

## 7. Residency and Inter County Transfer

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### 7.1 California Residency

California residency is a requirement of Medi-Cal (MC) eligibility, however, there is currently a State Waiver allowing MC applicants to be approved without providing proof of residency.

California residence requirements are met when the applicant:

- Is physically present and is living in California with the intent to remain permanently.
- The applicant has entered California with a job commitment or to seek employment, whether or not currently employed. [\[Refer to “Migrant Workers,” page 7-3\]](#)
- Provides acceptable verification of California residency (if/when the waiver has ended)

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### 7.2 Verification of Residency

California residency must be verified at:

- Application
- Reapplication
- Restoration, or whenever there is a break-in-aid
- Redetermination (only if California residency has not been verified previously).



#### Exception:

Individuals applying for the Minor Consent Program or Foster Care children who receive Medi-Cal ARE NOT required to provide proof of residence. However, they are still required to be California residents.

The following documents can be used to verify residency when the waiver expires.

**Table 7-1: Verification Types**

Verification Type	Additional Information/Requirements
California DMV Driver's License or I.D. Card	Must be current, valid and in the client's name with a California address. Expired driver's licenses or I.D. Cards are not acceptable.
California Motor Vehicle Registration	It must be current, valid and in the client's name and with a California address. Expired motor vehicle registrations are not acceptable.
Employment Document	A document showing that the client is employed in California, such as an earnings statement or paystub.
Registration With Employment Agency	A document showing client is registered with a California employment agency (public or private).
School Enrollment	Papers showing the client's children in the home have enrolled in a California school. Verification must show enrollment during the month of application, or during the term immediately prior to the month of application, if school is not currently in session. NOTE: Written evidence from the school is required. Telephone calls or other collateral contacts are not acceptable.
Receipt Of California Public Assistance (Other Than Medi-Cal)	Evidence showing the client is receiving public assistance other than Medi-Cal, at an address in California.
Current California Rent/Mortgage Receipt or Utility Bill	Rent, mortgage, and utility receipts or statements must be in the client's name and include a California address. A "current" receipt or bill means the month prior to, or the month of application for Medi-Cal.  If a rent receipt or a statement regarding free housing from a relative is the applicant's only proof of residency the "Income In-Kind/Housing Verification" (MC 210 S-I) form must be completed in addition to the MC 214.

### 7.2.1 Other Evidence of Residency

Applicants who cannot provide one of the verification types above must sign and date the MC 214 and provide any other verification of residency.

The following list includes common documents which may be used along with the MC 214 to verify a client's statement of California residency:

- Records showing the client owns property or pays property taxes in California.
- California church records.
- A current and valid California school I.D.
- Recent marriage or divorce records issued in California.

- Recent court documents showing client's California address.
- California insurance documents.
- Police records from a California law enforcement agency.
- Statements from a homeless shelter or other public or community service agency in California indicating that the client is receiving services from the agency.
- California adoption records.
- Any other available information provided to the EW during eligibility determination which supports the client's claim of California residency.

## 7.2.2 Special Circumstances

### Migrant Workers

To establish California residency, based on having entered the state to work, the migrant worker must sign and date the MC 214 and provide proof of employment or seeking employment in California including:

- Paystubs in the client's name, from an employer in California.
- Employer letter indicating a job offer in California.
- An employment contract from an employer in California.
- A letter from a prospective employer acknowledging inquiries about work in California.

### Homeless Individuals

Homeless individuals may have difficulty proving California residence due to a lack of a fixed address or stable living arrangements. If a homeless individual cannot provide any of the residency verifications from above, a letter from a homeless shelter or other public or community service agency stating that the applicant is receiving services from the agency can be used. If the client is unable to provide a letter and does not have any of the other verifications mentioned above, the application must be denied for no proof of residency.

### Foreign Students, Holders of Border Crossing Cards, and Non-Immigrant and Temporary Visas

Individuals residing in California with a temporary Visa can still meet residency requirements if they intend to remain in California and provide adequate residency verification.

## Out of State Principal Residence

If the applicant declares a principal residence outside of California, then California residency is questionable. The EW must review the circumstances to see if the principal residence is exempt, however, having an exempt principal residence outside the state does not necessarily disqualify him/her from eligibility for Medi-Cal.



### Example:

The applicant and his spouse own a home in Arizona which was their former residence. Their adult son now resides in the home. The applicants have no present intent to leave California; they are renting an apartment here and have CA driver's licenses. The EW establishes that the former home is an exempt principal residence and that the couple are residents of California.

## Other Special Circumstances

Residency can be established in the following special circumstances:

- Parents who do not meet the California residency requirements may establish California residence for their children if they intend for their children to remain in California.
- A person who dies during a temporary absence from the state.
- A child placed in out-of-state foster care under either of the following conditions:
  - Through the Interstate Compact on the Placement of Children.
  - By a state or county agency responsible for the child's care.



### Note:

There is no eligibility for a child placed outside of the United States, for example, with military foster parents or other parents who move out of the United States.

- An out-of-state foster child placed in California if both of the following conditions are met:
  - The child was placed by an out-of-state court directly with a guardian or foster parent in California, and
  - The other state has adopted the Interstate Compact on the Placement of Children.
- An individual institutionalized in an out of state facility by a California state or county agency.



**Note:**

The Department of Health Care Services (DHCS) determines the state of residence for a person who is living in an institution out of state when that state's agency claims the person is a California resident. These Medi-Cal applications must be reviewed by the Medi-Cal program coordinator.

**7.2.3 Questionable Verification**

If the residency verification is questionable, the EW should request an investigation of the facts by initiating a “FRED” referral to prior to making a final eligibility determination. [\[Refer to “FRED,” page 38-1\]](#)

**7.2.4 PARIS-Interstate Match and RVP**

The Public Assistance Reporting Information System (PARIS) allows states and federal agencies to verify various circumstances of public assistance clients. The PARIS-Interstate Match allows states to compare beneficiary information and identify if an individual receives benefits in more than one state. The Residency Verification Program (RVP) is similar to the Interstate Match as they both generate reports of discontinued individuals for the county to take action on.

