

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

Verification Requirements

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04.07.01

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Revision Date:

3/01/2022

Background:

Medi-Cal customers are responsible for making available all documents needed for the determination of eligibility. As part of the application/redetermination process, explain verification requirements to the customer, evaluate the customer's ability to obtain verifications, and assist in obtaining the verifications whenever necessary.

Purpose:

Included with the reformatting, this section is being updated to include information implemented by the Affordable Care Act (ACA), previously issued in Special Notice (SN) 13-09 Addendum A, and updates to verifications to be accepted electronically.

Policy:

04.07.01A Verification Required Before Approval

Certain information indicated on the Statement of Facts by the customer must be verified prior to approval of the application. Information which must be verified **PRIOR** to approval of the application includes:

- Income
- Income deductions (only required to allow deductions)
- Real and Personal Property (for Non-Modified Adjusted Gross Income (MAGI) Medi-Cal only)
- Age (See 04.07.01C for more information)
- Blindness/Disability (for Non-MAGI only)
- Legal Responsibility for a child (if child is applying alone, except for Minor Consent)
- Substantial Gainful Activity (SGA) (for Non-MAGI only)

With the implementation of the ACA, verification of application for Unconditionally Available Income (UAI) and Citizenship/Immigration status requirements can be met after approval of the application. See MPG 04.12.01 and 04.07.13 for more information.

04.07.01B Verification Required within 60 Days

Eligibility may be established and approved prior to the receipt of the following information, provided that the approval occurs within 60 days from the date of application:

- Social Security Number (SSN) or application for an SSN
- Medicare entitlement

The following individuals are exempt from the SSN requirement:

- Deemed Eligible infants
- Applicants requesting restricted/limited benefits or minor consent services
- Refugees applying for Refugee Medical Assistance/Entrant Assistance (RMA/EMA)

Refer to MPG 04.11 for detailed information on SSN requirements.

04.07.01C Self-Attestation

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Self-attestation is when an individual is stating that something is true. Unless questionable, self-attestation is acceptable for:

- Age
- Date of birth
- Family size
- Residency
- Pregnancy

04.0701D Electronic Verifications (e-verified) for Use in Non-Modified Adjusted Gross Income (MAGI)

Determinations

The following are verifications that, when e-verified, are used to determine Non-MAGI eligibility:

- Citizenship
- Identity
- Immigration Status
- SSN
- Medicare
- Incarceration
- Deceased
- Disability

Note: For information on which applications must be run through the California Healthcare, Eligibility, Enrollment, and Retention System (CalHEERS) Business Rules Engine (BRE), see MPG 04.02.22.

04.07.01E Telephone/Electronic Signature

Accept telephonically recorded and electronic signatures as well as handwritten signatures transmitted via fax or email for any form that must be signed for the Medi-Cal program. Please see Eligibility Policy and Procedure Guide (EPPG) for methods of accepting telephonic/electronic signatures.

If a customer must provide a sworn statement for purposes of written verification, where electronic verification was not successful and other methods of paper verification are not available, the sworn statement may be signed telephonically.

Note: If a method of obtaining a signature meets the definition of a telephonic/electronic signature for CalFresh, the method also meets the definition for Medi-Cal.

04.07.01F Verifications for Retroactive Medi-Cal

When "No change" is reported on the MC 210A form, no verification is required beyond that used to determine current and ongoing Medi-Cal eligibility. If a change is reported, then it must be verified.

04.07.01G Verifications for Re-Determination

The only items that must be re-verified at redetermination are those which have not been previously verified or are subject to change. Also, if verification was unavailable previously, research to see if that verification is currently available. See to MPG 04.15 for more information on redetermination requirements.

04.07.01H Additional Verifications

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Do not request verification of items not listed in MPG 04.07 or the cross-referenced section, which specifically addresses the item unless the Human Services Specialist (HSS) considers it necessary to ensure correct eligibility determination in a specific case. In those instances, document in case comments the nature of the additional verification requested and the reason for the request.

Procedures:

None

Program Impacts:

None

References:

22CCR 50101, 50167, 50168, 50169, 50185

MEPM 4M, 24-B,

MEPM Letter 274, Letter 285

ACWDL 06-15, 07-12, 08-03, 08-26, 08-29, 08-54, 19-13, 19-17, 20-17, 21-12

MEDIL I 13-12, 14-16, 14-23, 14-31

Clarifications from DHCS

Processing Guide 01-Medi-Cal Annual Redetermination

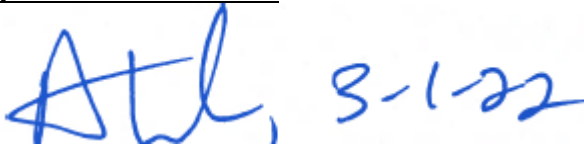
Desk Aid 08- Medi-Cal Verification Requirements Chart

Desk Aid 97-Verification Processing Guidelines for CF-CW-MC Applications

Sunset Date:

This policy will be reviewed for continuance by 2/28/2025.

Approval for Release



Rick Wanne, Director
Self-Sufficiency Services

County of San Diego, Health and Human Services Agency (HHS)A
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Revision Date:

09/01/2023

Background:

All non-exempt income of a customer must be verified **prior** to approval of the application.

Purpose:

This section update incorporates guidelines for when the Equifax Verify Current Income results can be used as a standalone verification of income.

Policy:

04.07.02A Earned Income

The following are acceptable verifications of earned income:

- **One Pay Stub** – Does not have to be dated within the last 30 days or within a certain period if it is the most recent available to the customer and it accurately reflects the amount reported on the application/redetermination form. A discrepancy does not exist if income reported on the application is clearly “NET” earnings

Additional pay stubs may be requested if income reported is inconsistent with that of the submitted pay stub. If additional pay stubs are requested, enter a case comment explaining why additional verification was requested. Desk Aid 33 – Paycheck and Other Income Stubs General Information provides information on pay stub term definitions, items to review on a pay stub, and information regarding pay stubs that include tip income

- **Income Tax Return** – A copy of the previous year’s federal income tax return that accurately reflects current income. See 04.07.02D regarding the use of the federal income tax return
- **Statement from Employer** – Signed letter from the employer that shows the gross amount and date of payment. Form 07-21 HHS)A may also be used to assist the customer obtain this verification

When verification cannot be obtained by one of the above, see 04.07.10 for information regarding the use of a sworn statement and the use of the Statement of Facts (SOF) as a sworn statement.

04.07.02B Self-Employment Income

The following are acceptable forms of self-employment income verification:

- Receipts showing gross earnings and expenses
- Business records or Profit and Loss (P&L) statements. These records are not required to be for the entire year
- A copy of the most recent federal income tax return and appropriate schedules:
 - Schedule C – Profit or Loss from Business
 - Schedule D – Capital Gains and Losses
 - Schedule F – Profit or Loss From Farming

Refer to 04.07.02D for information on how to use the federal income tax return for purposes of self-employment income verification. Accept bookkeeping records that are available to the customer or additional records, which the customer feels will more accurately reflect the net income of their business.

04.07.02C Unearned Income

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Acceptable verifications for unearned income:

- Award letter or most recent Cost-of-Living Adjustment (COLA) increase notice
- Income Eligibility and Verification System/Payment Verification System (IEVS/PVS) reports. See MPG 16.01 regarding IEVS reports and IEVS as a verification source
- Current bank statement for unearned income that is direct deposited*
- Copy of check or check stubs*
- Signed statement from person or organization providing income
- SOF or a sworn statement for income received from the United States government shall constitute verification pending receipt of verification from the appropriate government agency when verification stated above cannot be provided. See MPG 10.02.01 for information on unearned income

*Amount shown may be net amount if Medicare premiums are being deducted or an overpayment is being collected. Do not require copies of checks issued by the United States government. The customer should be asked if they are paying for Medicare or repaying an overpayment and this clarification must be narrated in case comments. Verification of this amount may be necessary if IEVS is not available. Health care premiums may be allowed as a deduction and overpayment deductions may be considered unavailable income – See MPG 10.01 and MPG 10.06.

04.07.02D Use of Federal Income Tax Return to Verify Income

A photocopy of the previous year’s federal income tax return (IRS 1040 and/or 1040-SR) is acceptable verification of income if the income tax return reflects the income reported on the SOF. When using form 1040/1040-SR, the following procedures will be followed:

- Do not count income reported on the tax return that is no longer being received
- Count positive gross amounts, (that are still being received), reported in the Income Section (Lines 1-8) of the tax return (before taxes are applied)
- Negative amounts, reported in the Income Section, will be treated as zero
- Use the positive income amounts, divided by 12 (or the number of months the income was actually received), as the average monthly gross income figures
- Use the average monthly gross income figures to compute the correct level of benefits unless there is a discrepancy with the income reported on the SOF
- Small discrepancies, which are due to a pay increase or COLA adjustment, may be clarified over the phone and a case comment must be entered. The most accurate income amount between the amount reported on the 1040/1040-SR and the amount reported on the SOF will be used
- Request current information to clarify significant discrepancies, other than those due to a pay increase or COLA adjustment

Note: When a customer is reporting self-employment income, procedures for self-employment income verification using Schedule C or F will be followed according to MPG 10.05.03.

