

County of San Diego, Health and Human Services Agency (HHS)A
Medi-Cal Program Guide Letter

Public Assistance Reporting Information System (PARIS)

Number

822

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Issue Date:

October 26, 2015

Effective Date:

Upon Receipt

Purpose:

To add instructions from Special Notices (SN) 09-06, 10-07 and 11-03 to the MPG. These SNs are now obsolete.

Background:

These SNs provided instructions regarding the PARIS projects for residency verification and identifying unreported federal income.

Policy Change:

Follow the instructions for the PARIS reports in MPG 16.1 and Processing Guide 19 for residency verification and identification of unreported federal income.

Summary of Changes:

MPG 16.1 – Added information from these SNs to the MPG.

Processing Guide 19 – Added instructions from these SNs to the Processing Guide.

Impacts:

Automation:

No impact

Forms and Document Capture:

No impact

Other Programs Affected:

None

Quality Control:

Effective with November 2015 review month, Quality Control will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.


References:

County policy

Sunset Date:

This policy will be reviewed for continuance on or by October 31, 2018.

Approval for Release:



Handwritten signature in blue ink: "Rick Wanne 10-26-15"

Rick Wanne, Director
Eligibility Operations

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Medi-Cal Program Guide**

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Issue Date:

10/26/2015

Effective Date:

Upon Receipt

Background:

This section provides regulations regarding

- Fraud Prevention
- Early Fraud Prevention Referrals
- Other Fraud Referrals
- IEVS
- Other Fraud Prevention Systems

Fraud Definition:

Fraud exists when a person, on behalf of him/herself or others, has:

- Knowingly, and with intent to deceive or defraud, made a false statement or representations to obtain benefits, obtain a continuance or increase of benefits, or avoid a reduction of benefits.
- Knowingly, and with intent to defraud, failed to disclose a fact which, if disclosed, could have resulted in a denial, reduction, or discontinuance of benefits.
- Knowingly, and with intent to deceive or defraud, accepted benefits to which he/she was not entitled or accepted an amount of benefits knowing it is greater than the amount to which he/she is entitled.
- Made statements which he/she knew to be untrue for the purpose of obtaining benefits, continuing to obtain benefits or avoiding a reduction in benefits.

Policy:

A. Reasonable Grounds to Suspect Fraud:

Reasonable grounds to suspect fraud may exist if the applicant/recipient:

- Provides unclear, conflicting or inconsistent information.
- Has difficulty in obtaining verifications or provides third party contacts that do not cooperate.
- Presents documentation that appears to have been altered.

Additional fraud indicators can be found in [Desk Aid 40 – Potential Fraud Indicators](#).

B. When to Refer to DHCS Fraud Investigations:

Medi-Cal fraud investigations are conducted by the Department of Health Care Services (DHCS) Investigators. Fraud Referrals to DHCS investigators are made in the following situations:

- At intake for early fraud detection
- Full field investigations for cases granted more than 90 days
- Solicitation referrals
- Potential overpayment period evaluations (see 16.02)

C. Fraud Prevention Responsibilities:

1. Family Resource Center (FRC) Manager

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The FRC Manager ensures that staff conduct accurate eligibility determinations, utilizing all automated information systems appropriate to the eligibility determination process.

2. Supervisors

Worker supervisors review the availability and use of automated information systems with workers to ensure they utilize the available information.

3. Worker

- Ensure that the applicant/beneficiary understands their responsibility for reporting anything that affects the determination of eligibility or share-of-cost. Review this information with the applicant/beneficiary at application and redetermination.
- Ensure that the applicant/beneficiary understands the penalties for failing to report.
- Document whether or not the individual showed understanding of their reporting responsibilities.
- Take prompt action on any information received or circumstances which could affect eligibility or the SOC amount.
- Obtain required verifications and review for consistency and completeness.
- Attempt to resolve any inconsistent, incomplete or seemingly altered verifications with the applicant/beneficiary.
- Initiate a referral to DHCS investigators if there is inconsistent or questionable information that cannot be resolved.

D. Early Fraud Detection:

- Make prompt referrals to DHCS investigators when referrals are appropriate.
- Procedures and required actions for making an Early Fraud Detection referral to DHCS are located in the Fraud Prevention Processing Guide.
- DHCS investigators will attempt to respond within 15 calendar days depending on departmental needs and will grant higher priority to cases requiring short turnaround.
- Referrals will be prioritized by DHCS in the event there is not enough staff to cover the existing referrals.
- Granting eligibility may not be delayed pending the completion of an investigation as long as all inconsistent and conflicting/questionable information has been resolved.

