

# Medi-Cal Program Guide Letter # 748

April 20, 2012

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**Subject** THE MEDI-CAL INMATE ELIGIBILITY PROGRAM (MCIEP)

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**Effective Date** Upon receipt

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**Reference** ACWDL 11-27

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**Purpose** To inform staff of policies and procedures related to the MCIEP.

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**Background** Federal law prohibits claiming federal funds for health care services provided to inmates residing in public institutions. Medicaid rules do allow states to claim federal Medicaid funds for inpatient services provided to Medicaid eligible inmates if those services are provided off the grounds of the institution. The California Prison Health Care Services (CPHCS) is responsible for the medical care of California state prison inmates.

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**Change** Assembly Bill 1628 authorized the California Department of Corrections and Rehabilitation (CDCR), the Department of HealthCare Services (DHCS) and CPHCS to coordinate in obtaining the maximum amount of Federal dollars available for inpatient hospital services received by state prison inmates. In order to meet this goal, they have developed the MCIEP. When an inmate receives inpatient medical care:

- CPHCS staff forwards applications, verifications, and medical records for DDSD applications to DHCS.
- DHCS performs eligibility determinations and forwards inmate eligibility information to CPHCS.

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**Required Actions** As part of the MCIEP, DHCS refers the following individuals to the county liaison via the MCIEP transmittal form (APPENDIX A):

- When case clearance of an inmate reveals that the inmate is active on a county Medi-Cal case inappropriately, DHCS will send a request for termination of eligibility.

- Infants born to pregnant inmates who are Medi-Cal deemed eligible must be added to a Medi-Cal case.
- MCIEP beneficiaries paroled while on the MCIEP program must be given an SB87 evaluation.

Parolees

MCIEP beneficiaries released from custody within 12 months of their MCIEP application are not required to complete a new Medi-Cal application. When case clearance at application reveals that an applicant has eligibility under MCIEP, the worker must request the case file from DHCS and complete the SB87 determination. Workers must request the case file via secure email to [MCIEP@dhcs.ca.gov](mailto:MCIEP@dhcs.ca.gov)

**Automation Impact**

DHCS will place eligible inmates in the following aid codes as part of the MCIEP:

- F1 - Title XIX, Medi-Cal Zero SOC State Inmates
- G1- Title XIX, Medi-Cal SOC State Inmates
- F2 - Title XIX/Title XXI Medi-Cal Zero SOC Undocumented State Inmates
- G2 – Title XIX/Title XXI Medi-Cal SOC Documented State Inmates

**Forms Impact**

DHCS will send the MCIEP transmittal form to ACCESS via secure email to notify the county of the above situations.

**ACCESS Impact**

All MCIEP transmittal forms will be routed through ACCESS. Upon receipt of the transmittal, ACCESS workers must take the following actions:

If the transmittal is for...	Then ...
Inmates eligible for MCIEP who are incorrectly on an open Medi-Cal case,	<ul style="list-style-type: none"> <li>• Remove the inmate from the case</li> <li>• Re-evaluate the rest of the case members</li> <li>• Send timely notices</li> </ul>
Paroled Inmates eligible to MCIEP,	<ul style="list-style-type: none"> <li>• Open-pend the case</li> <li>• Choose MCIEP as the application source</li> <li>• Image case documents</li> <li>• Complete MEDS on-line to place individual in the appropriate MN or MI aid code while pending SB87</li> </ul>

	determination. <ul style="list-style-type: none"> <li>• Complete the SB87 Determination.</li> <li>• Transfer case to the appropriate FRC (based on the zip code of the inmate's address on the transmittal).</li> </ul>
Infants Born to Inmates on MCIEP,	Place the child on their own Medi-Cal case or add to active case if applicable and transfer to the appropriate FRC (based on the zip code of the infant's address on the transmittal).

DHCS requires a single point of contact for MCIEP referrals. The ACCESS Medi-Cal CAS will be this point of contact for San Diego County and will receive transmittals from and work with DHCS to resolve issues related to MCIEP.

**Imaging Impact**

The MCIEP Transmittal is not on the approved listing for KOFAX and must be imaged using template 16-900.

**Quality Assurance Impact**

Effective with the April 2012 review month, Quality Assurance will cite with the appropriate error any case that does not follow the requirements of this letter.

**Summary of Change**

The table below shows the changes to the Medi-Cal Program Guide.

Article/Section	Changes
Article 6, Section 2	Added MCIEP section.

