

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

**(916) 657-2941**

March 16, 1995

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

Letter No.: 95-18**EVALUATING PORT OF ENTRY BORDER PROJECT INFORMATION**

This all county letter provides instructions for processing information received from the Department of Health Services' (DHS) Audits and Investigations (A&I) Branch staff as part of the Port of Entry Border Project.

PROJECT OVERVIEW

The DHS recently initiated the Port of Entry Border Project in San Diego and Imperial counties. Under this project, the Department is able to identify persons living outside the State who are currently receiving Medi-Cal benefits or who received Medi-Cal benefits in the past.

As a part of this project, DHS investigators request information about a person's current address and about past or present receipt of Medi-Cal benefits. When it is determined that a current or former Medi-Cal beneficiary resides outside of California, he/she is asked to provide a signed affidavit giving his/her current address. That information is then forwarded to the county for appropriate action. Although project sites are located only in San Diego and Imperial counties, information from this project could be forwarded to any county to the extent that a person identified as a potential nonresident received Medi-Cal in another county.

When it is necessary to contact a county concerning a Medi-Cal case identified as a result of this project, A&I staff will forward to the county:

- A cover letter explaining the basis for the referral (Enclosure A).
- A copy of the declaration of residency (Enclosure B).
- A copy of the recipient's affidavit (Enclosure C).
- A "US Residency Border Project Fraud Investigation Referral Form" (Enclosure D).
- Copies of the recipient's Immigration and Naturalization (INS) documents or other immigration papers.
- Copies of other miscellaneous documents indicating that the person is not a resident of California.

Upon receipt of a recommendation from A&I staff, counties should check the current status of the case on the Medi-Cal Eligibility Data System (MEDS). If a person referred by A&I staff as a result of the Port of Entry Border Project is currently receiving Medi-Cal benefits, the information included with the referral should be acted on in accordance with all Medi-Cal Eligibility Branch policies and procedures.

EVALUATING PORT OF ENTRY PROJECT INFORMATION

Current residency regulations (Title 22, California Code of Regulations (CCR), Section 50320.2) require counties to consider all available evidence in determining whether or not the residency requirement for Medi-Cal eligibility is met. When a county receives new information about the residency of a current beneficiary, that information must be carefully reviewed to determine if his/her residency has changed. Because a signed affidavit indicating that a beneficiary currently has an address outside of California is strong evidence that he or she does not reside in this State, the county should presume that a beneficiary who has signed such an affidavit is not a resident of California. This presumption is also applicable to the children of beneficiaries who claim an address outside of California, regardless of the birthplace of the children.¹ An A&I recommendation to discontinue eligibility based on such evidence will be difficult to refute with other evidence in all but the most exceptional cases. However, if the county has additional information about the beneficiary which tends to support California residence, this information must also be considered in conjunction with the Port of Entry Border Project information.

If, after reviewing all available evidence, the county agrees with the investigator's recommendation, the county should immediately discontinue Medi-Cal benefits with a proper notice of action indicating that the beneficiary is not a resident of California as required for Medi-Cal eligibility (CCR Section 50320). When eligibility is discontinued due to a change in residence, it is important to note in the case file, the facts that support that conclusion. It is not necessary to obtain additional evidence of residency from the beneficiary if the county has enough information to make a determination of residency.²

If a beneficiary wishes to rebut the presumption that he or she is not a resident of California, the burden is on the beneficiary to provide additional credible evidence to support his or her claim. Although the county must consider any additional evidence provided by the beneficiary, the county still has authority to determine that the applicant is not a resident of California if, after considering all available information, the applicant's claim of California residence is still not credible.

¹As specified in CCR Section 50320 (c), the residency of a child living with his or her parents is determined based on the parents' residency unless arrangements are made for the child to live in California independent of his or her parents on other than a temporary basis.

