Attachment 2: Intercounty Transfer Frequently Asked Questions (FAQ)

1. **Q:** Is a signed Program Services Agreement (PSA) required for the transfer?

   A: This depends on the beneficiary's status:

   - For beneficiaries with full-scope, no share-of-cost Medi-Cal:
     - A signed PSA is not required in order to execute a transfer between counties.
   - For beneficiaries with Emergency or Restricted Medi-Cal coverage, Share-of-Cost Medi-Cal, or beneficiaries who are financially eligible for CCS-only services:
     - A PSA is required, and the Sending County will complete a financial review prior to the transfer.

2. **Q:** Can a Sending County deny a transfer to another county, and can a Receiving County refuse a transfer from a Sending County?

   A: No, a Sending County may not deny a transfer to a Receiving County, and a Receiving County cannot refuse a transfer from a Sending County.

3. **Q**: Can a Receiving County delay the transfer of a beneficiary until it conducts a CCS medical-eligibility determination?

   A: No. The medical eligibility review is conducted by the Sending County, or by the Integrated Systems of Care Division (ISCD) for dependent Sending Counties. If the Sending County finds the beneficiary medically eligible, the findings are annotated in the beneficiary's case notes on CMS Net by the Sending County or ISCD prior to case closure and transfer. The Receiving County begins authorizing services on the Transfer Date based on the eligibility determination of the Sending County or ISCD. If there are circumstances that require a medical documentation review by the Receiving County, this should occur after the case has been transferred to the Receiving County.

4. **Q:** Can a beneficiary's record be open in both the Receiving County and the Sending County simultaneously?

   A: No. A beneficiary's record must be closed by the Sending County and opened in the Receiving County the following day.

5. **Q:** Should a beneficiary's transfer be delayed if the beneficiary's Medical Eligibility Database System (MEDS) record does not accurately show their county of residence?

   A: No. In cases where the beneficiary's Receiving County of residency is not

accurately indicated in MEDS, the Sending County should obtain residency documentation from the beneficiary's family, and provide a copy to the Receiving County. The Sending County should only initiate a transfer once the Receiving County receives residency documentation. The Receiving County should work with the beneficiary to update their address in MEDS through the county Medi-Cal office**.**

6. **Q:** If a beneficiary has a code 703 in MEDS, will this have any effect on the transfer?

   A: These codes have no effect on county funding or overall beneficiary eligibility and are an additional identifier tied to pilot demonstration projects. Counties should not delay a transfer as a result of this code, which will be removed from MEDS shortly after a beneficiary has transferred into a Receiving County.

7. **Q:** Will the beneficiary/family be able to change their address calling the county Medi-Cal office if they have a SSI aid code?

   A: No. The county Medi-Cal eligibility offices and the Medi-Cal managed care ombudsman cannot make changes for children with a SSI code. Parents must call SSI to request this change.

8. **Q:** How is the transfer process different between independent and dependent counties?

   A: Dependent counties forward medical reports to ISCD for continued medical eligibility determination. In a Whole Child Model (WCM) County, for children enrolled in the health plan, the county must first get these reports from the health plan using the WCM ICT Form.

9. **Q:** Are there any additional requirements for beneficiaries who receive private duty nursing (PDN) services under the Medi-Cal for Kids and Teens formerly known as Early and Periodic Screening, Diagnostic and Treatment benefit?

   A: Yes, ICTs involving CCS Program beneficiaries receiving Medi-Cal for Teens and Kids PDN services must include ICT communication and collaboration with PDN providers to ensure that the beneficiary continues receiving all their medically necessary PDN services during the transfer.

10. **Q:** What is the transfer process for a CCS beneficiary who is currently an inpatient at a hospital?

    A1: Counties must make every effort to avoid transferring cases while beneficiaries are hospitalized.

    A2: Inpatient Hospital stays at non-Diagnosis-Related Group (non-DRG) hospitals:

- For beneficiaries with Full-Scope, No Share of Cost (SOC) Medi-Cal, who are inpatient (except Neonatal Intensive Care Unit [NICU] hospitalizations), the Sending County must retain the case until the day after the beneficiary is discharged from the hospital, giving only the total number of authorized days. Transferring a case while the beneficiary is inpatient will preclude the hospital from payment for one day, the day the Sending County closes the case.

