Medi-Cal Benefits

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Overview

The Medi-Cal program provides comprehensive Medi-Cal benefits to all public assistance recipients and to certain other eligible persons who lack sufficient funds to meet the cost of their medical care. In general, the health care available to children/youth covered by Medi-Cal benefits include a broad range of services, which are reasonable and necessary for the prevention, diagnosis or treatment of disease, illness or injury.

Experimental services, including drugs and equipment, are not covered.

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Version Summary

This policy guide is the update from the 01/30/2006 version and reflects current procedures to align with the implementation of the California Statewide Automated Welfare System (CalSAWS) to identify the Eligibility Workers (EWs) functions.

POLICY

Medi-Cal Definition

Medi-Cal is California’s medical assistance program. This program pays for a variety of medical services for children/youth and adults with limited income and resources. Medi-Cal is supported by Federal and State funding.

Children/Youth approved for Aid to Families with Dependent Children Foster Care (AFDC-FC), Adoption Assistance Program (AAP), Kinship Guardianship Assistance Payment (Kin-GAP) Program, Approved Relative Care (ARC) program are automatically eligible for Medi-Cal benefits.

The Medi-Cal Eligibility Data System (MEDS) maintains a record of every individual reported to the system as Medi-Cal eligible. Each record is kept under the recipient’s Social Security Number (SSN), or under a MEDS assigned pseudo number if the individual does not have a SSN.

Medi-Cal Assistance Only (MAO)

Children/youth who are eligible for MAO may include the following:

* Children/youth who are placed in California via the Interstate Compact on the Placement of Children (ICPC) receiving Title IV-E benefits.
* Children/youth entering California who are receiving out of state Title IV-E and State Funded AAP and Kin-GAP via the Interstate Compact on Adoption and Medi-Cal Assistance (ICAMA).
* Infant of minor parents who receives AFDC-FC and Kin-GAP payments.
* Youth who run away from placement.
* Probation child/youth detained in Juvenile Hall.

Interstate Compact on the Placement of Children ([ICPC](https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/c86-68.pdf))

Medicaid coverage is provided for federally eligible AFDC-FC recipients that are under the jurisdiction of the California Juvenile Court system and are placed with an Out-of-State relative or Non-Related Extended Family Member (NREFM). The AFDC-FC grant will continue to be paid by the placing or sending state.

* Federally eligible AFDC-FC cases are also referred to as Title IV-E Foster Care cases.
* In the State of California, Medicaid is referred to as Medi-Cal.

Effective October 1, 1986, Consolidated Omnibus Budget Reconciliation Act ([COBRA](https://aaicama.org/definitions-of-terms-acronyms/)) required that federally eligible AFDC-FC children/youth who reside out of the placing State receive Medicaid from the State in which they reside. The placing or sending State will continue to pay the grant, if any. Children/youth eligible under State (Non Tittle IV-E) Foster Care programs will continue to receive Medi-Cal from the placing or sending State.

Interstate Compact on Adoption and Medi-Cal Assistance (ICAMA)

ICAMA ensures the receipt of Medi-Cal and other necessary benefits when a child/youth with [special needs](https://aaicama.org/definitions-of-terms-acronyms/) that include, a minor adopted or under legal guardianship by a family in another State, the adoptive or legal guardian family moves to another State during the continuance of the adoption assistance agreement or the statements of facts supporting eligibility for the Kin-GAP Program.

Through ICAMA, States may also extend these protections to children adopted through State-funded subsidy programs.

ICAMA does not come into effect until there is an Adoptions Assistance Program Agreement ([AD 4320](https://www.cdss.ca.gov/cdssweb/entres/forms/English/AD4320.PDF)) between the Responsible Public Agency and the adoptive parents. If there is an Adoptions Assistance Agreement between the Responsible Public Agency and the adoptive parents during the time when the child is placed for adoption (post-placement supervisory period) and prior to finalization, ICAMA compacts are in effect. At that point, the ICAMA Compact Administrators in both the adoption assistance State and residence State assume the responsibilities required by the Compact.

