Medi-Cal Program Guide (MPG) Letter #801

September 13, 2013

Subject	**DISCONTINUING COUNTY MEDICAL SERVICES (CMS) WHEN MEDI-CAL IS APPROVED**
Effective	Upon receipt.
Reference	• County Policy • CMS PG Article 15
Purpose	To provide instructions regarding action to be taken to discontinue CMS when Medi-Cal is approved.
Background	Individuals may not receive CMS benefits in the same month that they receive Medi-Cal benefits.
Highlighted Changes	CMS has implemented a discontinuance policy. Thus, when Medi-Cal is approved, CMS must be discontinued to avoid ongoing CMS eligibility while Medi-Cal eligibility also exists. This usually occurs when the Medi-Cal applicant is pending a Disability Determination Services Division (DDSD) decision and receives CMS/LIHP while the decision is pending. Instructions for LIHP discontinuance were provided in MPG Letter 773.
Required Action	Medi-Cal workers must take the actions listed in the table below when approving Medi-Cal for an applicant who receives CMS/LIHP benefits.

If ...	Then ...
active LIHP/CMS	discontinue LIHP/CMS as outlined in MPG Article A.06.02 and CMS PG Article 15.
no active LIHP/CMS application	no action is necessary

Automation Impact	No impact.

Forms Impact   No impact.

ACCESS Impact   No impact.

Scanning Impact   No impact.

**CMS Program Impact**   As stated above.

Other Program Impact   No impact.

Quality Control (QC) Impact   Effective with the October 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 4, Section 2	Added instructions to discontinue CMS when Medi-Cal is approved.
Article 5, Section 4	Added instructions to discontinue CMS when Medi-Cal is approved.

Approval for Release
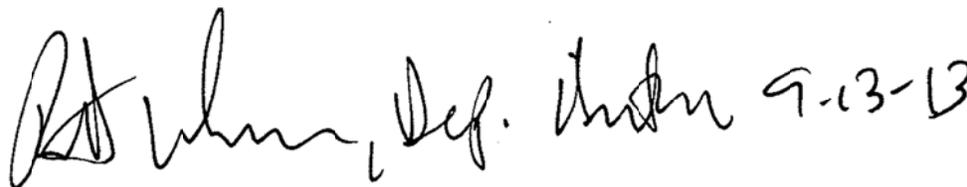
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DH

4.02.01 Application Procedures

I. Medi-Cal Approval with Active CMS/LIHP	When Medi-Cal is approved, Medi-Cal workers must clear the applicant in AuthMed.	County Policy

If ...	Then ...
active LIHP/CMS	discontinue LIHP/CMS as outlined in MPG Article A.06.02 and CMS PG Article 15.
no active LIHP/CMS application	no action is necessary

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05.04.08 DDSD Response

C. Disability Granted by DDSD	DDSD will attach the disability decision to the MC 221. If DDSD determines the applicant is disabled, the applicant will be considered disabled under MN criteria.	ACWDL 00-46
	The onset date provided will take into consideration any request for up to three months retroactive coverage prior to the date of application as long as the worker has requested retro onset on form MC 221. Refer to MPG Article 4, Section 15 for guidelines on annual redetermination for DDSD cases.	ACWDL 11-23

When the disability decision is received the worker shall:

Step	Action
1	Enter the DDSD decision in the Display Disability/Medical Conditions Summary screens in CalWIN | If the case is in...	This will...
pending status	approve the application as disabled
granted status	reclassify the beneficiary as disabled MN | **NOTE:** The effective date will be determined as follows: | When the application date falls ...	The effective date will be the ...
prior to the disability onset date	disability onset date
after the disability onset date	application date	
2	Set a case alert for referral 30 days prior to the re-exam date if one is indicated on form MC 221.
3	Enter approval information into case comments, including onset and re-exam date.
4	Clear applicant/beneficiaries information in AuthMED: | If ...	Then ...
active LIHP/CMS	discontinue LIHP/CMS as outlined in MPG Article A.06.02 and CMS PG Article 15.
no active LIHP/CMS application	no action is necessary	
5	Send form 14-10 HHSA to notify the hospital of the Medi-Cal

	approval if the applicant was certified LIHP/CMS pending the disability evaluation by an HOS worker.

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