Client Ineligible for Federal Programs FAQ

General

Question	Answer
What is the Client Ineligible for Federal Programs (CIFP) guarantor? And who qualifies for CIFP funding?	A new funding source available for Los Angeles County residents with substance use disorders, in need of treatment, who because of their immigration status no longer qualify for Medi-Cal benefits and do not qualify for any other NonDMC funding source.
What services are covered by CIFP?	The CIFP guarantor will cover the same services as DMC and RBH benefits. Any service listed on the Rates and Standards Matrix will be covered exactly the same as other guarantors.
Will loss of coverage start at the beginning of a given month or can it occur anytime within a month?	Medi-Cal coverage can potentially be lost at any time during the month.
How is this going to be done for providers who have their own EHR?	SAPC cannot provide details on how Secondary Sage Users should configure their EHRs. It is recommended that Secondary Sage Users discuss if any changes are necessary in their EHR due to the addition of the new funding source. CalOMS and Financial Eligibility forms are required to be completed in Sage for both Primary and Secondary Sage Users. Secondary Sage Users are still required to enter a Financial Eligibility, CalOMS record and Service Authorization directly in Sage. There will be no difference between this guarantor and DMC or NonDMC for Secondary Sage Users.
Is there an aid code/s that are linked to CIFP that will show on the 271 response?	There are no aid codes that identify a Medi-Cal beneficiary as having an Unsatisfactory Immigration Status (UIS). Therefore, there are no aid codes linked to CIFP. These clients will likely not be enrolled in any

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	Medi-Cal program and would not have an aid code and the 270 would show no results. However, if the client does have emergency Medi-Cal benefits, that will indicate they do not qualify for full scope Medi-Cal and the providers should determine if they are appropriate for CIFP depending on their immigration status.
Do we run 270s for these clients?	The 270 can only be run if the client has a DMC guarantor in Sage with a Client Index Number (CIN) listed. For existing clients who have a DMC guarantor, providers should run the 270 monthly to verify coverage. However, for new clients, if there is no known CIN, providers will be unable to run the 270. If there is a possibility of the client being enrolled in Medi-Cal, providers can check the eligibility system within the Medi-Cal Provider Portal to search for the client. Providers can contact the Eligibility Support Team for assistance at SAPC-EST@ph.lacounty.gov.
Is the enrollment freeze only for UIS folks 18-64 years old?	Children under 19 and those who are pregnant are still eligible for full-scope Medi-Cal. Pregnancy coverage lasts through the whole pregnancy and up to one year after it ends. There are other exemptions to the Medi-Cal policies related to immigration status where the client may still qualify for coverage. CIFP is for those who are determined to not meet any other criteria for Medi-Cal and considered to have “unsatisfactory immigration status”.
Is this only for those whose immigration status is at risk or is there other criteria, such as income that will make them eligible for this?	This is only for clients in Los Angeles County who are in need of SUD services, but do not qualify for any other funding or Medi-Cal due to their immigration status. Income is not a criteria for this funding.
How do we access the Medi Cal Eligibility Change Report?	This report can be found by searching in the Smart Search bar in Sage-PCNX for Medi Cal Eligibility Change Report (no dash, but a space between Medi and Cal) or by going to My Forms and select Avatar PM. Next select