Effective October 7, 2008 [Public Law (P.L.) 110-351](https://www.govinfo.gov/app/details/PLAW-110publ351/) adds to the Social Security Act, to include Kinship Guardianship Assistance Payment (Kin-GAP) as a third category of assistance under Title IV-E along with foster care and adoptions assistance. The Act added to require Medicaid coverage for children/youth for whom Title IV-E Kin-GAP must be made automatically eligible for Medicaid as IV-E children/youth, without a separate Medicaid application or an annual Medicaid eligibility redetermination.

ICAMA has been adopted by the legislatures of compact member States which governs the interstate delivery of, and payment for, medical services and adoption assistance payments and subsidies for adopted children with special needs.

County Responsibility as a Sending Agency

A child/youth who is eligible for Title IV-E benefits is automatically eligible to receive Medicaid in the receiving State. However, a child/youth who receives State-funded AAP or Kin-GAP, does not qualify for Medicaid in the receiving State, unless that State has a [reciprocal agreement](https://aaicama.org/cms/stateinfo-docs/Medicaid-%20COBRA_Reciprocity_revMarch2019.pdf) with California to provide health care services. In the absence of such an agreement, the County should advise the adoptive family that the child/youth will retain Medi-Cal eligibility to receive health care services from an out-of-State provider who is willing to accept payment under the California Medi-Cal Program.

Medi-Cal for Infant Supplement

A minor parent’s child for whom an [infant supplement](https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/c90-56.pdf) is being paid is also eligible for Medi-Cal benefits. There is no separate Medi-Cal application or eligibility determination needed for the minor parent’s child. Using the minor parent’s aid code and case number, the Child Welfare Departments (CWDs) are to apply their individual county process to request the inclusion of the additional person within an otherwise eligible Medi-Cal case.

Medi-Cal for Youth Who Run Away from Placement ([AWOL](https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/c11-09.pdf))

If the youth runs away from their foster care placement, a discontinuance of the AFDC-FC payment (aid code 42 for Federal and aid code 40 for State-only foster care) occurs and there is a “change in circumstance” to the foster care case.

A discontinuance of the foster care payment does not trigger a discontinuance of Medi-Cal benefits. The foster care youth must not be discontinued from Medi-Cal because of the AFDC-FC discontinuance until the county worker fully evaluates all avenues of eligibility for Medi-Cal programs in accordance with the Senate Bill 87 redetermination process required by [Welfare and Institutions Code (WIC) 14005.37](https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-14005-37/).

Medi-Cal for Youth under the Probation Department’s Jurisdiction in a Juvenile Hall

If the foster care youth is located while still under jurisdiction of the court, but in a Juvenile Hall Facility, the Medi-Cal EW shall keep the foster care youth in aid code 45 until it is determined that either the foster care youth will be returning to placement or is incarcerated in a public institution. The Medi-Cal EW shall conduct an annual redetermination to confirm if the youth is still in Juvenile Hall for the Medi-Cal benefits to continue. If the youth is court ordered incarcerated in a public institution, the Medi-Cal EW shall terminate benefits ([WIC 14005.37](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14005.&lawCode=WIC) , [WIC 14011.10](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14011.&lawCode=WIC) and [Penal Code (PEN) 4011](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4011.&lawCode=PEN)).

Dual Supervision Program

The Juvenile [Dual Supervision](https://probation.lacounty.gov/supervision/#:~:text=DUAL%20SUPERVISION%20PROGRAM,from%20both%20DCFS%20and%20Probation) (DS) Program supervises minor under the legal jurisdiction of the Department of Children and Family Services (DCFS), through Dependency Court who are placed on probation. Minors receive case supervision from both DCFS and Probation. DCFS is the lead agency responsible for planning and treatment and Probation monitors compliance with conditions of probation. DS Deputy Probation Officers (DPOs) collaborate with DCFS staff to provide enhanced communication, supervision and monitoring of dual supervision youth. Probation reviews new cases; consults with the DCFS Children Social Worker (CSW) to coordinate services; provides case management, including making field visits, gathering casework or related information; enforces conditions of probation; consults with the CSW relative to multi-disciplinary planning to meet minor’s needs; and prepares reports for court.

