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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

|-&gt;

Article 4@ Beneficiary Application Process

|-&gt;

Section 50157@ Face-to-Face Interview

## **50157 Face-to-Face Interview**

### **(a)**

A face-to-face interview with the applicant, or the person completing the Statement of Facts, is required only at the time of application, reapplication, restoration or as specified in (d). The interview shall be completed within 30 days of the date of application, reapplication or restoration.

### **(b)**

A face-to-face interview shall not be required at time of application, reapplication or restoration for persons who have a government representative, such as a public guardian, acting on their behalf.

### **(c)**

A face-to-face interview at restoration shall not be required, for beneficiaries who have been notified that eligibility will be discontinued, if the request for restoration is received before the effective date of discontinuance.

### **(d)**

A face-to-face interview shall be required at redetermination of eligibility for persons or families indicated in this paragraph. The interview shall be completed within the month in which redetermination is required. A face-to-face interview shall be completed once a year at time of redetermination for all MFBUs which contain at least one AFDC-MN or MI member, except for MFBUs consisting of any of the following: (1) Persons who receive Medi-Cal through the Aid for Adoption of

Children program. (2) Persons who have a government representative, such as a public guardian, acting on their behalf. (3) MI children who are not living with a parent or relative and for whom a public agency is assuming financial responsibility in whole or in part.

**(1)**

Persons who receive Medi-Cal through the Aid for Adoption of Children program.

**(2)**

Persons who have a government representative, such as a public guardian, acting on their behalf.

**(3)**

MI children who are not living with a parent or relative and for whom a public agency is assuming financial responsibility in whole or in part.

**(e)**

The face-to-face interview shall be conducted by a representative of the county department unless, for good reason, a direct interview between the county department and the applicant or the person completing the Statement of Facts is not possible. In such a situation, the interview may be conducted by another public agency acting on behalf of the county department.

**(f)**

The representative of the agency conducting the interview shall verbally advise the applicant, or the person completing the Statement of Facts, in detail of the:

(1) Eligibility requirements. (2) Medi-Cal benefits available under the Medi-Cal program. (3) Confidential nature of information received, including the fact that the parents will not be contacted, without the applicant's consent if the applicant is a child, requesting Medi-Cal for minor consent services in accordance with Section 50147.1. (4) Exchange of income and eligibility information through IEVS, including

the fact that tax information will be obtained and that IEVS information will be used to verify income and eligibility. (5) Purposes, provisions and availability of social services, the Family Planning Program, Child Health Disability Prevention (CHDP) Program, Special Supplemental Food Program for Women, Infants and Children (WIC) and other public or private resources. (A) If the applicant is a pregnant, breastfeeding or postpartum woman as defined in Title 42, United States Code, Section 1786(b), or a parent/guardian of a child under the age of five, the applicant shall be provided with a WIC brochure to inform them of the availability of benefits provided under WIC. (B) An oral explanation of the Special Supplemental Food Program for WIC benefits shall be given to those individuals who are unable to read. (C) Referrals shall be made to the WIC program for all such individuals as specified in (A). (D) The representative of the agency conducting the interview shall document by a notation on the Statement of Facts that the requirements of the CHDP program, as specified in subsections (f)(5) and (k) and Section 50184(b), and of the Special Supplemental Food Program for Women, Infants and Children (WIC) program as specified in (f)(5) and Section 50184(c), have been met. (6) Possibility of being included in a quality control sample. (7) Availability of Medi-Cal prepaid health plans and PCCM plans in the area. (8) Right to request a fair hearing. (9) Responsibility to report to the county department and to any provider of health care services any existing contractual or other legal entitlement to other health care coverage; and, to fully utilize other health care coverage before using Medi-Cal benefits. The information to be reported shall include the name of the other health care coverage, policy and group numbers, and termination date, if available. Willful failure to comply with these requirements is a misdemeanor. (10) Responsibility to report to the county department the availability of any option to obtain other health care coverage