E. Full Field Investigation:

- When inconsistent or questionable information is discovered on a case granted for more than 90 days, it can be referred to DHCS Investigators for preliminary investigation.
- The investigator will provide investigation findings and follow up with the worker on the referral and determine if a full field investigation is needed.
- The full field investigation takes additional time.

F. Solicitation Referrals:

Soliciting is the act of tempting or enticing someone to do wrong. This includes advising Medi-Cal applicants how to answer questions, conceal information, or provide false or fraudulent information in order to:

- Establish eligibility to Medi-Cal program benefits.
- Obtain a greater Medi-Cal program benefit.

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- Prepare for investigation of their circumstances by Medi-Cal representatives, including DHCS investigators.

G. Fraud Hotline:

DHCS operates a toll-free hotline for reporting of possible Medi-Cal fraud at: 1-800-822-6222. Refer callers to this hotline for complaints of potential fraud on closed cases and non-eligibility related fraud in Medi-Cal (provider or misuse of Medi-Cal).

H. Income Eligibility Verification System (IEVS):

IEVS provides a computer match of applicant/recipient name, date of birth, and in some cases Social Security Number to the following information sources:

- MEDS/Central Database (CDB) eligibility history file
- EDD wage, employment and disability files, Unemployment Insurance Benefits (UIB) and Disability Insurance Benefits (DIB)
- Franchise Tax Board (FTB) interest and dividend information
- Retirement, Survivors and Disability Insurance (RSDI) benefit information from Social Security Administration (SSA) files
- SSA/Internal Revenue Service (IRS) wage and self-employment income information from the Benefit Earnings and Exchange Record (BEER) files.

IEVS is divided into two systems: the applicant and the recipient system. The applicant system provides information on applicants during the application process and the recipient system consists of the following sub-systems:

- Payment Verification System (PVS)
- New Hire Registry (NHR)
- Earnings Clearance, which is also known as the Integrated Fraud Detection (IFD)
- Asset Match
- BEER.

More information about these subsystems is located in the Fraud Prevention Processing Guide.

I. IEVS as Verification:

IEVS UIB/DIB and RSDI match results may be used as verification of information supplied on the Statement of Facts.

J. Other Fraud Prevention Systems:

Systematic Alien Verification for Entitlement (SAVE)

The SAVE system compares U.S. Citizenship and Immigration Services (USCIS) information with alien numbers entered in CalWIN. Information from the primary SAVE system indicates if the client has legal immigration status.

Medi-Cal Eligibility Determination System (MEDS)

MEDS identifies all beneficiaries who receive Medi-Cal in California. MEDS is helpful in preventing and identifying duplicate aid cases. The "Known to Welfare" screen on MEDS, under the "Income and Eligibility Verification System" main menu, can be used to identify whether a client received CalWORKs, CalFresh, Medi-Cal, Covered CA, and/or Homeless Assistance within California.

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Central Data Base (CDB)

CDB is a state-wide data base which is available to verify current and historical receipt of CalFresh benefits in California.

Assessor/Secured Property

This system allows workers to determine the owner of a property parcel, the assessed value of the property and whether the property actually exists. This system can be used to determine if there is conflicting information.

Jail Clearance

View to verify if an applicant/beneficiary or absent parent is in or out of jail.

Recorder's Marriage and Death Index

View to verify a marriage or death records.

Division of Juvenile Justice (DJJ) Match Reports

DJJ reports are created by comparing a list of Medi-Cal beneficiaries to a list of incarcerated juveniles and are sent to the County monthly by DHCS and posted to SharePoint with notification to the FRC upon posting.

Upon notification of the posting of the DJJ match report:

Step	Action
1	Review the match report to ensure the correct case data was used.
2	Resolve discrepancies with the beneficiary per procedures in Article 4, Section 8 .
3	Narrate actions and send appropriate notifications.
4	Complete the "TO BE FILLED OUT BY CWD" fields on the match report fully explaining actions taken and forward to FRC designee for roll-up and email to Medi-Cal program.

NOTE: Suspend eligibility of incarcerated juveniles if they meet the criteria in [MPG 06.05.02](#).

Public Assistance Reporting Information System (PARIS)

PARIS is a system that allows state and federal agencies to verify public assistance. There are currently two reports that are issued by PARIS:

- Interstate Match, which allows states to compare their beneficiary information with other states
- Federal Match, which allows states to compare their beneficiary information with the U.S. Department of Defense and the U.S. Office of Personnel Management

Federal law requires that DHCS implement the interstate match. To comply with this law, DHCS developed a residence verification match.