DHCS sends out a “Residency Verification Notice” to the client with a reply card (to be sent back directly to DHCS) for the client to confirm their residency. This notice goes out when DHCS is made aware of any residency discrepancy. If the client confirms that they no longer reside in California, or if the individual does not return the reply card by the due date, DHCS terminates their Medi-Cal in MEDS by placing termination code ‘MR’ (moved out of state per beneficiary) or ‘MV’ (failed to confirm state residency) and issues the discontinuance NOA. DHCS provides these reports of discontinuances to the county, quarterly. Below is the process the Eligibility Worker must follow to ensure client is also discontinued in CalWIN/CalHEERS [\[Refer to MC HB 15.11 for PARIS Federal Match\]](#):

**Table 38: Steps for the PARIS-Interstate Match and RVP Reports**

STEP	ACTION
1.	Review MEDS to ensure the client is discontinued with TERM-REAS ‘MR’ or ‘MV’.
2.	Discontinue the client in CalWIN/CalHEERS to match MEDS.
3.	Suppress the discontinuance NOA generated in CalWIN as DHCS is responsible for issuing a discontinuance notice to the client.

**Table 38: Steps for the PARIS-Interstate Match and RVP Reports**

STEP	ACTION
4.	Suppress the discontinuance transaction to MEDS by following these procedures: <ul style="list-style-type: none"> <li>• On the Send Forced Add/Suppress Transactions to MEDS window, select the individual being discontinued.</li> <li>• On the Suppress tab page, select the “Suppress to MEDS, including AP19” transaction and press the Suppress button.</li> </ul>

**Note:**

If the discontinued individual was the primary applicant or head of household who established residency for other household members (e.g., spouse, dependents), the EW must review the case and collect residency verification for the other household member(s) if they were not also discontinued by DHCS.

If an individual that was discontinued by DHCS as a result of the Interstate Match or RVP comes to the office in person requesting reinstatement, the EW may reinstate eligibility within 90 days of discontinuance (or refer client to reapply at Intake if over 90 days).

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## 7.3 Temporary Absence

Individuals who are temporarily leave California for seasonal employment, attending college, medical care, or other personal reasons can still maintain California residency as long as they express intent to return. [Refer to ICT Chapter and Temporary Residency CalWIN Entries]

Residency may be considered terminated when the client leaves California and takes any of the following actions in another state:

- Buys, leases, rents a residence.
- Becomes employed.
- Obtains an out-of-state driver's license.
- Applies for aid.

### 7.3.1 Managed Care and Temporary County Change

If the client is a temporary resident and is on aid under a mandatory aid code, the client may be required to enroll in one of the MMCHP offered in the new county of residence. MEDS, at renewal, reads the change as a new address and is unable to determine whether the address change is temporary or permanent. However, the Sending County's MMCHP can request a temporary exemption for 60 days based on the client's moving to a new location.

If the client is residing temporarily in another county that is NOT a managed care county, MEDS will dis-enroll the client based on the address change at MEDS renewal and the client will be placed into fee-for-service Medi-Cal. If the client returns to the home county within two months, the client will be automatically re-enrolled in the old plan by MEDS at the next Renewal.

### 7.3.2 Out-of-State Individuals

Individuals who are temporarily out of state and intend to return to California can meet residency requirements for MC eligibility purposes. A “temporary absence” from the state does not have a specific time-frame requirement but a 60-day absence can lead to presumption that a client is no longer a CA resident.

#### Individuals Temporarily Residing in California

To meet the CA residency requirement for MC, the client must be a resident of CA and cannot be commuting into CA to attend school. In general, an individual may not receive Medicaid/(Medi-Cal) coverage in more than one state at the same time. However, an individual can receive MC in two states during a transition from one state to the other, as long as the termination date is set in the previous state. All other MC eligibility rules and regulations apply.

**Table 7-2: Out-of-State Student MC Eligibility**

If the individual . . .	Then . . .
Comes to CA from another state,	He/she has the option to apply for MC while residing in CA.
Was on Medicaid (the equivalent to MC in other states) in his/her prior state of residence, and is otherwise MC eligible,	The Medicaid must be discontinued in his/her previous state as soon as possible to meet the CA residency requirement for MC.
Is claimed as a tax dependent,	They must provide the tax household and income information when they apply for MC.

#### California Residents Temporarily Residing in Another State

A client may continue MC coverage in CA as long as the absence is temporary.

**Table 7-3: Eligibility for CA Residents Attending School Out of State**

If the client . . .	Then . . .
Leaves CA temporarily and informs the county that he/she plans to return to CA,	His/her MC may continue (if otherwise eligible).  In this case, the address in MEDS should remain as the CA address to which the client plans to return.
Chooses to discontinue MC in CA and apply for Medicaid in the state in which he/she is attending school,	The MC should be discontinued as quickly as possible with proper notice. The individual must follow Medicaid application rules in the new state of residence.

