

DEPARTMENT OF HEALTH SERVICES

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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 202

TO: All Holders of the Medi-Cal Eligibility Procedures Manual

Enclosed are revisions to Article 23, Medical Support Enforcement Program, of the Medi-Cal Eligibility Procedures Manual.

Procedure Revision**Description**

Article 23

Revision of the Procedures for the Medical Support Enforcement Program due to policy clarification.

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If you have any questions concerning a specific revision, please contact Ms. Elena Lara of my staff at (916) 657-0712.

Sincerely,

Original signed by

Glenda Arellano for
Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosures



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3. CalWORKs/Edwards

A recipient of CalWORKs benefits who is discontinued from CalWORKs for refusal to cooperate in child support will **NOT** receive Edwards Medi-Cal. Under federal and state legislation, Applicants and Recipients of the CalWORKs and Medi-Cal programs must, as a condition of eligibility, assign child and medical support rights to the county and cooperate with the DA in establishing paternity and establishing, modifying, or enforcing a child/medical support order for the child(ren) for whom aid is requested. Under federal law, child support includes monetary support, health care, arrearage or reimbursement, and may include other costs such as fees, interest and penalties, income withholding, attorney's fees, and other relief.

When an Applicant or Recipient Parent or caretaker relative of a child for whom aid is sought refuses or fails to cooperate with the DA in paternity establishment or child/medical support enforcement, this individual remains a member of the Assistant Unit (AU), the AU cash grant is reduced by 25 percent, and this individual will be denied Medi-Cal. If otherwise eligible, the members of the AU are granted or continue to receive Medi-Cal benefits. The Notice of Action will need to state that the AU cash grant will be reduced and the custodial parent will be ineligible for Medi-Cal.

There will be no Edwards for these cases because the custodial parent will not be discontinued or denied CalWORKs. The AU will receive a cash grant. Can Medi-Cal benefits be denied by the CalWORKs county staff? Yes, because medical support is part of the definition of Child Support under federal law as defined above, and the county staff must deny or discontinue Medi-Cal if there is a determination of noncooperation by the FSD/DA and the cash grant is reduced by 25 percent.

Even though the CalWORKs eligibility worker (EW) is responsible for sending the case package of child support forms, the EW is responsible for ensuring that the medical support portions of these forms are filled out correctly for Medi-Cal. If needed, the counties can use the revised forms available in the DHS warehouse.

In child support enforcement actions, the DA may require the absent parent to pay child support payments which are in arrears; that is, the absent parent may also be liable for payments which were not paid or were skipped before the custodial parent applied for CalWORKs and Medi-Cal. In medical support, we start with the time of enforcement of coverage. We do not seek reimbursement for medical expenses up to the point of court-ordered medical support enforcement.

4. MEDS PROCESS FOR RESTRICTION CODE TO DENY OR DISCONTINUE MEDI-CAL IN CALWORKS

970 OR 971 Medi-Cal Ineligible CalWORKs recipient due to noncooperation.

980 or 981 Medi-Cal Ineligible CalWORKs recipient due to noncooperation overlaid with S/URS restriction.

When reporting eligibility to MEDS for CalWORKs clients, it will be necessary to use a restriction code to identify the individual charged with noncooperation when the family's computed grant is subject to the new CalWORKs 25 percent reduction penalty. Since the law requires that the responsible individual be ineligible for Medi-Cal for the period of noncooperation, reporting of this code will change the client's Eligibility Status to "691" or "692":

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691 = Health and welfare program other than Medi-Cal/CMSP Eligible Reported Timely.

692 = Health and welfare program other than Medi-Cal/CMSP Eligible Reported Retroactively.

This change will allow counties to continue to report the client as an eligible member of the CalWORKs case while the POS/MOPI health care eligibility message will say "NO RECORDED ELIGIBILITY FOR (MONTH/YEAR)." The anticipated implementation date for this MEDS change is Fall of 1999. **(REMINDER: When 25 percent penalty restriction is removed, Medi-Cal benefits will be restored, and counties should report "000" or "001" in the restriction code to remove the noncooperation restriction.**

5. DEPARTMENT OF SOCIAL SERVICES (DSS) CHILD SUPPORT PROCEDURES

DSS child support procedures are to be found in the following:

- o DSS Manual of Policy and Procedures (MPP) Sections 12-100 through 12-908 and 43-200 through 43-205;
- o DSS Family Support Division (FSD) Letter No. 94-03, February 10, 1994 Title IV-D Child and Spousal Support Program Procedure Manual.