DHCS runs the PARIS federal match quarterly. It provides a list of beneficiaries receiving unreported federal income. The income includes retirement payments received by former federal civilian and military employees and current military reservists. The report will indicate in the "record type" column if the beneficiary is a retired military veteran (code MR), a reservist (code MV), or a retired civilian (code CR).

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Review the lists and follow the procedures in [Processing Guide 19](#).

Procedure:

Directions for the following procedures are located in the Fraud Prevention Processing Guide:

- Referrals to DHCS Investigators
- Community Complaint Procedures
- Processing IEVS, NHR, ECS/IFD
- Asset Match
- BEER reports
- PARIS reports

Other Program Impacts:

CalWORKs

CalWORKs Assistance Units (AU) may not be automatically discontinued for “whereabouts unknown,” because they may still be eligible to CalWORKs if they are still residing in California. Review the circumstances of the case and contact the AU to provide them with an opportunity to clarify the discrepancy.

If a CalWORKs recipient was discontinued on MEDS as part of the PARIS program, complete a review of the case and make every effort to contact the recipient to determine residence. Residence in the state, but not in the county, is a requirement for continued eligibility to CalWORKs.

Attempt contact with the AU before making any referral for fraud investigation or taking action against the grant.

CalWORKs AUs are required to report any address changes to the worker within 10 calendar days.

CalFresh

A timely NOA is not required for PAFS and NAFS households if it is determined based on reliable information from the PARIS program that the household is not residing in the state of California.

Discontinue the household at the end of the month in which the change was found. The correct notice for “Loss of Residence” must be sent to the household. All case actions must be recorded in Case Comments in CalWIN.

References:

[MEPM 21M-1 – 21M-8](#)

[MEPM 21E-3](#)

ACWDLs [09-41](#), [10-05](#), and [11-14](#)

MPG Letter [822](#)

Sunset Date:

This policy will be reviewed for continuance by October 31, 2018

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Purpose:

To provide process guidance for tasks related to fraud prevention including referrals to DHCS investigators and processing of IEVS reports.

Actions:

A. Referrals to DHCS Investigators

Required Actions Prior to Referral

The following list includes examples of worker actions required prior to a referral to the DHCS Investigator:

1. Take all appropriate actions to obtain case information including contacting the client or key person.
2. Narrate all of the steps taken to explore the family circumstances.
3. If a questionable situation arises consult with your supervisor and/or the DHCS investigator before making the referral.
4. Ask the client how he/she has been supporting him/herself and any minor children prior to the application for aid.
5. Ask the client how financial needs are met if expenses exceed family income.
6. Review the verifications provided to determine if they are conflicting, inconsistent, incomplete or appear to have been altered.
7. If income verification is questionable, request employment verification from the last known employer. Client-signed release is required if the employer is contacted directly by staff.
8. Determine if the spouse/absent parent is in the United States Military. If so, request the spouse/absent parent's Social Security Number and request a signed release to obtain allotment

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verification. Then refer the case to the DHCS Investigator who will contact the military to obtain verification of any contributions to the client.

- Be alert for applicants coming to San Diego from areas which have military bases.
- Be alert for any cases where the client claims to be residing with friends or relatives who live in naval housing.

9. Question the client as to the reasons for obtaining a Delayed Birth Certificate, obtained within the last year. Request the client to provide the back-up (second party) information which was used to obtain the delayed birth certificate.

10. Ask the following questions when residence outside of the United States (U.S.) is suspected:

- Ask the client if he/she has other children for whom he/she is not applying, and if so, where are they residing.
- Ask if the spouse/absent parent is outside of the U.S. and attempt to obtain his/her address and current place of employment.
- Ask the client about any property they own or control, not only in the United States, but also outside of the United States.
- Ask each parent's full name and address, and the period of time the client resided with his/her parents, if the applicant states he/she was living with his/her parents outside of the U.S.
- Question the client when he/she states the spouse/absent parents' whereabouts are unknown, but believed to be outside of the U.S.
- Question cases where the client has stated the spouse/absent parent is currently outside of the U.S., but it is determined that the client and absent parent resided together at some point in time in the United States and the absent parent has had prior employment in this country.

11. Photocopy both sides of all I.D. cards presented. The photocopies should accompany the investigation referral.

12. Obtain the license plate number of all vehicles when ownership is questionable. These numbers should be referred to a DHCS Investigator for verification.