Example 1: Elaine applies for Medi-Cal on November 5th. She reports income from a job that she has had for several years and income from spousal support. Her SOF indicates that she earns \$2,000 per month and receives \$165 per month in spousal support. She provides her previous year’s tax return as verification of income which verified the information reported on her SOF. Therefore, her tax return is used to compute eligibility as follows:

Step	Action	Calculation
------	--------	-------------

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1	Review Line 1 (Wages, salaries, tips) on IRS Form 1040	\$24,000 per year
2	Review Line 2a (Alimony [spousal support] received) on IRS Form Schedule 1	\$2,000 per year
3	Calculate gross earnings by dividing each line by 12	<ul style="list-style-type: none"> Gross earned income = \$2,000 per month Gross unearned income = \$166.66 per month

Example 2: Jerry Applies for Medi-Cal and his SOF indicates that he currently earns \$4,000 per month. He provides his previous year's tax return as verification of income. The tax return reflects both earnings and unemployment benefits. Jerry explains that he received unemployment benefits for one month and received income from employment for the remainder of the year (11 months). He continues to work at the same job. Therefore, his tax return is used to compute eligibility as follows:

Step	Action	Calculation
1	Review Line 1 (Wages, salaries, tips) on IRS Form 1040/1040-SR	\$46,000 per year
2	Review Line 7 (Unemployment compensation) on IRS Form Schedule 1	\$200 per year
3	Calculate gross earnings by dividing Line 1 by 11 (the number of months he had earnings)	<ul style="list-style-type: none"> Gross earned income = \$4,181.81 per month Because the unemployment benefits have stopped, they will not be counted toward determining his Medi-Cal Non-Modified Adjusted Gross Income (MAGI) eligibility

04.07.02E In-Kind Income

Verification is only required if the customer claims the amount is lower than the allowed standard. A written statement from the provider is acceptable. See MPG 11.1A Appendix A Assistance Standards Chart for the in-kind standards.

04.07.02F Fluctuating Income

Fluctuating income may be verified by pay stubs, copies of checks or a signed statement (the signed statement must include the gross amount and frequency of the payments) from the person or organization making the payments.

04.07.02G Tip Income

Acceptable verifications of tip income are the amount reported:

- On pay stub
- By the customer

If a discrepancy exists regarding the amount of tips reported, the customer may sign a sworn statement clarifying the reason for the discrepancy.

04.07.02H Temporary Worker's Compensation

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Accept an award letter from the insurance company or other entity which identifies the payment as temporary, the amount of the payment and the schedule of payments.

04.07.02I Veteran's Assistance (VA)

Acceptable verifications of VA or Aid and Attendance Payments are:

- A complete Veteran's Benefits Verification and Referral Form (MC 05)
- Documentation in case comments that the Human Services Specialist (HSS) has viewed the VA check
- A VA Benefit Summary Letter (sometimes called a VA Award Letter)

04.07.02J Veterans Education Benefits

General Issue (GI) Bill

The VA Benefit Summary Letter (sometimes called a VA Award Letter) is acceptable evidence to document type, amount, and frequency of payments.

Post 9/11 GI Bill

Post 9/11 GI Bill payments are identified as VA-Chapter (CH) 33 payments. The VA Benefit Summary Letter (sometimes called a VA Award Letter) is acceptable evidence to document type, amount, and frequency of payments.

Veterans Educational Assistance Program (VEAP)

Verify receipt of payments under the VEAP program by completing form MC 05. On form MC 05, include a request for the VA to identify under which program educational benefits are being issued.

04.07.02K Interest or Dividends

Acceptable verification of interest or dividends are:

- Internal Revenue Service (IRS) Interest Income Statement Form 1099
- Bank statement
- Account statement
- Payment record

04.07.02L Child/Spousal Support

Acceptable verifications of child/spousal support are:

- Court documents
- Department of Child Support Services (DCSS) records
- Sworn statement from the absent parent
- Copy of check

04.07.02M Educational Grants/Loans

Educational Grants/Loans may be verified by viewing the Financial Aid papers provided by the college/university. Document information in case comments.

04.07.02N Net Income from Property

Acceptable verifications of net income from property are:

- Lease or sales agreement
- Bookkeeping records

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04.07.02O Unconditionally Available Income (UAI)

The application of unconditionally available income must be verified. With the implementation of the Affordable Care Act (ACA), UAI requirements can be met after approval of the application; see MPG 04.12 for more information.

04.07.02P Zero Income Not Electronically Verified (e-verified)

When a customer reports zero income, the individual is run through the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) Business Rule Engine (BRE), if the income is not e-verified, the customer must provide a sworn statement of their zero income. The attestation on the application/redetermination forms is not sufficient. For more information on cases that are required to be run through the CalHEERS BRE, see MPG 04.02.22.

04.07.02.Q Using the Verify Current Income Service (VCI) for Income Verification

Equifax's VCI service is one of the sources in the Federal Data Services Hub for electronic verification of employment. The VCI service can return detailed employment information, however it can only be used as standalone verification of income when reasonably compatible (at or below the program limit) with the attested income. For MAGI cases, this would be when the income is e-verified. For Non-MAGI cases VCI income information can be considered standalone income verification for the Aged, Blind, and Disabled (ABD) Federal Poverty Level (FPL) program when the VCI service and self-attested income after deductions is below the income limit for the program. When there is a share of cost, workers must request manual verification of income.

Human Service Specialists (HSS) may not use Equifax's The Work Number service to verify income in Medi-Cal only cases, however The Work Number results can be used for verification if found in a multi-program case file during the ex parte review.

Procedures:

None

Program Impacts:

None

References:

22CCR 50101, 50167, 50185

MEPM 4M

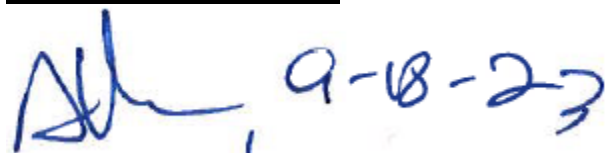
MEPM Letter 274

ACWDLs 01-50, 19-17, 22-08

Sunset Date:

This policy will be reviewed for continuance by 09/30/2026.

Approval for Release:

Handwritten signature and date: 9-18-23

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Rick Wanne, Director
Self-Sufficiency Services

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Verification of Income Deductions

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Revision Date:

04/01/2021

Background:

Verification of expenses is only required to allow the deduction from the total countable income.

Purpose:

Included with the reformatting, this section is updated to remove the use of form DHCS 6155 -Health Insurance Questionnaire.

Policy:

04.07.03A Verification of Expenses

Verification of expenses is NOT required as a condition of eligibility.

04.07.03B Guardian/Conservator Fees

When a guardian/conservator asserts that reasonable court approved fees exist and they have provided verification that the customer has income from which fees are an allowable deduction, take the following actions:

Step	Action						
1	<p>Request:</p> <ul style="list-style-type: none"> • A copy of the court order authorizing payment of fees from the customer's account to the guardian/conservator. The order must include the amount of the fee and the month for which the fee is authorized, AND • A written statement from the guardian/conservator describing the services provided during the month, how the fee was calculated, including hours spent on the conservatee's affairs and the rate being charged as well as any other costs included in the fee. 						
2	<p>Review the verifications requested in Step 1 and determine whether the fee amount is reasonable:</p> <table border="1" data-bbox="370 1465 1344 1581"> <thead> <tr> <th data-bbox="378 1465 833 1503">If fee is...</th> <th data-bbox="833 1465 1336 1503">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="378 1503 833 1541">Reasonable,</td> <td data-bbox="833 1503 1336 1541">Proceed to step 4</td> </tr> <tr> <td data-bbox="378 1541 833 1579">Not reasonable,</td> <td data-bbox="833 1541 1336 1579">Proceed to step 3</td> </tr> </tbody> </table> <p>Presume the fees billed in the statement are reasonable provided that the amount matches the amount shown in the court order and there is no circumstance which leads the Human Services Specialist (HSS) to question the fee amount.</p> <p>Examples of questionable fees which may require further review and documentation include:</p> <ul style="list-style-type: none"> • Fees for personal services • Charges for services not related to the administration of the conservatees estate • Fees which vary from month to month when there is no change in income, property, etc. and there is no court activity 	If fee is...	Then...	Reasonable,	Proceed to step 4	Not reasonable,	Proceed to step 3
If fee is...	Then...						
Reasonable,	Proceed to step 4						
Not reasonable,	Proceed to step 3						

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3	<p>Request a written statement from the guardian/conservator to clarify fees determined to be questionable. The statement needs to address why the:</p> <ul style="list-style-type: none">• Personal services are required• Fees fluctuate from month to month when there is no change in income, property, etc. and there is no court activity• Fees are higher than what is normally charged for similar service <p>The guardian/conservator must be given a reasonable time to respond. The share of cost (SOC) is to be calculated without the fee deduction until the reasonableness of the fee is verified.</p>
4	Calculate the SOC with the fee deduction

04.07.03C Dependent Care Deduction

The dependent care deduction shall encompass the cost of childcare or the cost for care of an incapacitated person. The cost of childcare or care of an incapacitated person will be verified by viewing:

- Receipts
- Cancelled checks
- Signed statement from the person or organization receiving the payment

Additionally, if the cost of care is for an incapacitated person, the incapacity must be verified with a written statement from a physician. The statement must specify that the person requires care due to the incapacity.

Set an alert on the case to review the incapacity or discontinue allowing the deduction based on the information on the statement. When the incapacity is permanent, the review and reverification will be obtained at the annual redetermination.

04.07.03D Health Insurance Premium

Acceptable verifications of health insurance premiums are:

- Information about coverage

Procedures:

None

Program Impacts:

None

References:

22CCR 50101, 50167, 50185
MEPM 4M
MEPM Letter 274
ACWDL 13-12

Sunset Date:

This policy will be reviewed for continuance by 04/30/2024.

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Approval for Release:

RW, 4-21-2

Rick Wanne, Director
Self-Sufficiency Services

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Verification of Real and Personal Property

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04.07.04

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Revision Date:

04/01/2021

Background:

Verification of real and personal property is required prior to application approval.

Purpose:

This section is being updated to the new format; no other changes have been made.

Policy:

04.07.04A Verification of Bona Fide Effort to Sell

Establish and verify a bona fide effort to sell by viewing a copy of the listing contract and appraisal. Advise the customer or representative to report all offers at fair market value or higher and the acceptance of such offers. Set a case alert to review the month the listing contract expires or on a quarterly basis, whichever comes first. If the property has not been sold at the time, the beneficiary or representative must provide evidence that the property has been listed again. In general, the case record must include evidence that the property continuously meets the criteria of bona fide effort to sell, as stated in MPG 09.04.