**Table 7-3: Eligibility for CA Residents Attending School Out of State**

If the client . . .	Then . . .
Is out-of-state and maintains CA MC coverage and needs services while he/she is temporarily absent from CA,	<ul style="list-style-type: none"> <li>• MC will only cover emergency services.</li> <li>• Emergency Services are only covered in the United States, Canada and Mexico.</li> <li>• The Out-of-State provider must agree to accept MC and meet the requirements as detailed on <a href="http://files.medi-cal.ca.gov/pubsdoco/contact/services.asp">http://files.medi-cal.ca.gov/pubsdoco/contact/services.asp</a></li> <li>• The individual can contact the <b>Out-of-State Field Office</b> at <b>(415) 904-9608</b> for more information of Out-Of-State MC coverage.</li> </ul>

### Parents of Out-of-State Students

Parents and Caretakers of out-of-state students may continue receiving MC without change if the individual continues to meet the following criteria for each program:

**Table 7-4: Eligibility for Parents of Out-of-State Students**

For MAGI MC	For Non-MAGI MC
The Primary Tax Filer's household size is not impacted as long as the out-of-state student is still being claimed as a tax dependent.	<p>The parent(s)/caretaker(s) will retain linkage, as long as the student meets the requirements.</p> <ul style="list-style-type: none"> <li>• Age requirement as detailed in Update 2014-23.</li> <li>• The parents are still primary caregivers/financially responsible for the student.</li> </ul> <p>The student still “resides with” the parents/caretaker.</p>

### 7.3.3 CalWIN Entries for Out-Of-State Individuals

For eligible out-of-state individuals requesting MC, complete the windows as follows:

#### Collect Individual Residency Detail Window

- Home County: The original county the client moved from.
- Intent to Reside: Yes
- CA Resident: Yes
- Intent to Reside: Yes
- Client Out of: State

### **Collect Case Individual Detail Window**

- In Home: No
- Temporary Absence: Yes
- Reason for Absence: Choose applicable reason

### **Collect Individual Address Detail Window**

- Home Address: The original home address from Santa Clara County.
- Mailing Address: If the client wants to use the out-of-state address to get mail, they can. It will not affect eligibility. They can also choose to receive mail at their original address in Santa Clara County.

## **7.3.4 Out-of-County Individuals**

When an individual is temporarily residing in another California county, CalWIN must be updated so the correct address and eligibility information are sent to MEDS. Once the correct information is in MEDS, the individual will be discontinued from their current health plan and information will be sent to the individual to enroll in a health plan in the new county. Until a new plan is selected, the individual will have access to Fee-for-Service MC.

## **7.3.5 CalWIN Entries for Out-of-County Students**

For eligible out-of-county individuals requesting MC, complete the windows as follows:

### **Collect Case Individual Detail Window:**

- In Home: No
- Temporary Absence: Yes
- Reason for Absence: Choose applicable reason

### **Collect Case Individual Residency Detail Window**

- Home County: Santa Clara
- Intent to Reside: Yes

### **Collect Individual Address Detail Window**

- Home Address: The address of the county where the individual is temporarily residing.
- Mailing Address: If the client wants to use the out-of-county address to get mail, they can. It will not affect eligibility. They can also choose to receive mail at their original address in Santa Clara County.

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## 7.4 Inter County Transfers

An Inter County Transfer (ICT) is the transfer of Medi-Cal (MC) benefits from one county to another to ensure no interruption or overlap of MC benefits when a client permanently moves from one county to another within California. The client must **not** be required to complete a new application when moving active MC benefits between counties in California. MC cases must remain active throughout the ICT period with no interruption in benefits. The Receiving County must make every effort to contact the Sending County, and not the client, for needed information/verification.

For the purpose of ICT counties are described as either the sending or receiving county, as follows:

- **Sending County**  
The county where the client moved from (former county of residence)
- **Receiving County**  
The county where the client moved to (new county of residence)



### Important:

If a client reports an **Out of State** address, the EW must discontinue the case and send an adequate Notice of Action, no ICT is required. If a client is temporarily residing in another county or State, an eICT must NOT be initiated. Refer to [“Temporary Absence,” page 7-6](#).

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## 7.5 eICT

The ICT process must be completed electronically by county eligibility staff using the Electronic Inter County Transfer process (eICT). The eICT process includes sending case information and verifications electronically between State Automated Welfare Systems (SAWS). [Refer to [“SAWS,” page 18-2](#)].

### 7.5.1 Canceling an eICT

The EW can cancel or change an eICT if the intended move changes or does not occur.

Cancellation of an eICT is triggered by the Sending County updating the client’s address to another county. When a cancellation occurs, new processing time frames begin based on when the new address information is entered and the eICT Send is triggered.

Only the Sending County has the ability to cancel the initiated eICT process electronically. The Receiving County’s “Request for eICT” cannot be electronically canceled.

In the event that the Receiving County has completed the eICT process and the client has returned to the Sending County, a new eICT must be initiated back to the Sending County.

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## 7.6 ICT Time Frames

If the client notifies the Sending County of the move, the Sending County must initiate an ICT with the Receiving County within **seven business days**.

If the client notifies the Receiving County of the move, the Receiving County must initiate an ICT Request within **seven business days**.

When the client is currently active in another county and applies for aid in the new county, the Receiving County has **three (3) working days to request an eICT** from the Sending County. If the Receiving County has not received an eICT data file for a specific case within 10 working days of the request, the Receiving County ICT Coordinator must contact the Sending County ICT Coordinator by telephone/email to resolve any issues responding to the request, to ensure the timely processing of the ICT.

### 7.6.1 Automated Discontinuance

When a case is authorized in the Receiving County, the Sending County's case will automatically discontinue.

### 7.6.2 Completion of an eICT

An eICT is completed when the Receiving County has the case active in its county system with the correct county address and residence county code on MEDS. The annual RD due date is the same date established by the Sending County, unless after approving the case in the Receiving County a CIC is completed. [[Refer to "Change in Circumstance," page 10-49](#)]

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## 7.7 Only Part of Family Moved

CalWIN system functionality does not support the eICT process when only part of the household moves; if some but not all household members become permanent residents in a new county within California, EWs must process a manual ICT by mailing/faxing the required verifications and MC 360 form to the Receiving county. EWs must arrange the ICT pick-up date in the Receiving County before terminating the affected household member in the Sending County. If only some but not all members become temporary residents out of county, refer to [[Refer to "Out-of-County Individuals," page 7-9](#)]

**Example:**

A child was on MC with a parent/caretaker and moved out of county due to a change in custodial parent/caretaker. The Sending County shall initiate an ICT for the child. If the new custodial parent applies for Medi-Cal in the child's new county of residence (Receiving County), the Receiving County should contact the Sending County to initiate an ICT for the child

If the individual or individuals will become part of a new tax filing household a new case must be created in the Sending County before the eICT is initiated.

