

**County of San Diego, Health and Human Services Agency (HHSA)
County Medical Services (CMS) Program Guide**

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Background

CMS requires all applicants to be evaluated for Medi-Cal, as a condition of eligibility for CMS. If the applicant is determined linked to Medi-Cal eligibility and refuses to apply for or accept Medi-Cal coverage, they are **not** eligible for CMS. CMS benefits **must** be discontinued when the recipient becomes enrolled in Medi-Cal as outlined in 15.01.

Policy/Procedure:

A: CalWORKs Linkage

Refer parents of minor children who are disabled, incapacitated, or unemployed to CalWORKs. Evaluate linkage based upon the definition described in MPG 05.02. Refer to 08.05 for case processing if the parent is denied CalWORKs.

B: Potential Medi-Cal Linkage

Disability Determination Services Division (DDSD) Referral

If the CMS applicant is **not** enrolled in Medi-Cal and declares a disabling condition, process the Medi-Cal DDSD and CMS applications concurrently. If the applicant refuses to apply for or comply with the entire Medi-Cal DDSD application process, the applicant is **not** eligible for CMS.

Previous Medi-Cal DDSD Application Denied: Returning CMS Applicant

Review the denial reason when a CMS applicant is denied disability linked Medi-Cal (DDSD) and returns to apply for CMS within 90 days of the Medi-Cal DDSD denial.

If the:

- Denial reason is correct and is not due to no show, failure to provide, or failure to cooperate:
 - certify CMS for up to the allowable period, if otherwise eligible; and
 - document the Medi-Cal DDSD denial reason in case comments.
- Denial reason is questionable (e.g. SSI denied for reasons other than **no** disability; 250% Working Disabled Program **not** evaluated for working individual, etc.):
 - refer the individual to appeal the Medi-Cal DDSD denial; and
 - approve CMS for the allowable period ONCE the applicant has complied with the Medi-Cal DDSD appeal process, if otherwise eligible.
- 90 day appeal timeframe has expired:
 - process the Medi-Cal DDSD application and retroactive month(s) as needed, and CMS applications concurrently; and
 - approve CMS for the allowable period once the applicant has fully complied in completing the Medi-Cal DDSD application process, has met **all** Medi-Cal eligibility and verification requirements, and the DDSD packet has been imaged into the CalWIN Electronic Records Management System (CERMS), if otherwise eligible. **Note:** The DDSD decision is **not** required **prior** to the approval of CMS benefits.

Previous Medi-Cal DDSD Application Denied: New CMS Applicant

Evaluate if the denial is within the Medi-Cal 90 day appeal timeframe when a new CMS applicant was denied Medi-Cal DDSD because s/he is **not** linked and yet continues to declare a disabling condition.

If the:

- Denial is within the appeal timeframe:
 - refer the applicant to appeal the denial; and
 - approve CMS for the allowable period once the applicant has complied with the Medi-Cal DDSD appeal process, if otherwise eligible.

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- Appeal timeframe has expired:
 - process the Medi-Cal DDSD application and retroactive month(s) as needed and CMS applications concurrently; and
 - approve CMS for the allowable period once the applicant has fully complied with the Medi-Cal DDSD application process, has met **all** Medi-Cal eligibility and verification requirements, and the DDSD packet has been imaged into CERMS, if otherwise eligible. **Note:** The DDSD decision is **not** required **prior** to the approval of CMS benefits.

Previous Medi-Cal DDSD Application Denied: Unrelated to Disability

If the Medi-Cal DDSD application is denied for a reason unrelated to disability, such as no show, failure to provide, or failure to cooperate, **do not** approve CMS benefits until s/he has fully complied in completing the entire Medi-Cal DDSD application process.

Cash Assistance Program for Immigrants (CAPI) Applicants

CAPI is a cash program for certain immigrants who are not eligible to SSI/SSP solely due to their immigration status. **Do not** approve CMS benefits to an applicant who has an **active** CAPI case CMS benefits because the applicant is linked to Medi-Cal.

A CMS applicant who has a **pending** CAPI application must also apply for Medi-Cal DDSD and may be approved CMS for the allowable period while the DDSD decision is pending, if otherwise eligible. The DDSD process for CAPI is the same as Medi-Cal. However, a separate Medi-Cal DDSD application has to be requested by the applicant.

C: Pending SSI/SSA Disability Application/Appeal

A CMS applicant **not** enrolled in Medi-Cal who has a pending SSDI/SSI application or appeal decision should have applied for Medi-Cal DDSD at the time s/he applied for SSDI/SSI. If the applicant did **not** apply for Medi-Cal DDSD, in order to protect the Medi-Cal filing date, process the Medi-Cal DDSD, including any retro months, and CMS applications concurrently as instructed in 02.10.

Note: You may deny the Medi-Cal DDSD application on the basis of no disability in CalWIN for applicants appealing an SSDI/SSI denial issued within the last 12 months for not having a disabling condition. This denial action protects the Medi-Cal DDSD filing date so that if the final SSDI/SSI appeal decision is favorable to the CMS recipient, CMS Recovery staff will initiate corrective action to rescind the Medi-Cal DDSD application denial and receive reimbursement from Medi-Cal.

Legal Aid SSI Advocate Referral

A CMS applicant who has been identified as potentially eligible to SSI may be referred to the Legal Aid SSI Advocate for assistance in applying/reapplying for SSI benefits or assisting with the process of filing an SSI appeal. Complete and fax or mail the SSI Advocate Referral (CMS-2) form to the SSI Advocate and note in case comments that an SSI Advocate referral was made. Refer to 08.06 for additional information.

D: Deceased Person

Because CMS is the program of last resort, **do not** consider an application for CMS made on the behalf of a deceased person. CMS denies all provider claims for services given to a CMS applicant who passes away while in the hospital. Deceased applicants are linked to Medi-Cal because Medi-

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Cal defines disability as *“the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death.”*

E: Medi-Cal Disability Linkage Established

A CMS applicant/recipient is **not** eligible for CMS if s/he is determined to be federally disabled according to the criteria in Title II or XVI of the Social Security Act or by State DDSD. Following a determination that a CMS applicant/recipient has been determined disabled, a Member Alert will be placed in AuthMed by CMS Recovery.

A CMS recipient who has applied for Medi-Cal has the responsibility to complete the entire Medi-Cal application process. If the applicant has been determined disabled but fails to finish the entire Medi-Cal eligibility determination process, s/he **CANNOT** return to CMS.

Impact:

No impact to other program(s)

Reference(s):

None

Release Date:

December 23, 2014

Sunset Date:

This policy will be reviewed for continuance by January 1, 2017.