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Director

State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

April 1, 2009

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 09-16
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: MEMORANDUM OF UNDERSTANDING BETWEEN THE CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION (CDCR)
AND THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
(DHCS) REGARDING THE PRE-PAROLE PROCESS FOR SECURING
MEDI-CAL ENTITLEMENTS
(Reference: Agreement No. P07.0035)

The purpose of this letter is to:

- Inform counties of the enactment of a Memorandum of Understanding (MOU) between CDCR and DHCS that creates a process to complete and submit Medi-Cal applications for inmates or wards of CDCR prior to their release.
- Provide a general overview of the enclosed MOU.
- Provide a summary of the responsibilities of County Welfare Departments (CWDs) and the CDCR.
- Transmit a copy of the MOU to the counties.

OVERVIEW

In January 2008 DHCS entered into an agreement with CDCR which facilitates the completion and submittal of Medi-Cal applications for inmates and wards of CDCR prior to their release. A copy of this agreement is enclosed with this letter. The intent of this agreement is to allow inmates timely access to Medi-Cal benefits upon their release if they are eligible. During this process CDCR facilities will share information with CWDs regarding the release date for inmates and will complete and submit Medi-Cal applications to the appropriate CWDs. CWDs will accept and process the Medi-Cal applications and notify the appropriate CDCR facility (or the ward or inmate as appropriate) of the outcome of the eligibility determination.

SUMMARY OF RESPONSIBILITIES

CDCR Facilities will:

- Identify inmates that are potentially eligible for Medi-Cal benefits upon release.
- Submit completed Medi-Cal applications and supporting documentation to the appropriate CWD contact person.
- For applicants under 21 years of age, notify the parent or guardian, if necessary, of their intention to seek Medi-Cal benefits.
- Notify the appropriate CWD of the parole date and residence address.
- Maintain a supply of Medi-Cal applications and forms.
- Refer inmates potentially eligible for Medi-Cal to the CDCR Benefits Worker who will work in cooperation with the appropriate CWD.
- Provide DHCS with a Staff Point of Contact and backup for that contact at each facility.

CWDs will:

- Accept Medi-Cal applications sent from CDCR prisons and facilities.
- Acknowledge receipt of an application via a cover letter to the designated CDCR staff within ten days of receipt of an application.

- Work with CDCR staff and when appropriate, with a ward's parent or guardian to complete the application.
- Expedite the application if the ward or inmate is scheduled for release in fewer than 45 days.
- Forward the ward's information to the Healthy Families Program or another appropriate health coverage program if the ward is not eligible for Medi-Cal.
- Notify the designated CDCR Benefits Worker in writing, by means of the enclosed transmittal form (Enclosure 2), on the outcome of the eligibility determination or if additional information is required.
- Notify CDCR at least ten days prior to the expected parole date if the Medi-Cal determination is not completed.
- Provide a Temporary Paper Benefits Identification Card to enable the inmate or ward to access Medi-Cal benefits immediately upon release if the county determines that the inmate or ward is Medi-Cal eligible.
- Provide the Medi-Cal Eligibility Division with a contact person and a designated back-up who will receive Medi-Cal applications from CDCR.

If you have any questions regarding this letter or the MOU, please contact Mr. Jeffery Baca at (916) 552-9513 or through email at jeff.baca@dhcs.ca.gov . Each county must designate a contact person for matters related to cases processed under this MOU. Please provide Mr. Baca with a county contact person within seven days of the date of this letter.

ORIGINAL SIGNED BY

Vivian Auble, Chief
Medi-Cal Eligibility Division

Enclosures

**MEMORANDUM OF UNDERSTANDING
CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
AND
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Preparole Process for Securing Medi-Cal Entitlements
Agreement No. P07.0035**

I. INTENT

The intent of the California Department of Corrections and Rehabilitation (CDCR) and the California Department of Health Care Services (DHCS), by entering into this Memorandum of Understanding (MOU), is to provide a framework by which the parties function cooperatively in completion and submission of timely Medi-Cal applications to determine benefit eligibility for CDCR inmates and wards prior to parole.

