

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320
(916) 657-2941

July 6, 1994

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 94-58

INTERCOUNTY TRANSFER SIMPLIFICATION, FORM CA 215

Ref.: California Code of Regulations, Sections 50136 and 50137; Department of Social Services' (DSS)
All County Letter (ACL) No. 94-39; Manual of Policy and Procedures No. 40-187 and 40-195

The purpose of this letter is to provide counties with information regarding changes to the intercounty transfer (ICT) process for the Medi-Cal program. Additionally, this letter transmits a camera ready copy of the new ICT form, the CA 215. The CA 215 will not be stocked in the state warehouse at this time. Counties may implement the CA 215 immediately but no later than September 1, 1994.

The new form incorporates information needed for the Aid to Families with Dependent Children, Food Stamps, and Medi-Cal programs. DSS issued ACL No. 94-39 which addressed specific changes required for DSS program ICT's. This letter will not repeat that information. However, the county should refer to ACL No. 94-39 for general discussion.

In an effort to streamline the ICT process, Department of Health Services will waive the requirement for the initiating county to send a copy of the MC 210 Statement of Facts. The MC 210 will be optional but, if the second county request the Statement of Facts, the initiating county must forward a copy with any additional verifications.

Counties are also reminded that current regulations allow for the second county's effective date to be "the first day of the month following the month in which the initiating county department discontinues eligibility" {Title 22, Section 50137 (b)}. Also regulations allow for an earlier effective date if the initiating county is able to suppress it's responsibility for the following month {Section 50137 (c)}.

FORM COMPLETION

Specific Medi-Cal case information must be entered as follows:

- * **CASE STATUS:** The initiating county must enter their discontinuance date in the MC box.
- * **MEDI-CAL ONLY CASE INFORMATION:** If appropriate, the share of cost (SOC) will be entered for specific Family Budget Unit (FBU) members. If there are more SOC FBU's that cannot be entered in the three boxes provided, the county should enter that information in the "OTHER INFORMATION" area.

All County Welfare Directors
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Page 2

Hunt v. Kizer or any Sneeade cases should be checked in the "COURT CASES" area.

Any **Percentage Programs** based on the Federal Poverty Level must be indicated by checking this box.

For any **Long-Term Care (LTC)** case with a Community Spouse Resource Allocation (CSRA) the amount of the CSRA must be entered in that box.

LTC period of ineligibility and any continued eligibility persons must be indicated in those two boxes.

* **DOCUMENTATION SENT:** The county must check any of the appropriate boxes to indicate documentation being sent with the CA 215. Any other information which the initiating county believes is important for the second county to receive should also be notated in this area.

* **SUMMARIES OF ELIGIBILITY:** Property and income amounts and sources must be indicated in this area. Any important extraneous information should be noted in the **OTHER INFORMATION** area.

If you have any further questions regarding this form or its implementation, please contact Kveta Simon of my staff at (916) 657-2767.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

NOTIFICATION OF INTERCOUNTY TRANSFER

SENDING COUNTY AND ADDRESS			CASE NAME		CASE NUMBER																																		
			RECIPIENT ADDRESS NUMBER/STREET CITY ZIP CODE																																				
RECEIVING COUNTY			PAYEE'S NAME (IF DIFFERENT)		RECIPIENT'S PHONE NUMBER(S)																																		
CASE STATUS DISC. DATES: AFDC/CAAP FS MC END DATES: NET/TCC TMC			RELATIONSHIP TO AIDED CHILD(REN) (IF DIFFERENT)																																				
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ABBREVIATIONS SUMMARY

AFDC:	Add to Families with Dependent Children	IPV:	Intentional Program Violation
APDP:	Assistance Payments Demonstration Project	LTC:	Long Term Care
CAAP:	California Alternative Assistance Program	NET:	Non-Gain Education and Training
C-L:	Cal-Learn	OI:	Overissuance
CSRA:	Community Spouse Resource Allowance	OP:	Overpayment
CWPDP:	California Work Pays Demonstration Project	PE:	Principal Earner
DED:	Disability Evaluation Division	SCC:	Supplemental Child Care
DIB:	Disability Insurance Benefits	SSA:	Social Security Administration
DISC. DATES:	Discontinuation Dates	SSI:	Supplemental Security Income
FPL:	Federal Poverty Level	SOC:	Share of Cost
Fed Elig.:	Federal Eligibility	TCC:	Transitional Child Care
FS:	Food Stamps	TMC:	Transitional Medi-Cal
GAIN:	Greater Avenues to Independence	UIB:	Unemployment Insurance Benefits
INCAP:	Incapacity		