

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

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Effective Date:

March 1, 2019

Background:

DHCS issued another list of obsolete and transitional pre-ACA aid codes active in MEDS.

Purpose:

To provide staff with the list of cases and instructions on how to move these individuals from the transitional aid codes.

Policy:

The cases on the list sent with this Special Notice must be processed by April 12, 2019.

The list contains the following aid code groups:

M1/M2 Aid Code List:

Individuals in the New Adult Group who do not meet the eligibility criteria for this aid category due to:

- Age 65 or older
- Age 18 or younger
- Entitled to Medicare, Part A and/or B

Individuals on this list must be evaluated, and either:

- Transitioned to another MAGI-based aid code (if eligible)
- Transitioned to an appropriate non-MAGI aid code
- Discontinued from the Medi-Cal Program

Pre-ACA Aid Code List:

This list consists of cases active on the following pre-ACA aid codes that should no longer be used. Ensure that these individuals are evaluated for a MAGI-based program, and either:

- Transitioned to a MAGI-based aid code (if eligible)
- Transitioned to an appropriate non-MAGI aid code
- Discontinued from the Medi-Cal Program

This applies to the following aid codes:

Aid Code	Definition
3N	1931(b) – Full Scope
3V	1931(b) – Restricted Benefits
44	200% FPL Pregnant
47	200% FPL Infant
48	200% FPL Pregnant – Restricted Benefits
5C	HF Transitional – No Premium
5D	HF Transitional – Premium
58*	OBRA Aliens
72	133% FPL – Full Scope

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74	133% FPL – Restricted Benefits
7A	100% FPL – Full Scope
7C	100% FPL – Restricted Benefits
7S	Express Lane – CalFresh Parents 19-64
7U	Express Lane – Adults
7W	Express Lane – Children
8N	133% FPL Excess Property – Restricted Benefits
8P	133% FPL Excess Property – Full Scope
8R	100% FPL Excess Property – Full Scope
8T	100% FPL Excess Property – Restricted Benefits
H1	OTLICP Infants – Income 200% to 250% FPL
H2	OTLICP Children 1-6 – Income 133% to 150% FPL
H3	OTLICP Children 1-6 – Income 150% to 250% FPL
H4	OTLICP Children 6-19 – Income 100% to 150% FPL
H5	OTLICP Children 6-19 – Income 150% to 250% FPL

*58 – only applies to those without a share of cost.

Transitional Aid Code List:

This list contains individuals who are on transitional aid codes in excess of the specified timeframes as shown below. These individuals must be transitioned out of these programs.

- Individuals active under one of the following programs in **excess of 90 days**
 - Craig v Bonta
 - CHDP Gateway
 - Accelerated Enrollment
 - Edwards v Kizer

Aid Code	Definition
1E	Craig v Bonta - Aged
2E	Craig v Bonta - Blind
38	Edwards v Kizer
6E	Craig v Bonta - Disabled
8E	Accelerated Enrollment
8U*	CHDP Gateway Deemed Infant – No SOC
8V*	CHDP Gateway Deemed Infant – SOC
8W	CHDP Gateway

*Reminder: Deemed Eligible infants do not require an application.

- Individuals active under one of the following Transitional Medi-Cal (TMC) aid codes in **excess of six months**

Aid Code	Definition
39	Initial TMC – Full Scope

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3T	Initial TMC – Restricted Benefits
59	Continuing TMC – Full Scop
5T	Continuing TMC – Restricted Benefits

- Individuals active under one of the following Continuing Eligibility for Children (CEC) aid codes in **excess of one year**

Aid Code	Definition
7J	CEC – Full Scope
7K	CEC – Restricted Benefits

- Individuals who are active under OTLICP who are **over age 19** and no longer eligible for this program.

Aid Code	Definition
T1	6-19 160%-266% FPL Full Scope
T2	6-19 133%-160% FPL Full Scope
T3	1-6 160%-266% FPL Full Scope
T4	1-6 142%-160% FPL Full Scope
T5	Infant 208%-266% FPL Full Scope
T6	6-19 160%-266% FPL Restricted Benefits
T7	6-19 133%-160% FPL Restricted Benefits
T8	1-6 160%-266% FPL Restricted Benefits
T9	106 142%-266% FPL Restricted Benefits
T0	Infant 208%-266% FPL Restricted Benefits

Procedure:

M1/M2 and Aid Codes Not Identified Below:

Take the action as shown below.