II. GENERAL PROVISIONS

- A. This MOU will become effective December 1, 2007, or when signed by both parties, whichever occurs later, and shall terminate November 30, 2010.
- B. This agreement may be amended at any time by a written modification of this agreement that satisfies both parties.

III. PURPOSE

The purpose of this agreement is to identify and formalize procedures which will facilitate timely entitlement to Medi-Cal benefits for inmates and wards of CDCR. The prerelease application procedures will allow inmates and wards to file for Medi-Cal benefits prior to their release, providing for a smooth transition of paroling inmates and wards back into the community, thus reducing crime and recidivism.

IV. ANTICIPATED RESULTS

It is anticipated that with both CDCR and DHCS working together, inmates and wards will have their eligibility for Medi-Cal benefits determined or substantially developed before they are released from incarceration.

Although not all releasing inmates and wards are expected to qualify for Medi-Cal benefits, it is anticipated that for those who do qualify, a pre-release application process and establishment of benefits upon release will provide increased parole success and improve public safety.

V. RESPONSIBILITIES OF EACH AGENCY

CDCR Facilities will:

- A. Identify inmates and wards that may qualify for Medi-Cal benefits upon parole including:
 - 1. Potential eligibility determined due to existing medical/mental disability that is expected to continue after release from incarceration.
 - 2. Potential eligibility determined due to age. All wards under the age of 21 and all inmates over the age of 65 should be identified for pre-release application for Medi-Cal benefits.

- B. Submit completed Medi-Cal applications and supporting documentation with a CDCR cover letter up to 180 days prior to parole to the designated County Welfare Department (CWD) contact person within the county where the inmate/ward is scheduled to be released. Applications can be submitted up to 180 days prior to release, when necessary, but applications should be submitted to the CWD no later than 90 days prior to parole for disabled individuals and no later than 45 days prior to parole for nondisabled individuals.
 - 1. Documentation to be submitted to county welfare departments shall include:
 - a. An Authorized Representative form signed by or on behalf of the ward or inmate authorizing the CDCR Benefits Worker to represent the ward or the inmate with respect to determination of Medi-Cal eligibility.
 - b. An application in the ward or inmate's name.
 - c. Contact information for the ward's parent or guardian if available.
 - d. Sufficient information to begin determining the ward or inmate's eligibility for Medi-Cal, including the information that is necessary to establish disability when appropriate.
 - e. Authorization to release medical information, if needed.

- C. For applicants under 21 years of age, notify the parent or guardian, in writing, of its intention to submit an application for Medi-Cal benefits. If the parent or guardian does not respond or want an application to be submitted on behalf of their child, there will be no application.
 - 1. Wards under age 21 who can sign the Statement of Facts are:
 - a. Wards 18-21 years of age who are blind or disabled medically needy, living in the home of a parent and not currently enrolled as a student.
 - b. Wards 18-21 years of age who are not living with parents or caretaker relatives, are not claimed as a tax dependents of his or her parent(s), are not receiving out-of-home care from a public agency and the county has determined that no person or agency accepts legal responsibility for them.
 - c. Wards 14-18 years of age who are not living in the home of a parent or caretaker relative and do not have a parent or legal guardian handling any of his or her financial affairs.
 - d. Persons applying for minor consent services on his or her own behalf.
- D. Notify the designated CWD of the effective parole date, residence address, or, if applicable, upon release of an inmate/ward, CDCR shall notify the designated CWD about placement into a medical/mental health care facility.
- E. Maintain a supply of Medi-Cal applications and forms.
- F. Refer inmates/wards identified as potentially eligible for benefit entitlements to the CDCR Benefits Worker who will work in cooperation with the designated county Medi-Cal office. The CDCR benefits worker will:
 - 1. Provide one-on-one consultation to clients prior to parole regarding benefits.
 - 2. Determine to which benefit program inmates/wards should be referred prior to release.
 - 3. Have the inmate/ward sign a Release of Information/Authorized Representative Form.
 - 4. Send the original Medi-Cal application with supporting documentation to the CWD contact person where the inmate/ward is scheduled to be released. In addition, one copy will be provided to the inmate/ward applicant, and one copy will be retained in the inmate/ward's unit health record at the prison/facility.