**Example:**

A 25 years old adult child was tax dependent and on MC with a parent. On March 05, 2017, the child reported that his tax status changed to "single" for the 2017 tax year and moved to Alameda county. The EW should create a new case for the adult child and initiate an eICT to Alameda county for the new case.

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## 7.8 eICT Processing During a System Outage

If there is a system outage lasting one day or less, the EW Supervisor will determine whether to wait for system availability to complete the automated eICT process, or to complete a manual ICT process.

For any system outage lasting more than one work day, EWs must use the manual ICT process and communicate with the Receiving County directly.

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## 7.9 Request for Retroactive Medi-Cal

If the client requests Retroactive MC during the eICT period, the Sending County must process the retroactive request because the case is still open in the Sending County.

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## 7.10 Craig v. Bonta

If the client requests Retroactive MC after the ICT has been completed, then the Receiving County must contact the Sending County's ICT Coordinator regarding the retroactive request.

When an individual eligible under Craig v. Bonta moves to another county, the Sending County must notify the Receiving County with a "Notification of Intercounty Transfer" (MC 360). A MEDS printout or an eICT is not necessary because the Sending County has no actual case file for the individual. The

Sending County must complete an EW 12 online transaction to change the new county address and residence code. The following month, the individual will show up on the Receiving County's Craig v. Bonta report. The Receiving County is responsible for completing the review following Craig v. Bonta procedures.

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## 7.11 In-Home Supportive Services (IHSS)

When an MC individual receiving IHSS benefits, reports a change of address outside of the county, the EW must inform the IHSS worker of the address change in addition to initiating an eICT for the MC case. This is to ensure that the client will receive uninterrupted benefits and services in both programs in the new residence county. IHSS information can be viewed in MEDS from the Special Program screen (INQ1/INQ2) with Aid Codes 2K, 2L, 2M, or 2N.

When an MC individual, also receiving IHSS, moves to Santa Clara County, the eICT must be picked up in our county within the allotted 30 days to prevent a hardship on the client with continuing IHSS.

### 7.11.1 Exceptions

The eICT procedures in the following case situations have different or additional requirements.

- If a client becomes incarcerated within California but outside of Santa Clara County but the permanent residence address will remain in Santa Clara County a new case must be created in the County of incarceration if the individual requires Medi-Cal Inmate Eligibility Program (MCIEP) benefits. [Refer to "[Medi-Cal Inmate Eligibility Program \(MCIEP\)](#)," page 39-23]
- If an incompetent Long Term Care (LTC) individual is moved to a facility within California but outside of Santa Clara County and has a family member/representative acting on his/her behalf the Authorized Representative can request that the individual's case remain in Santa Clara County. [Refer to "[County of Responsibility](#)," page 29-7]

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## 7.12 CalWORKs ICT Discontinued Cases

The MC program does not have the same ICT rules as CalWORKs program. The client's failure to complete the CalWORKs ICT requirements does not result in the termination of the client's Medi-Cal benefits.

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## 7.13 ICT Liaison Escalation

If there are problems/issues during the eICT process, the EW and EW Supervisor must first try to resolve these issues with their counterparts in the other county. eICT problems that cannot be resolved by the EW and EW Supervisor with the other county are to be referred to the ICT Coordinator and MC liaison.

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## 7.14 Managed Care During ICT

A client who is currently enrolled in Managed Care in the Sending County will only be able to access fee-for-service MC (which includes emergency care, family planning and Sexually Transmitted Disease (STD) services) in the Receiving County until the case is fully transferred and approved.

If the client needs non-emergency medical care, mental health services, routine pregnancy care, or prescription refills in the Receiving County before the effective date of disenrollment from his/her Sending County's managed care plan, the EW must advise the client to contact the Managed Care Ombudsman Office for emergency disenrollment at 1-888-452-8609 or email to [MMCDOmbudsmanOffice@dhcs.ca.gov](mailto:MMCDOmbudsmanOffice@dhcs.ca.gov).

When either the Sending or Receiving County becomes aware that the client has an **urgent** medical need, that county must immediately complete the [Request For Change - Online Fillable Form](#) on the Medi-Cal Managed Care Division (MMCD) Office of the State Ombudsman web page to request disenrollment of the current Sending County's Managed Care and enrollment of the Receiving County's Managed Care plan once a new residence county code is reflected in MEDS. If the need is for future months, MEDS will update the client's record during the monthly MEDS renewal process. The client may also contact Health Care Options (HCO) at 1-800-430-4263 to request a plan change once the new county address is updated in MEDS.

If the MMCD Office of the Ombudsman can verify the client's new residence county address on MEDS or verify with the Sending County that the Receiving County has been notified of the client's new county address, the Office of the Ombudsman will initiate a disenrollment from the existing managed care plan on MEDS. The client may access fee-for-service Medi-Cal on the day after the Office of the Ombudsman has completed the disenrollment action.

If the client has complex medical condition or complicated pregnancy and needs to be exempt from managed care enrollment, he/she can directly contact HCO to request a medical exemption form or complete it Online and return it to HCO for evaluation of fee-for-service benefit in the new county of residence.

[Refer to [Refer to "Exemptions from Enrollment," page 46-2](#) for more information.]