13. Ask for a receipt and a rental agreement and/or a receipt from San Diego Gas and Electric Company indicating that the utilities have been turned on at the indicated address if residence is in doubt.

14. Check Assessor Screen to verify ownership of property and/or existence of given address.

Referral Process

Step	Action
1	Indicate in the upper right hand box of referral form 14-58 that the referral is for Medi-Cal.
2	Clearly indicate the basis for the referral, the inconsistent or conflicting information or the specific information the worker needs clarified by the DHCS investigator.
3	The referral must include: <ul style="list-style-type: none"> • Current family composition (print data from the CalWIN "Inquire on Case Information" screen) • Screening sheet (16-49) • Statement of Facts (portions related to the referral) • Identification documents, rental receipts, passports, and CICS documents including border crossing cards that the client may have voluntarily provided

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	<ul style="list-style-type: none"> • Documents that are of questionable authenticity • Sworn statements or declarations by providers of housing • Prior investigation reports
4	Fax the referral to (916) 440-5133.
5	Retain a copy of the 14-58 for the case file.
6	When the Investigator has completed the investigation, he/she will complete section 2 of the 14-58 HHSA with as much detail as possible and attach any documents or affidavits obtained.
7	The worker will determine the correct eligibility action to take based on referral findings and note the case action taken on the 14-58 HHSA. Retain a copy for the case file, and return a copy to the DHCS Investigator.

NOTE: A response to the DHCS Investigator is not required when fraud is not found.

Referral Pending at Application

When the referral is made at application:

If ...	Then the ...
all eligibility requirements are met and the verifications are not questionable,	decision to grant may not be delayed pending the Investigator's response.
additional verifications are required prior to granting,	worker will inform the applicant of what is required and provide assistance in obtaining the verification if necessary.
the worker is ready to grant the application and a fraud prevention referral was made at least one week prior,	<ul style="list-style-type: none"> • worker's supervisor will contact the appropriate Supervising Investigator to determine the status of the investigation. • worker must take the appropriate case action if the supervisor has not received a response from the Supervising Investigator within one day.

In general, the worker must continue the eligibility determination process while the fraud prevention investigation is being conducted.

When Workers Disagree with Investigator Findings

DHCS Investigations staff make recommendations to the worker on the suggested disposition of the referral.

If ...	Then ...
the worker disagrees with the recommendation of the DHCS Investigator	the worker will discuss the difference of opinion with their supervisor and the investigator.
agreement is not reached	the case will be referred to the FRC Manager for resolution with the DHCS Supervising Investigator.

It is understood by DHCS Investigations that the ultimate eligibility determination is the responsibility of the County eligibility staff and managers.

B. Community Complaint Procedures

Take prompt action on any information received or circumstances noted which raise suspicion that solicitation is involved.

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Step	Action
1	Complete Sections A and B on the Solicitation Referral Form 14-56 DSS. Include a copy of the following with the referral, as appropriate: <ul style="list-style-type: none"> • Statement of Facts. • Any available documentation supporting the solicitation allegation.
2	Fax a copy to DHCS Investigations at (916) 440-5133.
3	Send the pink copy to the FRC Manager.
4	Retain a copy for the case record.
5	Complete a narrative entry explaining the circumstances which prompted initiating a referral.
6	Tic the case for 45 days. If no response has been received, contact the DHCS Investigator to obtain an investigation status update.

DHCS views solicitation referrals as high priority. They are considered full field referrals. Upon receipt of the referral DHCS will:

- Investigate the referral.
- Provide the worker with a status update every 45 days.
- Provide final findings by completing section C of the Solicitation Form and returning it to the FRC Manager.

Managers will take the following actions related to Solicitation referrals:

Step	Action
1	Within five (5) working days from receipt of a written response from DHCS investigators, the FRC Manager will forward the response to the worker for case action.
2	Monitor solicitation referrals to ensure appropriate follow-up procedures are completed, and to determine DHCS investigation findings.
3	Keep their Assistant Deputy Director informed of the results of DHCS investigations of solicitation referrals.

C. IEVS Reports and Worker Responsibility

Payment Verification System (PVS)

PVS is a monthly match that provides information about RSDI benefits (UIB and DIB). The PVS information is received in CalWIN. An alert is generated in the alert subsystem when a report is ready. The worker is responsible for clarifying discrepancies with the applicant/beneficiary.