²All Medi-Cal applicants are required to provide evidence of residency at the time of application in accordance with CCR Section 50320.1 unless the applicant is exempted from the residency verification requirement. If a county fails to obtain that information at the time of application, then evidence should be provided at the next redetermination. Evidence of residency should also be obtained at any time that it becomes necessary to verify a beneficiary's residency in accordance with CCR Section 50169(f)(6).

If A&I recommends a discontinuance based on border project findings, but the county believes there is sufficient evidence to overcome the presumption of nonresidence, or if after reviewing all available evidence, the county is unable to reach a conclusion about the beneficiary's actual place of residence, the county must request an A&I investigation of the beneficiary's residency status prior to making a final determination of residency. The A&I investigation will consider any evidence the county can provide regarding the beneficiary's residency. When the investigation is concluded, A&I staff will make another recommendation for the county's consideration.

COMPLETING THE FRAUD INVESTIGATION REFERRAL FORM

An A&I border project referral will include a "US RESIDENCY BORDER PROJECT FRAUD INVESTIGATION REFERRAL FORM" (Enclosure D). Counties must complete Section C and return the form to the address indicated. For open or pending Medi-Cal-Only cases, it is only necessary to complete the "Agency Action" column on the far left and provide a signature, phone number, and date at the bottom of the form. If MEDS indicates that the case is closed, please complete the referral form as described below. A&I staff will monitor all Port of Entry Border Project referrals so it is important to review these cases and return the completed referral form in a timely manner.

CLOSED CASES

If the county receives information from A&I staff concerning a person identified as a potential nonresident pursuant to the Port of Entry Border Project, and MEDS indicates that the case is currently closed, write "closed per MEDS" in Section C of the fraud investigation referral form and complete the Signature, Phone, and Date information at the bottom of the form. No further action is required at this time. Counties are requested to maintain a file of information on closed cases received from A&I as a part of this project. The Department is reviewing its options for processing this information. Please maintain this file until further notice.

COUNTY CONTACTS FOR PORT OF ENTRY PROJECT INFORMATION

The Department would like to consolidate the flow of information between A&I staff and the counties. Therefore, the Department requests that each county designate one staff person for receipt of the Port of Entry Border Project information forwarded from A&I staff. Please forward the name and address of your county contact person to:

Laird Gilbert
Supervising Investigator
Department of Health Services
Investigations Branch
1350 Front Street, Room 4028
San Diego, CA 92101

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
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If you have any questions about these instructions, you may contact John Zapata of my staff at (916) 657-0725.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, Chief
Medi-Cal Eligibility Branch

Enclosures

State of California—Health and Welfare Agency

Pete Wilson, Governor

DEPARTMENT OF HEALTH SERVICES
INVESTIGATIONS UNIT
1350 FRONT STREET, ROOM 402A
SAN DIEGO, CA 92181

FRAUD REFERRAL



(519) 525-4499

Date _____

RE: _____ / _____ / _____ / _____
Case Name Case Number MEDS/SS Number DOB

Please be advised that we have Investigators at the California/Mexico Border who work in cooperation with the U.S. Department of Justice, Immigration and Naturalization Services. The purpose of this program is to identify non-residents of California who are suspected of collecting Welfare, Food Stamp or Medi-Cal benefits.

On _____, Investigator _____ identified the above named recipient at the _____ Port of Entry trying to enter the United States with one of the following documents:

- () Border Crossing Card, which allows the individual to visit in the United States for up to 3 days.
- () Mexican Passport, which allows the individual the right to visit for a short duration .
- () Other documents _____.

At the time that this recipient was questioned she signed an affidavit of out of State Residence which is attached to this letter.

Based on our findings that this person is not a resident of California we recommend that you terminate their benefits.