### 7.14.1 Managed Care Transition During ICT

Medi-Cal MCHPs are different in each county. It is crucial that the EW ensure that the client’s MEDS record correctly reflects the client’s current address and the new residence county code. The chart below summarizes the managed care plan enrollment/disenrollment process:

**Table 7-5:**

If the Sending County is...	And the Receiving County is...	Then...
Fee-for-Service (FFS) Two-Plan Model (2-Plan) Geographic Managed Care (GMC) County Organized Health System (COHS) <u>NOTE:</u> Santa Clara County has the Two-Plan Model.	COHS	MEDS will automatically enroll the client into the COHS health plan effective the first of the month AFTER the MEDS update (i.e., residence address and new residence county code).
FFS 2-Plan GMC COHS	2-Plan GMC	<ul style="list-style-type: none"> <li>• MEDS will automatically disenroll the client from the Sending County health plan effective the first of the month AFTER the MEDS update (i.e., residence address and new residence county code), and</li> <li>• The client will be on fee-for-service (FFS) Medi-Cal, and</li> <li>• The client will receive new enrollment information within two weeks of the MEDS update. Mandatory clients must select a plan to prevent being defaulted into one.</li> </ul>
FFS 2-Plan GMC COHS	FFS	Client will receive fee-for-service (FFS) Medi-Cal.
NOTE: If the Sending County submits an address and residence county code change to MEDS <u>after</u> MEDS renewal, the beneficiary will retain the same benefits that he/she had in the Sending County for an additional month.		

### 7.14.2 Urgent Disenrollment

The DHCS Medi-Cal Managed Care Office of the Ombudsman developed an online fillable form for counties to use for urgent requests including:

- Enrollment
- Disenrollment
- Removal of 59 holds.

All standard non-urgent changes need to be submitted by the recipient or their authorized representative through Health Care Options at 1-800-430-4263.

## County-Initiated Disenrollment

If a recipient moves to another county and is still enrolled in Managed Care in the county from which he or she moved, they will continue to have access to emergency services and any other coverage the Managed Care plan authorizes out-of-network until the ICT is processed and the recipient is disenrolled.

If the recipient needs non-emergent services in the ICT month in the new county, Eligibility Workers (EWs) can complete the Online Fillable Form. County-initiated disenrollment must be processed no later than three business days after the request is made.

## Online Form Completion Criteria

The following criteria must be met before an online request for disenrollment can be made:

- MEDS must reflect all current information (i.e. residence address, county code)
- MEDS must show active coverage for the recipient.

If the information above is not correct in MEDS, the request may be denied.

## Client-Initiated Disenrollment

Clients have the option to request disenrollment by phone to the Medi-Cal Managed Care Ombudsman at 1-888-452-8609. Requests made by phone before 5pm will be processed no later than two business days after the request is made. Requests made by phone after 5 pm will be processed the following business day and be effective no later than two business days after the request is processed.

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## 7.15 Client Responsibility

Recipients who have moved from one county of residence to another have the responsibility to notify either the Sending County or the Receiving County so that an eICT can be initiated.

### 7.15.1 Client Contacts the Sending County

Sometimes, clients are not aware that their MC records can be transferred to their new county of residence. Therefore, if a client requests discontinuance of MC benefits due to a change of county residence, the EW must inform the client of the ICT process, initiate an eICT, and continue the client's MC benefits.

If the client’s MC is discontinued per request and the Sending County subsequently receives information within 90 days from the date of discontinuance that the client moved to another county and wants to continue his/her Medi-Cal benefits, then the Sending County EW must restore the client’s MC benefits, initiate an eICT, and ensure that there is no interruption of benefits.

### 7.15.2 Client Applies in the Receiving County While the Case is Active in the Sending County

When a client applies in the Receiving County while he/she already has an active case in the Sending County, the Receiving County must check MEDS to confirm that he/she is active in the other county. The Receiving County must:

- Send an eICT Request to the Sending County to initiate an eICT. Do not ask the client to complete a new application.
- Explain the ICT process to the client and instruct the client to contact the Sending County if there are other changes (aside from the change in county residence) so that those changes can be documented in the eICT by the Sending County.

[Refer to “Creating an eICT Request in CalWIN,” page 46-8]



**Note:**

If the client’s first contact (in person or by phone) is with a clerical staff and the client has an open case in the Sending County, then he/she must refer the client to the designated staff to submit an eICT request to the Sending County.

### 7.15.3 Client Requests Medi-Cal After Case Has Been Discontinued Due to Loss of Contact

When a client moves to another county and contacts either the Sending or Receiving County after his/her Medi-Cal case has been discontinued due to whereabouts unknown or loss of contact, the following rules apply:

**Table 7-6: Loss of Contact Rules**

If the Case Has Been Discontinued for...	And The Client Contacts the...	Then the...
Less than 90 days,	Sending County within that time period,	<ul style="list-style-type: none"> <li>• Sending County must rescind the client’s Medi-Cal benefits without any break in aid, and</li> <li>• Inform the client that an ICT will be initiated to the Receiving County.</li> </ul>

**Table 7-6: Loss of Contact Rules**

If the Case Has Been Discontinued for...	And The Client Contacts the...	Then the...	
Less than 90 days,	Receiving County within that time period,	<p>Contacted staff (whether EW or Clerical staff or Information Supervisor) from the Receiving County must check if the client was on Medi-Cal within the last 90 days by checking the MEDS termination date used by the Sending County.                      Note: If the client’s first contact (in person or by phone) is with a clerical staff, then he/she must refer the client to the designated staff who will then:</p> <ul style="list-style-type: none"> <li>• Submit an eICT request to the Sending County,</li> <li>• Request rescission of the client’s Medi-Cal benefits, and</li> <li>• Advise the client to contact the Sending County to report other changes (aside from the change in county residence) so that those changes can be documented in the eICT by the Sending County.</li> </ul> <p>[Refer to Chapter 7, Section 7.16 "Client Reports Other Changes," page-18]</p>	
More than 90 days,	Sending or Receiving County	Designated staff (for Santa Clara County, it would be whoever handles inquiries for closed cases [e.g., Information Supervisor]) from the Sending and Receiving County must:	
		If the...	Then the...
		Sending County erroneously terminated the client’s Medi-Cal benefits or the client provided evidence of good cause,	Sending County EW must restore the client’s Medi-Cal benefits and initiate an eICT.
		Sending County has correctly terminated the client’s benefits,	Client will be required to reapply for Medi-Cal benefits in the Receiving County. No eICT is required.
Client is required to reapply in the Receiving County (based on the above situation) and he/she is unable to provide verification(s) which was/were previously provided to the Sending County,	Receiving County EW may contact the Sending County to obtain the missing verification(s). Note: Do not delay approval of client’s Medi-Cal benefits for missing verifications that are available from the Sending County.		