04.07.04B Verification on Market Value of Other Real Property

Verify the market value of other real property by viewing any of the following:

- A current tax statement from the Tax Assessor's Office
- Records maintained by the Tax Assessor
- A written statement from a qualified real estate appraiser which gives the appraised value of the property if the customer has chosen the option discussed in MPG 09.05, item 3.B

Refer to MPG 09.05, Appendix B for sample letter which may be used to verify the value of property located outside of San Diego County.

04.07.04C Verification of Encumbrance of Other Real Property

Verify encumbrances by viewing either:

- A payment book issued by the institution or person holding the encumbrance which indicates the amount owed
- Written correspondences from the institution or person holding the encumbrance which states the current amount owed

04.07.04D Oil Leases, Mineral Rights, Timber Rights

Verify the values of oil leases, mineral rights, and timber rights by viewing one of the following:

- Written or telephone contact with a member of a recognized professional appraisal society which establishes the current value of the lease or right
- Records maintained by the Tax Assessor where the lease or right is located
- Written or telephone contact with the company or organization developing the natural resource which establishes the current market value

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04.07.04E Bank Accounts

Bank account balance verification must show that the customer is property eligible in the month for which eligibility is being determined. This verification can be dated within the month for which eligibility is being determined or on the last day of the month immediately preceding this month.

Verify account balances by viewing one of the following:

- An account statement from the institution holding the funds
- Signed correspondence from the institution holding the funds
- A teller receipt from the institution holding the funds, if it contains the entire account number, the date, and the name of the individual who owns the account
- A copy of an internet bank verification printout if it contains the owner's name, financial institution name, date, complete account number, and account balance

04.07.04F Income Tax Refunds

Verify income tax refunds by one of the following:

- Viewing the check
- Viewing the income tax return (540, 1040)
- Written correspondence from the State Franchise Tax Board or Internal Revenue Service

04.07.04G Recreational Vehicles

Verify the values of recreational vehicles by:

- Viewing the registration of the recreational vehicle
- Obtaining appraisal statements, or
- Obtaining the purchase contract

04.07.04H Stocks, Bonds, Mutual Funds

Verify the values of stocks, bonds, and mutual funds using either Method A or Method B below:

Method A

1. View a certificate of signed statement from the issuing institution stating a description of the investment, including the number of shares owned
2. Establish the current selling price of the property by either:
 - Contacting a recognized stock exchange broker via phone
 - Reviewing listings in a current newspaper
3. Compute Value

Method B

Viewing a copy of an internet verification, if all the following information is included:

- Owner's name
- Issuing institution's name
- Date
- Complete account number
- Account balance

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04.07.04I United States Savings Bonds

Verify United States Savings Bonds values by viewing the bond. Document in case comments. Contact any bank or institution where the bonds can be redeemed to obtain the current value.

04.07.04J Austrian Social Insurance Payments

The customer must present at least one of the following items.

- An award letter from an Austrian pension insurance agency (may be written in German) in favor of the client, which contains the language:

“Die Beguenstigungsvorschriften fue geschaedigte aus politischen oder religioesen gruenden der abstammung wurden angewendet (500ff ASVG).”

Translation:

“The regulations were applied which give preferential treatment for persons who suffered because of political or religious or reason of origin (500ff ASVG).”

- A check copy or stub showing an Austrian pension payor

If after making reasonable attempt and the customer is unable to produce either a check stub or a copy of an award letter, they may attest, under penalty of perjury, that they were imprisoned or unemployed in or forced to flee from Austria during the period of 1933-1945 because of political or religious reasons or that a particular account deposit represents such a payment.

Additionally, the customer must obtain a corroborating statement from a bank, family member, guardian, conservator, etc. stating that the payment is based, in whole or in part, on wage credits under Paragraphs 500-506 of the GSIA. In the absence of such documents, the customer’s statements do not suffice as verification for this exemption.

04.07.04K Deeds of Trust, Mortgages, Promissory Notes

Verify the value of deeds of trust, notes, and mortgages by viewing documents which state a description of the item and one of the following:

- Viewing the documents from the lender which identify the principal amount remaining on the deed of trust or mortgage
- Viewing an appraisal from a party that is qualified to appraise deeds of trust and mortgages
- Making a phone contact with a recognized broker who buys, sells, or appraises deeds of trust and mortgages.

04.07.04L Life Estates

Verify the value of life estate by viewing a copy of the legal document which created the life estate. This is usually a grant deed. Document in case comments.

See MPG 09.09 for information on the treatment of Deeds of Trust, Mortgages, & Life Estates.

04.07.04M Loans

To determine if a loan requires repayment, it is necessary to view the documentation. Documentation should include either:

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- The actual formal contract that indicates the repayment arrangement and method for written contracts
- A statement from the borrower and the lender that documents that the conditions of repayment existed when the loan occurred for oral agreements or personal loans

See MPG 09.10.01 for instructions on evaluating loans.

04.07.04N Life Insurance Policies

Verify the Cash Surrender Value (CSV) of non-exempt life insurance policies by viewing either the following:

- the value tables located in the policy
- signed correspondence from the insurance company which indicates the current value

04.07.04O Burial Plots, Vaults, Crypts

The net market value of non-exempt burial plot, vault, or crypt will be the amount listed on the statement of facts with no additional verification required unless the value exceeds \$1,800.

If the value exceeds \$1,800, the customer will be required to submit a statement of value from the organization from which the plot, vault or crypt was purchased. Determine the net market value by taking the value shown on statement and subtracting any encumbrances.

Procedures:

None

Program Impacts:

None

References:

22CCR 50101, 50167, 50185

MEPM 4M

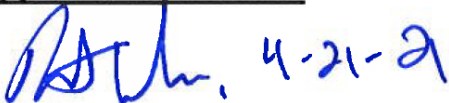
MEPM Letter 274

DHCS Clarification: E. Bank Accounts

Sunset Date:

This policy will be reviewed for continuance by 04/30/2024.

Approval for Release:



Rick Wanne, Director
Self-Sufficiency Services

**County of San Diego, Health and Human Services Agency (HHSA)
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Verification of California Residency

Number

04.07.05

Page

1 of 3

Revision Date:

04/01/2021

Background:

California residency of an applicant must be verified prior to approval of the application.

Purpose:

Included with the reformatting, this section is updated to include information implemented by the Affordable Care Act (ACA), previously issued in Special Notice (SN) 13-09 Addendum G, and Medi-Cal Memos 14-15 & 20-09.

Policy:

04.07.05A General

Medi-Cal applicants must verify California residency prior to approval of their application. It does not need to be the current address. A P.O Box address will not meet the residence requirement if listed as the physical address. A P.O Box can be used as a mailing address. With the implementation of the ACA, paper verification requirements are suspended until further notice.

Procedure:

04.07.05B Verification of California (CA) Residency

The following are evidences of CA residency:

- Verbal attestation
- Entry of a California physical address on the application as verification to meet the residency requirement unless questionable.

04.07.05C Residency is Questionable

If residency is questionable, request the following evidence of CA residency to clarify:

Documentation	Description
CA Driver's License or Identification Card	Issued by the California Department of Motor Vehicles in the applicant's name; must be current and valid.
CA vehicle registration	A current and valid CA vehicle registration in the applicant's name.
Employment	A document showing that the applicant is employed in CA (for either parent, even if that parent did not sign the statement of facts).
Employment Services	A document showing that the applicant is registered with public or private employment services in CA.
School enrollment	Evidence that the applicant has enrolled his or her children in a school in CA.
Public Assistance (PA) recipient	Evidence that the applicant is receiving PA other than Medi-Cal in CA.
Voter Registration Form (VFR) and/or Receipt	The VFR when completed and signed by the person who wishes to register to vote, constitutes a written declaration which shows that the bearer has declared under penalty of perjury to live at the address shown on the form.
See MPG 07.05 Appendix B1 & B2	

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	<p>If the VRF is mailed by someone other than the registrant, the registrant is given a Registration Form Receipt, signed by the person who will forward the completed registration form to the appropriate election administrator for processing.</p> <p>The VFR or Receipt, by itself, is NOT sufficient to establish that the applicant is a resident of CA. However, a copy of the form, along with other evidence the applicant may provide to support his/her claim of CA residency is acceptable.</p>
<p>Voter Notification Card (VNC)</p>	<p>The VNC is the document mailed to the voters as official evidence of registration to vote. This card is sent to the address indicated on the VRF and is not forwarded by postal authorities to another address. Therefore, the VNC serves as rudimentary evidence that the bearer lives at the address indicated and by itself is acceptable evidence of CA residency.</p> <p>However, if there is credible evidence, which contradicts an applicant's claim of CA residency, a VNC, by itself may not be sufficient to support a finding of CA residency. Other evidence must also be considered in making a residency determination.</p> <p>Also, if the VNC was issued by a previous county of residence, it might not be indicative of current residency in the state. In this situation, determine if the applicant has established residence in another state or country since the time the VNC was issued.</p> <p>If the applicant recently resided in another state or country, and provides a VNC issued by a CA county during a prior period of residence in this state, the VNC card in itself is not sufficient to establish current CA residence in absence of other credible evidence.</p>
<p>Abstract of Voter Registration</p>	<p>The abstract of Voter Registration is an official document issued to a registrant who has lost their Voter Registration Card. This replacement document shows that the person named was on record as a registered voter in that county at the time the abstract was issued. Such a document is similar in substance to the VNC. In determining residency, an Abstract of Voter Registration should be viewed like a VNC as discussed above.</p>
<p>Rent/Mortgage Receipt or Utility Bill</p>	<p>A current CA rent/mortgage receipt or utility bill in the applicant's name.</p> <p>Note: Rent receipts provided by a relative to the applicant will be acceptable only if no other documentation listed above can be obtained and the relative completes and signs form MC 210 S-I declaring under penalty of perjury, that the information provided is true and correct. This includes situations where the applicant is receiving in-kind housing.</p> <p>The applicant who pays rent to a relative within in-kind services may provide verification of such payments as evidence of CA residence. Evidence of in-kind payment can include a written statement from the</p>

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	relative identifying the type of service provided along with an MC 210 S-I.
Other evidence	If unable to obtain one of the above specified documents, consider "other evidence." Other evidence includes, but is not limited to, evidence provided by an agency located in CA, that supports a finding that the applicant is a residence of CA (for example, affidavit from a homeless shelter or court documents). Before considering "other evidence" the applicant must sign form MC 214.