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	Billing. The Medi-Cal Eligibility Change Report can be found in Billing Reports. This was only assigned to relevant User Roles.
I ran the Medi-Cal Eligibility Change Report but it's not listing all our clients. Is the report correct?	The information in the report is guided by the month entered in the inquiry and the month just prior to it. Only those clients whose eligibility has changed during the designated period will show up in the report.
Will medications be covered under CIFP?	The CIFP guarantor will cover the same services as DMC and RBH benefits. Any service listed on the Rates and Standards Matrix will be covered exactly the same as other guarantors.
Will this population be eligible for RBH?	The CIFP guarantor will cover the same services as DMC and RBH benefits. Any service listed on the Rates and Standards Matrix will be covered exactly the same as other guarantors.
This includes MAT services correct?	The CIFP guarantor will cover the same services as DMC and RBH benefits. Any service listed on the Rates and Standards Matrix will be covered exactly the same as other guarantors.
How can the client receive outpatient services without full-scope?	Clients with Medi-Cal only need DMC coverage to access any service within SAPC. Providers must check the aid code from the eligibility screens against the Medi-Cal Aid Code Chart to verify if they aid code has DMC coverage. Full scope is important for all other services. If the client does not have Medi-Cal and does not qualify for Medi-Cal or does not have DMC coverage and meets the criteria for CIFP, then providers can admit them under the CIFP funding/guarantor to receive any SAPC service. If they do not qualify for CIFP or DMC, they must have other county funding, as listed on the CalOMS to qualify for services.
For the existing client, does all the intake documentation need to be completed again when we discharge them from CalOMS and create the new admission. Is there any documentation that	No, provider agencies are not required to complete intake documentation again other than the items outlined to update for clients – CalOMS and Financial Eligibility.

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needs to be entered in the patient file to document this change?	The existing CalOMS admission must be discharged and a new CalOMS admission completed under the CIFP coverage in Other Funding Programs.
Once admitted under CIFP do they get a Medi-Cal ID number?	No, this is not a Medi-Cal program, so no Medi-Cal ID is provided.
What about those who have co-occurring disorder?	Any client eligible for treatment in the SAPC provider network is eligible for CIFP if they meet the CIFP criteria. SAPC requires clients to have a primary SUD diagnosis, however, we can and should treat those with Co-Occurring disorders. Providers should admit those clients and ensure they receive treatment for their Substance Use Disorder and any other Co-Occurring disorders. Providers should provide appropriate referrals and care coordination if they are unable to treat the Co-Occurring disorders internally.
What if the patient is not eligible or denied CIFP after admission? Will we know the reason to fix or just discharge?	If a client is not eligible for CIFP then the CIFP guarantor should not be used. It is the responsibility of the provider agency to accurately determine the funding source that applies to each client who enters treatment at the agency. Clients should not be discharged due to their immigration status.

Financial Eligibility

Question	Answer
Existing clients have 3 guarantors not two under financial eligibility?	It will depend on the guarantors the client previously had. If the patient had only DMC and has lost coverage, the FE will only have 2 guarantors listed. If the client had DMC and lost coverage and also had Non-DMC funding coverage that was also lost, there would be three guarantors listed. Providers should enter the Coverage Expiration Date for all existing guarantors that are no longer covered under that guarantor and enter the CIFP guarantor as the last

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	guarantor regardless of how many other guarantors were previously entered.
Does the DMC guarantor remain on the FE, if they previously had coverage?	Do not remove the DMC guarantor from a client's FE record if they had coverage anytime during the client's episode at the agency. If coverage ends, add the last day the client's DMC coverage was effective in the Coverage Expiration Date field.
Do we need to change the order of the guarantors?	No, the order of the guarantors should remain and the CIFP guarantor should be added as the last guarantor.
Would we put an end date to both DMC and Non DMC or only DMC?	If a client has both DMC and Non-DMC funding sources and only loses their DMC benefits, the current Non-DMC funding source remains as the effective guarantor if the client is covered under another funding program (such as AB109, GR, DCFS), CIFP should NOT be added, and only the DMC guarantor would have the Coverage Expiration Date field completed. If a client loses both DMC and Non-DMC then both guarantors would be end dated.
How do we enter the end date? What determines an end date? Would the expiration date, be when the Medi-Cal benefits expire or the patient isn't eligible anymore?	The end date of guarantor coverage is added in the Financial Eligibility form in the Coverage Expiration Date field. An end date is determined by the last day a client has coverage from the guarantor. This is typically the last day of the previous month before benefits were terminated, but could be another date.