G. Provide the DHCS with a listing of the Staff Point of Contact and back-up Staff Point of Contact at each CDCR facility. This contact listing will identify the staff responsible for submitting Medi-Cal applications to the designated CWD contact person and will serve as point of contact during the application process. The listing of CDCR points of contact will include:

- Facility Name
- Staff name (primary)
- Staff name (back-up), if applicable
- Phone number(s)
- Fax number(s)
- E-mail address(es)
- Facility mailing address

DHCS will direct County Welfare Departments to:

1. Accept Medi-Cal applications sent from CDCR prisons/facilities for inmates and wards prior to their release. Inmates and wards may not have a place of residence at the time. Upon release of parole, a place of residence will be provided to the County.
2. Acknowledge receipt of an application via a cover letter to designated CDCR staff within ten days of receipt of an application.
3. Work with CDCR staff and when appropriate, with a ward's parent or guardian to complete the application.
4. Expedite the application if the ward or inmate is scheduled for release in fewer than 45 days.
5. Forward the ward's information to the Healthy Families Program or another appropriate health coverage program if the ward is not eligible for Medi-Cal with the permission of the ward's parent or guardian as required by State law.
6. Notify the designated CDCR Benefits Worker in writing on the outcome of the eligibility determination or if additional information is required.
7. Notify CDCR at least ten days prior to the expected parole date if the Medi-Cal determination is not completed.
8. Provide a Temporary Paper Benefits Identification Card to enable the inmate or ward to access Medi-Cal benefits immediately upon release if the county determines that the inmate or ward is Medi-Cal eligible.
9. Provide the Medi-Cal Eligibility Division with a contact person and a designated back-up who will receive Medi-Cal applications from CDCR in

accordance with this MOU. In addition, the designated county staff will work with appropriate CDCR staff to assist them as needed to carry out the requirements of this letter. This letter will be followed by an information letter to provide counties with a list of the CDCR contacts in each county.

VI. OTHER CDCR-DHCS AGREEMENTS

This agreement does not alter any existing agreements between CDCR and DHCS.


VII. DEPARTMENT CONTACTS

For all matters concerning this MOU, please contact Jeffery Baca with DHCS at (916) 552-9523. To contact CDCR regarding this agreement, please contact Yolanda Murillo, Program Manager, at (916) 323-3552.

VIII. SIGNATURES

Signatures in witness hereto, the parties have executed this agreement by their duly authorized officials.

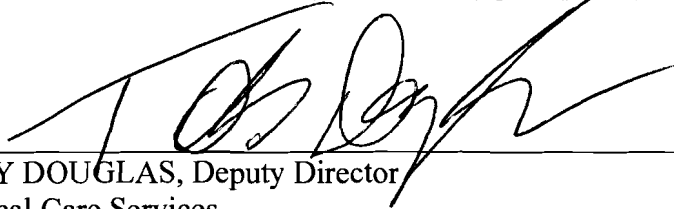
CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

By: 

DAVE RUNNELS, Undersecretary
Operations

Date: 1/25/08

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

By: 

TOBY DOUGLAS, Deputy Director
Medical Care Services

Date: 1/25/08

TRANSMITTAL TO CDCR BENEFITS WORKER ON DETERMINATION OF WARD'S MEDI-CAL ELIGIBILITY

DETERMINATION OF BENEFITS FOR:

[*Insert Identifying Information Here*](#)

This notice may provide different information for different months.

- This ward is eligible to receive no-cost Medi-Cal benefits beginning the first day of _____.

- This ward is eligible to receive Medi-Cal benefits with a share-of-cost beginning the first day of _____.

- This ward is eligible to receive limited Medi-Cal benefits beginning the first day of _____.

- Due to a change of his or her release date, this ward is not eligible to receive Medi-Cal benefits beginning the first day of _____; instead he or she will be eligible to receive Medi-Cal benefits beginning the first day of _____.

- This ward's application for Medi-Cal, dated _____, has been denied.

The reason for this denial is:

- In order to determine the ward's eligibility we need the following information:

Please Note: Other family members with different eligibility status will receive a separate notice.