through, but not limited to, the beneficiary's employer, labor union, trust fund, spouse or parent and to provide information requested by the Department which is necessary to determine if it would be cost effective for the Department to pay the premium to obtain or continue other health care coverage. (11) Responsibility to apply for, and/or retain any available other health care coverage when there is no premium cost to the beneficiary. Compliance with this requirement shall be a condition of coverage for Medi-Cal covered benefits to the party responsible for the acquisition or continuance of such health care coverage, and shall not interfere with Medi-Cal benefits provided to the remaining family unit. (12) Assignment of Rights Requirements as follows: (A) Assignment to the state by an applicant, beneficiary, caretaker relative, or individual applying on behalf of an applicant, of all rights to medical support and to payments for medical care from a third party is a condition of eligibility. (B) Receipts of Medi-Cal benefits shall constitute an assignment by operation of law except as provided below. This means that receipt of Medi-Cal benefits shall constitute automatic assignment of these rights that the individual may assign on his/her behalf, or on behalf of any other family member for whom he/she has the legal authority to assign such rights, as required in Section 50185. (C) The county shall advise the individual that he/she has the right to refuse to assign these rights on behalf of himself/herself or the child on whose behalf application is made. (D) An applicant, beneficiary, parent, or caretaker relative who does not wish to assign his/her rights or the rights of a person for whom he/she can legally assign rights to medical support and payments shall be given the opportunity to withdraw his/her Medi-Cal application, as specified in Section 50155. (E) Refusal of the individual to assign these rights shall result in his/her denial or discontinuance of Medi-Cal eligibility. (13) Responsibility of the applicant, beneficiary, parent, caretaker relative, or individual applying on behalf

of the applicant, to cooperate in: (A) Identifying and locating the absent parent. (B) Establishing paternity for a child born out of wedlock for whom Medi-Cal is requested. (C) Obtaining medical support and payments. (D) Identifying and providing information concerning any third party who is or may be liable for medical care and services. Failure of the applicant, beneficiary, parent, caretaker relative, or individual acting on behalf of an applicant to comply with the above shall result in denial or discontinuance of his/her eligibility unless good cause exists for not cooperating, as specified in Section 50771.5. If the applicant/beneficiary is a pregnant woman, cooperation with Sections (A), (B), and (C) above is waived until the end of the 60-day postpartum period. (14) Applicant's or beneficiary's responsibilities as specified in Sections 50185 and 50187 which include but are not limited to: (A) Responsibility to report to the county department when Medi-Cal may be billed for health care services received by the beneficiary as a result of an accident or injury caused by some other person's action or failure to act. (B) Responsibility to report any changes in circumstances which may affect eligibility or share of cost within 10 calendar days following the date the change occurred. (C) Responsibility to furnish Social Security account numbers for all persons for whom Medi-Cal is requested. (D) Responsibility to apply for Medicare, if eligible, and furnish the Health Insurance Claim Number.

**(1)**

Eligibility requirements.

**(2)**

Medi-Cal benefits available under the Medi-Cal program.

**(3)**

Confidential nature of information received, including the fact that the parents will not be contacted, without the applicant's consent if the applicant is a child, requesting

Medi-Cal for minor consent services in accordance with Section 50147.1.

**(4)**

Exchange of income and eligibility information through IEVS, including the fact that tax information will be obtained and that IEVS information will be used to verify income and eligibility.

**(5)**

Purposes, provisions and availability of social services, the Family Planning Program, Child Health Disability Prevention (CHDP) Program, Special Supplemental Food Program for Women, Infants and Children (WIC) and other public or private resources.(A) If the applicant is a pregnant, breastfeeding or postpartum woman as defined in Title 42, United States Code, Section 1786(b), or a parent/guardian of a child under the age of five, the applicant shall be provided with a WIC brochure to inform them of the availability of benefits provided under WIC. (B) An oral explanation of the Special Supplemental Food Program for WIC benefits shall be given to those individuals who are unable to read. (C) Referrals shall be made to the WIC program for all such individuals as specified in (A). (D) The representative of the agency conducting the interview shall document by a notation on the Statement of Facts that the requirements of the CHDP program, as specified in subsections (f)(5) and (k) and Section 50184(b), and of the Special Supplemental Food Program for Women, Infants and Children (WIC) program as specified in (f)(5) and Section 50184(c), have been met.

