
\$0 share of cost Medi-Cal either to share of cost Medi-Cal or when the child is determined to be ineligible for Medi-Cal for reasons other than attaining age 19, death, incarceration or loss of California residency.

The period of time that a child remains eligible for \$0 share of cost under the CEC program is referred to as the CEC guaranteed period. During the CEC guaranteed period, any change in family income, assets or other circumstances that results in a change from \$0 share of cost to a share of cost or from eligibility to ineligibility is disregarded for the child but not for adult family members. The CEC period guarantees that the child under age 19 continues to receive \$0 share of cost Medi-Cal for the guarantee period.

The CEC period may not follow another continuous eligibility program such as the Transitional Medi-Cal (TMC) program. Thus assume a family that included a 17-year-old has just completed the first year on TMC. The prior annual redetermination was made before TMC began. If the family is found to be eligible for a second year of TMC, the 17-year-old would not be eligible for another year of \$0 share of cost under CEC because TMC is viewed as another continuous eligibility program.

CEC applies to retroactive months. Questions and answers five and six of this ACWDL explain how to determine the CEC period when there is an application for retroactive Medi-Cal.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - September 7, 2001*

<p>Item 01-09-01F ACWDL 01-39 - - July 13, 2001 (Synopsis): Medi-Cal Request for Information Form (MC 355)</p>
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Medi-Cal Request for Information Form (MC 355)

SB 87 mandated that the DHS in collaboration with counties and advocate groups create a request for information form for Medi-Cal beneficiaries to complete. The MC 355 form is both a request for information and a Medi-Cal information cover letter.

Per SB 87, counties are precluded from requesting information from a Medi-Cal beneficiary that has previously been provided, not subject to change or not absolutely necessary. As stated in ACWDL 01-36, counties are to initiate a Medi-Cal eligibility review at annual redetermination and when there is a change in beneficiary circumstances that affect Medi-Cal eligibility. ACWDL instructs counties to follow the ex parte process and telephone contact requirements to complete Medi-Cal eligibility review. When a county is unable to obtain the necessary information through the ex parte or telephone review process, it must send out the MC 355 form.

Effective July 1, 2001, a county must use the MC 355 form rather than any other document if the county has been unable to obtain necessary information through the ex parte or telephone review processes.

This ACWDL provides a copy of the MC 355 form and also provide counties with instructions on when and how to use this form.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - September 7, 2001*

Item 01-09-01E

ACWDL 01-38 - - July 12, 2001 (Synopsis): Medi-Cal Overpayments

Medi-Cal Overpayments

For the purpose of calculating overpayments, any managed care capitation rates are treated as a covered service.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - September 7, 2001*

Item 01-09-01D

ACWDL 01-36 - -June 19, 2001 (Synopsis): Medi-Cal Eligibility Determination Process

Medi-Cal Eligibility Determination Process

Reference: Senate Bill (SB) 87; ACWDL 01-17

SB 87 mandates that counties continue §1931(b) Medi-Cal eligibility for persons discontinued from CalWORKs except in those circumstances where it is clear that such persons are ineligible for §1931(b) Medi-Cal. This ACWDL discusses changes in the Medi-Cal redetermination process including the ex parte redetermination process. The changes in the redetermination process must be fully implemented by July 1, 2001.

CalWORKs Discontinuances

Unless there is clear evidence that there is no §1931(b) eligibility (e.g., a person has died or is in prison), the county must continue to issue Medi-Cal benefits for persons discontinued from CalWORKs. CalWORKs cases discontinued for reasons such as failure to provide essential information or the monthly income report, or failure to cooperate with WTW requirements are not considered changes in circumstances that affect Medi-Cal eligibility. The former CalWORKs recipient should not be discontinued from Medi-Cal. Medi-Cal eligibility should be evaluated at the annual redetermination.

Thus if a CalWORKs case is approved in August 2000, and the CalWORKs case is discontinued at the end of November 2000 because the caretaker relative did not return