Initiate a fraud referral when there is inconsistent or questionable information that cannot be resolved.

Program Impacts:

None

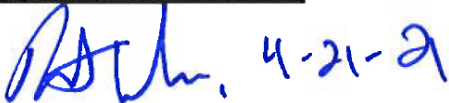
References:

- MEPM Letter 274
- MEDIL I 14-20, 14-29, 14-44
- SN 13-09 Addendum G
- Medi-Cal Memo 20-09

Sunset Date:

This policy will be reviewed for continuance by 04/30/2024.

Approval for Release:



Rick Wanne, Director
Self-Sufficiency Services

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Verification of Identity

Number

04.07.06

Page

1 of 2

Revision Date:

04/01/2021

Background:

The identity of an applicant must be verified prior to approval of the application.

Purpose:

This section is updated to the new format; no other changes have been made.

Policy:

04.07.06A General

Documents which may be used to verify identity depends on the applicant's citizenship/immigration status and whether they are requesting Medi-Cal.

Procedure:

04.07.06B United States (U.S.) Citizens

Unless otherwise exempt, U.S. citizens (including U.S. nationals) applying for Medi-Cal benefits are required to provide acceptable evidence of identity as specified in MPG 07.02.02.

U.S. citizens/nationals not requesting Medi-Cal benefits are not subject to requirements specified in MPG 07.02.02. However, these individuals must still provide verification of identity in the same manner as non-citizens as specified below, MPG 04.07.06.C.

04.07.06C Non-Citizens

Unless otherwise exempt, non-citizens are required to provide verification of identity. The following persons are not required to provide verification of identity:

- Institutionalized individuals whose identity has been verified by the facility
- Individuals receiving Medi-Cal through the Adoption Assistance Program
- Children, when the identity of one parent is verified. (Note: If the application is being made for only the children and not for the parents, do not request the parent's social security number [SSN])
- Children requesting Medi-Cal for Minor Consent services
- Individuals not acting on their own behalf and a government representative, such as a public guardian, is acting for them
- The spouse of a person whose identity has been verified

04.07.06D Acceptable Verification for Non-Citizens

Acceptable verifications for the identification of non-citizen applicants are:

- California Driver's License, California Identification Card, or photo identification
- United States citizenship or Immigration Status document
- Birth certificate
- School Identification card
- A Social Security Card or document containing an SSN
- Marriage record
- Work badge or building pass
- Church membership or baptism/confirmation record

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- Divorce decree
- Adoption record
- Court order for name change
- Electronic Verification (e-verified)

Program Impacts:

None

References:

ACWDL 07-12, 08-03, 09-27, 20-17

Clarification from DHCS

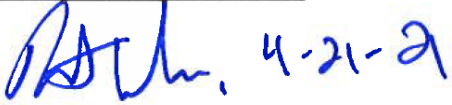
SN 07-04, 07-04 Addendum A & B

Change Request (CR) 5188

Sunset Date:

This policy will be reviewed for continuance by 04/30/2024.

Approval for Release:



Rick Wanne, Director
Self-Sufficiency Services

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

Verification of Citizenship/Non-Citizen Status

Number

04.07.07

Page

1 of 1

Revision Date:

04/01/2021

Background:

Prior to requesting verification documents, staff should attempt to electronically verify customers who request Medi-Cal, report having United States (U.S.) citizenship or Satisfactory Immigration Status (SIS) and require having their application/redetermination processed through the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) Business Rule Engine (BRE). See MPG 07.02 for detailed information on the requirements for United States citizens/nationals and their level of benefits. See MPG 04.02.22 for applications that must be run through CalHEERS BRE.

Purpose:

This section is being reviewed for sunset review and to provide guidance on when electronic verification (e-verification) is acceptable.

Policy:

04.07.07A U.S. Citizens/Nationals

Refer to MPG 04.02.09 Statement of Citizenship/Immigration Status.

Procedure:

04.07.07B Non-Citizens

Refer to MPG 07.03 for more information on the requirements for non-citizens and their level of benefits.

Program Impacts:

None

References:

ACWDL 07-12, 08-03, 09-27, 17-01, 18-16, 20-17

Clarification from DHCS

SN 07-04, 07-04 Addendum A & B

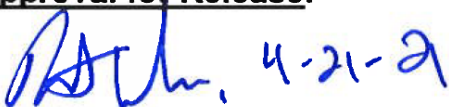
Change Request (CR) 5188

County Policy

Sunset Date:

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Approval for Release:



Rick Wanne, Director
Self-Sufficiency Services

**County of San Diego, Health and Human Services Agency (HHSA)
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Verification of Pregnancy

Number

04.07.08

Page

1 of 2

Revision Date:

04/01/2021

Background:

This section provides information regarding verification for pregnancy.

Purpose:

This section is updated for sunset review; no other changes have been made.

Policy:

Self-attestation of pregnancy is acceptable, do not ask for medical verification. A written verification of pregnancy is **not** required.

Procedure:

The following are acceptable pregnancy verifications:

Self-Attestation of Pregnancy

A customer may self-attest their pregnancy by writing it on the application, the Statement of Facts or by another signed statement. Customers may also declare their pregnancy by telling the Human Services Specialist (HSS) they are pregnant. Such declaration must be documented in case comments. Self-attestation of pregnancy is sufficient for a customer to receive pregnancy related or full-scope services.

A customer who self-attests their pregnancy may claim that the pregnancy has been medically verified by either one of the following methods:

- A positive pregnancy result, which has been confirmed by a medical Provider
- A positive pregnancy result, which has been confirmed by a home pregnancy test

Written Pregnancy Verification

Written verification of pregnancy may be submitted but is **not** required for an otherwise eligible customer to receive Medi-Cal benefits.

Unborn(s) in MFBU

A self-attestation of pregnancy is sufficient to include an unborn or multiple unborns in the Medi-Cal Family Budget Unit (MFBU) in which benefits are being issued.

Estimated Date of Confinement (EDC)

The EDC (expected date of birth) should be provided with the declaration of pregnancy. A statement giving the estimated date of confinement must be documented in case comments.

Program Impacts:

None

References:

MEDIL I 16-09

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Verification of Pregnancy

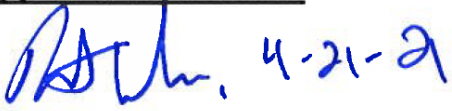
Number
04.07.08

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Sunset Date:

This policy will be reviewed for continuance by 04/30/2024.

Approval for Release:



Rick Wanne, Director
Self-Sufficiency Services

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Verification of Other Information

Number

04.07.09

Page

1 of 2

Revision Date:

04/01/2021

Background:

This section provides information regarding verification of other information.

Purpose:

This section is updated to the new format; no other changes have been made.

Policy:

04.07.09A Age, Blindness, and Disability (ABD)

Refer to MPG 05.03 for verification of ABD linkage.

04.07.09B Legal Responsibility

If a child is applying alone, verify that no parent or agency will accept responsibility. Contact, either verbal or written, with the parent or agency must be documented except for Minor Consent.

04.07.09C Medicare

The receipt of Medicare is verified by viewing one of the following and narrating in case comments:

- The customer's Medicare Beneficiary Identifier (MBI) or Health Insurance Card (HIC) number
- A Social Security Administration (SSA) Title II award letter displaying the MBI or HIC number
- A bill for Medicare Part A or Part B premium (SSA 1545)
- A Medi-Cal Eligibility Data System (MEDS) print (INQB) screen

04.07.09D Substantial Gainful Activity (SGA)

An SGA determination requires that the following two items be verified:

- The customer's monthly gross earnings. If irregular, earnings will be averaged. Earnings derived from In-Home Supportive Services (IHSS) are treated as earned income
- The customer's Impairment-Related Work Expenses (IRWE) and/or subsidies

04.07.09E Social Security Number (SSN)

An SSN verification or an application for an SSN is required for each member of the Medi-Cal Family Budget Unit (MFBU) within 60 days from the date of application. Eligibility can be established and approved prior to receipt of SSN or proof of an SSN application if the approval occurs within 60 days from the date of application. SSN requirements can be found in MPG 04.11.

Procedure:

None

Program Impacts:

None

References:

MEPM Letter 285

ACWDL 06-15, 07-12, 08-03, 08-26, 08-29, 08-54

Clarification from DHCS

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04.07.09

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SN 07-04, 07-04 Addendums A & B
County Policy

Sunset Date:

This policy will be reviewed for continuance by 04/30/2024.

Approval for Release:



Rick Wanne, Director
Self-Sufficiency Services

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

Verification Not Available

Number

04.07.10

Page

1 of 2

Revision Date:

3/01/2022

Background:

This section provides information to determine if income and property are to be considered unavailable.

Purpose:

This section is updated to the new format; no other changes have been made.

Policy:

04.07.10A General

Verifications of income or property are to be considered unavailable when any of the following, or similar, conditions exist:

- Pursuit of the verification would put the applicant in some bodily danger or would result in loss of employment.
- Records were destroyed (for example by fire or flood).
- The source of the verification is uncooperative.

04.07.10B Reasonable Attempt

Evaluate each situation where the applicant states that verification is unavailable. A reasonable attempt by either the applicant or the Human Services Specialist (HSS) is to be made to obtain the verification. The attempt may be made by telephone or in writing to the source of the verification. All actions taken by the applicant and/or HSS to obtain verification must be documented in case comments.

