

Medi-Cal Program Guide (MPG) Letter #797

July 26, 2013

Subject **INCARCERATION VERIFICATION PROGRAM (IVP)**

Effective Upon receipt.

Reference ACWDL 12-39

Purpose To provide instructions regarding IVP.

Background Federal law states that Federal Financial Participation (FFP) is not available for expenditures for services provided to inmates of public institutions except for covered inpatient services received off the grounds of the correctional facility. Similarly, state law generally disallows eligibility for Medi-Cal services to inmates of public institutions. However, recent statutes allow the state to provide Medi-Cal coverage of inpatient services provided to eligible inmates if those services are received off the grounds of the correctional facility.

The Department of Health Care Services (DHCS) implemented an IVP using the Nationwide Prisoner Match (NPM) system to identify individuals who are ineligible for Medi-Cal due to incarceration.

Nationwide Prisoner Match (NPM) Background The NPM matches Medi-Cal beneficiary information with the Social Security Administration's (SSA) Prisoner Update Program System database which contains data from jails, prisons, and incarceration facilities. The NPM is the system for identifying individuals who are ineligible due to incarceration.

Highlighted Changes DHCS sends a report to the County for individuals who had their Medi-Cal benefits discontinued due to incarceration as a result of the IVP.

Required Actions Workers shall discontinue individuals identified on this report in CalWIN to avoid reconciliation errors in MEDS.

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Automation Impact No impact.

Forms Impact No impact.

ACCESS Impact No impact.

Scanning Impact No impact.

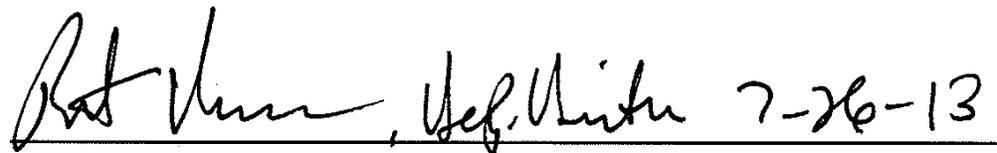
Other Program Impact CalWORKs cases on the IVP report must be handled according to current procedures.

Quality Control (QC) Impact Effective with the August 2013 review month QC will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

Summary of Changes The table below shows the changes made in the MPG cites.

Section	Summary of Change
Article 6, Section 2	<ul style="list-style-type: none">• Added IVP instructions• Moved Appendices to Desk Aids
Article B	Added the moved appendices from above

Approval for Release

 Bob Vassar, Def. Unit 7-26-13

DH

Article 6, Section 2 – Inmates of a Public Institution

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Resources

Resource	Title
Processing Guide	
Desk Aid	<ul style="list-style-type: none">• Institutional Status of an Individual• CDCR Pre-Release Transmittal• MCIEP Transmittal

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06.02.05 – Incarceration Verification Program (IVP)

A. Background

Federal law states that Federal Financial Participation (FFP) is not available for expenditures for services provided to inmates of public institutions except for covered inpatient services received off the grounds of the correctional facility. Similarly, state law generally disallows eligibility for Medi-Cal services to inmates of public institutions. However, recent statutes allow the state to provide Medi-Cal coverage of inpatient services provided to eligible inmates if those services are received off the grounds of the correctional facility.

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The Department of Health Care Services (DHCS) implemented the IVP using the Nationwide Prisoner Match (NPM) system to identify individuals who are ineligible for Medi-Cal due to incarceration.

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B. Nationwide Prisoner Match (NPM)

The NPM matches Medi-Cal beneficiary information with the Social Security Administration's (SSA) Prisoner Update Program System database which contains data from jails, prisons and incarceration facilities. The NPM is the system for identifying individuals who are ineligible due to incarceration.

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C. Matching Process

The IVP matching process consists of six main steps.