Step	Action						
1	Review CalWIN and CERMS to ensure that proper action has been taken.						
	<table border="1"> <thead> <tr> <th>Step</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1A</td> <td>If all notices have been sent and the aid code is discontinued in CalWIN, but did not discontinue in MEDS, discontinue the aid code in MEDS via 14-28 HHSA and enter a Case Comment.</td> </tr> <tr> <td>1B</td> <td>If action has not been taken, continue to Step 2.</td> </tr> </tbody> </table>	Step	Action	1A	If all notices have been sent and the aid code is discontinued in CalWIN, but did not discontinue in MEDS, discontinue the aid code in MEDS via 14-28 HHSA and enter a Case Comment.	1B	If action has not been taken, continue to Step 2.
Step	Action						
1A	If all notices have been sent and the aid code is discontinued in CalWIN, but did not discontinue in MEDS, discontinue the aid code in MEDS via 14-28 HHSA and enter a Case Comment.						
1B	If action has not been taken, continue to Step 2.						
2	Conduct <i>ex parte</i> review for information necessary to call the BRE to review for ACA coverage.						
	<table border="1"> <thead> <tr> <th>Step</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>2A</td> <td>If information is available, register an application using the current date and call</td> </tr> </tbody> </table>	Step	Action	2A	If information is available, register an application using the current date and call		
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	the BRE/run EDBC to update to a current aid code and enter a Case Comment.						
2B	If information is not available register an application using the current date. Continue to Step 3.						
3	Request the information from the customer (MC 355) and allow 30 days to return.						
	<table border="1"> <thead> <tr> <th>Step</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>3A</td> <td>If the information is received, call the BRE/run EDBC to update to the correct aid code and enter a Case Comment.</td> </tr> <tr> <td>3B</td> <td>If the information is not received, deny in CalWIN, suppress denial NOA, issue manual discontinuance NOA with timely notice, and enter a Case Comment.</td> </tr> </tbody> </table>	Step	Action	3A	If the information is received, call the BRE/run EDBC to update to the correct aid code and enter a Case Comment.	3B	If the information is not received, deny in CalWIN, suppress denial NOA, issue manual discontinuance NOA with timely notice, and enter a Case Comment.
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3A	If the information is received, call the BRE/run EDBC to update to the correct aid code and enter a Case Comment.						
3B	If the information is not received, deny in CalWIN, suppress denial NOA, issue manual discontinuance NOA with timely notice, and enter a Case Comment.						
4	Clear MEDS to ensure that the action in CalWIN transmitted to MEDS and the pre-ACA aid code is now discontinued.						
5	Update report weekly to show progress on processing these cases and have your FRC designee send updated list to the MC PS contact every Friday by COB.						

Presumptive Eligibility Aid Codes (7S, 7U, 7W, 8E, 8U, 8V, and 8W):

Step	Action								
1	Review CalWIN and CERMS to ensure that proper action has been taken.								
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Step	Action								
1A	If all notices have been sent and the aid code is discontinued in CalWIN, but did not discontinue in MEDS, discontinue the aid code in MEDS via 14-28 HHSA and enter a Case Comment.								
1B	If action has not been taken, continue to Step 2.								
2	Send an application packet to the applicant at the last known address in either MEDS or CalWIN. Allow 15 days for the return of the application								
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2A	If application is received, register an application using the date received and call the BRE/run EDBC to update to a current aid code and enter a Case Comment.								
2B	If application is received, but not enough information/verifications were included to determine eligibility, register an application using the date received. Continue to Step 3.								
2C	If application is not received, register the application as of the current date and deny.								
3	Request the information from the customer (CW 2200) and allow 10 days to return.								
	<table border="1"> <thead> <tr> <th>Step</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>3A</td> <td>If the information is received, call the BRE/run EDBC to update to the correct aid code and enter a Case Comment.</td> </tr> <tr> <td>3B</td> <td>If the information is not received, deny in CalWIN, suppress denial NOA, issue manual discontinuance NOA with timely notice, and enter a Case Comment.</td> </tr> </tbody> </table>	Step	Action	3A	If the information is received, call the BRE/run EDBC to update to the correct aid code and enter a Case Comment.	3B	If the information is not received, deny in CalWIN, suppress denial NOA, issue manual discontinuance NOA with timely notice, and enter a Case Comment.		
Step	Action								
3A	If the information is received, call the BRE/run EDBC to update to the correct aid code and enter a Case Comment.								
3B	If the information is not received, deny in CalWIN, suppress denial NOA, issue manual discontinuance NOA with timely notice, and enter a Case Comment.								

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4	Clear MEDS to ensure that the action in CalWIN transmitted to MEDS and the pre-ACA aid code is now discontinued.
5	Update report weekly to show progress on processing these cases and have your FRC designee send updated list to the MC PS contact every Friday by COB.

Customer Living In Another County:

Step	Action						
1	Review MEDS to determine if the customer is active in another aid code in the other county under a different CIN.						
	<table border="1"> <thead> <tr> <th align="center">Step</th> <th align="center">Action</th> </tr> </thead> <tbody> <tr> <td align="center">1A</td> <td>If the customer is active in another aid code because the CINs did not match, contact Jeff Linback, MEDS Coordinator to request that the records be merged and enter a Case Comment.</td> </tr> <tr> <td align="center">1B</td> <td>If not active in the other county, continue to Step 2.</td> </tr> </tbody> </table>	Step	Action	1A	If the customer is active in another aid code because the CINs did not match, contact Jeff Linback, MEDS Coordinator to request that the records be merged and enter a Case Comment.	1B	If not active in the other county, continue to Step 2.
Step	Action						
1A	If the customer is active in another aid code because the CINs did not match, contact Jeff Linback, MEDS Coordinator to request that the records be merged and enter a Case Comment.						
1B	If not active in the other county, continue to Step 2.						
2	Process the case according to the type of program as indicated above.						
3	Clear MEDS to ensure that the action in CalWIN transmitted to MEDS and the pre-ACA aid code is now discontinued.						
4	Update report weekly to show progress on processing these cases and have your FRC designee send updated list to the MC PS contact every Friday by COB.						
5	If case is approved, initiate an ICT to the new County.						

Program Impacts:

None.

References:

SNs 13-09 Addendum L, 18-03, and 18-04
MPG 4.16.3, 4.16.4, and 4.20
County policy

Sunset Date:

This policy will be reviewed for continuance by March 31, 2020.

Approval for Release:

Rick Wanne, 3-18-19

Rick Wanne, Director
Eligibility Operations