

**County of San Diego, Health and Human Services Agency (HHSA)
Medi-Cal Program Guide**

Intercounty Transfers

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Revision Date:

04/01/2021

Background:

When a Medi-Cal beneficiary moves permanently from one county to another within the state, the beneficiary's Medi-Cal benefits must be transferred to the new county with no interruption in benefits. The process of transferring responsibility for a beneficiary's Medi-Cal benefits from one county to another is called an Intercounty Transfer (ICT).

The statewide Electronic Intercounty Transfers (eICT) system connects all California counties, allowing Human Services Specialists (HSS) to electronically perform an ICT of a case from one county to another regardless of the system that county is using for eligibility determinations. The eICT automates the processes that are essential to the transfer of beneficiary benefits throughout California counties.

Purpose:

This section was updated to incorporate recent changes to the ICT process for when only part of a household moves to another county along with general clarifications on ICTs. In addition, a sunset review was completed, and obsolete information has been removed.

Policy:

- Medi-Cal beneficiaries have the option to report a change of county residence in person, in writing, electronically, or by phone.
- The Receiving County must not require the individual to complete a new application or a full eligibility review until the next redetermination (RV) date, as established in the case by the Sending County.
- HSSs in both Sending and Receiving Counties must ensure all Medi-Cal cases remain active throughout the ICT period with no interruption in benefits. The Sending County may not terminate their case until the effective date in the new county is confirmed.

A. Initiating an ICT

When a Medi-Cal beneficiary reports a permanent change of county residence, the county that received the notification (Sending or Receiving) must initiate an ICT, using the eICT system, within 7 business days.

B. Incoming ICTs

The ICT Liaison(s) at each Family Resource Center (FRC) will monitor the receipt of ICTs through the CalWIN system. Access staff will forward any ICTs received via email or telephone to the FRC for processing.

C. Outgoing ICT Attachments

These documents must be included when sending the ICT:

- Current Statement of Facts and supplements (Request for Tax Household Information (RFTHI), RV Forms, etc.)
- Identification verification and Social Security numbers
- Case Comments for past 12 months

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- Latest Notices of Action (NOA) for eligibility or share of cost (SOC)
- Other health coverage information
- Income verifications
- Citizenship information
- MC 05 Veterans Referral Form
- Copy of Disability Determination Services Division (DDSD) decision or verification of incapacity
- Authorized Representative form(s)

D. ICT Transfer Period

The Receiving County must complete the ICT no later than the first available benefit month following the 30 days after the beneficiary's initial notification of their change in residence. The beginning date of aid in the Receiving County is determined by the date the ICT is received.

Example: The beneficiary contacts the Sending County on Wednesday, January 10 to report that they are moving to a new county. The Sending County must initiate the ICT within seven business days or, in this instance, no later than Friday, January 19. This ICT must be completed by the next available benefit month which falls after the 30th day from the beneficiary's initial notification that they have moved. In this scenario, the beneficiary's ICT must be processed and completed by the Receiving County, effective March 1.

E. Reasons for Not Initiating an ICT

An ICT is **not** required if the beneficiary:

- Reports the loss of California residency
- Sends in a written request to discontinue Medi-Cal benefits
- Is incarcerated
- Is ineligible due to institutional status
- Is deceased
- Is an incompetent long-term care (LTC) individual and the Representative (aka Key Person) or Conservator resides in San Diego County and requests that the case not be transferred.

F. Annual RV

If an annual RV is due or overdue at the time an address change is reported, the county must not delay initiating the ICT. It is the Receiving County's responsibility to process the redetermination.

G. Managed Care Health Plans (MCHP)

If a beneficiary requires non-emergency care and is still enrolled in an MCHP in the county from which they moved, the Medi-Cal Managed Care Ombudsman may be contacted to complete an expedited disenrollment. The Ombudsman can be contacted by the beneficiary or County staff at 1-888-452-8609 or MMCDOmbudsmanOffice@dhcs.ca.gov. For urgent requests, the Department of Healthcare Services (DHCS) website contains a fillable form for use by **County** staff: <http://dhcs.ca.gov/MCOmbudsman>.

Emergency services are covered regardless of which plan the beneficiary is assigned.

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H. Whereabouts Unknown

If a beneficiary contacts either county to report a new address within 30 days of discontinuance for whereabouts unknown, the Sending County must restore the case without a break in aid, and then initiate an ICT to the Receiving County.

