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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 2@ Determination of Medi-Cal Eligibility and Share of Cost

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Article 3@ COUNTY OF RESPONSIBILITY FOR DETERMINATION OF MEDI-CAL ELIGIBILITY

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Section 50136@ Intercounty Transfer Procedure

50136 Intercounty Transfer Procedure

(a)

An intercounty transfer shall be initiated if persons or families receiving Medi-Cal-only become the responsibility of a new county. The transfer shall be accomplished in accordance with the following procedure, as modified by Section 50138. (1) The county department initiating the transfer shall inform the beneficiary in writing of his/her responsibility to apply for a redetermination of eligibility in the new county of residence and, within 7 calendar days of the date the county department learns of the change in county of responsibility, send the following to the county department in the new county of responsibility: (A) Two copies of the Notification of Transfer, Form ABCDM 215, with Section A completed indicating the date of discontinuance determined in accordance with Section 50137. (B) One copy of the most recently completed of each of the following forms with the Notification of Transfer, Form ABCDM 215, or within one week after this form is sent: 1. Application for Public Social Services, CA 1. 2. Statement of Fact, MC 210, MC 250 or CA 2. 3. Share of Cost Determination--MN and MI Person, MC 176M. 4. Allocation/Special Deduction Worksheet, MC 176W, if any. 5. Property Worksheet, MC 176P, if any. 6. Rights of Persons Requesting Medi-Cal, MC 216, if any. 7. Medi-Cal Responsibilities Checklist, MC 217, if any. 8. Verification of disability, if any. 9. Notification of Action, Utilization of Property, Form MC 239U, if the person or family is within a six-month utilization period at the time of transfer.

(C) The amount, if any, of a remaining adjustment for decreases in income pursuant to Section 50653.3. (D) Other information that the initiating county considers important in order for the new county of responsibility to determine eligibility. (2) The initiating county, if the person or family becomes the responsibility of a third county during the transfer process, shall: (A) Notify the former new county department that the transfer is cancelled. (B) Request the former new county department to forward to the county department of the current new county of responsibility all information and documents supplied by the initiating county and any additional information secured by the former new county. (C) Send to the current new county department two copies of the Notification of Transfer, Form ABCDM 215, with Section A completed indicating the date of discontinuance determined in accordance with Section 50137. (3) The county department in the new county of responsibility shall: (A) Perform a redetermination of eligibility if the conditions of Section 50136(a)(i) are met. (B) Return to the initiating county department one copy of the Notification of Transfer form, Form ABCDM 215, within 30 days of receipt of the form. Section B shall be completed, indicating acceptance or refusal of the transfer, and the effective date of eligibility, if eligibility is approved in the new county. (C) Send a Notice of Action to the person or family, if their eligibility is approved. A Notice of Action must also be sent to the person or family if eligibility is discontinued for failure to apply for a redetermination or if the person or family is no longer eligible. Such action shall be effective as established in accordance with Section 50137. (4) If the Notification of Transfer form has not been returned within 30 days, the initiating county shall contact the new county to assure that continuous Medi-Cal coverage will be provided to the extent that eligibility exists.

(1)

The county department initiating the transfer shall inform the beneficiary in writing of his/her responsibility to apply for a redetermination of eligibility in the new county of residence and, within 7 calendar days of the date the county department learns of the change in county of responsibility, send the following to the county department in the new county of responsibility: (A) Two copies of the Notification of Transfer, Form ABCDM 215, with Section A completed indicating the date of discontinuance determined in accordance with Section 50137. (B) One copy of the most recently completed of each of the following forms with the Notification of Transfer, Form ABCDM 215, or within one week after this form is sent: 1. Application for Public Social Services, CA 1. 2. Statement of Fact, MC 210, MC 250 or CA 2. 3. Share of Cost Determination--MN and MI Person, MC 176M. 4. Allocation/Special Deduction Worksheet, MC 176W, if any. 5. Property Worksheet, MC 176P, if any. 6. Rights of Persons Requesting Medi-Cal, MC 216, if any. 7. Medi-Cal Responsibilities Checklist, MC 217, if any. 8. Verification of disability, if any. 9. Notification of Action, Utilization of Property, Form MC 239U, if the person or family is within a six-month utilization period at the time of transfer. (C) The amount, if any, of a remaining adjustment for decreases in income pursuant to Section 50653.3. (D) Other information that the initiating county considers important in order for the new county of responsibility to determine eligibility.