The requirement to contact the verification source may be waived if the applicant states that the contacts would jeopardize employment or put the applicant in danger of physical harm. In this situation, the applicant must complete a sworn statement describing the basis for their contention that pursuit of the verification may jeopardize them physically or lead to loss of employment.

04.07.10C Use of Sworn Statement

When the HSS determines that verification is unavailable, a sworn statement from the applicant, dated and signed under penalty of perjury, must be obtained. The signed Statement of Facts (SOF) can serve as a sworn statement and verification of **declared income or property** if:

- The declared information is not available in any other form other than a sworn statement,
- The declared information is sufficient to determine eligibility, and
- A case comment is included in the case file that documents the steps taken to obtain the verification and why it was not available in any other form.

04.07.10D Submission Methods

Sworn statements may be submitted by telephone, mail, in person, and through other commonly available electronic means such as fax and email. Telephonic and electronic signatures are allowed for sworn statements. Please see the Eligibility Policy and Procedure Guide (EPPG) for methods of accepting telephonic/electronic signatures.

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Verification Not Available

Number

04.07.10

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Procedure:

None

Program Impacts:

None

References:

MEPM Letter 274

MEPM 4M

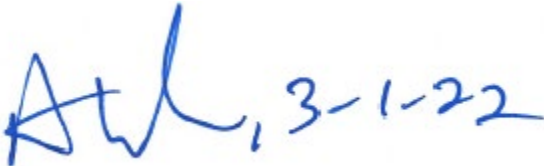
22CCR 50167

ACWDL 07-12, 21-12

Sunset Date:

This policy will be reviewed for continuance by 2/28/2025.

Approval for Release

Handwritten signature in blue ink that reads "RW, 3-1-22".

Rick Wanne, Director
Self-Sufficiency Services

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Ex Parte, Verification from Other Public Assistance (PA) Cases and Automated Systems	Number	Page
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Revision Date:

04/01/2021

Background:

Whenever possible, use information available on county accessible automated systems or from other Public Assistance (PA) case records in determining eligibility. Other PA cases include other Medi-Cal, CalFresh (CF), General Relief (GR), California Work Opportunities and Responsibility to Kids (CalWORKs), Cash Assistance Program for Immigrants (CAPI), County Medical Services (CMS), In-Home Supportive Services (IHSS), and Foster Care (FC) cases.

Purpose:

Included with the reformatting, this section is updated to include information implemented by the Affordable Care Act (ACA), previously issued in Special Notice (SN) 13-09 Addenda A & D.

Policy:

04.07.11A Ex Parte Overview

Use the *ex parte* process when determining Medi-Cal eligibility at application, redetermination or when a change in circumstance occurs that affects Medi-Cal eligibility. *Ex parte* is the process whereby a Medi-Cal only determination is made without the involvement of the customer.

Under *ex parte*, attempt to complete the Medi-Cal evaluation based on information/verifications included in **any** of the following:

- An active PA case(s)
- A PA case that closed within the last ninety (90) days
- Other PA case records of beneficiaries and their immediate family members that have been obtained within the last 12 months and are not subject to change (such as Identification, and Social Security Card)

Always attempt to obtain needed information/verification by means of the *ex parte* process **prior** to:

- Denying a case for failure to provide for applicants
- Requesting the information/verification from beneficiaries

Ex Parte for Applicants

Necessary verifications may be requested from applicants **after** initiating an *ex parte* review. Always attempt to locate needed information/verification by means of an *ex parte* review, prior to requesting it from the applicant.

Ex Parte For Beneficiaries

When a change that affects ongoing eligibility is reported, always attempt to locate needed information/verification by means of an *ex parte* review, prior to requesting it from the beneficiary.

When the *ex parte* process reveals a change in circumstance that requires a referral or update of information to other agencies, the beneficiary must complete the appropriate forms.

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Ex Parte, Verification from Other Public Assistance (PA) Cases and Automated Systems	Number	Page
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04.07.11B Automated Systems

Examples of county accessible automated systems include, but are not limited to, the following:

- Statewide Automated Welfare System (SAWS)
- Income Eligibility Verification System (IEVS)
- Systematic Alien Verification for Entitlements (SAVE)
- Employment Development Department (EDD) Real-Time Match
- State Data Exchange (SDX)
- Medi-Cal Eligibility Data System (MEDS) for Birth Record Data Match
- County Birth record extracts
- AuthMed
- Information Data Exchange (IDX)
- Federal Data Services Hub

04.07.11C Other PA Cases

Verification of U.S. citizenship/National Status

Documentation of citizenship/national status from existing case files is acceptable and may be used to meet the citizenship/identity verification requirement specified in MPG 07.02.03 if the Human Services Specialist (HSS) is able to locate documentation in the case file indicating that the procedures used in initially obtaining the documents indicate that the documents were originals or certified copies.

Documents used in meeting the citizenship/identity verification requirements under the Deficit Reduction Act (DRA) of 2005 must also fall within those that have been approved by the Department of Health Care Services (DHCS) as acceptable evidence of citizenship and identity. For listing, refer to MPG 07.02 Appendix B.

Additional Verification Requirements

No additional verification is required when a customer has been previously aided in another PA program (such as CalWORKs, CalFresh, Medi-Cal, and IHSS) and verifications in those case files are less than twelve (12) months old and consistent with reported information on the application for Medi-Cal. However, when verifications in those case files are inconsistent with what is reported by the customer, then current verification must be requested.

Procedure:

None

Program Impacts:

None

References:

ACWDLs 01-36, 07-12, 08-03, 14-35, 20-17
Clarification from DHCS
County Policy
W&I Code 14013.3(b)
SN 07-04, 07-04 Addendum A & B
SN 13-09 Addendum A & D

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**Ex Parte, Verification from Other Public Assistance (PA) Cases and
Automated Systems**

Number
04.07.11

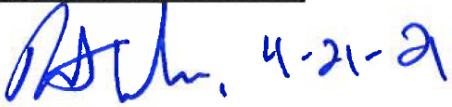
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MEPM 4M

Sunset Date:

This policy will be reviewed for continuance by 04/30/2024.

Approval for Release:

Handwritten signature in blue ink, appearing to read "Rick Wanne", followed by the date "4-21-22".

Rick Wanne, Director
Self-Sufficiency Services

County of San Diego, Health and Human Services Agency (HHS)
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Request for Additional Information/Verification

Number

04.07.12

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Revision Date:

04/01/2021

Background:

When a Human Services Specialist (HSS) must contact a customer for additional information, the date, method of contact and result of the contact must be documented in the case record. Information may be clarified over the phone if the case comments thoroughly reflect the information received. If the customer fails to respond to the first contact, attempt a second contact, either by telephone and/or written notice, and document this extra effort in case comments. The written notification will include the date of the prior client contact and the requested information/verification, the time frame for responding to this second notification, and the consequences for not providing the requested information.

When the request is for verification of citizenship and identity documents required under the Federal Deficit Reduction Act (DRA) of 2005 refer to MPG 04.07.13 for specific procedures.

Purpose:

Included with the reformatting, this section is updated to include information on the correct forms to use when requesting verifications in writing.

Policy:

04.07.12A Information/Verifications Requested at Application

First Request for Verification

Upon review of the mail-in application packet or during the face-to-face interview, complete an *ex parte* review. If the *ex parte* review is unsuccessful, generate a verification checklist (VCL) such as the CW 2200 Request for Verification if additional information and/or verifications are needed. Applicants must be given at least 10 calendar days to provide items listed on the VCL.

Second Request for Verification

If the due date for the return of the initial request for verification passes without a response from the applicant, send a second request and an additional 10 calendar days to provide allowed.

Good Cause

When an applicant contacts the HSS before the due date on the denial Notice of Action (NOA) to indicate the requested item cannot be obtained in time, evaluate for "good cause" and extend the due date if applicable.

Items Provided after Denial

When an applicant provides the requested verification(s) within 30 days of the denial date, evaluate for eligibility and if appropriate, rescind the denial and approve ongoing benefits.

04.07.12B Information/Verifications Requested at Redetermination or Change in Circumstance

When a change that affects eligibility is reported at renewal or otherwise, always attempt to locate the information through *ex parte*.

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Request for Additional Information/Verification

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Phone Contact

When needed information/verifications cannot be located via *ex parte* and the beneficiary has provided their phone number, attempt to contact the beneficiary to obtain the information.

When information/verifications are provided via phone, case comments must thoroughly document the results for each item. Please see Eligibility Policy and Procedure Guide (EPPG) for methods of accepting telephonic/electronic signatures.

MC 355 Medi-Cal Request for Information

Medi-Cal Only Case

When *ex parte* and phone contact attempts are unsuccessful, send the MC 355 to request the missing information/verifications and allow the beneficiary 30 days to respond. Do not use the CW 2200 for a Medi-Cal only case.

Combined Case

When *ex parte* and phone contact attempts are unsuccessful, send either the MC 355 or the CW 2200 to request the missing information/verifications and allow the beneficiary 30 days to respond.

If the beneficiary does not provide the requested verification(s) within 30 days, attempt a second contact by phone or in the customer's preferred method, then mail an adequate and timely discontinuance NOA to the beneficiary's last known address.

Partial Verifications Received

When the beneficiary provides partial verifications with the MC 355 request, attempt a second contact by phone or in the customer's preferred method (if not already completed), then mail an adequate and timely discontinuance NOA at the end of the 30-day period provided by the MC 355.

Items Provided after Discontinuance

If the requested verifications are received within 30 days of the discontinuance, evaluate for ongoing eligibility and rescind the discontinuance if eligibility exists.

Reminders

Do not request information which:

- has been provided within 12 months from the date eligibility was determined
- is not subject to change
- is available for verification by the HSS
- is not necessary to make an eligibility determination

Each action related to obtaining additional information/verification from the beneficiary must be documented thoroughly in the case comments.

