

# Medi-Cal Program Guide Letter #650

August 22, 2008

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**Subject**            **PROCEDURE FOR PROCESSING EVIDENCE OF CITIZENSHIP DOCUMENTS FOR THE BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP)**

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**Effective Date**    September 01, 2008

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**Reference**            ACWDL 08-25

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**Purpose**                To provide staff with procedures for processing citizenship and identity documents submitted by BCCTP applicants and beneficiaries.

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**Background**        Administered by the California Department of Health Care Services located in Sacramento, the BCCTP provides full scope zero share-of-cost (SOC) Medi-Cal benefits to uninsured women under age 65 who are United States citizens/nationals or lawful immigrants and are determined to be in need of treatment for breast and/or cervical cancer, including some precancerous conditions. Those who do not have Satisfactory Immigration Status (SIS) may qualify for the state-funded BCCTP.

To comply with the federal Deficit Reduction Action (DRA) 2005, U.S. citizens and nationals applying for full-scope benefits under the BCCTP must provide original proof of or certified copies of citizenship and identity documents. Given DHCS BCCTP office location and security issues associated with identity theft and mail loss, counties, along with Federally Qualified Health Centers (FQHCs) and Disproportionate Share Hospital (DSHs) are required to assist in the receipt and forwarding of citizenship and identity documentation on behalf of BCCTP. Counties, FQHCs, and DSHs will review the document(s) to ensure that they are originals or copies certified by the issuing agency, but may not determine the acceptability of the documentation.

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## Medi-Cal Program Guide Letter #650, Continued

### Background (continued)

The procedures outlined in this letter shall only apply to BCCTP applicants and beneficiaries who claim to be a U.S. citizen or national.

### Highlighted Changes

Effective September 01, 2008, BCCTP applicants and beneficiaries who claim to be U.S. citizens/nationals may submit originals or copies certified by the issuing agency of citizenship and identity documents at any Family Resource Center (FRC) located in San Diego County.

Upon receipt, staff shall:

Step	Action
1	Review and determine that the document submitted is an original or copy certified by the issuing agency. <b>Do NOT determine whether the document submitted falls within those that are identified in Article 7 Section 2 as acceptable verifications of citizenship and identity.</b>
2	Complete a DHCS 0005 – Receipt of Citizenship or Identity Documents for each document received and determined to be an original or certified copy.
3	Provide the BCCTP applicant or beneficiary with copy of the completed and signed DHCS 0005. Return the original citizenship and/or identity (CIT/ID) documents to the individual.
4	<p>Mail or fax the original DHCS 0005s and copies of the documents to the BCCTP office.</p> <p>FAX TRANSMISSIONS:            Department of Health Care Services            ATTN: Breast and Cervical Cancer Treatment Program – DRA            Fax number: (916) 552-9440</p> <p>UNITED STATES MAIL:            Department of Health Care Services            Breast and Cervical Cancer Treatment Program – DRA            MS 4611            P.O Box 997417            Sacramento, CA 95899-7417</p> <p>If faxing, a phone call must be made to (800) 824-0088 prior to faxing to comply with Health Insurance Portability and Accountability Act (HIPAA).</p>

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## Medi-Cal Program Guide Letter #650, Continued

**Highlighted Changes**  
(continued)

Step	Action
5	Retain copies of DHCS 0005(s) and the CIT/ID documents in the office CIT/ID documents centralized location.

Additionally, if the BCCTP applicant/beneficiary has questions regarding the BCCTP and/or the DRA requirements, refer her to the Eligibility Specialist (ES) identified on the BCCTP DRA Notice (Attachment A) that was sent to her from DHCS or the BCCTP toll-free number at (800) 824-0088.

**Operational Impact**

While DHCS has not required the creation of a separate case file for the CIT/ID documentation for each BCCTP applicant/beneficiary, counties are required to retain copies of all BCCTP receipts (DHCS 0005) issued and copies of the documents in a reference file.

For this reason, all DHCS 0005s issued and copies of CIT/ID documents relating to BCCTP shall be retained in a centralized bank in the FRC. The retention period of these documents shall be 90 days from the date of submission to the DHCS.

**Automation Impact**

None.

**Forms Impact**

None.

**Quality Assurance Impact**

None.

**Summary of Changes**

Article	Changes
Article 4 TOC	Added Article 4 Section 21 to Table of Content
Article 4 Section 21	Added procedures for processing citizenship and identity documents for the BCCTP.

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**Filing  
Instructions**

<b>Step</b>	<b>Action</b>
Remove & Replace	Page 4-ix
Add	Added Article 4 Section 21

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**Manager  
Approval**

Original signed by:

**DANN CRAWFORD**, Assistant Deputy Director  
Medi-Cal, General Relief, CAPI, and CMS Program Administration  
Strategic Planning and Operational Support

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