Sincerely,

Laird Gilbert
Supervising Special Investigator

State of California

Department of Health Services

DECLARACION DE RESIDENCIA

Apellido Paterno Materno de Casada Nombre de Pila

Fecha de nacimiento: _____

Domicilio en Mexico: Calle: _____

Colonia: _____

Ciudad: _____

Desde Cuando? _____

Tel: _____

Nombre de mi hijo(s): _____

Fecha de Nacimiento: _____

Nombre de mi esposo: _____
(padre de mis hijos)

Mis hijo(s) nacieron en: _____

Hemos solicitado/recivido la siguiente asistencia publica:

Medi-Cal () Welfare () Ninguna ()

Firma

Fecha

Case name: _____

MEDS: _____

COUNTY ID: _____

Investigator: _____ Date: _____

County State

Findings:

DECLARACION PERSONAL

Estado De California

Declaracion De _____

Condado De _____

Domestic _____

Tomada en _____

Yo, _____, voluntariamente doy

Esta Declaracion Para _____, a quien lo conosco

como Investigador Para El Estado De California. Yo Declaro Que:

Yo no he leído la declaración anterior y bajo pena de perjurio, certifico que es verdad y esta correcta.

Investigador

Firma _____ Fecha _____

Test 190

Página No. _____ de _____ página(s) de
Declaración

US RESIDENCY BORDER PROJECT FRAUD INVESTIGATION REFERRAL FORM**A. Border Team Worker Should Complete The Following Section, Then Send to County Project Manager**

Client Name (Last, First, Middle)	Case Number	Social Security Number	Date of Birth
Street Address	City, County or State	Zip Code	Telephone
Check All Appropriate Programs: Must Have AFDC or FS Component		Current Case Status:	
<input type="checkbox"/> AFDC	<input type="checkbox"/> FS	<input type="checkbox"/> GA	<input type="checkbox"/> Medi-Cal
		<input type="checkbox"/> Pending Application	<input type="checkbox"/> Pending Recertification
		<input type="checkbox"/> Open	
Case Discrepancies Found - Provide Specific Information Regarding Allegation			
<input type="checkbox"/> Household composition	<input type="checkbox"/> Income	<input type="checkbox"/> None	
<input type="checkbox"/> Absent Parent	<input type="checkbox"/> Assets	<input type="checkbox"/> Residence	<input type="checkbox"/> Other
Team Worker Name			
Border Entry Station		Phone Number	Date
<input type="checkbox"/> San Diego <input type="checkbox"/> Imperial			
		Household Composition	
		# Adults # Children	

B. County Investigator Should Complete The Following Section, Retain A Copy, and Return Original To The County Eligibility Worker

Investigator Name:	Date Assigned	Date Completed	Time Spent (Days)
Case Discrepancies Found			
<input type="checkbox"/> Household composition	<input type="checkbox"/> Income	<input type="checkbox"/> None	
<input type="checkbox"/> Absent Parent	<input type="checkbox"/> Assets	<input type="checkbox"/> Residence	<input type="checkbox"/> Other
Remarks:			
Investigator Signature			
		Phone #	Date

C. Complete The Following Section And Return To:

☐ San Diego County Program Assistant
1255 Imperial Ave., Rm. 728
San Diego, CA 92101

☐ Imperial County Project Manager
P.O. Box 930
El Centro, CA 92244

Agency Action: Check All Appropriate Boxes and Attach Copy of Case Action Notice.

		AFDC	FS	GA	MC
<input type="checkbox"/> Pending file					
<input type="checkbox"/> Case Approved	Potential Grant	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Case Reduced	Actual Grant	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Case Denied		\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Client Withdrawal					
<input type="checkbox"/> Open Case					
<input type="checkbox"/> Case Unchanged	Prior Grant	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Case Reduced	Actual Grant	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Case Terminated		\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Client Withdrawal					
<input type="checkbox"/> Pending file					
<input type="checkbox"/> Overpayment	Estimated	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Disqualification	Date & Length	\$ _____	\$ _____	\$ _____	\$ _____

County Eligibility Worker Signature _____ Phone _____ Date _____