

## Certified Application Assistor (CAA) Questionnaire Medi-Cal Benefits Screening Tool

**Ask your clients the following questions before filing out the  
MC 321, Joint Medi-Cal/Healthy Families application.**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <p>1) <b>Are you receiving cash (CalWORKs) benefits?</b><br/>If yes, as a recipient of CalWORKs, the client is entitled to receive Medi-Cal.<br/>Ask the client for his/her BIC. If the client never received one, check eligibility.*</p>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>2) <b>Are you receiving Supplemental Security Income (SSI)?</b><br/>If yes, as a recipient of SSI, the client is entitled to receive Medi-Cal. Ask the client<br/>for his/her BIC. If the client never received one and/or needs a replacement BIC, he/she<br/>can request one from any Department of Public Social Services (DPSS) office by presenting<br/>his/her award letter to the SSI Liaison.</p>                                | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>3) <b>Do you have a Benefits Identification Card (BIC)?</b><br/>If yes, then check eligibility on MEDS, AEVS, SAEVS or with the client's Eligibility Worker.<br/>If the client needs a replacement card, he/she can call his/her Eligibility Worker to request one.<br/>If the client does not know his/her Worker, he/she can call the Los Angeles County<br/>Health &amp; Nutrition Hotline at 1(877)597-4777.</p>                     | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>4) <b>Are you enrolled in a health plan or HMO such as Health Net or Care First?</b><br/>If yes, ask the client if he/she has a BIC and check eligibility.* Ask if the client<br/>has a health plan card and if yes, explain to them how managed care works.<br/>To use dental benefits, the client needs to show a BIC, not a health plan card.</p>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>5) <b>Have you or your children received medical treatment or dental care<br/>anywhere recently?</b><br/><br/>If yes, how did the client pay for these services or is the client receiving bills?<br/>Did the client fill out any paperwork at a county or other facility? Ask the client<br/>to bring any paperwork he/she has. Help the client to address any bills and obtain<br/>retroactive Medi-Cal if needed and if eligible.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>6) <b>Have your children received free immunizations?</b><br/>The child may have been put through the CHDP Gateway. Did the client receive<br/>a BIC? Check eligibility.* The child may need to fill out the joint Medi-Cal/Healthy<br/>Families application to finish the application process.</p>  | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No

7) **Are there other children in the household already receiving aid?**

If yes, the client and/or other children may be able to be added onto an existing case. Check eligibility. \*

**If the applicant answers “Yes” to any of the above mentioned questions, he/she may already be receiving Medi-Cal benefits. Additionally, if the application is for a newborn, determine if a Newborn Referral (MC 330) should be completed instead of the Joint Medi-Cal/Healthy Families Application (MC 321 HFP).**

**\*Ways of checking eligibility:**

**1. Medi-Cal Eligibility Data System (MEDS)**

This State system is used by Los Angeles County DPSS Eligibility Workers; at provider offices and hospitals; at county clinics and hospitals; and at the health departments in the cities of Long Beach and Pasadena.

**2. Automated Eligibility Verification Systems (AEVS)**

Non-providers can apply to get a PIN number to check eligibility via the telephone. To obtain an application for AEVS call (916) 552-9492. AEVS will not work, however, unless the client has Medi-Cal. In addition, AEVS does not have information for “pending” Medi-Cal.

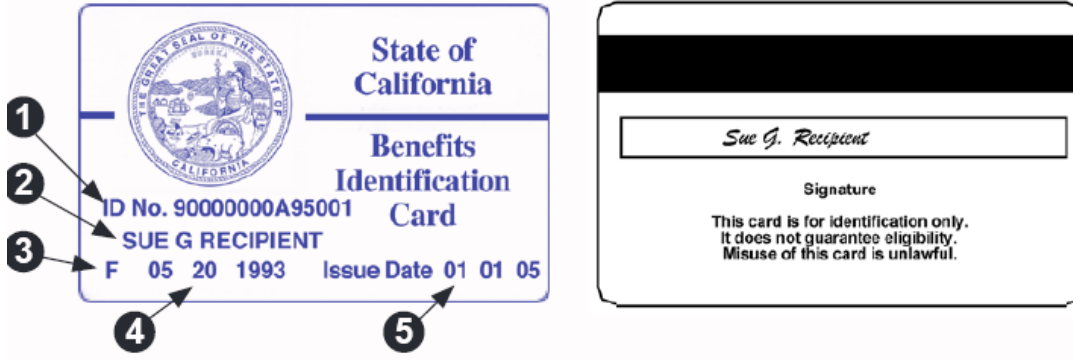
**3. Supplemental Automated Eligibility Verification System (SAEVS)**

Non-providers can access a temporary PIN number which is good for 24 hours only. Non-providers can request a PIN every day if needed.

- Call 1(800) 541-5555 Monday – Friday from 8:00 a.m. to 5:00 p.m.
- Press option 11, 16, 16
- Request a temporary PIN number for non-provider
- EDS will ask for first name, first letter of last name and agency telephone number
- You will be issued a five-digit number that is good for 24 hours only. However, depending, when you call it may be good for a few hours only until midnight
- To check eligibility, call 1(800) 541-5555
- Press option 11, 16, 15, 2
- Verify PIN number
- Press 1 for eligibility, enter the recipient ID # and press #
- Press 2 for Share of Cost (SOC) clearance

**4. Calling DPSS Eligibility Workers**

Have the client contact his/her Medi-Cal or CalWORKs worker if a new/replacement BIC card is needed. The client may also call the Los Angeles County Health & Nutrition Hotline at 1(877) 597-4777.



Recipient Information on face of card:

1. Your ID Number (a 14 character identification number).
2. Your name
3. Gender Code (male or female)
4. Date of Birth
5. Date card was issued to you