New Hire Registry (NHR) Data Match

The NHR data match is a monthly match that provides information on new or reinstated employment of Medi-Cal beneficiaries. Mandated employers must report to the NHR system when an employee is newly hired or rehired within the last 20 days. Matches are completed based on the SSN for the month of reported employment and an alert is generated when a new report is ready. The worker is responsible for clarifying discrepancies with the applicant/beneficiary.

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ECS/IFD

The Earning Clearance System (ECS) match is a quarterly report of wage data from EDD compared to wages reported to the counties by recipients. ECS matches are processed by OSU staff.

Asset Match

The Asset Match is run yearly and matches against the State Franchise Tax Board's (FTB) annual interest and dividend income in the previous year. Asset matches are processed by OSU staff.

Benefits Earnings and Exchange Record (BEER)

BEER reports are received annually for all beneficiaries and monthly for newly eligible beneficiaries. They contain data from the previous tax year including: Self-employment income, out of state wages, military wages, federal wages and California wages not reported to EDD. BEER reports contain information from the Internal Revenue Service (IRS) records. Most workers do not have access to BEER reports due to IRS codes requiring specific safeguards.

OSU processes BEER reports and they are kept in a locked room or file when not in use, or after normal working hours, weekends and holidays. BEER reports are confidential and will be maintained in a locked container until destroyed.

D. IEVS Data Collection

Applicants

Collect data and submit an IEVS request for all individuals applying for federally funded aid. At pre-application, it is not possible to determine federal/non-federal participation. Therefore a request for IEVS data will be sent to MEDS when a Social Security Number is entered in CalWIN.

Other Household Members

Submit an IEVS request for individuals whose income and resources are counted in the household budget. If the SSN is not available for household members that are not applicants or beneficiaries, the household eligibility will not be affected.

Applicant Data Submission

IEVS applicant request is sent at application/registration. Applicant IEVS are not required at redetermination, but can be used if the Recipient IEVS are inadequate for any reason (out of date, unreliable or questionable).

Recipient Data Submission

Data is received automatically for the Recipient System. Recipient System reports will be produced for all individuals when a match is found.

E. IEVS Inquiry

Workers may access or query the IEVS data base for an individual or entire case. The inquiry will display all matches that have been made as of the date of the inquiry. IEVS inquiry may be used to check for matches made prior to receipt of a report and to verify that data has or has not been submitted to the IEVS database.

F. Processing IEVS Reports

Upon receipt of an IEVS report, take the following actions:

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Step	Action						
1	<p>Review the information in the report to ensure that correct case data was submitted to IEVS.</p> <table border="1" data-bbox="228 426 1490 833"> <thead> <tr> <th data-bbox="228 426 740 537">If the applicant/beneficiary information (name, SSN, DOB, or sex) is ...</th> <th data-bbox="740 426 1490 537">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="228 537 740 611">correct,</td> <td data-bbox="740 537 1490 611">review the match results columns to see which, if any, inquiries resulted in a match.</td> </tr> <tr> <td data-bbox="228 611 740 833">incorrect,</td> <td data-bbox="740 611 1490 833"> resolve the discrepancy and resubmit to IEVS via updating the information in the automated system. For example, confirm that an adult family member has not been using a child's SSN when the IEVS abstract shows UI benefits for a young child. </td> </tr> </tbody> </table>	If the applicant/beneficiary information (name, SSN, DOB, or sex) is ...	Then...	correct,	review the match results columns to see which, if any, inquiries resulted in a match.	incorrect,	resolve the discrepancy and resubmit to IEVS via updating the information in the automated system. For example, confirm that an adult family member has not been using a child's SSN when the IEVS abstract shows UI benefits for a young child.
If the applicant/beneficiary information (name, SSN, DOB, or sex) is ...	Then...						
correct,	review the match results columns to see which, if any, inquiries resulted in a match.						
incorrect,	resolve the discrepancy and resubmit to IEVS via updating the information in the automated system. For example, confirm that an adult family member has not been using a child's SSN when the IEVS abstract shows UI benefits for a young child.						
2	<p>Review and compare the IEVS information against information contained in the case record to determine whether it applies to the applicant/beneficiary or whether the information has an effect on eligibility or benefit level. Factors to be considered in this determination include:</p> <ul style="list-style-type: none"> • Complete and positive match between the IEVS match and identifying case information; • Agreement with other information contained in the case record or otherwise available to the County; • Appropriateness of the information in relation to the known circumstances of the applicant; and • Information, which will not affect eligibility or level of benefits (e.g., new employment information for a child protected by Continuous Eligibility for Children or a child with full time student status). 						
3	<p>If information will not affect eligibility or level of benefits, narrate IEVS reviewed with no discrepancy.</p>						

G. FEIN and SEIN Information

Federal Employer Identification Numbers (FEIN) and/or State Employer Identification Numbers (SEIN) are normally shown on IEVS along with the name and address of the employer or financial institution. In some instances, only the FEIN and SEIN number is shown without the name and address of the employer or financial institution.