The MC250 forms submittedby the Probation Department’s Permanent Placement Unit (PPU) for children in Juvenile Hall with a suitable placement order are necessary for the eligibility of MAO.

Medi-Cal Managed Care

[Managed Care Plan (MCP) Medi-Cal](https://www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx) provides high quality, accessible, and cost-effective health care through managed care delivery systems.

MCP contracts for health care services through established local networks of organized systems of care, which emphasize primary and preventive care.  MCPs are a cost-effective use of health care resources that improve health care access and assure quality of care.

Medi-Cal Fee-for-service

Medi-Cal Fee-for-service (FFS) (often referred to as “Straight” Medi-Cal) is a payment model where health care is administered by the state whereby providers are directly reimbursed by the state.

Options of Medi-Cal Fee-for-Service or Managed Care

Children/Youth with Medi-Cal eligibility who are under the supervision of county foster care agencies receiving Medi-Cal coverage will have the option to enroll in Medi-Cal Fee-For-Service or Managed Care in Los Angeles County. Enrollment in either program will be voluntary.

Disenrollment from a Managed Care Health Plan

The decision to enroll/disenroll a child/youth who is under the supervision of a county foster care agency will be left to the discretion of the person who has legal authority to have health care decisions for a foster child/youth.

* For AAP, this is usually the adoptive parent(s).

Former Foster Youth

Young adults who were in foster care at age 18 or older may be eligible for the Medi-Cal program for former foster youth (FFY) until age 26 regardless of income. DHCS is working with county human services agencies, Covered California (Covered CA), advocates, the California Department of Social Services (CDSS), and other interested parties to identify and provide Medi-Cal coverage to all eligible FFY.

PROCEDURE

Medi-Cal Request

Medi-Cal request is received from Technical Assistant/Eligibility Workers (TA/EW), Intake/Redetermination/Probation Eligibility Workers (EW), Foster Care Hotline Agents and/or Warm Line.

* Prior to submitting a MEDS referral, the TA/EW and/or the Intake/Redetermination/Probation EW shall verify the child/youth’s vital statistics, placement information, and verify that this information correlates in Child Welfare Services/Case Management System (CWS/CMS) and CalSAWS.

**Technical Assistant/Eligibility Worker (TA/EW) Responsibilities**

1. Receives the Automated DCFS 280 to initiate the appropriate MEDS Referral form depending on the action needed, such as:
   * Address Change
   * Disenrollment
   * Aid Code Change
   * Benefit Identification Card (BIC) Issuance
   * Combine Child Identification Card (CIN) number
   * Release a MEDS Hold due to any systems discrepancies
   * Name, date of birth and gender correction
   * Social Security Number (SSN) update
   * Billing Request
   * Infant Supplement
   * AWOL
2. Completes and emails the [MEDS referral](https://file.my.lacounty.gov/SDSIntra/dcfs/docs/240193_FCMEDSReferral02-2016.doc.pdf) to the Centralized Medi-Cal Unit at [MEDS\_referral@dcfs.lacounty.gov](mailto:MEDS_referral@dcfs.lacounty.gov).

**Intake/Redetermination EW Responsibilities**

1. Initiates the appropriate MEDS Referral form depending on the [action needed](#actionneeded).
2. Completes and emails the MEDS referral to the Centralized Medi-Cal Unit at [MEDS\_referral@dcfs.lacounty.gov](mailto:MEDS_referral@dcfs.lacounty.gov).