04.07.12C Fraud Investigations

When an investigation is completed on a Medi-Cal beneficiary, the investigator forwards their report to the HSS for review and potential action.

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Request for Additional Information/Verification

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When the investigation reveals facts, which were not reported by the beneficiary, attempt contact by phone to obtain the information/verifications.

If phone contact is unsuccessful, send the beneficiary an MC 355 requesting the information/verification(s) and allow 30 days for a response.

If the requested information/verification is not received by the due date without good cause, the individual or case must be discontinued effective the end of month in which the adequate and timely discontinuance NOA requirement is met.

Program Impacts:

None

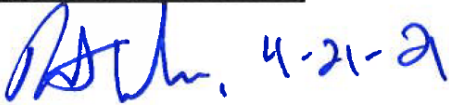
References:

ACWDL 01-36, 01-39, 6-16, 08-07, 08-27, 08-27E, 08-29, 08-54, 11-23, 11-27, 18-25
Clarification from DHCS as of 12/1/08
SN 01-08, 01-12, 02-10
MEDIL I 20-13

Sunset Date:

This policy will be reviewed for continuance by 04/30/2024.

Approval for Release:



Rick Wanne, Director
Self-Sufficiency Services

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

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Revision Date:
04/01/2021

Background:

With the passage of the Deficit Reduction Act (DRA) of 2005, individuals who claim United States (U.S.) citizenship status and who request Medi-Cal benefits must provide acceptable evidence of their identity and citizenship.

Purpose:

Included with the reformatting, this section is updated to include information on restoring full scope benefits from limited scope when benefits are reduced based on the Reasonable Opportunity Period (ROP) guidelines.

Policy:

04.07.13A General

Take the steps identified below to assist customers in obtaining evidence of citizenship and identity. Reasonable and heightened assistance shall be provided depending on the customer's circumstances.

04.07.13B Actions Required Before Requesting

Before the Human Services Specialist (HSS) contacts the customer to request for verification of citizenship and identity, take the following steps to determine if they are exempt from the verification requirements and if the requirements have been or could be met through the Birth Record Data Match via the Medi-Cal Eligibility Data System (MEDS).

Step	Action						
1	Determine if the customer is exempt from the citizenship and identity verification requirements, as specified in MPG 07.02.02B. <table border="1" data-bbox="228 1318 1479 1520"> <tr> <td>If individual is ...</td> <td>Then ...</td> </tr> <tr> <td>exempt,</td> <td> <ul style="list-style-type: none"> • document in case comments, • ensure that MEDS has appropriate coding(s), • no further action is required. </td> </tr> <tr> <td>not exempt,</td> <td>go to Step 2.</td> </tr> </table>	If individual is ...	Then ...	exempt,	<ul style="list-style-type: none"> • document in case comments, • ensure that MEDS has appropriate coding(s), • no further action is required. 	not exempt,	go to Step 2.
If individual is ...	Then ...						
exempt,	<ul style="list-style-type: none"> • document in case comments, • ensure that MEDS has appropriate coding(s), • no further action is required. 						
not exempt,	go to Step 2.						
2	Determine if the applicant has already provided acceptable verifications of citizenship and identity by: <ul style="list-style-type: none"> • Reviewing the verifications that are attached to the application form • Reviewing CITIZENSHIP-DOC: TYPE and IDENTITY-DOC: TYPE fields on MEDS INQE screen • Performing <i>ex parte</i> review of county eligibility case records and databases, including the centralized bank of citizenship/identity documents in the CalWIN Electronic Records Management System (CERMS) • Contacting other counties if there is prior history of benefits in another county shown on MEDS INQM <table border="1" data-bbox="228 1934 1479 1967"> <tr> <td>If the individual ...</td> <td>Then ...</td> </tr> </table>	If the individual ...	Then ...				
If the individual ...	Then ...						

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	has already provided acceptable verifications of citizenship and identity,	<ul style="list-style-type: none"> • issue DHCS 0011 if acceptable verifications are attached to the application, • ensure that MEDS has appropriate coding(s), • document actions taken in case comments.
	has NOT provided acceptable verifications of citizenship and identity,	go to Step 3.

3	Determine if a Social Security Administration (SSA) Citizenship/Identity (CIT/ID) verification match was performed by reviewing the CITIZENSHIP-DOC: TYPE and IDENTITY-DOC: TYPE fields on the MEDS INQE screen.		
	If SSA CIT/ID verification match was ...	And the result is ...	Then ...
	performed,	a successful match,	follow the procedures found in MPG 07.02.07.
	performed,	an unsuccessful match	follow the procedures found in MPG 07.02.07.
	not performed,		<ul style="list-style-type: none"> • review the conditions that are required for MEDS to trigger a request to ensure MEDS is working properly • If MEDS is working properly proceed to Step 4. • If MEDS is not working properly, report issue to MEDS Liaison and proceed to Step 4.

4	Determine if the customer was born in California.		
	If the customer was born ...	Then ...	
	in California,	initiate request for Birth Record Data Match via CalWIN. Refer to MPG 07.02 - Appendix D for details. Go to Step 5.	
	outside of California,	go to section C below, titled "Required Action When Requesting."	

5	Review result of Birth Record Data Match request.		
	If the result is...	Then...	
	a match,	<ul style="list-style-type: none"> • verify match on MEDS and notify customer that citizenship verification requirement has been met via DHCS 0006, as specified in MPG 07.02.05E, • document in case comments, • proceed to section C below, titled "Required Action When Requesting" if evidence of identity is still needed. 	

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is not a match,	Go to section C below, titled "Required Action When Requesting."
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04.07.13C Required Action When Requesting

The following procedures shall only apply to customers who meet all the following conditions:

- The customer is not exempt from the DRA CIT/ID verification requirements
- The customer has not provided acceptable verifications of CIT/ID
- The customer's citizenship and/or identity cannot be verified through the birth record data match
- The customer's citizenship and/or identity cannot be verified through the SSA CIT/ID verification match
- The results of the SSA CIT/ID verification match, if one was completed, does **not** show a mismatch

Once the HSS has determined that the customer meets all of the above conditions, take the following actions:

Step	Action		
1	Attempt to contact the customer by phone and advise them of the need to obtain and provide the required documentation. NOTE: The county is not providing financial assistance to beneficiaries to pay for documents.		
	If phone call was ...	And if the customer ...	Then ...
	successful,	indicates they are trying to obtain the CIT/ID document(s),	<ul style="list-style-type: none"> • establish Reasonable Opportunity Period (ROP), see section E. below, • issue full scope to an otherwise eligible applicant, or • continue full scope for an otherwise eligible beneficiary.
	successful,	indicates they will not provide the required CIT/ID document(s)	<ul style="list-style-type: none"> • issue limited scope to an otherwise eligible applicant, or • reduce to limited scope for an otherwise eligible beneficiary with adequate and timely notice. <p>Note: Do not reduce benefits to limited scope if the customer is under 26 years of age.</p>
	not successful,	N/A	Proceed to Step 2.
2	Send 1) DHCS 0006 - Proof of Citizenship or Identity Needed for Medi-Cal Applicants and Beneficiaries Who Are U.S. Citizens or Nationals and 2) DHCS 0003 - Affidavit of Reasonable Effort to Get Proof of Citizenship Include a DHCS 0004 for individuals who were born in California with an unsuccessful birth Record Match.		

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Note:

- Complete the DHCS 0004 for the applicant by phone or in the FRC.
- The DHCS 0003 is not a required form to establish a ROP.

3 Attempt 2nd telephone contact if the customer fails to respond to the written contact within ten (10) days and again, advise them of the need to provide the required documentation.

If the phone call was ...	And if the applicant or beneficiary ...	Then ...
successful,	indicates they are trying to obtain the CIT/ID document(s),	<ul style="list-style-type: none"> • establish ROP • issue full scope to an otherwise eligible applicant, or • continue full scope for an otherwise eligible beneficiary.
successful,	indicates they will not provide the required CIT/ID document(s)	<ul style="list-style-type: none"> • issue limited scope to an otherwise eligible applicant, or • reduce to limited scope for an otherwise eligible beneficiary with adequate and timely notice.
not successful,	N/A	<p>Note: Do not reduce benefits to limited scope if the customer is under 26 years of age.</p>

4 For customers who demonstrate a good faith effort (see 04.07.13F for establishing good faith effort) to provide the document, enter the ROP Due Date on the *Collect Individual Demographic Detail* window to reevaluate based on the customer's circumstances and ROP.

Note: Set the ROP period to six months from the application/annual redetermination date, if the beneficiary is not able to specify a timeframe, they need to obtain the required documents.

5 Follow up and notify the customer as appropriate.

Reminder: At any point, if the HSS is able to reach the customer, determine the appropriate follow-up timeframe based on the customer's circumstances, good faith effort and reasonable opportunity period.

6 Document in CaWIN Case Comments all actions taken to assist the customer in meeting the citizenship and identity verification requirements. These would include, but are not limited to:

- All efforts made to contact the customer
- Advising the applicant of the need to provide evidence of CIT/ID
- Good faith effort made by the applicant to obtain evidence of CIT/ID
- Extensions of the reasonable opportunity period
- Follow-up required
- Receipt of evidence of CIT/ID
- Adverse actions taken because of applicant's inability, refusal, or failure to provide the required documents

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- | | |
|--|---|
| | <ul style="list-style-type: none">• Good cause determination for applicant's inability, refusal, or failure to provide the required documents |
|--|---|

04.07.13D Providing Assistance

1. Reasonable Assistance

Customers will be provided with reasonable assistance in obtaining and providing acceptable evidence of citizenship and identity. Examples of reasonable assistance include, but are not limited to:

- Explaining how to provide evidence of good faith effort to obtain documents
- Reviewing and explaining acceptable evidence of citizenship/ identity
- Determining the possible acceptable documents that may be available to the customer based on individual circumstances
- Providing any resources available that the county must direct the customer to obtain the required documentation, such as the name, address, and telephone number of the vital statistics agency for their state of birth. County staff can find the vital statistics office contact information on the County S drive at S:\Enterprise\Medi-Cal Spreadsheets and Forms\Citizenship Reasonable Assistance Resources
- Using the Systematic Alien Verification for Entitlement (SAVE) system to verify citizenship for naturalized citizens
- Submitting birth information to MEDS for a birth record data match for all customers born in California
- Reviewing county eligibility files and records to locate evidence of citizenship/identity documents that have already been provided
- Reviewing MEDS to determine prior history of public assistance in another county and contacting that county to determine if acceptable documentation of citizenship/identity is available

Note: The county does **not** provide financial assistance for customers to pay for documents.