## 7.16 Client Reports Other Changes

A full eligibility review is NOT required until the next annual redetermination (RD) based on the last RD date established by the Sending County. If a client reports changes, during the eICT process, a Change In Circumstances can be explored after the transfer is completed, this may result in resetting the RD due date by 12 months from the date of the CIC. [Refer to “Change in Circumstance,” page 10-49]

If a client reports a change (other than the change in county residence) which may affect eligibility and/or share of cost, the reported change may ONLY be acted upon AFTER the transfer of county responsibility is complete AND the client is already active in the Receiving County. To ensure a successful transfer between counties all information must be accepted as it is sent, then updated after the initial connection is completed to avoid eHIT errors.



**Example:**

Phil Moore works at ButterCupz bakery in Alameda County. Phil requests an ICT to Santa Clara County. Before the ICT is complete Phil reports to the Eligibility Worker in Santa Clara County that he has started working at Scramblz and no longer works at ButterCupz. The Santa Clara EW must first input all case data in CalWIN as it was sent from Alameda and then after authorizing the case, enter any changes and redetermine ongoing eligibility.

Some examples of a change in circumstances, in addition to the move, that would justify an eligibility review after the eICT is completed are:

- Adding additional family member(s) that may result in income and/or property re-computation.
- New family composition that could result in a change of aid category, ineligibility or reduced benefits.
- New income information that could result in an increase in SOC.
- New property information that could result in discontinuance.



**Reminder:**

The client must be given the option to spend-down after the eICT is completed.

The chart below details the needed actions:

**Table 7-7: Actions for ICTs with Other Changes**

If the Client Reports Other Changes to the...	And the Sending County...	Then the...
Sending County	Has not yet initiated the eICT to the Receiving County,	Sending County must process the change and document the reported change in the eICT file.
Sending County	Has already sent the eICT,	Sending County must contact and manually notify the Receiving County of the change.

**Table 7-7: Actions for ICTs with Other Changes**

If the Client Reports Other Changes to the...	And the Sending County...	Then the...
Receiving County,	Has not initiated or is still in the process of initiating an eICT,	Receiving County must instruct the client to contact the Sending County of the other change(s) so that those changes can be documented by the Sending County.
Receiving County	Has already initiated the eICT,	<p>Receiving County may only complete a Medi-Cal eligibility review AFTER the:</p> <ul style="list-style-type: none"> <li>• Transfer of county responsibility is completed, AND</li> <li>• Client’s Medi-Cal record is active in the Receiving County.</li> </ul> <p>This means the Receiving County must activate the client’s Medi-Cal record on MEDS based on whatever eligibility status the client had from the Sending County (e.g., same Aid Code, etc.). THEREAFTER, the Receiving County may then evaluate the reported change(s).</p> <hr/> <p>The Receiving County must follow Ex Parte procedures and redetermine eligibility. If the ex parte is not sufficient, then contact the client by phone. If unsuccessful, send a “Request for Information” (MC 355). SB 87 time frames must be followed.</p> <p><b>Note:</b> If the client refuses to cooperate with the Receiving County’s request for information, through phone contact or MC 355, then the client’s MC benefits may be discontinued.</p>

## 7.17 Annual Redetermination

The MC Redetermination (RD) must be completed and updated in CalWIN when it is due. The change of county address does not exempt the beneficiary from complying with the RD requirements.

The Receiving County is responsible for processing the annual RD when the RD is initiated, due or overdue during the eICT transfer period. The Sending County, upon notification of the move, must change the address and county code on MEDS and initiate an eICT to the Receiving County.

The Receiving County cannot reject an ICT for an overdue RD if the individual is now residing in the Receiving County.

[Refer to “Redeterminations,” page 10-1]

The following rules apply:

**Table 7-8: Redetermination Rules for ICT**

If the...	Then the...
Sending County has received the RD packet or contact from the client and all information/verification are provided,	Sending County should update the RD and then initiate an eICT to the client’s current county of residence.
Sending County has already started the RD process but the RD packet or required information/verification(s): <ul style="list-style-type: none"> <li>• Has not been returned by the client, or</li> <li>• Is incomplete (e.g., missing information/verifications)</li> </ul>	Sending County must initiate the eICT immediately and forward the RD packet and any information reported by the client to the Receiving County when received. Receiving County must process the eICT without delay and update the RD after the eICT is completed.
Client applies in the Receiving County or contacts either county <u>within 90 days</u> after Medi-Cal is terminated for failure to complete the annual RD	Receiving County must: <ul style="list-style-type: none"> <li>• Not require the client to complete a new application.</li> <li>• Assist the client in completing required RD forms and ask the client to provide new or changed information/verification.</li> <li>• Contact the Sending County for copies of verification that are already available.</li> <li>• Request the Sending County to rescind the termination and initiate an eICT.</li> <li>• Process the annual RD when the eICT is completed.</li> </ul>
Client applies at or contacts the Receiving County <u>after 90 days</u> of termination from Medi-Cal for failure to complete the annual RD,	Receiving County may require the client to complete a new application, unless the client can provide evidence of good cause for not completing the annual RD. If good cause exists, follow the instructions mentioned above, as if the client made a contact within 90 days from the Medi-Cal discontinuance date. <a href="#">[Refer to MC HB Ch 12.1.8 Good Cause]</a>

## 7.18 Processing an Outgoing ICT

When a client moves outside of Santa Clara county but still within California, the EW must initiate an eICT to the other county by following the procedures below.

