



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

November 7, 2017

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 17-36
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: Notice Of Action For The County Medi-Cal Inmate Program
(Title 42 Code of Federal Regulations Sections 435.1009, 435.1010;
Welfare and Institutions Code Sections 14011.10, 14053.7, 14053.8,
14053.9; Penal Code Section 5072; References: All County Welfare
Directors Letters 11-27, 13-13, 13-18, 14-16)

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide counties with the required Notices of Action (NOA) snippets for the County Medi-Cal Inmate Program. These NOA snippets are being provided in English. The remaining threshold languages will be provided directly to the Statewide Automated Welfare System (SAWS) as they become available.

The NOA snippets enclosed are to be included on NOAs in addition to the standard NOA language currently programmed in the respective SAWS. Standard NOA requirements outlined in ACWDL 13-13 apply to these NOA snippets.

The snippets are effective immediately and counties shall create manual NOAs until programming changes in SAWS are completed. SAWS must make programming changes to add the attached snippets to the appropriate NOAs by the next available SAWS release. Any questions regarding this process should be directed to your respective county SAWS liaison for assistance.

County Inmate Aid Code Chart

The latest County Inmate Aid Code Chart can be accessed at:

http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Inmate/County_Inmate_Aid_Code_Chart_121516.pdf

Note: The Master Aid Code Chart is being updated to reflect these aid codes.

All County Welfare Directors Letter No.: 17-36
Page 2
November 7, 2017

If you have any questions about this letter, please contact Mr. Angelo Vitale at (916) 327-6705 or by email at MCIEP@dhcs.ca.gov. All billing/claiming inquiries should be directed to the DHCS Safety Net Financing Division at DHCSIMCU@dhcs.ca.gov.

Originally Signed by

Sandra Williams, Chief
Medi-Cal Eligibility Division

Enclosure

Notice of Action Snippets for the County Medi-Cal Inmate Program

Program	Determination	Type	Language	Comment	Aide Code	Legal Authority
Adult County Inmate Program	Full Scope Approval, Retroactive Approval, and Redetermination	Body	(Name) will get Medi-Cal services starting (date). Services only include covered inpatient hospital and inpatient mental health services. (Name) must get those services off county jail grounds.		F3, G3	Pen. Code §5072, Welf. & Inst. Code § 14053.7
Adult County Inmate Program	Full Scope and Restricted Scope Approval, Retroactive Approval, and Redetermination	Footer	You can get a Benefits Identification Card (BIC) when you are released from the county jail. To get your BIC, contact your county worker.	Replace current Benefits Identification Card (BIC) language with language provided. BICs are in MEDS but suppressed; plastic cards will not be mailed out to the individual.	F3, F4, G3, G4, N7, N8	Pen. Code §5072, Welf. & Inst. Code § 14053.7
Adult County Inmate Program	Restricted Scope Approval, Retroactive Approval, and Redetermination	Body	(Name) will get Medi-Cal services starting (date). Services only include covered inpatient hospital emergency, inpatient mental health emergency and inpatient pregnancy-related services only. (Name) must get those services off county jail grounds.		F4, G4	Pen. Code §5072, Welf. & Inst. Code § 14053.7
Adult County Inmate Program	Full Scope Approval, Retroactive Approval, and Redetermination	Body	(Name) will get Medi-Cal services starting (date). Services only include covered inpatient hospital and inpatient mental health services. (Name) must get those services off county jail grounds.		N7	Pen. Code §5072, Welf. & Inst. Code § 14053.7

Notice of Action Snippets for the County Medi-Cal Inmate Program

Program	Determination	Type	Language	Comment	Aide Code	Legal Authority
Adult County Inmate Program	Restricted Scope Approval, Retroactive Approval, and Redetermination	Body	(Name) will get Medi-Cal services starting (date). Services only include covered inpatient hospital emergency, inpatient mental health emergency and inpatient pregnancy-related services. (Name) must get those services off county jail grounds.		N8	Pen. Code §5072, Welf. & Inst. Code § 14053.7
Juvenile County Ward Program	Full Scope Approval, Retroactive Approval, and Redetermination	Body	(Name) will get Medi-Cal services starting (date). Services only include all covered inpatient hospital and inpatient mental health services. (Name) must get those services off county jail grounds.	Covers services for juveniles under the age of 21	G5, G7	Pen. Code §5072, Welf. & Inst. Code § 14053.7, 14053.8, 14053.9
Juvenile County Ward Program	Full Scope Approval, Retroactive Approval, and Redetermination	Footer	You can get a Benefits Identification Card (BIC) when you are released from the county jail. To get a BIC, contact your county worker.	Replace current BIC language with language provided. BICs are issued in MEDS but suppressed; plastic cards will not be mailed out to the individual.	G5, G7,	Pen. Code §5072, Welf. & Inst. Code § 14053.7, 14053.8, 14053.9

Notice of Action Snippets for the County Medi-Cal Inmate Program

Program	Determination	Type	Language	Comment	Aide Code	Legal Authority
County Compassionate Release/Medical Probation Program	Full Scope Approval, Retroactive Approval, and Redetermination	Body		Use current NOA language for full Scope non-MAGI cases. These individuals are not considered incarcerated and are eligible for full Medi-Cal covered services. *Covers individuals age 65 and over. Individuals are entitled to all Medi-Cal covered long-term care (LTC) services. ** Covers disabled individuals. Individuals are entitled to all Medi-Cal covered LTC services.	J1, J2, *J5, **J7	Gov. Code §§ 26605.6, 26605.7, 26605.8; Pen. Code §5072, Welf. & Inst. Code § 14053.7
County Compassionate Release/Medical Probation Program	Restricted Scope Approval, Retroactive Approval, and Redetermination	Body		Use current NOA language for restricted scope non-MAGI cases. ***Covers individuals age 65 and over.	J3, J4, ***J6, J8	Gov. Code §§ 26605.6, 26605.7, 26605.8; Pen. Code §5072, Welf. & Inst. Code § 14053.7

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Program	Determination	Type	Language	Comment	Aide Code	Legal Authority
County Compassionate Release/Medical Probation Program	Full Scope Approval, Retroactive Approval, and Redetermination	Body		Use current NOA language for full scope MAGI cases. These clients are not considered incarcerated and are eligible for full Medi-Cal covered services.	K6, K8	Gov. Code §§ 26605.6, 26605.7, 26605.8; Pen. Code §5072, Welf. & Inst. Code § 14053.7
County Compassionate Release/Medical Probation Program	Restricted Scope Approval, Retroactive Approval, and Redetermination	Body		Use current NOA language for restricted scope MAGI cases.	K7, K9	Gov. Code §§ 26605.6, 26605.7, 26605.8; Pen. Code §5072, Welf. & Inst. Code § 14053.7
All County Inmate Programs	Full Scope and Restricted Scope Denial, Retroactive Denial, and Discontinuance	Body		Use current NOA language for denial, retroactive denial, and discontinuance.	F3, F4, G3, G4, N7, N8, G5, G7, J1, J2, J3, J4, J5, J6, J7, J8, K6, K7, K8, K9	Pen. Code §5072, Welf. & Inst. Code §§ 14053.7, 14053.8, 14053.9