2. Additional Heightened Assistance

Customers incapable of acting on their own behalf to provide acceptable evidence of citizenship will be given additional assistance. This includes customers who lack someone who can act on their behalf or those who cannot provide evidence of U.S. citizenship or identity because they are:

- Homeless
- Amnesia victims
- Mentally impaired
- Physically incapacitated

In addition to providing reasonable assistance:

- Contact any known family members who may have citizenship and/or identity documents for the incapacitated person
- Contact any known current or past health care providers, such as long-term care facilities, to see if they have any acceptable evidence of citizenship and/or identity
- Contact other social services agencies within and outside of the county that are known to have assisted the customer to obtain acceptable evidence of citizenship and/or identity
- Follow the Diligent Search procedures in MPG 04.09, if applicable, to assist the customer to obtain the necessary evidence of citizenship and identity

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04.07.13E Setting Reasonable Opportunity Period (ROP)

Reasonable opportunity to provide evidence of citizenship and identity is defined as the time needed for the customer to obtain valid documentation of citizenship and identity based on individual's:

- Circumstances
- Ability to obtain that documentation
- Good faith effort

When considering if a reasonable opportunity period (ROP) will be extended:

- Make the determination on a case-by-case basis, depending on how much time the applicant needs to obtain the required information
- Follow up with the customer as necessary to ensure that acceptable documentation is in the case file or to provide additional time if needed
- Issue limited scope benefits to U.S. citizens, age 26 or older, who are otherwise eligible and have not presented the required evidence of citizenship and/or identity or who have failed to make or stopped making, a good faith effort to obtain and provide the required verification. See 04.07.13G for required action when acceptable evidence is provided after limited scope benefits are granted

EXCEPTION: When an SSA CIT/ID verification match is performed and the result shows a mismatch, the ROP shall be limited to 90 days. The 90-day period starts 7 days from the date that the HSS mails the MC 239 DRA-6 notifying the customer of the mismatch. The customer will have 90 days to resolve the mismatch or to provide the required DRA CIT/ID documents. See MPG 07.02.07 for more detailed information.

04.07.13F Establishing Good Faith Effort

Good faith effort to provide evidence of citizenship and identity is defined as demonstration of effort to obtain and provide satisfactory documents to meet the evidence of citizenship requirement, including evidence of identity if applicable.

Customers may provide oral or written statements of their efforts to obtain evidence of citizenship and/or identity. Document these efforts in the case, including any basis for a determination that the customer is or is not making a good faith effort. Case comments must include dates to indicate how much time the individual will need to obtain the required documents to allow for appropriate follow-ups. Give additional time to the customer to acquire the required documents if they are demonstrating a good food effort to provide the documents. Examples of good faith effort include, but are not limited to:

- Oral or written statements of efforts taken to obtain documentation. The DHCS 0003 – Affidavit of Reasonable Effort to Get Proof of Citizenship may be completed by the customer or the HSS upon telephone contact with the customer
- Providing a copy of a request for a document such as, a photocopy of a letter, a copy of an email, or a receipt for the requested document from the agency issuing the document
- Providing a copy of a document request sent to the issuing agency or other appropriate entity
- Providing a copy of a document along with documentation that an original or certified copy of the document has been requested
- Providing a copy of a check, receipt, or other documentation indicating that a citizenship or identity document has been ordered
- Written or oral update of progress made in obtaining evidence of citizenship or identity

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- Written or oral explanation of attempts to locate two persons who could attest to the customer's citizenship

Accept and document any reasonable information provided by a customer, which indicates a good faith effort to obtain necessary citizenship and identity documentation

Note: For information on restoring full scope benefits from limited scope, see MPG 04.13.05.

Procedure:

None

Program Impacts:

None

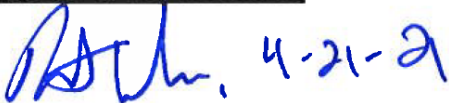
References:

ACWDL 07-12, 08-03, 09-27, 09-65
Clarification from DHCS
SN 07-04, 07-04 Addendums A & B
County policy
Change Request (CR) 5188

Sunset Date:

This policy will be reviewed for continuance by 04/30/2024.

Approval for Release:



Rick Wanne, Director
Self-Sufficiency Services

County of San Diego, Health and Human Services Agency (HHS)
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Document Handling of Citizenship/Identity Verification

Number

04.07.14

Page

1 of 4

Revision Date:

04/01/2021

Background:

United States (U.S.) citizens/nationals applying for full-scope benefits must provide verification of their citizenship and identity. A photocopy, fax, scanned or other copy of a document must be accepted to the same extent as an original, unless questionable.

Purpose:

Along with the reformatting of this section and removal of the Access role, this section is updated to remove the requirement of U.S. citizens/nationals that are applying for full-scope benefits having to provide an original or certified copy of their citizenship and identity.

Policy:

04.07.14A General

U.S. citizens/nationals may satisfy the requirement by:

- Mailing the documents to their Human Services Specialist (HSS)
- Submitting the documents at any Family Resource Center (FRC) located in San Diego County
- Submitting their documents at any Federal Qualified Health Centers (FQHCs) or Disproportionate Share Hospitals (DSHs) staff

04.07.14B FQHCs and DSHs Role

FQHCs and DSHs who assist Medi-Cal applicants with the initial application process or redetermination, are authorized to view and copy documents of citizenship/identity (CIT/ID).

Upon receipt of verifications of citizenship and/or identity from a Medi-Cal customer, the FQHC/DSH staff will:

- View and photocopy the documents
- Complete a DHCS 0005 for **each** citizenship/identity document they receive and view (if an original or certified copy of the document was provided)
- Mail the original DHCS 0005(s) and copies of the citizenship/identity to the Document Processing Center (DPC). The mailing address is:

Health and Human Services Agency
ERA/DPC
P.O. Box 939043
San Diego, CA 92193-9043

FQHC/DSH staff have the option to hand deliver the documents, along with the application to the FRC.

04.07.14C Reception Role

Customers may submit their citizenship/identity documents at any FRC, regardless of their case's location. Front line staff are authorized to view and copy documents of citizenship and identity.

When an original or certified copy of CIT/ID documents are submitted by Medi-Cal customers (excluding those in the Breast and Cervical Cancer Treatment Program (BCCTP)) at FRC reception, front line staff

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are not required to complete the DHCS 0005 "Receipt of Citizenship or Identity Documentation" if all steps outlined below are taken:

Step	Action
1	Clear the client information in CalWIN.
2	Determine that the document is an original or certified copy by the issuing agency.
3	Photocopy the original document.
4	Stamp the copy. The Stamp must indicate that the document is a copy of an original or certified copy (for example "PHOTOCOPIED FROM ORIGINAL") and contain all the following information: <ul style="list-style-type: none"> • Date • Worker # (if applicable) • Staff Name • FRC Contact Information (address and phone number)
5	Scan the stamped copy.
6	Provide client with the stamped copy as a receipt.
7	Return the original CIT/ID document(s) to the customer. Do NOT staple any receipts to the original document.

Front line staff are required to complete and sign the DHCS 0005 when the CIT/ID documents are submitted by a BCCTP customer. Refer to MPG 04.07.16 for details.

04.07.14D Processing Documents Submitted through FQHCs or DSHs

When evidence of citizenship and identity are viewed and the DHCS 0005 is completed by FQHC/DSH staff, the DHCS 0005 along with copies of the documents is transferred directly from FQHC/DSH staff to the County. Under no circumstances accept an original DHCS 0005 from a customer.

When documents are forwarded directly from FQHCs or DSHs to the County, accept these forms and copied documents and do not require original documents. Upon receipt of documents:

Step	Action		
1	Review each packet for completeness. Every document must be accompanied by a corresponding original DHCS 0005.		
2	Complete the DHCS 0011 if the original DHCS 0005 is complete and accurate and the citizenship/identity (CIT/ID) document received falls within those that have been identified as acceptable evidence of CIT/ID as specified in MPG 07.02.04.		
3	Mail the original DHCS 0011 to the applicant.		
4	Retain in case file: <ul style="list-style-type: none"> • Original DHCS 0005 • Copy of DHCS 0011 • Copy of the evidence 		
5	If the original DHCS 0005 was not included in the packet or the DHCS 0005 is incomplete, follow up with the FQHC/DSH staff as follows: <table border="1" data-bbox="228 1875 1490 1948" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 35%;">If the FQHC/DSH staff states that ...</td> <td>Then inform the FQHC/DSH staff that ...</td> </tr> </table>	If the FQHC/DSH staff states that ...	Then inform the FQHC/DSH staff that ...
If the FQHC/DSH staff states that ...	Then inform the FQHC/DSH staff that ...		

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a copy of the DHCS 0005 and document are on file,	they may complete another DHCS 0005 form and forward it, along with a copy of the initial DHCS 0005 and document.
a copy of the DHCS 0005 or document is not on file,	the packet cannot be processed; and they have the option of contacting the customer to re-submit the required original citizenship and/or identity documents or referring the customer to the HSS.

