§ 50120. County of Responsibility.

(a) The county of responsibility shall be the county whose county department is responsible for determining the initial and continuing Medi-Cal eligibility for a person or family. The appropriate county of responsibility shall be determined in accordance with the regulations in this article.

(b) Disputes between counties regarding county of responsibility shall be resolved by the Director.

§ 50121. Persons Eligible Under SSI/SSP.

The county of responsibility for determining Medi-Cal eligibility for persons eligible under AFDC or SSI/SSP shall be established in accordance with the regulations of the applicable public assistance program.

§ 50123. County of Responsibility -Persons with a Family.

(a) The county of responsibility for determining Medi-Cal eligibility for persons whose eligibility as MN, MI or Other PA is determined as part of a family, or based on family income, shall be either of the following:

(1) The county in which the family's residence is located.

(2) The county of physical presence if the family's residence is unclear.

(b) The county of responsibility for determining Medi-Cal eligibility for a family which includes a person under age 21 or, through December 31, 1982, an MI person, living away from the home and who is claimed by his/her parent as a dependent in order to receive a tax credit or deduction for state or federal income tax purposes shall be the county in which the claiming parent lives as determined in accordance with (a).

(c) The county of responsibility for determining Medi-Cal eligibility for a person who is claimed by his/her parent as a dependent or as a deduction for tax purposes and whose parent lives out of state shall be the county in which such person resides as determined in accordance with (a).

§ 50125. County of Responsibility -Persons with No Family.

(a) The county of responsibility for determining Medi-Cal eligibility for persons whose eligibility as MN, MI or Other PA is not determined as part of a family, nor based on family income, shall be:

(1) The placing county for:

(A) Persons placed by a county agency in a private or county-administered facility in order to receive long-term care.
(B) Children placed by a county agency in foster or adoptive care under Aid Codes 04, 43, 44, 45, 46 and 47.

(2) The county in which the person's home is located, if the person is temporarily absent from the home as specified in Section 50071(a)(2).

(3) The county in which the person is living in all other situations.

§ 50126. County of Responsibility -Persons Eligible Under Special Programs.

(a) The county of responsibility for determining Medi-Cal eligibility for persons eligible under the Cuban Refugee, Indochinese Refugee, and Medi-Cal Dialysis Programs shall be:

(1) The county in which the person's residence is located.

(2) The county of physical presence if the person's residence is unclear.

(b) The county of responsibility for determining Medi-Cal eligibility for persons eligible under the MC 800 Program shall be the county which owns the medical facility, or which has a contract with the hospital, where health services are received.

§ 50127. Persons with a Guardian.

(a) The county of responsibility for persons with a county public guardian shall be the county in which the public guardian is located except that if the person is physically present in another county and the new county will accept a transfer of guardianship, the new county shall be the county of responsibility.

(b) The county of responsibility for persons with a private guardian or persons with a guardian employed by the state shall be established as if there were no guardian in accordance with Sections 50121, 50123 and 50129 through 50134, provided the ward is a resident of the State.

§ 50129. County of Responsibility -Persons Placed in State Hospitals by County Mental Health Agencies or Regional Centers for the Developmentally Disabled.

Notwithstanding the requirements of any other section in this article, the county of responsibility for determining Medi-Cal eligibility for persons placed in state hospitals after screening and referral by a county mental health agency or a regional center for the Developmentally Disabled shall be the county in which the state hospital is located, unless the person's eligibility is determined as part of a family or based on family income. In this case the county of responsibility shall be determined in accordance with Section 50123.

§ 50131. Placement in Long-Term Care After Release from a State Hospital.
(a) Notwithstanding the requirements of any other section in this article, the county of responsibility for determining Medi-Cal eligibility for persons released from a state hospital and placed in a long-term care facility shall be the county in which the long-term care facility is located, with the following exceptions:

(1) If the person has a public guardian or conservator in the original county of placement into the state hospital, then that county shall remain the county of responsibility, unless the county in which the long-term care facility is located agrees to accept guardianship or conservatorship of the person.

(2) If the person's eligibility is determined as part of a family or based upon family income, then the county of responsibility shall be determined in accordance with Section 50123.

§ 50133. County of Responsibility -Deceased Persons.

The county of responsibility for determining Medi-Cal eligibility for persons who are deceased shall be the county which would have been the county of responsibility at the time of the person's death.

§ 50134. County of Responsibility -Persons Absent from the State.

The county of responsibility for determining Medi-Cal eligibility for persons who are absent from the State and retain California residence, in accordance with Article 7 of these regulations, shall be the county which would have been the county of responsibility prior to the person's absence from the State.

§ 50135. Application Made in County Other Than County of Responsibility.

(a) The county in which a person applies for Medi-Cal shall accept the application and a Statement of Facts from such person or family on behalf of the county of responsibility. If a Statement of Facts cannot be obtained, the county accepting the application shall provide information to the county of responsibility for the latter county to locate the applicant.