H. Resolving Discrepancies between IEVS and Application Information

Discuss with the applicant and resolve information that is significantly different prior to granting if appropriate. Significantly different means that the difference between the applicant supplied information and IEVS match results could impact current or prior eligibility or SOC. When information is received after the interview, contact the applicant immediately and inform them of the IEVS information and request clarification. Article 4, Section 6 and 8 provide instructions for clarifying discrepant information.

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I. Processing Asset Match Discrepancies

If the IEVS report is received before case granting, follow the procedures for resolving the discrepancy. If the information is received after a case is granted, send IEVS contact letter and use Resource Questionnaire (CSF 48) to document the resource. The CSF 48 can be completed by the applicant or the worker. Follow Article 4, Section 8 for asset match discrepancy procedures.

J. Processing Standards

Timeframes

Review and take action on the applicant report, PVS, NHR match and ECS information within 45 days of the “match date” or “run date” on the report for all aid types. Reviewed means that the data match must be reviewed to determine if the individual on the report is the Medi-Cal beneficiary. “Acted upon” means that verifications are requested if there is new or previously unverified information. The 45-day time frame does not include the additional time required for the beneficiary to return verifications. Action taken on potential overpayment reporting does not fall within the 45-day time frame.

Granting Actions

Receipt of the applicant report is not required before granting. On-line inquiry to IEVS will be required. IEVS does not supersede standard program rules on determining and granting eligibility. IEVS information is to be used as an additional information and/or verification source if available prior to granting.

K. Closed Case Actions

Applicant Reports

If a case is denied before receipt of an IEVS Applicant report or denied for reasons unrelated to IEVS, the report does not have to be processed.

Recipient Reports

Medi-Cal regulations do not require follow through on closed cases. OSU will process PVS reports that have a run date 30 days after the negative action date on a closed case. If the case has been closed for less than 30 days or if a case reopens in the month following discontinuance, the worker of record is responsible for processing the report.

ECS, BEER and Asset Match

OSU will process the ECS, BEER and Asset Match on closed cases according to program specific criteria.

L. Case Records

IEVS reports are saved in CalWIN and the outcome of all IEVS matches must be noted in the case comments.

M. Tracking

When a denial, discontinuance or benefit reduction is initiated due to IEVS information, the IEVS report window in the automated system must be updated.

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N. PARIS Residence Verification Program

DHCS will take the following actions quarterly:

Step	Action
1	Select a group of Medi-Cal beneficiaries and run the PARIS interstate match to identify individuals receiving public assistance benefits in another state.
2	Send a notice to the identified nonresident beneficiaries' California address (as it appears on MEDS) to request they contact DHCS to confirm California residence using an attached reply card.
3	Disenroll the identified nonresident beneficiaries on MEDS that do not reply to the notice within 10 days (nonresponsive) or nonresident beneficiaries who confirm they do not live in California.
4	Send a post disenrollment notice to nonresponsive or nonresident beneficiaries.
5	Update MEDS by placing a "48" value in the Eligibility Termination field.
6	Inform the County of the disenrollment actions performed at the state level via disenrollment reports.

Disenrollment Reports

Medi-Cal Program will post the lists of beneficiaries in San Diego County disenrolled from Medi-Cal by DHCS to [SharePoint](#) and notify FRCs when the lists are available for review. Take the following actions:

Step	Action						
1	Review MEDS to ensure DHCS has discontinued the case. <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;">If the individual is ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>discontinued,</td> <td>continue with steps 2-4.</td> </tr> <tr> <td>not discontinued,</td> <td> <ul style="list-style-type: none"> • do not discontinue the individual in CalWIN • notify Medi-Cal Program staff by email that the individual is not discontinued. </td> </tr> </tbody> </table>	If the individual is ...	Then ...	discontinued,	continue with steps 2-4.	not discontinued,	<ul style="list-style-type: none"> • do not discontinue the individual in CalWIN • notify Medi-Cal Program staff by email that the individual is not discontinued.
If the individual is ...	Then ...						
discontinued,	continue with steps 2-4.						
not discontinued,	<ul style="list-style-type: none"> • do not discontinue the individual in CalWIN • notify Medi-Cal Program staff by email that the individual is not discontinued. 						
2	Disenroll the beneficiary from Medi-Cal in CalWIN for the reason whereabouts unknown matching the discontinuance dates on MEDS.						
3	Suppress any client correspondence generated by the disenrollment (DHCS is handling the beneficiary notification for this action).						
4	Narrate all actions taken making reference to the PARIS project.						