04.07.14E Processing Documents Submitted at FRC Reception

Upon receipt of the CIT/ID documents forwarded from reception:

Step	Action
1	Review for completeness.
2	Complete the DHCS 0011 if the CIT/ID document received falls within those that have been identified as acceptable evidence specified in MPG 07.02.04.
3	Mail the original DHCS 0011 to the applicant.
4	Retain in case file: <ul style="list-style-type: none"> • Copy of DHCS 0011 • Copy of the evidence • Original DHCS 0005 (if available)
5	If there is no evidence that the documents are copies of originals (no STAMP or DHCS 0005 completed), follow-up with reception staff and contact the customer to resubmit the required original CIT/ID documents as appropriate.

04.07.14F Processing Documents Submitted to HSS

When evidence of CIT/ID are submitted directly to the HSS (either in person or by mail):

Step	Action
1	Complete and issue a DHCS 0011 if the CIT/ID document received falls within those that have been identified as acceptable evidence of CIT/ID.
2	Return the original(s) within two business days if received by mail.
3	Mail the original DHCS 0011 to the applicant.
4	Retain a copy of the DHCS 0011 and copy of evidence in case file.
5	Document the date and means by which the original document was returned (for example, Certificate of Naturalization returned to John Doe by mail on 1/1/06) in case comments.

Note: Do not complete a DHCS 0005 if all the above steps are taken.

Procedure:

None

Program Impacts:

None

References:

ACWDL 07-12, 08-03, 08-26, 08-29, 08-54

Clarification from DHCS

SN 07-04, 07-04 Addendum A & B

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County Policy
42CFR435.406(f)

Sunset Date:

This policy will be reviewed for continuance by 04/30/2024.

Approval for Release:

Handwritten signature in blue ink, followed by the date "4-21-24".

Rick Wanne, Director
Self-Sufficiency Services

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Processing Changes to Medi-Cal Contact Information

Number

04.07.15

Page

1 of 2

Revision Date:

04/01/2021

Background:

The Medi-Cal Contact Information Form is not required for Managed Care Health Plans (MCHPs) to inform the County of changes in a beneficiary's contact information (address, telephone number, etc.).

Purpose:

This section is updated for the sunset review; no other changes have been made.

Policy:

04.07.15A

MCHPs can inform the County of changes by phone, fax, or email. The information provided to the County must be sufficient to identify the beneficiary's case record; including name, identification number, date of birth and former name (when a name change is being reported) and former phone number (when a phone number change is being reported) before changes are made. No changes are made if the information provided to the County is insufficient to identify the case record.

Procedure:

04.07.15B

MCHPs will contact the County to inform them of the updates and whether the beneficiary has approved providing the updated information to the County.

If the provision to update the County ...	Then ...
Has been approved by the beneficiary,	Immediately input the information into the case record, and no verification or beneficiary contact is required.
Has not been approved by the beneficiary,	Verify the new information before making changes by: <ol style="list-style-type: none">1. Looking for the same changes made to other county cases for the same beneficiary or their immediate family members including, CalWORKs, and CalFresh cases that are currently open or have closed within the last 90 days.2. If unable to verify the changes made to any of the case records, then attempt to contact the beneficiary to verify the updated information using the beneficiary's preferred method of contact.3. If no confirmation/verification is received, make no changes.

Note: Document in the case comments that the updates were provided by an MCHP.

References:

ACWDL 15-30

Sunset Date:

This letter will be reviewed for continuance by 04/30/2024.

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Processing Changes to Medi-Cal Contact Information

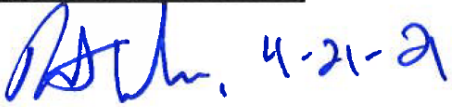
Number

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Approval for Release:



Handwritten signature in blue ink, appearing to read "RW", followed by the date "4-21-2".

Rick Wanne, Director
Self-Sufficiency Services

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Processing Verification of Citizenship/Identity for Breast and Cervical Cancer Treatment Program (BCCTP)

Number

04.07.16

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1 of 3

Revision Date:

04/01/2021

Background:

The Breast and Cervical Cancer Treatment Program (BCCTP) provides full scope, zero SOC Medi-Cal benefits to uninsured women and men (breast cancer only) under age sixty-five (65) who are United States (U.S) citizens/nationals or lawful immigrants and who are screened through an authorized screening provider and found in need of treatment for breast and/or cervical cancer, including some precancerous conditions. Those who are otherwise eligible but who do not have Satisfactory Immigration Status (SIS) receive restricted scope benefits under the State-funded BCCTP. The BCCTP is administered by the California Department of Health Care Services (DHCS) located in Sacramento.

Purpose:

This section describes the responsibilities that the BCCTP unit has in the Deficit Reduction Act (DRA) process. Additionally, it describes the county's responsibilities upon receiving an original or certified copy of a citizenship or identity document for a BCCTP customer. Included with the reformatting, this section is updated to include additional BCCTP responsibilities.

Policy:

04.07.16A General

In compliance with the federal DRA of 2005, U.S. citizens/nationals applying for full-scope benefits under the BCCTP must provide original proof or certified copy of citizenship and identity documents. The requirements do not apply to individuals at the time accelerated enrollment is established for the BCCTP. However, evidence of citizenship and identity must be provided when on-going Medi-Cal eligibility is determined or at time of annual redetermination.

A BCCTP customer may satisfy the requirement by mailing the documents to the Sacramento BCCTP office or having the original or certified copies inspected by the Sacramento BCCTP unit, a county social service office, Federal Qualified Health Centers (FQHCs) or Disproportionate Share Hospitals (DSHs).

04.07.16B BCCTP Responsibilities

The Sacramento BCCTP unit is responsible for:

- Informing BCCTP customers of the citizenship/identity requirements under DRA and consequences for non-compliance
- Determining if the BCCTP customer is exempt from or has met the citizenship/identity requirements via California Birth Record Data Match
- Instructing customers to present a copy of the letter concerning the DRA requirements to the County
- Serving as a point of contact for all DRA and program related questions for BCCTP customers
- Receiving copies of the DHCS 0005 and the BCCTP customer's documentation from the counties, FQHCs or DSHs
- Determining if the documentation is on the list of acceptable DRA documents
- Issuing DHCS 0011-Proof of Receipt of Citizenship and Identity Document to the BCCTP customer upon a determination that the documents are acceptable
- Performing all Medi-Cal Eligibility Data System (MEDS) transactions to indicate that citizenship and or identity documentation was provided

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Processing Verification of Citizenship/Identity for Breast and Cervical Cancer Treatment Program (BCCTP)

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- Determining if the customer is making a good faith effort to provide documentation

04.07.16C County Responsibilities

BCCTP customers can submit originals or certified copies of their citizenship and identity documents at any county social service office, regardless of county of residence. The county is responsible for reviewing the citizenship/identity documents to determine that they are originals or copies certified by the issuing agency and forwarding copies of the documents to the BCCTP unit. **The county will NOT determine whether documents submitted are on the list of acceptable DRA documents.**

Take the following actions:

Step	Action						
1	<p>Determine if the individual is a BCCTP customer as follows:</p> <table border="1" data-bbox="240 772 1482 1037"> <thead> <tr> <th data-bbox="240 772 821 808">If the individual ...</th> <th data-bbox="821 772 1482 808">Then ...</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 808 821 926">states that they are in the BCCTP, presents a copy of the BCCTP DRA notification letter,</td> <td data-bbox="821 808 1482 926">proceed to step 2.</td> </tr> <tr> <td data-bbox="240 926 821 1037">does not indicate that they are in BCCTP,</td> <td data-bbox="821 926 1482 1037">clear MEDS and proceed to step 2 if the customer is active with BCCTP aid code of 0N, 0P, 0U, or 0V.</td> </tr> </tbody> </table>	If the individual ...	Then ...	states that they are in the BCCTP, presents a copy of the BCCTP DRA notification letter,	proceed to step 2.	does not indicate that they are in BCCTP,	clear MEDS and proceed to step 2 if the customer is active with BCCTP aid code of 0N, 0P, 0U, or 0V .
If the individual ...	Then ...						
states that they are in the BCCTP, presents a copy of the BCCTP DRA notification letter,	proceed to step 2.						
does not indicate that they are in BCCTP,	clear MEDS and proceed to step 2 if the customer is active with BCCTP aid code of 0N, 0P, 0U, or 0V .						
2	Review the documents and determine if that they are originals or copies certified by the issuing agency.						
3	Make a photocopy of the original or certified citizenship and/or identity (CIT/ID) documents.						
4	Complete and sign the DHCS 0005 form for each CIT/ID documents provided by the BCCTP customer/Authorized Representative (AR).						
5	Return the original documents to the individual.						
6	Provide the individual with a copy of the completed and signed DHCS 0005 form(s).						
7	<p>Mail or fax copies of the documents and DHCS 0005 form(s) to the BCCTP unit</p> <p>Fax Transmissions: Department of Health Care Services ATTN: Breast and Cervical Cancer Treatment Program-DRA Fax number: (916) 552-9440</p> <p>United States Mail: Department of Health Care Services Breast and Cervical Cancer Treatment Program – DRA MS 4611 P.O. Box 997417 Sacramento, CA 95899-7417</p> <p>If faxing, a phone call must be made to (800) 824-0088 prior to faxing to comply with Health Insurance Portability and Accountability Act (HIPAA).</p>						

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8	File copies of the documents viewed and the signed DHCS 0005(s) in the Family Resource Center (FRC) designated centralized location.
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Additionally, if the BCCTP customer has questions regarding the BCCTP process, including any that are related to the DRA requirements, refer them to the Eligibility Specialist (ES) identified on the BCCTP DRA Notice or the BCCTP toll-free number at (800) 824-0088.

Procedure:

None

Program Impacts:

None

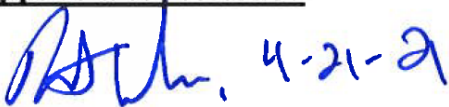
References:

ACWDL 08-25

Sunset Date:

This policy will be reviewed for continuance by 04/30/2024.

Approval for Release:



Rick Wanne, Director
Self-Sufficiency Services