**Probation Intake EW Responsibilities**

1. Completes and emails the MEDS referral to the Centralized Medi-Cal Unit at [MEDS\_referral@dcfs.lacounty.gov](mailto:MEDS_referral@dcfs.lacounty.gov) identifying the [actions needed](#ActionNeeded).
   * A Probation Department Placement Authorization (PROB 667) is required for [dual supervision](#DualSupervisionProgram) only.
2. The DCFS Probation MAO EW processes the MC250 forms; the Probation Department’s Permanent Placement Unit (PPU) submits these forms for children/youth in Juvenile Hall with a suitable placement order. Children/youth in Juvenile Hall are eligible for MAO. The Probation MAO EW will open a Medi-Cal only case for minors whose Medi-Cal is inactive. A Medi-Cal Eligibility Letter is the sent to PPU once the Medi-Cal is active to be filed in the minor’s physical case.

**Centralized Medi-Cal Eligibility Supervisor (ES) Responsibilities**

1. Retrieves MEDS referrals from the MEDS inbox.
2. Distributes the MEDS referrals to the Centralized Medi-Cal EWs.
3. Submits the distributed MEDS referrals to the Centralized Medi-Cal Unit Clerk in order to create the work orders.

**Centralized Medi-Cal EW Responsibilities**

1. Receives MEDS referrals from the Centralized Medi-Cal ES via e-mail.

* Under the following emergency circumstances, the Centralized Medi-Cal EW is to complete the Medi-Cal request within 24-48 hours after receiving the MEDS work order:
  + Infant (0 – 2 years old)
  + Medically Fragile
  + Minor in the Hospital/Emergency Room
  + Out of Psychotropic Medication

1. Reviews and verifies all the case information in CWS/CMS, CalSAWS and MEDS.
2. If any discrepancies are found in the case information, contact the Intake/Redetermination EW to update the correct information in CalSAWS and in CWS/CMS.
3. Processes the action requested in MEDS if the information in CalSAWS and CWS/CMS match.
4. Reviews and verify the following business day to make sure the action taken functioned in MEDS.

* If the action is not resolved the issue is escalated for further review, and a ticket is to be submitted for correction.

1. Annotates action taken in the CalSAWS Work Order Detail Page and CWS/CMS Case Notes.

Issuing **a Medi-Cal Card for a Child/Youth in Foster Care**

**Centralized Medi-Cal Eligibility Supervisor (ES) Responsibilities**

1. Retrieves MEDS referrals from the MEDS inbox.
2. Distributes the MEDS referrals to the Centralized Medi-Cal EWs to issue a Benefit Issuance Card (BIC).
3. Submits the distributed MEDS referrals to the Centralized Medi-Cal Unit Clerk in order to create the work orders.

**Centralized Medi-Cal EW Responsibilities**

Upon receipt of the Medi-Cal referral to issue a BIC Card, complete the following in CalSAWS:

1. Accesses the child/youth’s case:
   1. On the Case Summary Page click the View Detail button belonging to the appropriate <program> block (i.e. Foster Care, AAP, Kin-GAP, and Medi-CAL).
   2. On the <Program> Detail Page, click the <program person> hyperlink for the person the new BIC card is being requested.
   3. On the <program> person detail page, click the **Request New BIC** button.
2. Annotates action taken in the CalSAWS Work Order Detail Page and CWS/CMS Case Notes.

Medi-Cal Assistance Only (MAO) Determination- **COBRA Child/Youth Entering California**

**MAO ES Responsibilities**

1. Receives an ICPC packet from the Interstate Compact for the Placement of Children (ICPC) Unit to initiate the Title IV-E Medi-Cal benefits. The ICPC packet may include:
   * ICPC 103
   * Application of Statements of Fact for a Child not Living with a Parent or Relative and for Whom a Public Agency is Assuming some Financial Responsibility, [MC 250](https://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc250.pdf)
   * Financial and Medi-Cal Plan
   * Title IV-E Eligibility Documentation
   * Interstate Compact on the Placement of Children Report on Child’s Placement Status, [ICPC 100 B](https://cdss.ca.gov/Portals/9/FMUForms/I-L/ICPC100B.pdf)
   * Copy of Birth Certificate
   * Copy of Social Security Card
2. The referral is assigned to the MAO EW.