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Step	Action
1	DHCS extracts data from the Medi-Cal Eligibility Data System (MEDS) to match with the NPM to identify ineligible incarcerated Medi-Cal beneficiaries.
2	DHCS verifies the incarceration status of the matches by contacting the appropriate correctional facilities.
3	DHCS sends incarcerated Medi-Cal beneficiaries verification letters to confirm incarceration status.
4	DHCS performs discontinuance actions for ineligible incarcerated Medi-Cal beneficiaries that confirm incarceration status or did not respond within 10 days.
5	DHCS sends discontinuance lists to the counties.
6	The worker finalizes discontinuances by appropriately updating CalWIN to accurately reflect the ineligibility of discontinued inmates and redetermining eligibility for the remaining members of the household.

**D.
Verification
Process**

DHCS sends incarceration verification letters to those Medi-Cal beneficiaries which the IVP identifies as still receiving Medi-Cal and whom the facilities confirm are incarcerated. The purpose of the letter is to request that the Medi-Cal beneficiaries contact DHCS to confirm that they are not residing in an incarceration facility. DHCS sends the letter to the address appearing on MEDS.

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The incarceration verification letters provides Medi-Cal beneficiaries with a simplified method for confirming that they are not residing in an incarceration facility. The letters contain confidential reply cards to complete and return to DHCS. The reply cards provide additional confirmation, in the event correctional facility records are inaccurate or out of date, or due to early prison release programs. The letters inform the beneficiaries that the status of their incarceration may also be verified by contacting a worker at the County. DHCS records the responses of the beneficiaries and identifies those beneficiaries that did not respond to DHCS or the County.

If the beneficiaries do not reply to DHCS or County within 10 days, DHCS will consider the beneficiaries nonresponsive, ineligible beneficiaries and will discontinue them. An “ex parte” review is not required. Notices of action (NOA) will then be sent to the residence address appearing in MEDS. The NOAs provide the beneficiary with the reasons for discontinuance and instructions on how to request reinstatement of eligibility upon their release from incarceration. Workers do not need to issue NOAs for the DHCS discontinuance actions.

**E.
Incarcerated
Juveniles**

The IVP focuses on adult inmates. Therefore, DHCS is not including juveniles (individuals under age 21) that are identified by the NPM in the IVP.

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**F.
Inmate
Eligibility
Coordination**

DHCS IVP staff will coordinate with state Medi-Cal Inmate Eligibility Program (MCIEP) staff to ensure that eligible inmates receiving MCIEP benefits are not discontinued if they are identified by the data match. The DHCS Inmate Eligibility Unit will review the monthly IVP discontinuance list to ensure that the IVP will not discontinue eligible inmates.

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G. County Coordination

Although the incarceration verification letter will instruct Medi-Cal beneficiaries to return the reply card directly to DHCS, some Medi-Cal beneficiaries may contact the County. The worker may accept the signed reply card from the Medi-Cal beneficiary, but then must take the actions in the table below.

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Option	Action
1	Accept the signed reply card from the beneficiary. Notify DHCS via encrypted email at ivp@dhcs.ca.gov within two business days of receiving the beneficiary response.
2	Redirect the beneficiary reply card to DHCS.

If the worker discovers that a discontinued beneficiary is participating in a pre-release application process, the worker shall follow the procedures outlined in [MPG Letter #700](#).

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H. Discontinuan ce Reports

DHCS will inform counties of the Medi-Cal discontinuances performed at the state level. Information will be provided to the counties in spreadsheet format discontinuance reports, which will include the effective date of the discontinuance action performed at the state level. The Discontinuance Reports will be loaded to [SharePoint](#). Medi-Cal Program will notify FRCs when a report has been loaded. Workers must then update the eligibility status of the discontinued beneficiaries in CalWIN to prevent erroneous reconciliation actions.

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The discontinuance reports consist of a nine column spreadsheet as follows:

Column	Value
A	Client Index Number (CIN)
B	County-ID
C	County Number
D	Name
E	Address
F	City, State, ZIP
G	Discontinuance Reason
H	Worker Code
I	District Code

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I. Treatment of

In the event that the beneficiaries have been verified as incarcerated workers must review other members of the beneficiaries' case to

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Other Household Members

determine if their eligibility for Medi-Cal has changed. When Medi-Cal beneficiaries are discontinued by DHCS as a result of the IVP, and the discontinued beneficiaries established eligibility for other household members workers must review the case files and redetermine eligibility for the spouses and/or dependents.