Reply Cards

In the initial contact letter, DHCS gives beneficiaries the option to submit the signed reply card to their local FRC or ask their Medi-Cal worker questions. If a signed reply card is received from a beneficiary:

Step	Action
1	Mail the card to DHCS.
2	Send DHCS a faxed notification of receipt of the beneficiary's reply card using 14-110 HHSA to (916) 440-5233.
3	Narrate all actions taken making reference to the PARIS program.

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If the beneficiary lost their reply card or does not have one and wants to declare California residence:

Step	Action
1	Instruct the beneficiary to complete a sworn statement under penalty of perjury in the format of the reply card.
2	Fax the sworn statement to DHCS at (916) 440-5233 along with the completed 14-110 HHSA.
3	Narrate all actions taken making reference to the PARIS program.

Treatment of Other Household Members

When a beneficiary is discontinued from Medi-Cal as part of the PARIS program and there are other household members:

If the discontinued beneficiary ...	Then ...
established residence for the spouse and/or dependents on the case,	<ul style="list-style-type: none"> • Complete an <i>ex parte</i> review of the case file for proof of residence current within the last month • If the review is unsuccessful, request the verification from the beneficiary following the Request for Additional Information process (4.7.12.E) <p>See 7.5 for information on verifying residence.</p>
did not establish residence for the spouse and/or dependents on the case,	<ul style="list-style-type: none"> • Discontinue the appropriate beneficiary in CalWIN • Re-evaluate the remaining case members for Medi-Cal

Reinstating California Residents Inappropriately Discontinued by DHCS

If a beneficiary was discontinued on MEDS as part of the PARIS program and the beneficiary claims they have been California residents for the period of time in question, take the following actions:

Step	Action								
1	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If contact is made ...</th> <th style="text-align: left;">Then ...</th> </tr> </thead> <tbody> <tr> <td>prior to the date of discontinuance,</td> <td>continue with steps 2-4.</td> </tr> <tr> <td>within 30 calendar days from the date of discontinuance,</td> <td>continue with steps 2-4.</td> </tr> <tr> <td>more than 30 calendar days from the date of the discontinuance NOA (if the beneficiary does not have the NOA, 30 days from the TERM DATE for loss of residence on MEDS),</td> <td>advise the beneficiary to reapply. However, the supervisor may approve rescission of the discontinuance under extenuating circumstances.</td> </tr> </tbody> </table>	If contact is made ...	Then ...	prior to the date of discontinuance,	continue with steps 2-4.	within 30 calendar days from the date of discontinuance,	continue with steps 2-4.	more than 30 calendar days from the date of the discontinuance NOA (if the beneficiary does not have the NOA, 30 days from the TERM DATE for loss of residence on MEDS),	advise the beneficiary to reapply. However, the supervisor may approve rescission of the discontinuance under extenuating circumstances.
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more than 30 calendar days from the date of the discontinuance NOA (if the beneficiary does not have the NOA, 30 days from the TERM DATE for loss of residence on MEDS),	advise the beneficiary to reapply. However, the supervisor may approve rescission of the discontinuance under extenuating circumstances.								
2	Request proof of residence. See 7.5 for information on verifying residence.								
3	Reinstate the individual's Medi-Cal case after obtaining residence verification and determining good cause.								
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the case is closed in ...</th> <th style="text-align: left;">Then ...</th> </tr> </thead> <tbody> <tr> <td>MEDS, but not CalWIN,</td> <td>re-run EDBC making sure to evaluate for discrepancy in all months the case was closed due to this program.</td> </tr> </tbody> </table>	If the case is closed in ...	Then ...	MEDS, but not CalWIN,	re-run EDBC making sure to evaluate for discrepancy in all months the case was closed due to this program.				
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	MEDS and CaWIN,	rescind the discontinuance.
4	Narrate all case action related to this program in CaWIN Case Comments.	

