

**CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES**

P.O. Box 419064, Rancho Cordova, CA 95741-9064



February 9, 2010

EBLAST

TO: IV-D DIRECTORS

SUBJECT: FURTHER INFORMATION ON MEDI-CAL AID CODE REFERRALS

REFERENCE: E-BLAST 09-16 &amp; 09-20

The purpose of this communication is to provide updated information about changes in the approach the Department of Child Support Services (DCSS) will take to evaluate cases currently referred by IV-A and associated with Medi-Cal program aid codes.

In E-BLAST 09-20, issued December 31, 2009, information was provided to local child support agencies (LCSA) that DCSS has now determined must be revised based on the Child Support Enforcement (CSE) system functionality and LCSA feedback.

We now know that Service Requests with CM119 and CM120 task ID's are our primary target, and represent referrals that could create a **new** IV-D case with only Medical Needy Only (MNO) participants.

Changes to direction provided in E-BLAST 09-20 are as follows:

- A system change did not occur with the 3.4.0 (January 17, 2010) release to change CSE to treat all Medi-Cal aid codes as non-referable.
- A multi-step approach for handling Medi-Cal aid code referrals will be implemented in the following stages:
  1. Service Requests which are pending, with Medi-Cal aid codes, and with CM119 or CM120 task ID's, will be re-processed to appear as non-referable aid codes. This action will occur with a Service Request Utility to be processed during the weekend of February 13-15, 2010.
  2. DCSS will develop a process to screen and prevent new service requests with Medi-Cal aid codes and with CM119 or CM120 task ID's from presenting to CSE via the interface. This effort is targeted for implementation with the 3.4.1 release scheduled for February 28, 2010.

3. As communicated in the Webcast conducted on January 12, 2010, and at the CSDA Membership meeting on January 21, 2010, DCSS is conducting additional analysis of existing open Medically Needy Only (MNO) IV-D cases not impacted by the Service Request Utility. Analysis will consist of identifying all open MNO IV-D cases in the various stages of initiation and establishment and to develop policy and processes for case closure.
- During the processing of the Service Request Utility scheduled for February 13-15, 2010, LCSAs can request a Worker Initiated Balance Regeneration (WIBR); however, the WIBR will not process until the following Tuesday.
  - The “stop work” instructions will continue for Medi-Cal service requests with CM119 and CM120 task ID’s until the Service Request Utility is processed February 13-15, 2010, and the new screening process is in place effective March 1, 2010.
  - LCSAs should work all Medi-Cal service requests under the CM114, CM121, and CM122 task ID’s as these will not be processed in the Service Request Utility.
    - Service Request with CM114 and CM122 task ID’s represent updates to cases already opened in CSE, and there is a probability these cases were, or are cash aided.
    - Service Request with CM121 task ID represents updates to cases with potential changes to managing county, and counties should continue with Duplicate Case Transfer (DCT) activities.

Additionally, LCSAs have asked for confirmation of the following:

- Case Management Responsibility rules will not be changed by the ongoing Medi-Cal efforts. LCSAs should continue with all Duplicate Case Transfer activities utilizing existing instructions when working CM121 task IDs.
- DCSS has committed that no retroactive changes will be required of LCSAs relative to decisions and actions currently being taken to analyze and correct Medi-Cal aid codes.
- DCSS will hold LCSAs harmless for the 20 day case opening compliance timeframe for any Service Request affected by this effort.

The effort to define referral aid codes with the Department of Health Care Services is underway and will be ongoing throughout 2010. This effort will provide a better understanding of the types of referrals received via the interface and of those, which are appropriate.

February 9, 2010  
Page 3

If you have any questions or concerns regarding this matter, please contact Cindi Pocoroba at (916) 464-5883.

Sincerely,

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Deputy Director