**Case Opening MAO Clerk Responsibilities**

1. Obtains a case/State number, assistance unit, person ID, and MAO Eligibility Worker (EW) file number assignment for the child/youth.
2. Delivers the COBRA Medi-Cal request to the assigned MAO EW.

**MAO EW Responsibilities**

1. Receives and reviews the [ICPC Packet](#ICPCPacket) to determine if additional information is necessary.
2. Determines eligibility based on the information received and records the approval/denial in the California Statewide Automated Welfare System (CalSAWS).
3. Runs the EDBC on CalSAWs and submits to ES for authorization.
4. Sends two (2) copies of the Notice of Action (NOA) to the caregiver and one (1) copy to the ICPC Unit for approval or denial referrals.

ICAMA: Adoptive or Guardian Families Who Reside in California

**MAO ES Responsibilities**

1. Receives the ICAMA Packet from the California County ICAMA Liaison via Medi-Cal inbox at [MEDS\_Referral@dcfs.lacounty.gov](mailto:MEDS_Referral@dcfs.lacounty.gov) to activate Medi-Cal.

The ICAMA Packet includes:

1. Request for Medicaid Case Activation[, ICAMA 7.01](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Faaicama.org%2Fwp-content%2Fuploads%2F2023%2F08%2FFORM-7.01-ICAMA-Form-California-and-New-York-ver.-2022-Final-3.docx&wdOrigin=BROWSELINK)
2. Out of State Adoptions Agreement (for AAP cases).
3. Kin-GAP Program Agreement Amendment, [SOC 369 A](https://cdss.ca.gov/cdssweb/entres/forms/english/soc369a.pdf) (for Kin-GAP cases).
4. Opens the Medi-Cal Block in CalSAWS.
5. Provides the case information to the MAO Unit Clerk to create a Work Order.

**Case Opening MAO Clerk Responsibilities**

1. Conducts a new person search in CalSAWS and Medi-Cal Eligibility Data System (MEDS) to verify if the child/youth is known to the system using child’s/youth’s full name and date of birth or social security number.
   1. If there is no CIN, create a new number on CalSAWS.
   2. If there is a CIN, verify that it belongs to the correct child/youth.
2. Opens the Medi-Cal Block in CalSAWS and creates a work order for process.
3. Sends the ICAMA packet to the MAO EW to complete the Medi-Cal Eligibility Determination.

**MAO EW Responsibilities**

1. Reviews the information in the ICAMA packet received.
2. Accesses CalSAWS to process and complete the eligibility determination.
3. Runs EDBC to complete the MAO redetermination.
4. Forwards the case to the ES for authorization.

**MAO ES Responsibilities**

1. Reviews the child/youth’s case for accuracy.
2. Reviews CalSAWS for completion and accuracy under the following sections:
3. Individual Demographics and Vital Statistic pages.
4. Case Summary to verify the correct aid code and Redetermination Due Date.
5. Authorize and approve the EDBC results and check for correct aid code.
6. Verifies that the EW ran to the come-up month.
7. Authorizes and approves the child/youth’s case on CalSAWS.

Foster Care Youth Runs Away

**MAO ES Responsibilities**

1. Retrieves the Medi-Cal Referrals from the MEDS Inbox at [MEDS\_Referral@dcfs.lacounty.gov](mailto:MEDS_Referral@dcfs.lacounty.gov) when a youth runs away from placement.
2. Assigns the Medi-Cal Referral to an EW.

1. Provides the case information to the MAO Unit Clerk to open the Medi-Cal Block in CalSAWS.

**MAO Unit Clerk Responsibilities**

1. Activates the Medi-Cal Block in CalSAWs (if necessary).
2. Generates a Work Order to assign for action needed.

**MAO EW Responsibilities**

1. Reviews the information in the Medi-Cal Referral received for processing.
2. Accesses CalSAWS to evaluate and complete the eligibility determination.
3. Runs EDBC to complete the MAO determination/redetermination.
4. Forwards the case to the ES for authorization.