- For all other beneficiaries, CCS-Only, Emergency or Restricted Medi-Cal (except NICU hospitalizations), the Sending County and Receiving County must collaborate and agree on a Transfer Date that does not prevent complete reimbursement to the hospital. The Sending County will authorize the day prior to the admit date through the agreed upon date of closure in that county, allowing the hospital to bill for the total number of eligible days. The Receiving County will then authorize from the date of agreed upon transfer to the discharge date.

- For NICU beneficiaries covered by Full Scope, no SOC Medi-Cal, the Sending County and Receiving County must collaborate and agree on a Transfer Date after the beneficiary is discharged or no longer meets NICU level of care.

- For NICU beneficiaries who are CCS-Only, or Emergency or Restricted Medi-Cal, the Sending County or ISCD must authorize from the date of eligibility to the agreed upon date of transfer. The Receiving County will authorize until the day after the beneficiary no longer meets NICU criteria or is discharged to allow the total number of eligible days.

Inpatient Hospital stays at DRG hospitals

- Total number of days authorized is one day for DRG hospitals. Both counties will negotiate a Transfer Date for the beneficiary as required during the admission. The Sending County will authorize the one day.

- For additional information, please refer to CCS Information Notice 14-14, Numbered Letter 02-0413, and Numbered Letter 05-0502 for further DRG related information.

- Other questions or issues with DRGs should be sent to DRG@dhcs.ca.gov.

11. **Q:** What is the process for transferring a CCS beneficiary who moves away from home to attend college, but their CCS case remains in their parents' county of residence?

A1: If the beneficiary is attending college in California outside of their parents'

county of residence, the Sending County and Receiving County should collaborate to determine the appropriate location for the beneficiary's case depending on the level of services needed, location of providers, location of the child's college, county of residence used for Medi-Cal services, and if one of the counties is a WCM County.

The case should be reviewed by the CCS Medical Consultant or their designee with the CCS Administrator or their designee, to determine which county the CCS case should be active in order to avoid access to care issues.

A2: If the beneficiary is attending college out of state, the county is encouraged to collaborate with the beneficiary to determine whether the case should continue to be open in the county or close. The following should be taken into consideration:

- whether the beneficiary has a long-term CCS eligible condition previously confirmed through a medical report,
- whether the child meets financial eligibility and residential eligibility (through their parents' residence), and
- if the child intends to seek CCS services in the county during their school breaks.

The county should include in a case note or in the beneficiary's last medical report that the beneficiary is out of state for college. The beneficiary may have to justify that they still have residence in the county through their parents' residence during the annual redetermination process if the county does not have a recent medical report for the beneficiary.

12. **Q:** Who is responsible for annual medical redeterminations?

A: Per the CCS policy on annual medical eligibility redeterminations, the Sending County must ensure that case was reviewed in the last 12 months for continued eligibility and either attach copy of a medical report dated in the last 12 months or summarize in a case note the medical report dated in the last 12 months that was used to make the eligibility determination. If Sending County has not confirmed continued eligibility in the last 12 months, the Sending County needs to process this prior to transfer to the Receiving County.

13. **Q:** How do counties add documents or additional details in CMS Net?

A: Documents cannot be attached in CMS so all documentation must be added in a detailed case note.

14. **Q:** What if a beneficiary is receiving private duty nursing (PDN) services?

A: Upon entering the Receiving County, the county is responsible for PDN case

management which includes assisting families in identifying available providers. In WCM counties, the managed care plan is responsible for PDN case management.

15. **Q:** What if the CCS beneficiary is transferred to a county, the previous providers are too far to care for the beneficiary, and there is no new SAR for new local providers?

    A1: If the beneficiary has not had a service request since the last authorized SAR and there is an active program eligibility (PE), an ICT review will be conducted based on documentation attached to the SAR to determine continued eligibility. If the diagnosis constitutes eligibility and, based on that report, there is a continued follow up, the client will continue to have medical eligibility through the end of the PE.

    A2: If there is no PE, no current services request, and no recent medical report then the prior transfer can be closed. An ICT or closure review should be conducted.