**(A)**

If the applicant is a pregnant, breastfeeding or postpartum woman as defined in Title 42, United States Code, Section 1786(b), or a parent/guardian of a child under the age of five, the applicant shall be provided with a WIC brochure to inform them of the availability of benefits provided under WIC.

**(B)**

An oral explanation of the Special Supplemental Food Program for WIC benefits shall be given to those individuals who are unable to read.

**(C)**

Referrals shall be made to the WIC program for all such individuals as specified in (A).

**(D)**

The representative of the agency conducting the interview shall document by a notation on the Statement of Facts that the requirements of the CHDP program, as specified in subsections (f)(5) and (k) and Section 50184(b), and of the Special Supplemental Food Program for Women, Infants and Children (WIC) program as specified in (f)(5) and Section 50184(c), have been met.

**(6)**

Possibility of being included in a quality control sample.

**(7)**

Availability of Medi-Cal prepaid health plans and PCCM plans in the area.

**(8)**

Right to request a fair hearing.

**(9)**

Responsibility to report to the county department and to any provider of health care services any existing contractual or other legal entitlement to other health care coverage; and, to fully utilize other health care coverage before using Medi-Cal benefits. The information to be reported shall include the name of the other health care coverage, policy and group numbers, and termination date, if available. Willful failure to comply with these requirements is a misdemeanor.

**(10)**

Responsibility to report to the county department the availability of any option to obtain other health care coverage through, but not limited to, the beneficiary's employer,

labor union, trust fund, spouse or parent and to provide information requested by the Department which is necessary to determine if it would be cost effective for the Department to pay the premium to obtain or continue other health care coverage.

**(11)**

Responsibility to apply for, and/or retain any available other health care coverage when there is no premium cost to the beneficiary. Compliance with this requirement shall be a condition of coverage for Medi-Cal covered benefits to the party responsible for the acquisition or continuance of such health care coverage, and shall not interfere with Medi-Cal benefits provided to the remaining family unit.

**(12)**

Assignment of Rights Requirements as follows: (A) Assignment to the state by an applicant, beneficiary, caretaker relative, or individual applying on behalf of an applicant, of all rights to medical support and to payments for medical care from a third party is a condition of eligibility. (B) Receipts of Medi-Cal benefits shall constitute an assignment by operation of law except as provided below. This means that receipt of Medi-Cal benefits shall constitute automatic assignment of these rights that the individual may assign on his/her behalf, or on behalf of any other family member for whom he/she has the legal authority to assign such rights, as required in Section 50185. (C) The county shall advise the individual that he/she has the right to refuse to assign these rights on behalf of himself/herself or the child on whose behalf application is made. (D) An applicant, beneficiary, parent, or caretaker relative who does not wish to assign his/her rights or the rights of a person for whom he/she can legally assign rights to medical support and payments shall be given the opportunity to withdraw his/her Medi-Cal application, as specified in Section 50155. (E) Refusal of the individual to assign these rights shall result in his/her denial or discontinuance of Medi-Cal eligibility.



**(A)**

Assignment to the state by an applicant, beneficiary, caretaker relative, or individual applying on behalf of an applicant, of all rights to medical support and to payments for medical care from a third party is a condition of eligibility.

**(B)**

Receipts of Medi-Cal benefits shall constitute an assignment by operation of law except as provided below. This means that receipt of Medi-Cal benefits shall constitute automatic assignment of these rights that the individual may assign on his/her behalf, or on behalf of any other family member for whom he/she has the legal authority to assign such rights, as required in Section 50185.

**(C)**

The county shall advise the individual that he/she has the right to refuse to assign these rights on behalf of himself/herself or the child on whose behalf application is made.

**(D)**

An applicant, beneficiary, parent, or caretaker relative who does not wish to assign his/her rights or the rights of a person for whom he/she can legally assign rights to medical support and payments shall be given the opportunity to withdraw his/her Medi-Cal application, as specified in Section 50155.

**(E)**

Refusal of the individual to assign these rights shall result in his/her denial or discontinuance of Medi-Cal eligibility.