**MAO ES Responsibilities**

1. Reviews the child/youth’s case for accuracy.
2. Reviews CalSAWS for completion and accuracy under the following sections:
3. Individual Demographics and Vital Statistic pages.
4. Case Summary to verify the correct aid code and Redetermination Due Date.
5. Residency Page, identify child/youth residency status.
6. Household Status Page, identify if the child/youth is under the following categories:
   * In the Home.
   * Permanently Out of the Home.
   * Temporarily Out of the Home.
7. Verifies that the EW ran to the come-up month.
8. Authorizes and approves the child/youth’s case on CalSAWS.

Infant Supplement

**MAO ES Responsibilities**

1. Retrieves the Medi-Cal Referrals from the MEDS Inbox.
2. Assigns the Medi-Cal Referral to the designated MAO EW.
3. Provides the case information to the MAO Unit Clerk to open the Medi-Cal Block in CalSAWS.

**MAO Unit Clerk Responsibilities**

1. Activates the Medi-Cal Block in CalSAWS (if necessary).
2. Generates a Work Order to assign for action needed.

**MAO EW Responsibilities**

1. Reviews the information in the MEDS Referral received.
2. Verifies in CWS/CMS under the Ongoing Page if Infant Supplement is already established in the case.
3. Accesses CalSAWS to evaluate and complete the eligibility determination.
4. Runs EDBC to approve the infant Medi-Cal case.
5. Forwards the case to the ES for authorization.

**MAO ES Responsibilities**

1. Reviews the infant’s Medi-Cal case for accuracy.
2. Reviews CalSAWS for completion and accuracy under the following sections:
3. Individual Demographics and Vital Statistic pages.
4. Case Summary to verify the correct aid code and Redetermination Due Date.
5. Residency Page, identify infant residency status.
6. Household Status Page, identify if the infant is under the following categories:

* In the Home.
* Permanently Out of the Home.
* Temporarily Out of the Home.

1. Verifies that the MAO EW ran to the come-up month.
2. Authorizes the infant’s Medi-Cal case on CalSAWS.

Disenrollment from a Managed Health Care Provider or Health Insurance

**MAO ES Responsibilities**

1. Retrieves the Medi-Cal Referrals from the MEDS Inbox: [MEDS\_Referral@dcfs.lacounty.gov](mailto:MEDS_Referral@dcfs.lacounty.gov).
2. Assigns the Medi-Cal Referral to the designated MAO EW.

**MAO EW Responsibilities**

1. Retrieves MEDS Disenrollment Referrals ([AAP](https://mylakids.dcfs.lacounty.gov/aap-meds/) or [Foster Care](https://mylakids.dcfs.lacounty.gov/fcmdr/)) from the MEDS inbox: [MEDS\_Referral@dcfs.lacounty.gov](mailto:MEDS_Referral@dcfs.lacounty.gov).
2. Verifies the following child/youth information from the Medi-Cal Disenrollment Referral:
   1. Name
   2. Date of Birth
   3. MEDS ID
   4. CIN
   5. Health Care Plan (HCP) name provider
   6. Placement Date
3. Accesses MEDS and CWS/CMS to verify if the child/youth is in placement and enrolled in a Health Maintenance Organization (HMO), Pre-paid Health Plan (PHP), Health Care Provider (HCP), or in any other health coverage.
4. Submits via Fax the Medi-Cal Disenrollment Referral to the Department of Health Care Services (DHCS) in Sacramento for processing.
5. Verifies in MEDS if the disenrollment was completed.
6. Records all activity in the MEDS Disenrollment Log.