    A3: If opened based on NICU criteria, the case should be closed with no need to transfer. An ICT or closure review should be conducted.

Medical Therapy Program Inter-County Transfer FAQs

1. **Q:** How is a transfer initiated for MTP beneficiaries to ensure prompt services?

   A: Lead therapist or designee must enter an MTP transfer note in CMS Net (see below for sample note). This note can be initiated prior to transfer and should include the following:

   - Relocating to and from (county)
   - Caregiver name
   - New address if available
   - Phone number if available
   - Age of beneficiary
   - Medical direction and last date of visit
   - MTP Diagnosis, with on-going MTP eligibility reviewed/confirmed
   - Current services
   - MTP only y/n
   - Therapy frequency and expiration date of prescriptions
   - Transfer date
   - Urgent needs
   - DME in process
   - Care coordination activities (actions taken by CCS to help beneficiaries and their families who have barriers to accessing care) and/or other significant issues (social services, foster care, etc.)

     The following MTP critical documents will be sent to the Receiving County as attachments in CMS Net:
   - Current (even if expired) therapy Rx's
   - Current medical report
   - Current therapy summaries
   - Initial qualifying medical report if available

     If critical documents are available (see above), opening a case for therapy services to MTP should not be delayed while waiting for the entire MTU chart to arrive. Case can be opened while updated orders are being obtained.

2. **Q:** What is the process for transferring MTP medical records?

   A1: Communication will occur between Sending and Receiving Counties to determine the method of transferring the MTU chart(s) (e.g., mailing paper chart, electronic transfer method, etc.). Counties are highly encouraged to use the attachment feature in CMS Net as the method of transfer for ICT documentation (including MTU documents such as current MTC report and therapy.

plans/prescriptions).).

A2: The entire chart needs to be transferred to the new County.

A3: MTU charts must be sent by the Sending County in a manner that is compliant with federal and state health privacy laws.

A4: If MTU paper charts are sent to the Receiving County, the Sending County must use a trackable method.

3. **Q:** Does the residential verification need to happen prior to case opening at MTP?

   A: Yes, the Sending County needs to verify residence in the new county prior to case transfer

4. **Q:** Does MTU medical eligibility need to be reviewed when a case is transferred?

   A: Yes. MTU eligibility needs to be reviewed by the Sending County prior to transfer (see NL section III.E & Administrative FAQs) and should be accepted by the Receiving County.

5. **Q:** Are current orders required for a MTP case transfer?

   A: Every effort should be made to have current orders for PT/OT, DME and bracing

   - Opening of a case should not be delayed due to lack of current orders

6. **Q:** Can courtesy cases be utilized during the case transfer process?

   A: Yes. Please refer to CMS Net MTP Manual, Section 37, 4.4 for further information on courtesy cases

7. Please refer to the ICT NL regarding what applications and PSAs which should be forwarded as a part of the transfer when applicable.

8. To assure Family Centered Care, the Receiving County should contact the family as early as possible to keep them up to date as to the status of the transfer and plan to initiate services.

SAMPLE MTP CASE NOTE

Beneficiary is leaving XXXX County and transferring to XXXX County. (If information is available, include new address). Beneficiary is now 4 years old and has been followed at XXXXXX MTU for treatment of XXXXX since XX/XX/XX. Review of most current medical reports on XX/XX/XX confirm on-going MTU eligibility.
Beneficiary's medical direction is provided by XXXXX (MTC, Dr. XXXX, CHLA, etc.), most recent medical record dated XX/XX/XX.
Most recent OT report is dated XX/XX/XX with OT Therapy Plan of XX/XX/XX.
Current OT service is 1x weekly.
Most recent PT report is XX/XX/XX with PT Therapy Plan of XX/XX/XX.
Current PT service is 2x weekly.
Pending urgent DME/orthotics needs include XXXXXXXXX.
Case will be closed to the MTP at this time for completion of transfer process by Admin staff. CCS ADM staff to verify preferred method of MTU chart transfer to new county of residence.
Parents/caregiver, XXXXXXXXX, provided with contact information for new county of residence and informed that they should contact the Receiving County as soon as possible to facilitate transfer.