(A)

Two copies of the Notification of Transfer, Form ABCDM 215, with Section A completed indicating the date of discontinuance determined in accordance with Section 50137.

(B)

One copy of the most recently completed of each of the following forms with the Notification of Transfer, Form ABCDM 215, or within one week after this form is sent: 1. Application for Public Social Services, CA 1. 2. Statement of Fact, MC 210, MC 250 or CA 2. 3. Share of Cost Determination--MN and MI Person, MC 176M. 4. Allocation/Special Deduction Worksheet, MC

176W, if any. 5. Property Worksheet, MC 176P, if any. 6. Rights of Persons Requesting Medi-Cal, MC 216, if any. 7. Medi-Cal Responsibilities Checklist, MC 217, if any. 8. Verification of disability, if any. 9. Notification of Action, Utilization of Property, Form MC 239U, if the person or family is within a six-month utilization period at the time of transfer.

1.

Application for Public Social Services, CA 1.

2.

Statement of Fact, MC 210, MC 250 or CA 2.

3.

Share of Cost Determination--MN and MI Person, MC 176M.

4.

Allocation/Special Deduction Worksheet, MC 176W, if any.

5.

Property Worksheet, MC 176P, if any.

6.

Rights of Persons Requesting Medi-Cal, MC 216, if any.

7.

Medi-Cal Responsibilities Checklist, MC 217, if any.

8.

Verification of disability, if any.

9.

Notification of Action, Utilization of Property, Form MC 239U, if the person or family is within a six-month utilization period at the time of transfer.

(C)

The amount, if any, of a remaining adjustment for decreases in income pursuant to Section 50653.3.

(D)

Other information that the initiating county considers important in order for the new county of responsibility to determine eligibility.

(2)

The initiating county, if the person or family becomes the responsibility of a third county during the transfer process, shall: (A) Notify the former new county department that the transfer is cancelled. (B) Request the former new county department to forward to the county department of the current new county of responsibility all information and documents supplied by the initiating county and any additional information secured by the former new county. (C) Send to the current new county department two copies of the Notification of Transfer, Form ABCDM 215, with Section A completed indicating the date of discontinuance determined in accordance with Section 50137.

(A)

Notify the former new county department that the transfer is cancelled.

(B)

Request the former new county department to forward to the county department of the current new county of responsibility all information and documents supplied by the initiating county and any additional information secured by the former new county.

(C)

Send to the current new county department two copies of the Notification of Transfer, Form ABCDM 215, with Section A completed indicating the date of discontinuance determined in accordance with Section 50137.

(3)

The county department in the new county of responsibility shall: (A) Perform a redetermination of eligibility if the conditions of Section 50136(a)(i) are met. (B) Return to the initiating county department one copy of the Notification of Transfer form, Form

ABCDM 215, within 30 days of receipt of the form. Section B shall be completed, indicating acceptance or refusal of the transfer, and the effective date of eligibility, if eligibility is approved in the new county. (C) Send a Notice of Action to the person or family, if their eligibility is approved. A Notice of Action must also be sent to the person or family if eligibility is discontinued for failure to apply for a redetermination or if the person or family is no longer eligible. Such action shall be effective as established in accordance with Section 50137.

(A)

Perform a redetermination of eligibility if the conditions of Section 50136(a)(i) are met.

(B)

Return to the initiating county department one copy of the Notification of Transfer form, Form ABCDM 215, within 30 days of receipt of the form. Section B shall be completed, indicating acceptance or refusal of the transfer, and the effective date of eligibility, if eligibility is approved in the new county.

(C)

Send a Notice of Action to the person or family, if their eligibility is approved. A Notice of Action must also be sent to the person or family if eligibility is discontinued for failure to apply for a redetermination or if the person or family is no longer eligible. Such action shall be effective as established in accordance with Section 50137.

(4)

If the Notification of Transfer form has not been returned within 30 days, the initiating county shall contact the new county to assure that continuous Medi-Cal coverage will be provided to the extent that eligibility exists.