I. Part of Household Moves Out of County

Sending County

The Sending County must initiate a manual ICT when a beneficiary reports to either county that they are permanently moving to a new county and are no longer being claimed as a member of the tax household in the Sending County.

The Sending County will send the manual ICT within seven business days of notification of the move. The manual ICT process is completed outside of CalWIN so Sending and Receiving Counties must maintain clear and timely communication regarding the status of the ICT.

The following documents must be sent securely when initiating a manual ICT:

- MC 360 – to include a description of household composition and the contact information for San Diego (manual ICTs only)
- Current Statement of Facts and supplements (RV Forms, etc.)
- Identification verification and Social Security numbers
- Tax filing information
- Case Comments relevant to the eligibility determination
- Income verifications
- Citizenship information

During the manual ICT process, the beneficiary will remain active on the Sending County's case until the Receiving County confirms active Medi-Cal in their county. Once eligibility is established, the Sending County will complete a change in circumstance redetermination for the remaining household members.

Receiving County

The Receiving County must complete a change in circumstance redetermination after they receive the manual ICT. Information should be obtained through the ICT material received and an ex parte review if necessary. Additional information must only be requested from the beneficiary when necessary and related to the change in circumstances.

If the beneficiary who moved out of the household was not the primary contact in the Sending County, the Receiving County must review the Rights and Responsibilities and obtain a signed penalty of perjury statement from the beneficiary for the new case.

Exceptions to Manual Processing

- If the Sending County receives new and complete information regarding the beneficiary who is moving to the new county (new address, tax filing status, current income, etc.), they will establish a new case and redetermine Medi-Cal eligibility. The Sending County will then initiate the ICT using the eICT automated process.

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- An ICT is not initiated if the County is informed of the beneficiary's move but the address in the new county is not known. An ex parte review must be completed to determine if the new address is available. If the new address is not available, send an MC 355 to the beneficiary at their last known address. If the mail is returned as undeliverable, the beneficiary will be discontinued for whereabouts unknown, and a NOA must be sent to the last known address.
- If an individual beneficiary moves to a new county, but they continue to be claimed as a tax household member in their former county, this is not considered an ICT, and they will remain active on the existing case. The county will update the address for the individual only, so they are able to enroll in a health plan in the new county.

Temporary Move

The ICT process will not be initiated when a family member temporarily moves out of the home to attend school or obtain health treatments outside the county of residence.

J. Retroactive Requests

The Receiving County is responsible for processing retroactive benefits requests. If the request requires a budget calculation for a period in which the beneficiary was active in the previous county, staff should contact Medi-Cal Program for assistance with obtaining information from the other county.

K. Other ICT Types

An ICT is required for the following case types:

- Aid Code 38 (discontinued CalWORKs)
The Receiving County will complete a change in circumstance redetermination using ex parte.
- Transitional Medi-Cal
- Former Foster Youth
- In-Home Supportive Services (IHSS) linked
The Sending County worker must complete a Medi-Cal evaluation. If the beneficiary is eligible to ongoing benefits, a Medi-Cal only ICT must be initiated.
- Craig v. Bonta
The Sending County must notify the Receiving County by sending an MC 360. There is no CalWIN case for these individuals, so ICT documents are not required.
- CalWORKs
If the Receiving County does not approve a CalWORKs ICT, a Medi-Cal only ICT must be processed.

Procedure:

Find How-To instructions for the eICT process on the Eligibility Essentials site under *CalWIN and Systems Support*.

HT172 Send an Inter-County Transfer
HT173 Cancel an Inter-County Transfer
HT174 Request an Inter-County Transfer

References:

Eligibility Policy and Procedure Guide (EPPG) 01-04

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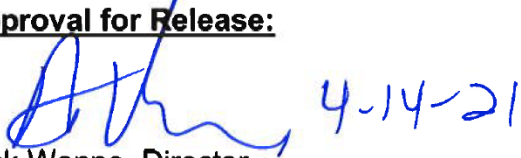
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ACWDLs 03-12, 04-14, 16-10,18-02 and 18-02E

Sunset Date:

This policy will be reviewed for continuance by 03/31/2024

Approval for Release:

Handwritten signature in blue ink, followed by the date "4-14-21" also in blue ink.

Rick Wanne, Director
Self-Sufficiency Services