**Table 7-9: Processing an Outgoing ICT**

STEP	EW ACTION
1.	<p>Change the client's home and mailing addresses in the <i>Collect Individual Address Detail</i> window and enter the new county of residence in the <i>Collect Individual Residency Detail</i> window for all members who moved out of Santa Clara County.*For MAGI or mixed cases, update the residency <b>after</b> receiving a successful BRE call for the address changes. BRE will not call once residency is updated.*</p> <p>This will initiate the eICT send process and populate the ICT queue in CalWIN.</p> <p><b>Reminder:</b> If some but not all household members moved out of the county a manual ICT may be required, refer to <a href="#">[Refer to Chapter 7, Section 7.7 "Only Part of Family Moved," page-11]</a>.</p>
2.	<p>In the <b>record ICT Send</b> window, enter any critical case information in the ICT Comments text box (i.e. pregnant woman, Pre-ACA case, IHSS case, etc.)</p> <p><b>NOTE:</b> For Pre-ACA cases, EWs must validate that the Pre-ACA program type is accurate and add the note in the ICT Comment text box to alert the receiving county. If the case should not remain on Pre-ACA, transition the case to ACA prior to changing the home and mailing address and residency.</p>
3.	<p>Once the <b>Record ICT Send</b> window is completed:</p> <ul style="list-style-type: none"> <li>• Run EDBC,</li> <li>• Re-evaluate the current and future (if applicable) month(s),</li> <li>• Authorize the EDBC results,</li> <li>• Send the appropriate NOA(s) to the client (MC 358 S for MC)</li> </ul>

**Table 7-9: Processing an Outgoing ICT**

STEP	EW ACTION
2	<p><b>Prepare required eICT documents prior to uploading the imaged documents</b>  <b>The following is a list of documents the Sending County must include in the ICT packet:</b></p> <ul style="list-style-type: none"> <li>• Current Statement of Facts and appropriate Supplemental forms (e.g., MC 322, MC 604-IPS, RFTHI, MC 0216, MC 210RV, MC262),</li> <li>• Identifications and/or Social Security Numbers,</li> <li>• Proof of citizenship, alienage and immigration status,</li> <li>• Description of MFBU or Tax Household (RFTHI) forms (MC 01-2014; MC 01-2014 APDX-RFTHI),</li> <li>• Budget worksheets (e.g., non-MAGI or MAGI budget screens/pages from CalWIN/CalHEERS),</li> <li>• Description of MFBU/MBU (Sneed) (e.g., the [Case Members] tabpage from the Inquiry subsystem),</li> <li>• Last approval or SOC Notice(s) of Action (NOA),</li> <li>• Case Narrative/Summary, <b>and</b></li> <li>• Copy of ICT Informing Notice) MC358-S) sen to a client.</li> </ul> <p><b>The following documents may also be sent if the case includes:</b></p> <ul style="list-style-type: none"> <li>• Income/property verification or e-verifications,</li> <li>• Pregnancy verification if available,</li> <li>• “Statement of Citizenship, Alienage, and Immigration Status” (MC 13),</li> <li>• Other Health Coverage information,</li> <li>• Child, Spousal and Medi-Cal Support information (CW 2.1), including any court orders for child/spousal support,</li> <li>• Veterans Referral (MC 05),</li> <li>• Copy of Disability Determination Service Branch (DDSB) decision (MC 221) or other verification of incapacity.</li> <li>• Authorized Representative form (MC 306) or letter.</li> </ul> <p><b>The required documents for an eICT for Unaccompanied Refugee Minors include all available documents listed above as well as the following:</b></p> <ul style="list-style-type: none"> <li>• Application and Statement of Facts for Child Not Living with a Parent or Relative and for Whom a Public Agency is Assuming Some Financial Responsibility (MC 250) or Application for Medi-Cal for Former Foster Care Youth (MC 250A)</li> <li>• Letter of designation from the Refugee Program Bureau ORR, or URM verification/approval letter from California Department of Social Services (CDSS)</li> <li>• Social Security Number</li> <li>• Verification of Immigration Status</li> </ul>
4.	<p>Follow the current process to prepare the imaged document files from IDM and upload the files/documents.</p> <p><b>Note:</b></p> <p style="padding-left: 40px;">Documents can now be sent multiple times if needed. Refer to Systems Announcement 339 for instructions on how to send multiple files.</p> <p>Send the uploaded documents to the other county by clicking on the [Release to Other County] button. This will create the CW215/MC360 to electronically sent to the Receiving County (MC 360 is not required to be sent for eICTs as long as all information needed to determine eligibility is provided)</p>
5.	<p>Check MEDS two days after address and residency change to see if new address and Residence County code are properly recorded. If necessary, complete SCD 1296 to request an EW 12 MEDS on-line transaction to update new address and residence county code on INQM screen.</p>

**Note:**

Do NOT initiate the ICT process for (not transitioned) Pre-ACA or LIHP cases prior to evaluating the cases under MAGI rules.

### 7.18.1 Waiver Programs

When a client is active on any of the following three waiver programs, EWs must instruct the client to report a new address and residence to the designated responsible agency and initiate the eICT.

- Department of Developmental Services Home and Community-Based Services (DDS-HCBS) Waiver
- Medi-Cal In-Home Operations (IHO) Waiver
- Multipurpose Senior Service Program (MSSP) Waiver

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## 7.19 Processing an Incoming ICT

### 7.19.1 Incoming ICT

Application Registration and document downloading for incoming eICTs are processed by designated intake clerical staff at the Benefits Assistance Center (BAC).

[Refer to “Processing Incoming eICT,” page 8-35]

### 7.19.2 If the Client Applies at District Office

Clients are NOT required to reapply for Medi-Cal benefits in the Receiving County. However, if a client applies and indicates that he/she has recently moved from another county, or the ID process indicates that the client is active in another California county per MEDS, the client must not be required to fill out any Medi-Cal application forms, and must be informed of the ICT process. Designated staff in the Receiving County will submit an eICT request to the Sending County.

