

Courtesy Applications & Intercounty Transfers
Guidance for Hospitals & Health Systems:

COURTESY APPLICATIONS (Appendix A)

New Medi-Cal Applications for Out of County Patients

Based on the Medi-Cal Program Guide (MPG) – “A courtesy application is an application made in a county other than the County of Responsibility. The county in which an applicant or his/her representative applies for benefits is the county responsible for making the initial eligibility determination even if it is not the applicant’s county of residence. The county in which the individual or his/her representative applies must accept and process the application.”

Source: https://hhsaprogramguides.sandiegocounty.gov/MediCAL/03/Section_1/Section_1_County_of_Responsibility.htm - [03.01.04 General Situations](#)

To avoid eligibility determination delays, Out-Of-County applicants should apply in their county of residence (certain exceptions apply). You can find their county of residence automated system by visiting the e-benefits California website www.benefitscal.com.

EXCEPTIONS:

Hospitals can use their HOPE County PODS to support and assist with processing new Medi-Cal applications for the following out of county applicants:

- Out-of-County applicants with urgent medical needs
- Out-of-County applicants requiring ongoing care as an inpatient

INTERCOUNTY TRANSFERS (Appendix B)

Out of county patients (with existing Medi-Cal benefits) who indicate that he/she is or will be living in San Diego, can request an ICT. Hospital staff can notify their County POD to initiate an ICT for the patient. County staff will support and assist with initiating the ICT within 7 business days, as defined in the MPG.

Source: https://hhsaprogramguides.sandiegocounty.gov/MediCAL/ARTICLE_03/Section_2_Intercounty_Transfers/Section_2_Intercounty_Transfers.htm

Appendix A:
Medi-Cal Program Guide Article 3 Section 1.4

**D.
Courtesy
Application**

A courtesy application is an application made in a county other than the County of Responsibility. The county in which an applicant or his/her representative applies for benefits is the county responsible for making the initial eligibility determination even if it is not the applicant's county of residence. The county in which the individual or his/her representative applies must accept and process the application. If all of the information required for making the eligibility determination is available, the county shall:

Step	Action						
1	Review application for completion. <table border="1" style="margin-left: 20px;"> <thead> <tr> <th style="text-align: center;">If ...</th> <th style="text-align: center;">Then ...</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">complete</td> <td style="text-align: center;">complete Step 2 and 3</td> </tr> <tr> <td style="text-align: center;">incomplete</td> <td style="text-align: center;">complete Step 4</td> </tr> </tbody> </table>	If ...	Then ...	complete	complete Step 2 and 3	incomplete	complete Step 4
If ...	Then ...						
complete	complete Step 2 and 3						
incomplete	complete Step 4						
2	Issue benefits promptly before the case information and verifications are transferred to the beneficiary's residence county, the County of Responsibility.						
3	Follow the procedures outlined in Article 3, Section 2 to process an Inter-county Transfer via an eICT.						
4	Forward the application and all information collected within 15 days from the date of application to the County of Responsibility for follow-up and completion of the initial eligibility determination.						


Example: An individual lives in County A and becomes ill in County B. The individual is immediately admitted to a hospital in County B. County B has an outstationed eligibility worker at the hospital who receives a Medi-Cal referral from the hospital staff. The individual, with the worker's assistance, can complete the Application (SAWS1), Statement of Facts (MC 210), and provide County B with the sufficient information to determine initial eligibility. County B shall grant the individual's benefits before transferring the continued eligibility case responsibility to County A, the beneficiary's county of residence.

**Appendix B:
Medi-Cal Program Guide Article 3 Section 2**

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<p><u>Revision Date:</u> 06/01/2018</p> <p><u>Background:</u> When a Medi-Cal beneficiary moves permanently from one county to another within the state, the individual's Medi-Cal benefits must be transferred to the new county with no interruption in benefits. The process of transferring responsibility for an individual's Medi-Cal benefits from one county to another is called an Intercounty Transfer (ICT).</p> <p>The statewide Electronic Intercounty Transfers (eICT) system connects all California counties, allowing workers to electronically perform an ICT of a case from one county to another regardless of the system that county is using for eligibility determinations. The eICT automates the processes that are essential to the transfer of customer benefits throughout California counties.</p> <p>This section has been updated to incorporate recent changes to the ICT process which include a 7 day time frame for initiation of an ICT and the process to follow when only part of a household moves to another county. In addition, this section has been reformatted and obsolete information has been removed.</p> <p><u>Policy:</u></p> <ul style="list-style-type: none"> • Medi-Cal beneficiaries have the option to report a change of county residence in person, in writing, electronically, or by phone. • The Receiving County shall not require the individual to complete a new application or a full eligibility review until the next redetermination date, as established in the case by the Sending County. • Workers in both Sending and Receiving Counties must ensure all Medi-Cal cases remain active throughout the ICT period with no interruption in benefits. The Sending County may not terminate their case until the effective date in the new county is confirmed. <p>A. Initiating an ICT When a Medi-Cal beneficiary reports a permanent change of county residence or indicates that he/she is living in another county for an indefinite period, the county who received the notification (Sending or Receiving) must initiate an ICT, using the eICT system, within 7 business days.</p> <p>B. Incoming ICTs The ICT Liaison(s) at each FRC will monitor the receipt of ICTs through the CalWIN system. Access staff will forward any ICTs received via email or telephone to the FRC for processing.</p> <p>C. ICT Attachments These documents must be included when sending the ICT:</p> <ul style="list-style-type: none"> • MC 360 – to include a description of household composition and the contact information for San Diego • Current Statement of Facts and supplements (RFTHI, RV Forms etc.) • Identification verification and Social Security numbers • Case Narrative for past 12 months • Latest NOAs for eligibility or SOC 		