**(13)**

Responsibility of the applicant, beneficiary, parent, caretaker relative, or individual applying on behalf of the applicant, to cooperate in: (A) Identifying and locating the absent parent. (B) Establishing paternity for a child born out of wedlock for whom Medi-Cal is requested. (C) Obtaining medical support and payments. (D) Identifying and

providing information concerning any third party who is or may be liable for medical care and services. Failure of the applicant, beneficiary, parent, caretaker relative, or individual acting on behalf of an applicant to comply with the above shall result in denial or discontinuance of his/her eligibility unless good cause exists for not cooperating, as specified in Section 50771.5. If the applicant/beneficiary is a pregnant woman, cooperation with Sections (A), (B), and (C) above is waived until the end of the 60-day postpartum period.

**(A)**

Identifying and locating the absent parent.

**(B)**

Establishing paternity for a child born out of wedlock for whom Medi-Cal is requested.

**(C)**

Obtaining medical support and payments.

**(D)**

Identifying and providing information concerning any third party who is or may be liable for medical care and services. Failure of the applicant, beneficiary, parent, caretaker relative, or individual acting on behalf of an applicant to comply with the above shall result in denial or discontinuance of his/her eligibility unless good cause exists for not cooperating, as specified in Section 50771.5. If the applicant/beneficiary is a pregnant woman, cooperation with Sections (A), (B), and (C) above is waived until the end of the 60-day postpartum period.

**(14)**

Applicant's or beneficiary's responsibilities as specified in Sections 50185 and 50187 which include but are not limited to: (A) Responsibility to report to the county department when Medi-Cal may be billed for health care services received by the beneficiary as a result of an accident or injury caused by some other person's action or failure to act. (B) Responsibility to report any changes in circumstances which may

affect eligibility or share of cost within 10 calendar days following the date the change occurred. (C) Responsibility to furnish Social Security account numbers for all persons for whom Medi-Cal is requested. (D) Responsibility to apply for Medicare, if eligible, and furnish the Health Insurance Claim Number.

**(A)**

Responsibility to report to the county department when Medi-Cal may be billed for health care services received by the beneficiary as a result of an accident or injury caused by some other person's action or failure to act.

**(B)**

Responsibility to report any changes in circumstances which may affect eligibility or share of cost within 10 calendar days following the date the change occurred.

**(C)**

Responsibility to furnish Social Security account numbers for all persons for whom Medi-Cal is requested.

**(D)**

Responsibility to apply for Medicare, if eligible, and furnish the Health Insurance Claim Number.

**(g)**

During the interview, the representative of the agency conducting the interview shall complete and explain the contents of the following forms if the forms were not completed during screening: (1) Important Information for Persons Requesting Medi-Cal (MC 210 Coversheet (9/91)) (2) Statement of Facts (Medi-Cal (MC 210 (3/92)) (3) Child Support Questionnaire (CA 2.1 Q Support Questionnaire (3/93)) and the Child/Spousal and Medical Support Notice and Agreement (CA 2.1 Notice of Agreement (12/89)); (4) Child Support Enforcement Program Notice (CS 196 (12/92)); and

**(1)**

Important Information for Persons Requesting Medi-Cal (MC 210 Coversheet (9/91))

**(2)**

Statement of Facts (Medi-Cal (MC 210 (3/92))

**(3)**

Child Support Questionnaire (CA 2.1 Q Support Questionnaire (3/93)) and the Child/Spousal and Medical Support Notice and Agreement (CA 2.1 Notice of Agreement (12/89));

**(4)**

Child Support Enforcement Program Notice (CS 196 (12/92)); and

**(h)**

The applicant shall sign and date the forms referenced in subsection (g).

**(i)**

The original of the Important Information for Persons Requesting Medi-Cal (MC 210 Coversheet (9/91)), and a copy of the Child Support Questionnaire (CA 2.1 Q Support Questionnaire (3/93)), and the Child/Spousal and Medical Support Notice and Agreement (CA 2.1 Notice of Agreement (12/89)) shall be placed in the case file.

**(j)**

A copy of each relevant form referenced in i shall be given to the persons being interviewed and the originals of the Child Support Questionnaire (CA 2.1 Q (3/93)) and the Child/Spousal and Medical Support Notice and Agreement (CA 2.1 Notice of Agreement (12/89)) shall be forwarded, within two working days, to the district attorney.

**(k)**

An informational pamphlet on the CHDP program shall be given to the applicant, if

there are persons under 21 years of age in the family,