medical Probation Program (CCRP/CMPP) Modified Adjusted Gross Income (MAGI) aid codes (K6, K7, K8, and K9). These new aid codes went into effect December 1, 2016.

Background

Effective January 1, 2014, the Affordable Care Act (ACA) and the implementation of Assembly Bill (AB) x1 1 (Chapter 3, Statutes of 2013, Welfare and Institutions Code, Section 14005.60) expanded Medicaid coverage to previously ineligible persons, ages 19 through 64, primarily single, childless adults with income, at or below 138 percent of the Federal Poverty Level (FPL).

Section 2001(a) (3) added Section 1905(y) to the Social Security Act effective January 1, 2014, to provide for an increased Federal Medical Assistance Percentage (FMAP) rate for expenditures for medical assistance to individuals defined as "newly eligible" in the New Adult Group. The "**newly eligible**" individuals are identified as adults 19 through 64 years of age, not entitled to or enrolled in Medicare Parts A or B,

All County Welfare Directors Letter No.: 17-28

Page 2

August 11, 2017

and with income at or below 138 percent of the FPL, including those who are disabled or blind with income between 128 to 138 percent FPL.

These new MAGI aid codes will identify those individuals determined eligible for CCRP/CMPP that fall under the New Adult Group.

Senate Bill (SB) 1462 (Chapter 837, Statutes of 2012) and AB 82 (Chapter 23, Statutes 2013) authorize a county sheriff, or his or her designee to:

- Compassionately release certain inmates from a county correctional facility based upon a medical condition causing the inmate's life expectancy to be less than six months and/or
- request that a court grant medical probation, or resentencing in lieu of jail time, for certain county inmates with a medical condition that renders the inmate medically incapacitated and unable to care for himself or herself requiring 24-hour care.

Functionality in Medi-Cal Eligibility Data System (MEDS)

Effective July 1, 2016, county and state MCIEP aid codes that previously resided in the primary segment (INQM) of the MEDS were moved to the special segments (INQ1, INQ2, INQ3). DHCS created two special MEDS segment types (INMATE and PAROLE) due to this change. The inmate aid codes reside in the INMATE special segment type, while the CCRP/CMPP aid codes reside in the PAROLE special segment type. Therefore, a special PAROLE segment is created when a CCRP/CMPP aid code is added to a MEDS record.

```
** SPECIAL PROGRAM 2 INFORMATION **
                                                     XXX - 02/15/17
                                                           15:35:45
CASE-NAME
                           DISTRICT MEB XXXXXXXX
                                                      , XXXXXX
COUNTY-ID 19-K6-XXXXXXXX-X-XX
                           EW-CODE B304
MEDS-ID XXX-XXXXX SSN-VER A RV-COMP 12-2016 XXXX XXXXXXX ST
BIRTHDATE XX-XX-XXXX DOB-VER C SEX M GOV-RSP 1 XXXXXXXXXXX
                                                           CA XXXXX
              LAST-MC/CP-CHG 10-06-16 ADDRESS-FLAG D RES-COUNTY 19
CHAINED-ID
                    LAST-OTH-CHG 11-23-16 APDP PICKLE RECOVERY
DEATH-CD TERM-DT TERM-REAS
PRIOR-MEDS-ID
WELFARE-PGM 001 DEATH-DT
CIN 9XXXXXXXX 2 HIC-NO
PGM: M 1(INMATE)
                               BIC-ISSUE 06-09-15 PAPER-ISSUE
                      H 2(PAROLE) C H 3
                                                   FS
              02-17 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY 19 19
AID-CODE K6 K6
COUNTY
ELIG-STAT 001
                0.01
SOC-AMT
CERT-DAY
OHC
                 N N N N
                                  N N
                                               N
                                                        N
                                                             N
                                                                  N
RESTRICT
MEDICARE
HCP1-NUM
HCP1-STAT
OPTION __ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN
```

All County Welfare Directors Letter No.: 17-28

Page 3

August 11, 2017

Eligibility Effective and Termination Dates

When new applications are received for the CCRP/CMPP, the effective eligibility date shall be the first day of the month of application. In circumstances where the beneficiary transitioned from the MCIEP (i.e., aid code N7) to the CCRP/CMPP, the eligibility effective date shall be the date of transfer. Moreover, the appropriate termination date to use for the MCIEP aid code shall be one day prior to the transfer date (i.e. last full day of incarceration). If the beneficiary is transitioned from CCRP/CMPP back to MCIEP, the eligibility effective date for MCIEP shall be one day after the termination date of CCRP/CMPP eligibility.

