

Guidelines to Working Individuals with Medi-Cal in another County and Intra-County Transfers

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DHCS and the DMC ODS have changed the way Medi-Cal beneficiaries can access DMC services.

Historically, any Medi-Cal beneficiary, regardless of their home county/Medi-Cal residency, could request and access DMC services at any certified DMC provider location within the state, as long as the services were medically necessary.

Effective 2/1/17, DHCS requires that Medi-Cal beneficiaries access services in their county of residence. . This means individuals with Medi-Cal must either be sent to their county of residence for service, or request to have their Medi-Cal transferred to San Mateo County, a process that can take 60-90 days.

There is no hard and fast rule about what to do when an individual seeking services has Medi-Cal active in another county. When working with these individuals, please consider the following. *Reminder, it is never acceptable to advise a client to change their Medi-Cal to San Mateo County. This is a decision the client must make on his/her own. Your role is to provide the individual with accurate information about their Medi-Cal benefits and the implications of changing county of residence.*

- 1) Where does the client wish to obtain services? In their home county? In SMC County? Is s/he relocating to get a fresh start and get away from people, places, things?
- 2) If client has M/Cal in another county, does s/he have other important physical or mental health services/providers s/he obtains there? Would it be disruptive to the individual to change these providers?
- 3) Does the client have dependent family members in his/her home county who receive M/Cal benefits? If the client seeks to transfer benefits to SMC, this can cause a disruption in care to family members. This is an important consideration when a client is thinking of changing his/her Medi-Cal.
- 4) Transferring Medi-Cal from one county to another can take up to 60 days. While a DMC provider can serve the client and use a "delay reason code" to submit retroactive billing and get paid once the client is part of Medi-Cal in SMC (HPSM), other providers may not serve the client while s/he is in a Medi-Cal pending status. This can limit access/cause delays to important and needed services.
- 5) Is treatment mandated by SMC Courts, Probation, or Child Welfare? Is the care medically necessary? Or Not? We only pay for medically necessary care.

Considerations for Special Populations Related to Changing Medi-Cal Residency

Homeless Individuals

To change county of residency for Medi-Cal, a homeless individual must provide proof of permanent residency in the new County. This “proof” must cover a minimum of 30 days to change his/her Medi-Cal to San Mateo County.

If a homeless client lives on the street or in a car, proof is difficult to obtain.

- ✓ One way to prove residency is to keep food and other receipts from gas stations, restaurants or grocery stores where food and personal items are purchased.

If a homeless client already lives in a (transitional) shelter or has obtained other transitional housing - motel voucher or bunks with a friend or family member.

- ✓ An affidavit from the person providing shelter should be enough. This proof needs to be submitted to the “prior home county” to initiate the Intra-County transfer, not the county in which the client newly arrived.

Foster Care/Former Foster Care Clients

If an individual is still a dependent of another county per court order or otherwise, then no Intra-County Transfer can be requested.

- ✓ Contact HPSM to facilitate membership enrollment into the local Medi-Cal Managed Care plan. (This will not change the County Code in MEDS.)

Medi-Cal Clients with SSI

Clients active on SSI must report their change of address immediately to the Social Security Administration (SSA) upon arriving in the new county of residence, if they intend to remain in the new county for more than 30 days.

- ✓ Report the change in person at the closest Social Security Administrative office. Since the SSA only runs monthly updates for data uploads into MEDS, the change could take up to 60 days to reflect in MEDS, depending on when it was reported.

Individuals with an **out-of-county Authorized Representatives** (A/R) must either:

- ✓ Establish a new Authorized Representative in the actual county of residence, OR
- ✓ The out-of-county A/R must contact SSA on the client's behalf and request the address to be adjusted to the client's actual address. The address cannot be retained as the A/R's unchanged out-of-county address

Clients on Probation/released from County Jail

When being released from jail, individuals may:

- return to their home county or origin, OR
- stay within the county in which they were arrested, OR
- move to a third county for accessing needed care or other purposes.

If the individual entered the jail on a suspended Medi-Cal Aid Code, or if their initial Aid Code was never suspended because the county of origin was not informed of the incarceration (this happens frequently for short-term jail terms of less than 3 months) then

- ✓ It is likely that Medi-Cal gets restored or continues with the county of origin.

To change county of residency for Medi-Cal, in these cases, the individuals needs to

- ✓ Request an Intra-County transfer.

Intra-County Transfers of MediCal

In rare instances a client might end up in San Mateo County when his/her Medi-Cal benefits are already being transitioned between two other counties. This happens occasionally with transient clients. If a client ends up in San Mateo County while moving between two other counties, e.g. from Alameda to Santa Clara County, then the initial Intra-County Transfer between the initial two counties must be completed before the receiving county can transfer the client on to San Mateo County. This will add at least another 30 - 45 days to the transition period.

Refusal of Intra-County Transfer

Receiving counties can refuse an Intra-County Transfer for multiple reasons. The most common is that the Medi-Cal renewal is due and has not been fully processed by the sending county. If a client is aware of a due or overdue renewal with the county of origin, then

- ✓ s/he needs to first complete the renewal with the county of origin before requesting an address change & transfer.
- ✓ This is also true for any review processes for **CalFresh**. So, if a client has a companion CalFresh case, then any SAR-7 (bi-annual income report) or Recertification must be completed before transferring both cases over to the new county to keep the residency information intact.

Transferring Other Benefits

Whenever someone carries multiple benefits programs all must be transferred to the new county at the same time. General Assistance NOT a transferrable program

- ✓ **CalFresh is transferrable:** Clients who switch their Medi-Cal case to the new county, but hold on to their companion CalFresh case in their old county run the risk that MEDS might put their coverage in Hold status due to a data mismatch and with that we cannot adequately and timely bill for services.
- ✓ **CalWORKs is transferrable:** If a minor child moves with the client from one county to another, the CalWORKs case needs to be transferred, too. Please note that in some instances a parent might only be active on MAGI Medi-Cal while the minor is still active on CalWORKs. This happens in situations where the parent might be on a sanction or has timed out from aid whereas the child still has eligibility. In those situations both cases need to be transferred at the same time if both individuals move together to a new address, again to avoid any data mismatch.