Annual Redetermination for Medi-Cal Assistance Only (MAO)

### **MAO EW Responsibilities**

1. Access CalSAWS for an annual MAO redetermination.
2. Reviews the Medi-Cal case load in CalSAWS to ensure that the child/youth continues to meet all Medi-Cal eligibility requirements.
3. Updates the child/youth’s information in CalSAWS such as:

* Address Change
* Aid Code
* Process Medi-Cal Discontinuance if needed for the following reason:
* Inter County Transfer (for children/youth under ICAMA).
* Permanency Plan established (for children/youth under ICPC).
* Child/youth is release from incarceration (for children/youth under Probation).
* AWOL Minor/youth placed into Foster Care or reached age of majority.
* Minor/youth confirmed deceased.
* Minor/youth receiving another type of Medi-Cal (SSI, CalWorks, etc.).

1. Runs EDBC by selecting “RE” under Run Reason to complete the MAO redetermination.

Medi-Cal Eligibility Data Systems (MEDS) Exception Alert

**Medi-Cal EW Responsibilities**

1. Receives a MEDS list/alert from the Medi-Cal ES. The exceptions may include:

* The Client Index Number (CIN)
* Name or Date of Birth Conflicts
* Multiple Records
* Aid Code Discrepancy
* Address Flag Verification
* SSI Conflict Exception (which is given priority)

1. Reviews CalSAWS, CWS/CMS, and MEDS computer systems to determine the reason for the discrepancy or conflict and corrects the discrepancy.

* When a ‘hold’ is indicated on the MEDS screen, the EW accesses the MEDS Worker Alert Screen to determine the cause of the ‘hold’; The Worker Alert Screen is found in CalSAWS and/or MEDS. The middle digit ‘8’ identifies individuals whose prior month eligibility was continued as a Burman ‘hold’.
* When there are multiple records found, the EW completes the Foster Care or AAP Medi-Cal Duplicate CIN Referral and attachments (birth certificate and Social Security Card) to the CIN Combining Records EW via MEDS Inbox.

**Hospital Hold Detention Prior to Foster Care Placement**

**MAO ES Responsibilities**

1. Retrieves the Medi-Cal Referral, [DCFS 413](https://lakids.dcfs.lacounty.gov/DCFS/forms/documents/Eligibility/DCFS%20413.dot) from the MEDS Inbox.
2. Assigns the Medi-Cal Referral to the designated MAO EW.

**MAO EW Responsibilities**

1. Reviews the information in the Medi-Cal Referral, DCFS 413 received.
2. Verifies in CWS/CMS the Non Foster Care placement is created, and the Medical Facility is reflected under placement.
3. Accesses CalSAWS to verify if there is an existing Foster Care Block.
4. Updates the address in CalSAWS Contact Summary Page as found in CWS/CMS and/or the DCFS 413.
5. Runs EDBC to approve the activation Medi-Cal case.
6. Forwards the case to the ES for authorization.

**MAO ES Responsibilities**

1. Reviews the iMedi-Cal case for accuracy.
2. Verifies that the MAO EW ran to the come-up month.
3. Authorizes the Medi-Cal case on CalSAWS.

**Child/Youth Released from a Hospital after Hours and in Need of an Emergent Medi-Cal**

**Command Post Eligibility Worker/Technical Assistant (EW/TA) Responsibilities**

1. Conducts search on MEDS
2. If there is an existing record for Foster Care or CalWORKs, provides Medi-Cal letter to CSW.
3. Submits a MEDS Referral to the Medi-Cal Unit via email at [MEDS\_Referral@dcfs.lacounty.gov](mailto:MEDS_Referral@dcfs.lacounty.gov) to update MEDS records.

**Billing Statement/Invoice Received from a Medi-Cal Provider**

**Centralized Medi-Cal Unit Responsibilities**

1. Receives a Medi-Cal provider billing statement/invoice.
2. Accesses CWS/CMS, CalSAWS and MEDS to verify the following data during period of service:

* Minor/Youth Name
* Date of Birth
* Caregiver’s Name
* Placement Date
* Placement Address
* Aid Code
* BIC Issuance Date
* CIN

