

## Determining Medi-Cal Eligibility (AB 1469)

### 611.1 PURPOSE:

This procedure establishes compliance with AB 1469, regarding the requirement for juvenile detention and treatment facilities to provide specific information to county welfare departments to determine Medi-Cal eligibility for youth being released from a juvenile detention center or treatment center after being committed for 30 days or longer. Specifically, county juvenile facilities shall provide CWD (County Welfare Department) with the ward's name, release date, and sufficient information to begin the process of determining the ward's Medi-Cal eligibility through the submission of a Medi-Cal Application Transmittal form (attachment A). This is to be done immediately following the issuance of an order by the court scheduling the release date of a youth who has been committed 30 days or longer which enables the ward to receive medical care through Medi-Cal, if eligible, upon his or her release from custody.

### 611.2 DEFINITIONS:

Committed: Placed in a jail or juvenile facility pursuant to a court order for a specific period of time, independent of, or in connection with, other sentencing alternatives.

Juvenile Facility: a juvenile hall, (juvenile home) probation county treatment program, ranch or camp, forestry youth education facility, boot camp or special purpose juvenile hall (as defined in AB1469).

Ward: A youth who has been committed "to a county juvenile facility (as defined above), for 30 days or longer by a juvenile court."

### 611.3 GUIDELINES:

- A. Medi-Cal benefits for foster care facilities used by the Placement Unit shall be processed through Fiscal Services.

### 611.4 RESPONSIBILITIES:

- I. Probation Corrections Officer/Population Control Officer:
  - A. Shall complete the Medi-Cal Application Transmittal form (located in Caseload Explorer (CE) in the documents section) for all youths currently in custody at a detention facility (for example, CVJDAC, HDJDAC, WVJDAC) who have been committed to a juvenile detention facility for 30 days or more based on the Medi-Cal Forms Needed report found in CE. This form is to be completed and submitted to the county welfare department by emailing to [REDACTED]
  - B. Shall mail a notification letter to the parents/guardians of the youth (Attachment B) informing them of the eligibility requirements to obtain Medi-cal for the youth.
- II. Probation Officer (Juvenile Treatment Facilities):

# San Bernardino County Probation Department

## Procedures Manual

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- A. Shall complete the Medi-Cal Application Transmittal form (located in CE in the documents section) for all youth currently in custody at a treatment facility (for example, Gateway) who have been committed to a treatment facility for 30 days or more based on the Medi-Cal Forms Needed report located in CE. This form is to be completed and submitted to the county welfare department by emailing to [REDACTED]
- B. Shall mail a notification letter to the parents/guardians of the youth (Attachment B) informing them of the eligibility requirements to obtain Medi-Cal for the youth.

#### **611.5 ATTACHMENTS:**

See attachment: [Determining Medi-Cal Eligibility Attachment A \(Lexipol 3-29-10\).pdf](#)

See attachment: [Determining Medi-Cal Eligibility Attachment B \(Lexipol 3-29-10\).pdf](#)

## Attachments

## **Determining Medi-Cal Eligibility Attachment A (Lexipol 3-29-10) .pdf**

## Medi-Cal Application Transmittal

Name of Ward			
Date of Birth	SSN	Release date	Facility case number
Who will ward reside with upon release?			
Ward's residence address upon release: (street, city, state, zip code, and county)			
<b>Parent or Guardian Contact Information</b>			
<b>Who</b>	<b>Name</b>	<b>Address</b>	<b>Phone Number</b>
Father			
Mother			
Guardian			
<b>Comments</b>			
<b>Probation Contact Information</b>			
Name:		Facility:	
Phone number:		Address:	
Fax number:		City, State, Zip:	
E-mail:			
<b>Referral Received by PDD</b>			
Name:		Date:	
Phone number:		E-mail:	
<b>Assigned TAD worker</b>			
Name:		District name:	
Worker file number:		Address:	
Phone number:		City, State, Zip:	
Fax number:		E-mail:	

## **Determining Medi-Cal Eligibility Attachment B (Lexipol 3-29-10).pdf**



TRACY REECE  
Chief Probation Officer

JULIE FRANCIS  
Assistant Chief Probation Officer

Dear Parent/Guardian,

The law (pursuant to AB 1469) now requires county juvenile detention and treatment facilities to provide county welfare departments with specific information on minors who have been committed for 30 days or longer, for the purpose of determining Medi-Cal eligibility. Therefore, the Probation Department will be providing the Welfare Department with your child's name, release date, Medi-Cal status, age, and your contact information. This information will begin the process on your son or daughter's behalf to determine their Medi-Cal eligibility.

If you do not want an application to be submitted on behalf of your child, you must check the box below, sign and date this letter, and return it to probation at the address below in order to end the process for application of benefits. You must respond to this letter within 30 days, or the application process will proceed. Your cooperation and assistance in this matter is appreciated.

Probation Officer Signature \_\_\_\_\_ date \_\_\_\_\_

Please return to the following address if you do not want this application process to continue:

Please mark this Attention Probation Officer \_\_\_\_\_

I do **not** want the Probation Department to submit my child's information to the welfare department for processing my child's application for Medi-Cal benefits.

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Parent/Guardian signature

Date