O. PARIS Identifying Unreported Federal Income

DHCS will run the PARIS federal match and provide Medi-Cal program with lists of Medi-Cal beneficiaries with federal income quarterly. Medi-Cal program will post the lists to [SharePoint](#) and notify FRCs when the list is available for review.

Worker Actions

Upon receipt of notification of availability, the FRC designee must download the list from SharePoint and process the list as follows:

Step	Action																		
1	<p>Review the monthly income amount shown in the “Monthly Federal Income” column and compare it with the income information in the case file.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>income matches what is in the case file,</td> <td>narrate the findings in the case file.</td> </tr> <tr> <td>income does not match what is in the case file,</td> <td> <ul style="list-style-type: none"> narrate the difference between the beneficiary reported income and the DHCS reported income contact the beneficiary using the “Requests for Additional Information” procedures detailed in 4.7.12. allow the beneficiary to show evidence that they are not receiving the income shown on the DHCS list. If they are unable to provide proof, a sworn statement may be used </td> </tr> <tr> <td>beneficiary responds and does not dispute the income,</td> <td>re-compute the budget using the monthly income on the list.</td> </tr> <tr> <td>beneficiary does not respond to the request for additional information,</td> <td>Timely notice is required if the review results in an increased SOC or ineligibility to a no SOC Medi-Cal program.</td> </tr> </tbody> </table>	If the ...	Then ...	income matches what is in the case file,	narrate the findings in the case file.	income does not match what is in the case file,	<ul style="list-style-type: none"> narrate the difference between the beneficiary reported income and the DHCS reported income contact the beneficiary using the “Requests for Additional Information” procedures detailed in 4.7.12. allow the beneficiary to show evidence that they are not receiving the income shown on the DHCS list. If they are unable to provide proof, a sworn statement may be used 	beneficiary responds and does not dispute the income,	re-compute the budget using the monthly income on the list.	beneficiary does not respond to the request for additional information,	Timely notice is required if the review results in an increased SOC or ineligibility to a no SOC Medi-Cal program.								
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2	<p>Provide a response to questions listed under the CWD Provided Information section of the list as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Question</th> <th>How to Answer</th> </tr> </thead> <tbody> <tr> <td>Column M: Monthly Reported Income</td> <td>Enter the income reported by the beneficiary prior to the PARIS federal match.</td> </tr> <tr> <td rowspan="3">Column N: Was County Notified of Federal Income?</td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Enter</th> <th>If the federal income was ...</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Y</td> <td>reported prior to the PARIS federal match.</td> </tr> <tr> <td style="text-align: center;">N</td> <td>not reported prior to the PARIS federal match.</td> </tr> </tbody> </table> </td> </tr> <tr> <td rowspan="2">Column O: Discrepancies?</td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Enter</th> <th>If the income amount reported by DHCS ...</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Y</td> <td>is different than the amount previously reported.</td> </tr> </tbody> </table> </td> </tr> </tbody> </table>	Question	How to Answer	Column M: Monthly Reported Income	Enter the income reported by the beneficiary prior to the PARIS federal match.	Column N: Was County Notified of Federal Income?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Enter</th> <th>If the federal income was ...</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Y</td> <td>reported prior to the PARIS federal match.</td> </tr> <tr> <td style="text-align: center;">N</td> <td>not reported prior to the PARIS federal match.</td> </tr> </tbody> </table>	Enter	If the federal income was ...	Y	reported prior to the PARIS federal match.	N	not reported prior to the PARIS federal match.	Column O: Discrepancies?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Enter</th> <th>If the income amount reported by DHCS ...</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Y</td> <td>is different than the amount previously reported.</td> </tr> </tbody> </table>	Enter	If the income amount reported by DHCS ...	Y	is different than the amount previously reported.
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		N was previously reported.
Column P: Discrepancy Total?		<ul style="list-style-type: none"> If there is a discrepancy, calculate the monthly dollar value of the discrepancy. To calculate the discrepancy, subtract the previous income from the current income amount and enter the total in column P Leave blank if there is no discrepancy
Column Q: Reevaluation Results (A, B, C)		Enter: <ul style="list-style-type: none"> A for discontinued cases B for SOC adjusted C for no change
Column R: Notes/Comments		Enter brief notes that explain the evaluation results.
3	Send completed list to Medi-Cal program via email by the due date.	

Processing Due Date

Medi-Cal program will include the due date on the notification of the availability of the list of beneficiaries with unreported federal income.

Release Date:

10/26/2015

Sunset Date:

This policy will be reviewed for continuance by 10/31/2018.