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<ul style="list-style-type: none"> • DHCS 6155 – Other health coverage information • Income Verifications • MC 05 Veterans Referral Form • Copy of DDS decision or verification of incapacity • Authorized Representative form(s) 		
<p>D. ICT Transfer Period</p> <p>The Receiving County must complete the ICT no later than the first available benefit month following the 30 days after the beneficiary’s initial notification of their change in residence. The beginning date of aid in the Receiving County is determined by the date the ICT packet is received.</p> <p>Example: The beneficiary contacts the Sending County on Wednesday, January 10 to report that she is moving to a new county. The Sending County must initiate the ICT within seven business days or, in this instance, no later than Friday, January 19. This ICT must be completed by the next available benefit month which falls after the 30th day from the beneficiary’s initial notification that he/she has moved. In this scenario, the beneficiary’s ICT must be processed and completed by the Receiving County, effective March 1.</p>		
<p>E. Reasons for Not Initiating an ICT</p> <p>An ICT is not required if the individual:</p> <ul style="list-style-type: none"> • Reports the loss of California residency • Sends in a written request to discontinue Medi-Cal benefits • Is incarcerated • Is ineligible due to institutional status • Is deceased • Is an incompetent long-term care (LTC) individual and the Representative (aka Key Person) or Conservator resides in San Diego County and requests that the case not be transferred. 		
<p>F. Annual Redetermination</p> <p>If an Annual Redetermination is due or overdue at the time an address change is reported, the county must not delay initiating the ICT. It is the Receiving County’s responsibility to process the redetermination.</p>		
<p>G. Managed Care Health Plans (MCHP)</p> <p>If a beneficiary requires non-emergency care and is still enrolled in an MCHP in the county from which he/she moved, the Medi-Cal Managed Care Ombudsman may be contacted to complete an expedited disenrollment. The Ombudsman can be contacted by the beneficiary or County staff at 1-888-452-8609 or MMCDOmbudsmanOffice@dhcs.ca.gov. For urgent requests, the DHCs website contains a fillable form for use by County staff: http://dhcs.ca.gov/MCOmbudsman. Emergency services are covered regardless of which plan the beneficiary is assigned to.</p>		
<p>H. Whereabouts Unknown</p> <p>If an individual contacts either county to report a new address within 30 days of discontinuance for Whereabouts Unknown, the Sending County must restore the case without a break in aid, and then initiate an ICT to the Receiving County.</p>		

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<p>I. Partial ICTs There are no partial ICTs for Medi-Cal. If a member of the household permanently moves out of the county and is no longer claimed in the tax household, the Sending County must treat the change as a change in circumstance, remove the individual from the current case record and establish a new case that will be sent to the Receiving County. The Sending County must establish eligibility utilizing ex parte and only request verifications where necessary. In addition, the Sending County must reevaluate Medi-Cal eligibility for the remaining members of the original case if the change in household impacts eligibility of other members.</p>		
<p>J. Retroactive Requests The Receiving County is responsible for processing retroactive benefits requests. If the request requires a budget calculation for a period in which the beneficiary was active in the previous county, staff should contact Medi-Cal Program for assistance with obtaining information from the other county.</p>		
<p>K. Other ICT Types An ICT is required for the following case types:</p> <ul style="list-style-type: none"> • Aid Code 38 (discontinued CalWORKs) • Transitional Medi-Cal • Former Foster Youth • IHSS-Linked The Sending County worker must complete a Medi-Cal evaluation. If the beneficiary is eligible to ongoing benefits, a Medi-Cal only ICT must be initiated. • Craig v. Bonta The Sending County must notify the Receiving County by sending an MC360. There is no case file for these individuals so an ICT Packet is not required. • CalWORKs If the Receiving County does not approve a CalWORKs ICT, a Medi-Cal only ICT must be processed. 		
<p>Procedure: Find How-To's for the eICT process on the Eligibility Essentials site under <i>CalWIN and Systems Support</i>: HT172 Send an Inter-County Transfer HT173 Cancel an Inter-County Transfer HT174 Request an Inter-County Transfer</p>		
<p>References: Eligibility Policy and Procedure Guide (EPPG) 01-04 ACWDLs 03-12, 04-14, 16-10 and 18-02</p>		
<p>Sunset Date: This policy will be reviewed for continuance by 06/30/2021</p>		

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<p><u>Approval for Release:</u>  6-19-18 Rick Wanne, Director Eligibility Operations</p>		