**Manager Approval**



Sylvia Melena, Assistant Deputy Director  
 Self Sufficiency Programs  
 Strategic Planning and Operational Support Division

## 06.02.04 – Medi-Cal Inmate Eligibility Program (MCIEP)

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### A. Background

The California Prison Health Care Services (CPHCS) is responsible for the medical care of California state prison inmates. Assembly Bill 1628 authorized the Department of Corrections and Rehabilitation (CDCR), the Department of HealthCare Services (DHCS) and CPHCS to coordinate in obtaining the maximum amount of Federal dollars available for inpatient hospital services received by state prison inmates. In order to meet this goal, they have developed the MCIEP.

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When an inmate receives inpatient medical care:

- CPHCS staff forwards applications, verifications, and medical records for DDSD applications to DHCS.
- DHCS performs eligibility determinations and forwards inmate eligibility information to CPHCS.

**All eligibility determinations for MCIEP are completed by DHCS.**

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### B. Eligibility Requirements

Inmates are eligible to MCIEP if they meet the following criteria:

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- Inmate of a California State Prison
- Receive inpatient hospital services off the grounds of the correctional facility
- Hospitalized for 24 hours or more
- Receive allowable inpatient hospital services
- Meet all Medi-Cal eligibility requirements such as linkage, deprivation, alien/citizenship status, income and property

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### C. County Participation

As part of the MCIEP, DHCS refers the following individuals to the county via the MCIEP transmittal form (APPENDIX C) when:

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- Case clearance of an inmate reveals an open Medi-Cal case for the individual.
- Infants are born to pregnant MCIEP eligible inmates.
- MCIEP beneficiaries are released from prison while on the MCIEP program.

**D.  
Aid Codes**

When found eligible to MCIEP, DHCS will place the beneficiary in one of the following aid codes:

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- F1 - Title XIX, Medi-Cal Zero SOC State Inmates
- G1- Title XIX, Medi-Cal SOC State Inmates
- F2 - Title XIX/Title XXI Medi-Cal Zero SOC Undocumented State Inmates
- G2 – Title XIX/Title XXI Medi-Cal SOC Undocumented State Inmates

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**E.  
Parolee  
released from  
Prison while  
eligible to  
MCIEP**

Workers must complete an SB87 determination for individuals released from prison while eligible to MCIEP. Prior to completion of the SB87 determination the parolee must be placed in an appropriate Medically Needy aid code or aid code appropriate for a pregnant woman based on the determination made by DHCS for MCIEP. The following chart shows examples of MCIEP aid codes and corresponding Medi-Cal aid codes for the most likely case scenarios.

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MCIEP Aid Code	Inmate's Linkage	Medi-Cal	Medi-Cal Aid Code
F1 (Citizen Zero SOC)	Aged		14
	Blind		24
	Disabled		64
	Pregnant		84
G1 (Citizen SOC)	Aged		17
	Blind		27
	Disabled		67
	Pregnant		85
F2 (Undocumented Zero SOC)	Aged		C1
	Blind		C3
	Disabled		C7
	Pregnant		5F
G2 (Undocumented SOC)	Aged		C2
	Blind		C4
	Disabled		C8
	Pregnant		5F

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**F.  
Deemed**

When a pregnant inmate is MCIEP eligible at the time of the infant's birth, the child is automatically deemed eligible for Medi-Cal without a

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**Eligible Infants**

separate application. DHCS will notify the county of MCIEP related deemed-eligible children via the MCIEP transmittal form. When workers receive the MCIEP transmittal, they must place the child on their own Medi-Cal case or add them to an existing case as appropriate.

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**G. Ineligible Case Members**

When DHCS discovers an inmate eligible on a county case during case clearance, they will utilize the MCIEP transmittal form to notify the county. When a worker receives the transmittal, they must remove the inmate from the county case, re-evaluate the rest of the case members, and send timely notice for any changes.

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**H. Interaction with the Pre-Release Application Process**

If a MCIEP beneficiary requests a [pre-release application](#) from the county through the pre-release application process, that new application must be denied and the SB87 determination completed as stated above in E.

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**I. Parolee Applies for Medi-Cal**

MCIEP beneficiaries released from custody within 12 months of their MCIEP application are not required to complete a new Medi-Cal application. When case clearance at the county reveals that an applicant has eligibility under MCIEP, the worker must request the case file from DHCS and complete the SB87 determination. Workers must request the case file via secure email to [MCIEP@dhcs.ca.gov](mailto:MCIEP@dhcs.ca.gov).

