

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

SACRAMENTO, CA 95814

(6) 445-1912



January 27, 1982

To: All County Welfare Directors

Letter No. 82-4

RETROACTIVE MEDI-CAL ELIGIBILITY

During the recent quarterly share of cost county training, we became aware that there is some confusion over current regulations and policy regarding retroactive eligibility determinations when the applicant is ineligible for Medi-Cal throughout the month of application due to excess property, but the property is less than twice the property limit. This letter provides you with Department policy on the subject determinations. A letter transmitting questions and answers regarding quarterly share of cost will follow shortly.

Applicable Regulation Citations:

Title 22, CAC, Section 50148 -- Application for Retroactive Medi-Cal

Title 22, CAC, Section 50421 -- Spenddown of Excess Property

Title 22, CAC, Section 50701 --- Beginning Date of Eligibility

Title 22, CAC, Section 50710 -- Retroactive Eligibility

Case Situation 1:

A person applies for Medi-Cal on November 26 and requests retroactive coverage for the months of August, September and October as well as on-going coverage. On December 5 during the face-to-face interview the county becomes aware that the applicant's property was over the property limit throughout the August-October retroactive period and throughout the month of application (November). The property however was not more than twice the property limit (\$100 over the limit in each of the months). The applicant has high medical bills in all four of the months, therefore is interested in coverage for all of the months. By the time of the face-to-face interview the applicant has spent some of the property and is now within the property limit.

County Processing:

1. Based upon the November 26 application and request for retroactive coverage, eligibility should be granted for August, September and October once a property spenddown of \$100 has occurred. (Section 50421).
2. Based upon the November 26 application on-going Medi-Cal eligibility should be granted effective December 1 and a denial for November, the month of application, should occur. (Section 50701 (c)).

3. Once a written request for retroactive coverage for November (based upon the December 1 granting of eligibility) is on file and once a \$100 spend-down for the month of November has occurred, retroactive eligibility for November exists. (Sections 50148 and 50710).

All of the above actions can be taken based upon the CA 1 signed on November 26, 1981.

Notices of Action:

1. Notification should be sent regarding the retroactive spenddown for August through October and approval for that same retroactive period.
2. Notification should be sent regarding the December approval and the denial of eligibility for November due to excess property.
3. Notification should be sent regarding the retroactive eligibility for November.

The above required actions are based upon the interaction of the four regulations previously cited. The implications are as follows:

1. Based upon one CA 1 and additional written requests regarding retroactive coverage, the person has requested and can be granted retroactive eligibility for two retro periods.
 - a. August, September and October
 - b. November
2. The application for on-going Medi-Cal coverage is granted in part and denied in part. On-going Medi-Cal is granted effective December 1; current Medi-Cal is denied for November, even though eligibility is established later through retroactive spenddown of property.
3. Although the excess property is the same "pot" of property for August through November; two property spenddowns must be met because two retroactive periods are involved. Under current law, a given retroactive period cannot be greater than three months.

Case Situation 2:

The facts are the same as those listed in case situation 1, except the applicant decides retroactive coverage for August is unnecessary as the medical expenses for that month totalled only \$10.00.

County Processing:

1. A written withdrawal should be obtained for the request for retroactive coverage for August through October based upon the November 26 application.

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2. Based upon the November 26 application on-going Medi-Cal eligibility should be granted effective December 1 and a denial for November; the month of application, should occur.
3. Once a written request for retroactive coverage for September through November (based upon the December 1 granting of eligibility) is on file and once a \$100 spenddown for the months of September through November has occurred, retroactive eligibility exists.

Notices of Action:

1. Notification of the county action based upon the applicant's withdrawal of the August through October retroactive coverage request should be sent.
2. Notification should be sent regarding the December approval and the denial of eligibility for November due to excess property.
3. Notification should be sent regarding the retroactive spenddown for September, October and November and approval of retroactive eligibility for those months.

Note: If at any point after the above actions have transpired the individual wishes to reopen the request for retroactive coverage for August based upon the November 26, 1981 application, a separate property spenddown would be established for August.

If you have any questions contact your Medi-Cal Program Consultant.

Sincerely,

Original signed by

Barbara V. Carr for
Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: June 30, 1982