[Refer to “Creating an eICT Request in CalWIN,” page 46-8]

### 7.19.3 Processing

If a client from another county moves to Santa Clara County, the EW must do the following to continue client's MC benefits with no interruption. For the eICT Clerical Process, [\[Refer to "ICT Requests," page 8-29\]](#)

STEP	EW ACTION
1.	Review the eICT documents in IDM from the Sending County for completeness. <b>Note:</b> If any documents are missing, contact the Sending County not the client.
2.	Verify the client's current address and MC status on MEDS and CalHEERS.
3.	Enter the prior aid code received from the Sending County on the <b>Collect Individual Prior/Current Aid Detail</b> window by adding a new record and completing the following fields for each person in the case. <ul style="list-style-type: none"> <li>• <b>Begin Date:</b> [mm/dd/yy]</li> <li>• <b>End Date:</b> [mm/dd/yy]</li> <li>• <b>Aid Code:</b> Sending County Aid Code</li> <li>• <b>Case #:</b> Sending County CalWIN Case #</li> <li>• <b>County:</b> Sending County Name</li> <li>• <b>Verification/Source:</b> Received/MEDS</li> </ul>
4.	Initiate the MC queue and update CalWIN to continue MC benefits.
5.	Close any duplicate CalHEERS cases that do not have active APTC enrollment and were not previously connected to a Santa Clara County case. <a href="#">[Refer to "Closing Duplicate or Multiple CalHEERS Cases," page -1]</a>
6.	Check MEDS Confirm that CalWIN and MEDS will appropriately continue the client's MC benefits for the future month.
7.	Send an "Intercounty Transfer Notice of Action" (MC 359 R) to the client.

## 7.20 Multiple Transfers

When a recipient moves from the second county to a third or subsequent county during the transfer period, the counties involved are responsible for the ICT actions as described below:

**Table 7-10: Multiple Transfers**

Stage	Who	Action
1	First County	Inform the second county, either by phone call or in writing, to cancel the ICT.
		Continue the client's Medi-Cal benefits and ensure that there is no interruption in benefits.
		Change the client's address to the third county.
		Request the "MEDS Terminal Operator" (MTO) to generate an EW 12 MEDS on-line transaction via SCD 1296 to change the: <ul style="list-style-type: none"> <li>• Client's address to the new address (if MEDS record still shows the clients old address), and/or</li> <li>• Code on the Residence County field on MEDS to reflect the client's current county of residence.</li> </ul> Note: Changes made by the MTO via the EW 12 on-line transaction will be seen on the MEDS INQM screen the following day. The 14-digit County ID will not change for the current month.
		Send an ICT informing notice (MC 358 S) to the client's latest address.
		Initiate a new transfer to the third or subsequent county, beginning a new transfer period. Send a new eICT packet to the third or subsequent county.
2	Second County	Stop processing the incoming eICT. The first county will cancel the eICT.
3	Third or Subsequent County	Process the ICT.

## 7.21 County of Responsibility in CalHEERS

County of Responsibility in CalHEERS is determined by the client's address. When a client's address is changed in CalHEERS, it changes the County of Responsibility (COR) to the county that address is located in and sends an external referral to the new county. COR is released immediately or after the 90 day cure period when a case is discontinued in CalHEERS.

## 7.21.1 Establishing COR

COR can be reestablished for a CalWIN case that **was previously linked** to a CalHEERS case by running EDBC and calling the BRE.



### Example:

A client applied in Santa Clara County in 2014 and CalHEERS ID 5000000001 was linked to the CalWIN case. In 2015, an Inter-County Transfer (ICT) was sent to Alameda County and the case was discontinued in 2016 for failure to comply. In 2017, the client applied in Santa Clara County. When the Eligibility Worker (EW) runs EDBC, CalWIN will reestablish COR for that CalHEERS ID.

COR cannot be established for a CalWIN case that **was never linked** to a particular CalHEERS case by running EDBC and calling the BRE. The following error message will appear in the **Display CalHEERS Transaction Messages** window:

```
CH: VALIDATION ERROR :CalHEERS cannot process the EDR. County 085is not the
County of Responsibility of this CalHEERS case number [REDACTED] CalHEERS cannot
process the EDR. County 085is not the County of Responsibility of this CalHEERS case
number [REDACTED] The combination of CalHEERS Case Number and SAWS Case
information, SAWS Case Number, Servicing FIPS County Code, and Sending System,
does not match the previously established case linkage information. SAWS Case
Number [REDACTED] Consortia 10656Serv
```



### Example:

A client applies in Alameda County and CalHEERS ID 5000000002 is linked to the CalWIN case. The client is discontinued for whereabouts unknown. The client later applies in Santa Clara County. If the EW runs EDBC, the BRE call will fail, and the above error message will appear.

To avoid duplication of work for clerical, the following steps must be taken beginning with the clearance process:

Step	Who	Action	
1	Clerical	During the clearance process, determines that there is an existing <i>closed</i> CalHEERS case. Reviews the <b>Search on Case Information</b> window.  Note: For <i>open</i> CalHEERS cases, continue to request an ICT per existing business processes.	
		If...	Then...
		The CalHEERS Case is listed in the <i>CalHEERS Case ID</i> column,	Complete the application registration process and assign to an EW per existing business processes. <b>DO NOT PROCEED TO STEP 2.</b>
		The CalHEERS Case is not listed in the <i>CalHEERS Case ID</i> column,	Do not complete the application registration process at this time; assign the case to an EW to complete Step 2.
2	EW	Complete the Report a Change process in CalHEERS to update the client’s address. A Determination Eligibility Response (DER) will be sent to the External Referral Subsystem.	
3	Clerical	Complete the application registration process from the <b>External Referral Data</b> window. Assign to EW for processing per existing business processes.	



**Note:**

If the process above still does not release the COR, create a Gadwin Ticket.