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J. Treatment of Joint Cases

Some beneficiaries identified by IVP may have a joint case, meaning they are receiving both CalWORKs and Medi-Cal benefits. IVP will only handle the discontinuance of Medi-Cal benefits. CalWORKs workers shall follow existing procedures for CalWORKs cases.

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K. State Administrative Hearings

If beneficiaries disagree with IVP discontinuance actions the beneficiaries may request a State Administrative Hearing. As long as the criteria for the reinstatement of eligibility are met it is unlikely that hearings will be necessary. In the event that a County needs to collect facts from DHCS to prepare for hearings related to IVP discontinuance actions Appeals staff should contact DHCS at ivp@dhcs.ca.gov.

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L. Reinstatement of Eligibility

Upon release from the correctional facility the discontinued beneficiary may seek reinstatement. When the beneficiary presents him/herself to the worker seeking reinstatement or benefit restoration follow the actions in the table below.

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If the beneficiary provides documentation to the worker ...	Then the worker must ...
within 30 days of the effective date of the discontinuance, which substantiates that they are: <ul style="list-style-type: none">• not residing in an incarceration facility, and• a resident of California	reinstate eligibility for the discontinued beneficiary
after 30 days from the effective date of the discontinuance, which substantiates that they are: <ul style="list-style-type: none">• not residing in an incarceration facility, and• a resident of California	request that the discontinued beneficiary submit a new application and Statement of Facts.

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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

NOTES:

1. Approval of an application of an eligible inmate shall be contingent upon all other eligibility factors 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:
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.

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:	
ELIGIBILITY PENDING <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: _____	
ELIGIBILITY DENIED	
<input type="checkbox"/> This ward's/inmate's application for Medi-Cal, dated _____, has been denied. The reason for this denial is:	
INFORMATION REQUEST <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)

MCIEP TRANSMITTAL

Medi-Cal Inmate Eligibility Program (MCIEP) DHCS-County Transmittal Form

Instructions: Complete each space or box. If information does not pertain to this case, indicate with N/A.

To: County: _____ Medi-Cal Liaison Name: _____ Liaison Telephone: _____ Fax Number: _____ E-mail: _____		From: DHCS, Medi-Cal Inmate Eligibility Program Eligibility Specialist (ES): _____ ES Telephone: _____ ES Fax Number: _____ ES E-mail: _____	
MCIEP Beneficiary Information			
Name		CIN	Alternate/Message phone number
Address (number, street)			ZIP code
Authorized Representative <input type="checkbox"/> Yes <input type="checkbox"/> No	AR name	AR phone number	Beneficiary's primary language
Reason for Transmittal:			
Parole Date _____ Linkage: <input type="checkbox"/> Aged <input type="checkbox"/> Blind <input type="checkbox"/> Disabled <input type="checkbox"/> Pregnant <input type="checkbox"/> Under 21 years old		<input type="checkbox"/> Infants born to MCIEP Mom (MC 330 attached) <input type="checkbox"/> Inmate active on county case Case # _____ <input type="checkbox"/> Other _____	
Case Documents in Referral Packet:			
<input type="checkbox"/> MC 210, Medi-Cal Application <input type="checkbox"/> Disability Decision <input type="checkbox"/> Statement of Citizenship, Alienage, and Immigration Status (MC13) <input type="checkbox"/> Copy of Income verification <input type="checkbox"/> Copy of property verification (Bank accounts, real property, vehicles registration, etc.) <input type="checkbox"/> Identifications <input type="checkbox"/> Social Security Card <input type="checkbox"/> Citizenship/Immigration documents <input type="checkbox"/> Last Notice of Action <input type="checkbox"/> Case details <input type="checkbox"/> AR Form <input type="checkbox"/> Other _____			