1. Contacts the foster care caregiver, adoptive parents/legal guardians, EW or CSW if additional information is necessary to determine the eligibility status during the time of service.
2. If the child/youth is eligible for Medi-Cal benefits, the Centralize MEDS EW sends the Medi-Cal Eligibility letter via certified US mail to the medical provider.
3. If the child/youth is not eligible for Medi-Cal benefits contacts the requestor and explain the child/youth Medi-Cal ineligibility status during the period of services.
4. Initiates a Medi-Cal Eligibility Letter to the medical provider and attaches a billing statement/invoice via certified US mail.
5. Records all activity in the Medi-Cal Billing Log, CWS/CMS Case Notes and CalSAWS Journal.
6. Keeps a physical copy of the following documents:
   * + - * Medi-Cal Eligibility Letter
         * Billing Statement/Invoice
         * MEDS Printouts
         * Placement Printouts
         * Certified Mail Receipt

APPROVALS

**Eligibility Supervisor (ES)**

Review the determination of the approval/denial MAO segments for the authorization on the computer system for CalSAWs.

**Human Services Administrator I (HSA I)**

Review and authorize the Medi-Cal benefits for medical expenses that occurred over one year or prior.

HELPFUL LINKS

**Forms**

CWS/CMS

[SAWS 1](https://www.cdss.ca.gov/Portals/9/Additional-Resources/Forms-and-Brochures/2020/Q-T/SAWS1.pdf?ver=2022-10-12-152554-173)**,** Application for Cash Aid, Food Stamps, and/or Medi-Cal/Health Care

LA Kids

[DCFS 413](https://lakids.dcfs.lacounty.gov/DCFS/forms/documents/Eligibility/DCFS%20413.dot)**,** Medi-Cal referral

[ICPC 100B](https://cdss.ca.gov/Portals/9/FMUForms/I-L/ICPC100B.pdf), Interstate Compact On The Placement of Children Report on Child’s Placement Status

MEDS Disenrollment Referrals ([AAP](https://mylakids.dcfs.lacounty.gov/aap-meds/) or [Foster Care](https://mylakids.dcfs.lacounty.gov/fcmdr/))

Hard Copy

Medi-Cal Disenrollment Information Letter

Medi-Cal Coverage Authorization Letter

[AD4320](https://www.cdss.ca.gov/cdssweb/entres/forms/English/AD4320.PDF), Adoption Assistance Program (AAP) Agreement

[ICAMA 7.01](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Faaicama.org%2Fwp-content%2Fuploads%2F2023%2F08%2FFORM-7.01-ICAMA-Form-California-and-New-York-ver.-2022-Final-3.docx&wdOrigin=BROWSELINK), Notice of Medicaid Eligibility/Case Activation

[MC 250](https://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc250.pdf), Application of Statements of Fact for a Child not Living with a Parent or Relative and for Whom a Public Agency is Assuming some Financial Responsibility

[SOC 369A](https://cdss.ca.gov/cdssweb/entres/forms/english/soc369a.pdf), Kinship Guardianship Assistance Payment (KIN-GAP) Program Agreement Amendment

**Related Policy Guides**

[E080-0550](https://pubftp.dcfs.lacounty.gov/Policy/Hndbook%20FCE/E080/E0800550IcTv1010.doc), Intercounty Transfer

[E080-0560](https://pubftp.dcfs.lacounty.gov/policy/hndbook%20fce/E080/E080-0560.doc), Interstate Compact Placement Contract (ICPC)

[E090-0570](https://pubftp.dcfs.lacounty.gov/Policy/Hndbook%20FCE/E090/E0900570v1012.doc), Minor Mother/Infant Supplement Placement

**Statutes & Regulations**

[California Code of Regulations (CCR), Title 22](https://govt.westlaw.com/calregs/Document/I4291CED35B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))**,** Determination of Medi-Cal Eligibility and Share Cost.

[Title IV-E](https://www.ssa.gov/OP_Home/ssact/title04/0400.htm), The Social Security Act provides for the Federal Foster Care and Adoption Assistance Programs for foster children.

[Welfare and Institutions Code (WIC) 14005.37](https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-14005-37/)