Cal-OMS

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How do we ensure clients aren't eligible for other county funding programs? AB-109 is easy, but what about other county funding streams? Are Drug Court participants, considered as other funding, when Medi-Cal isn't applicable?	Other county funding should be a part of the referral, initial assessment and/or financial screening. Information gathered should point to aspects of the client's background that lend to one of the qualifying funding sources. Here is a list of the current funding sources available other than Medi-Cal that are listed on the Cal-OMS Admission form. If a client is covered under any of

	these additional sources, they would not qualify for CIFP, as those funding sources should be utilized. ▪ AB109 ▪ Adult Drug Court ▪ CalWORKS ▪ CalWORKS (API) ▪ CalWORKS Detox ▪ CalWORKS Family Solution Center ▪ Client Ineligible for Federal Programs ▪ DCFS-PSSF (TLFRG) ▪ Family Dependency Drug Court ▪ General Relief ▪ Juvenile In Custody Probation Camp ▪ None ▪ Perinatal Service ▪ Private Pay ▪ Probation / Day Reporting Center ▪ Probation JJCPA ▪ Probation Title IV E ▪ Prop 47 ▪ Prop 57 ▪ Women Children's Residential Treatment
What do we put in the client index part during admission since they won't have a CIN number?	The CIN field should be left blank.

Authorizations

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Would we need to add in another Authorization when we discharge the patient in CalOMS	Providers should not request a new authorization If there is no lapse in treatment and the Cal-OMS Discharge is related to updating the admission to the

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due to funding change/loss of Medi-Cal related to CIFP?	new CIFP coverage only. In this situation, providers should keep their existing authorization and continue to bill against that authorization. Primary providers should continue to match the Funding Source on the authorization to the Funding Source on the claim when entering. However, any new admission for CIFP would require a new NonDMC authorization.
The discrepant dates for the new CalOMS Admission and the authorization dates would not cause a problem right? since that is one of the challenges we have with SAPC for authorization approval	This should not cause any issues. However, it should be documented in a progress note why the CalOMS was discharged and readmitted to avoid any issues. This would be a non-billable progress note that documents the current Cal-OMS episode was discharge and re-admitted due to change in funding source.

Redetermination

Question	Answer
Will the Annual Redetermination change from annually to 2X's (every 6 months)?	Starting January 1, 2027, Medi-Cal redetermination will be conducted every 6 months.
I've seen the 999 on the bottom of the FE but when I run a real time 270 it says active, do you know what that means?	SAPC would need to investigate specific cases like this further to correctly interpret the results. Please contact the Eligibility Support Team at SAPC-EST@ph.lacounty.gov when this situation occurs. Generally, the 270 should populate with inactive if the Eligibility Status Code is 999.
What is the timeline for the redetermination letter sent by Medi-Cal regarding when the client must complete the redetermination process?	The initial Notice advises the client that they are entering the 60-day renewal period and indicates what must be completed (the renewal form as well as other current status information). Upon the completion of the 60 days, a Notice is sent indicating that either more information is needed, that

	the renewal was successfully completed or that further Medi-Cal benefits are denied. If it is determined that the client no longer meets the requirements for active Medi-Cal, the benefit is terminated as of the date indicated in the Notice. . If it is a Notice indicating that further information is needed, as of the date of the Notice there is a 90-day grace period in which requirements can still be met.
Is there a screenshot of BenefitsCal where it shows when the redetermination date is, or how to navigate to this?	The R.V Due date on the screenshot shared during the presentation is the redetermination date. Contact the EST team for further information on particular clients. Sometimes BenefitsCal has further information regarding the renewal date and status of meeting the requirements.

Billing

Question	Answer
Will Uber rides be covered under CIFP?	No. Perinatal transportation is a covered benefit for PPW certified agencies and is only applicable to agency owned or leased vehicles, per SAPC IN 18-11.
Do we get paid with non-DMC if CIFP is denied?	Only if the client is participating in one of the allowed Non-DMC funding sources.
How do we bill to CIFP, will they get an ID# like you would with active Medi-Cal? Or do we just let billing know they are CIFP clients?	No special billing process is required for clients who qualify for the CIFP guarantor/funding. It is critical that the CalOMS and Financial Eligibility are completed as outlined in the IN and the CIFP training. There is no policy # given for CIFP clients, “CIFP” should be entered in the Policy # field on the Financial Eligibility form.