Termination for eligible CCRP/CMPP shall be (made effective) at the end of the month and proper noticing rules must be followed, unless termination is due to death in which case the date of death is used.

MEDS Worker Alert and Eligibility Verification Message

DHCS developed a new Renewal Worker Alert (number 9574), which will generate when the end of the acceptable age range is approaching for a client who is 64 years and 10 months of age. County Eligibility workers will see the following message: "Approaching end of age range for aid code, redetermination needed". This new Worker Alert is supplementary to Worker Alert number 9553, which generates when a client is on a MAGI Newly Eligible (19-64) aid code, reaches 64 years and 9 months of age, and puts a hold on the record. Worker Alert 9574 is simply an "action" alert and will serve as a reminder to counties and state eligibility workers that a redetermination is necessary.

Once CCRP/CMPP eligibility has been established and the beneficiary is granted full scope K6 or K8 aid codes, MEDS will display the following AEVS/POS message: "Subscriber is Medi-Cal eligible with no share of cost/spend down". Similarly, MEDS will display the following AEVS/POS message for those beneficiaries who have been granted restricted scope K7 and K9 aid codes: "Medi-Cal eligible with services limited to emergencies, pregnancy related services and State funded long-term care services with no share of cost/spend down".

MEDS Manual Update

The MEDS manual has been updated to reflect these new aid codes.

New MAGI ACA County Compassionate Release/County Medical Probation Program Aid Code Descriptions

The following aid codes were implemented in MEDS for use by the counties:

All County Welfare Directors Letter No.: 17-28

Page 4

August 11, 2017

Aid Code K6

(Newly Eligible) Title XIX, Medi-Cal No Share of Cost (SOC) County Compassionate Release/Medical Probation Program Inmates. Citizen/satisfactory immigration status individuals aged 19 through 64 years with income 0 to 138% FPL, including disabled/blind with income 128% to 138% FPL. **Full Scope** - covers all Medi-Cal covered services, including mental health services.

Aid Code K7

(Newly Eligible) Title XIX/Title XXI, Medi-Cal No SOC for County Compassionate Release/Medical Probation Program Inmates. Undocumented/unsatisfactory immigration status individuals aged 19 through 64 years with income 0% to 138% FPL, including disabled/blind with income 128% to 138% FPL. **Restricted Scope** - Medi-Cal benefits limited to all Medi-Cal covered emergency, including mental health (Title XIX), and all pregnancy-related (Title XXI) services only.

Aid Code K8

(Not Newly Eligible) Title XIX, Medi-Cal No SOC for County Compassionate Release/Medical Probation Program Inmates. Citizen/satisfactory immigration status individuals aged 19 through 64 years, including disabled/blind (not on SSI), with income 0% to 128%. **Full Scope** - Covers all Medi-Cal covered services, including mental health services.

Aid Code K9

(Not Newly Eligible) Title XIX/Title XXI, Medi-Cal No SOC for County Compassionate Release/Medical Probation Program Inmates. Undocumented/unsatisfactory immigration status individuals aged 19 through 64 years, including disabled/blind (not on SSI) with income 0% to 128% FPL. **Restricted Scope** - Medi-Cal benefits limited to all Medi-Cal covered emergency, including mental health (Title XIX), and all pregnancy-related (Title XXI) services only.

Federal Financial Participation

Under the provisions of SB 1462 and AB 82, counties are responsible for paying the non-federal share of Medi-Cal costs for county inmates granted compassionate release or medical probation. Title XIX FFP is available for those who are "**newly eligible**" in the adult group (Section 1905(y) of the Social Security Act) and were assigned to aid codes K6 and K7. From 2014 through 2016, the FFP for aid codes K6 and K7 was 100

All County Welfare Directors Letter No.: 17-28
Page 5
August 11, 2017

percent. This amount decreases to 95 percent in 2017, 94 percent in 2018, 93 percent in 2019, and 90 percent FFP in 2020 and thereafter.

Title XIX FFP for the "**not newly**" eligible adults remains at 50 percent and is assigned to aid codes K8 and K9. These individuals are identified as adults 19 through 64 years of age, who are blind or disabled, not entitled to or enrolled in Medicare Parts A or B, and with a FPL at or below 128 percent.

If you have any questions regarding these K series aid codes, please contact Mr. Angelo Vitale at (916) 327-6705 or by email at MCIEP@dhcs.ca.gov. Billing/claiming inquiries need be directed to the DHCS Safety Net Financing Division/Inmate Claiming Unit at DHCSIMCU@dhcs.ca.gov.

Sincerely,

Original Signed By

Sandra Williams, Chief Medi-Cal Eligibility Division