(b) The information described above shall be forwarded to the county of responsibility not later than 15 days from the date of application.

(c) The county in which a person applies may with the consent of the applicant or beneficiary, choose to become the county of responsibility for determining initial eligibility and initiating an intercounty transfer.

§ 50136. Intercounty Transfer Procedure.
(a) An intercounty transfer shall be initiated if persons or families receiving Medi-Cal-only become the responsibility of a new county. The transfer shall be accomplished in accordance with the following procedure, as modified by Section 50138.

(1) The county department initiating the transfer shall inform the beneficiary in writing of his/her responsibility to apply for a redetermination of eligibility in the new county of residence and, within 7 calendar days of the date the county department learns of the change in county of responsibility, send the following to the county department in the new county of responsibility:

(A) Two copies of the Notification of Transfer, Form ABCDM 215, with Section A completed indicating the date of discontinuance determined in accordance with Section 50137.

(B) One copy of the most recently completed of each of the following forms with the Notification of Transfer, Form ABCDM 215, or within one week after this form is sent:

1. Application for Public Social Services, CA 1.
2. Statement of Fact, MC 210, MC 250 or CA 2.
3. Share of Cost Determination -MN and MI Person, MC 176M.
5. Property Worksheet, MC 176P, if any.
7. Medi-Cal Responsibilities Checklist, MC 217, if any.
8. Verification of disability, if any.
9. Notification of Action, Utilization of Property, Form MC 239U, if the person or family is within a six-month utilization period at the time of transfer.

(C) The amount, if any, of a remaining adjustment for decreases in income pursuant to Section 50653.3.

(D) Other information that the initiating county considers important in order for the new county of responsibility to determine eligibility.

(2) The initiating county, if the person or family becomes the responsibility of a third county during the transfer process, shall:

(A) Notify the former new county department that the transfer is cancelled.

(B) Request the former new county department to forward to the county department of the current new county of responsibility all information and documents supplied by the initiating county and any additional information secured by the former new county.
(C) Send to the current new county department two copies of the Notification of Transfer, Form ABCDM 215, with Section A completed indicating the date of discontinuance determined in accordance with Section 50137.

(3) The county department in the new county of responsibility shall:

(A) Perform a redetermination of eligibility if the conditions of Section 50136 (a)(i) are met.

(B) Return to the initiating county department one copy of the Notification of Transfer form, Form ABCDM 215, within 30 days of receipt of the form. Section B shall be completed, indicating acceptance or refusal of the transfer, and the effective date of eligibility, if eligibility is approved in the new county.

(C) Send a Notice of Action to the person or family, if their eligibility is approved. A Notice of Action must also be sent to the person or family if eligibility is discontinued for failure to apply for a redetermination or if the person or family is no longer eligible. Such action shall be effective as established in accordance with Section 50137.

(4) If the Notification of Transfer form has not been returned within 30 days, the initiating county shall contact the new county to assure that continuous Medi-Cal coverage will be provided to the extent that eligibility exists.

§ 50137. Intercounty Transfer -Effective Date of Discontinuance/Eligibility.

(a) In a change in county of responsibility, the effective date of discontinuance as determined by the initiating county department shall be the last day of the month in which the 30th day after notification to the new county of the change in county of responsibility occurs except that:

(1) If the initiating county department determines the person or family is no longer eligible, the last day of the month in which the determination of ineligibility is made, provided a 10-day notice is given or is waived. Otherwise, discontinuance is effective on the last day of the month in which the 10-day notice is given.

(2) If the person or family is receiving Medi-Cal under either the Four Month or Nine Month Continuing Eligibility categories, the last day of the final month in which four month or nine month continuing eligibility exists.

(b) If the county department in the new county of responsibility determined that a person or family is eligible for Medi-Cal, the effective date of eligibility shall be the first day of the month following the month in which the initiating county department discontinues eligibility.

(c) Counties involved in an intercounty transfer may, by mutual agreement, establish a different effective date of discontinuance, if the initiating county department can suppress card issuance for the following month.

§ 50138. Intercounty Transfer -Blindness or Disability Determination Pending.
(a) In a change of county of responsibility for persons or families who have an application pending for either the SSI/SSP or MN programs on the basis of blindness or disability, the responsibility shall be transferred to the new county in accordance with the following:

(1) If the person or family is eligible for Medi-Cal at the time the county of responsibility changes, responsibility shall be transferred in accordance with Sections 50136 and 50137.

(2) The pending determination of blindness or disability shall be retained by the initiating county department until the blindness or disability determination is received. The initiating county department shall forward the blindness or disability determination, along with the documents specified in Section 50136 (a) (1) (B), within 14 calendar days of the date the determination was received.