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# APPENDIX A - INSTITUTIONAL STATUS OF AN INDIVIDUAL

TYPE OF INSTITUTION	Pre-Booking	Sentenced 21-64	Sentenced 65 or Over	JUVENILES			VOLUNTARY (Including Parolee/ Probationer)	
				Under W&I 601, 300*	Sentenced W&I 602	Others Under 21	21-64	65 or Over
Public Non-medical Institution (Correctional)	Eligible	Ineligible	Ineligible	Eligible	Ineligible	Ineligible	Ineligible	Ineligible
Public or Private General Medical Facility (non-IMD)	Eligible	Ineligible	Ineligible	Eligible	Ineligible	Eligible	Eligible	Eligible
Public or Private Mental Facility (IMD)	Eligible	Ineligible	Ineligible	Eligible to Age 22 in Specific Facilities	Ineligible	Eligible to Age 22 in Specific Facilities	Eligible	Eligible
Community Care Facility or Residential Treatment Center, or Board and Care Home (non-correctional)	Eligible	Ineligible	Ineligible	Eligible	Ineligible	Eligible	Eligible	Eligible
Public or Private Intermediate Care or Skilled Nursing Facility (non-IMD)	Eligible	Ineligible	Ineligible	Eligible	Ineligible	Eligible	Eligible	Eligible
House Arrest	Eligible	Eligible	Eligible	Eligible	Eligible	Eligible	Eligible	Eligible

**NOTE:**

1. Approval of an application of an inmate eligible above shall be contingent upon all other eligibility criteria being met.
2. Person institutionalized prior to their 21st birthday is eligible until they reach their 22nd birthday as long as they remain continuously institutionalized and receive inpatient psychiatric care in an acute psychiatric hospital or a psychiatric health facility certified by Medi-Cal to provide inpatient hospital services.
3. Individuals released on bail or own recognizance (OR) are eligible for Medi-Cal.
4. Welfare and Institutions Code Number Explanations:
  - a. W&I 300 - Person needs care due to mental or physical deprivation.
  - b. W&I 601 - Uncontrollable - Ward of Court.
  - c. W&I 602 - Violation of law.
5. No one under sentence is eligible for Medi-Cal. However, under Penal Code Section 1367, if a person is incompetent to stand trial, he remains in a mental facility and is eligible for Medi-Cal.
6. If a Murphy Conservatorship is established, sentence is terminated and person is eligible for Medi-Cal.
7. If a person is under sentence but transferred to a residential treatment center or board and care home prior to release, he/she is eligible for Medi-Cal.
8. Fleeing felons and violators of probation and parole are eligible for Medi-Cal until they have been re-incarcerated.
9. Individuals under an order of detention because of TB are eligible for Medi-Cal unless they are booked and sentenced for a criminal offense.

# APPENDIX B – CDCR PRE-RELEASE TRANSMITTAL

State of California—Health and Human Services Agency

Department of Health Care Services

## TRANSMITTAL TO CDCR PUBLIC BENEFIT SPECIALIST ON DETERMINATION OF A WARD'S/INMATE'S MEDI-CAL ELIGIBILITY

Date:	CDCR Number:
Benefits Information for:	
<b>ELIGIBILITY PENDING</b> <i>(Note: The eligibility status information provided below is subject to change if all eligibility requirements are not met at the time the ward/inmate is released.)</i>	
<input type="checkbox"/> This ward/inmate will be eligible to receive no-cost Medi-Cal benefits beginning on the following date: _____	
<input type="checkbox"/> This ward/inmate will be eligible to receive Medi-Cal benefits with a share-of-cost beginning on the following date: _____	
<input type="checkbox"/> This ward/inmate will be eligible to receive limited Medi-Cal benefits beginning on the following date: _____	
<input type="checkbox"/> Due to a change of his or her release date, this ward/inmate will not be eligible to receive Medi-Cal on _____; instead he or she will be eligible to receive Medi-Cal benefits on the following date: _____	
<b>ELIGIBILITY DENIED</b>	
<input type="checkbox"/> This ward's/inmate's application for Medi-Cal, dated _____, has been denied. The reason for this denial is:	
<b>INFORMATION REQUEST</b> <i>(Please contact the County immediately if you have questions or concerns regarding the denial of eligibility)</i>	
<input type="checkbox"/> In order to determine the ward's/inmate's eligibility we need the following information:	

MC 0025 (3/10)