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23D. PETITION TO THE COURT

The county must notify each applicant or beneficiary placed in the following aid codes that the California Child Support Enforcement (IV-D) Agencies must, by law, petition to the court to include health insurance coverage in support orders when a child receives Medi-Cal. Referral in aid codes cited below will be for children under 18 with an absent parent or when a child is born out of wedlock. **HOWEVER, NO UNDOCUMENTED CHILDREN, NO PREGNANT WOMEN, AND NO CHILD IN A MINOR CONSENT CASE OR IN HEALTHY FAMILIES PROGRAM WILL BE REFERRED.** Also, referrals for infants will be made after the 60-day postpartum period. In a minor consent case, the child must be in a regular aid code before referral can be made. (For explanation of absent parent situations, please refer to MEPM Article 1-B.)

In situations where the applicant is filing for retroactive Medi-Cal only, no referral will be made. When the absent parent is incarcerated or institutionalized, no referral will be made, but obtain necessary verification and refer upon absent parent's release.

In situations where the absent parent is already providing health insurance, no referral is necessary unless paternity must be established, but all forms must be completed on other health coverage and kept in the file, and a copy of the DHS 6155 sent to DHS. Even though the child is covered by medical insurance, the child can be eligible if all Medi-Cal eligibility requirements are met, and the mother will have linkage based on the child. If the mother does not apply for the child or the child is ineligible for any reason, then the mother becomes ineligible for Medi-Cal because the child cannot be used to link the mother.

A custodial parent can exclude a child from the Medi-Cal application and is not mandated to cooperate with medical support enforcement for that child. The custodial parent must cooperate **ONLY** if he/she is applying for Medi-Cal for that child and if he/she is legally responsible for the child.

In on-going medical support cases, at redetermination or at any time, if there is any change in the case, it should be reported to the FSD/DA via Form CA 371. The FSD/DA should be advised of any changes in the case which involve a change in status such as discontinuance of eligibility, change in family composition, loss of health coverage, change in income, etcetera. If there are no changes in the case at redetermination, no report to the FSD/DA is necessary.

MEDI-CAL AID CODES

The following aid codes are the ones for which the Medi-Cal Eligibility Worker must refer the children with an absent parent.

3A	20	34	51	67	83
3C	24	37	60	72	
7A	27	47	64	82	

CalWORKs AID CODES

The following aid codes are the ones for which child support referrals, including medical support, should have already been made by the CalWORKs or Foster Care Intake Worker for CalWORKs or foster care cases.

3G	30	33	40	45
3H	32	35	42	

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1. PREGNANT WOMEN

Medical support referrals will **NOT** be made on an unborn child until the end of the 60-day postpartum period of the mother. If the mother of the unborn has other eligible children in the MFBU, a medical support referral for these children will **NOT** be made until the end of the 60-day postpartum period of the pregnant caretaker parent. If a pregnant caretaker parent has other eligible children in the MFBU with a different absent parent than for the unborn, a medical support referral will **NOT** be made on the children of the absent or unmarried parent(s) until the end of the 60-day postpartum period of the pregnant caretaker parent.

When a woman with a child(ren) has applied for Medi-Cal but refuses to cooperate in medical support and does not claim good cause, she becomes ineligible for Medi-Cal and designated as an ineligible member of the MFBU. The woman's child(ren) may be eligible for Medi-Cal if otherwise eligible and she has not withdrawn the application or asked to close the case. If this caretaker parent then becomes pregnant and applies for Medi-Cal, she may be eligible until her 60-day postpartum period ends. A referral for the caretaker parent and the new child can be made at the completion of the 60-day postpartum period.

If a caretaker parent has a child(ren) and has cooperated with medical support requirements, but then becomes pregnant, the medical support referral process should not be interrupted. The pregnancy should be reported to the FSD/DA, but no referral on the new child should be made until the 60-day postpartum period ends. The rule in on-going medical support cases is if there is any change in the case, it should be reported to the FSD/DA via Form CA 371. The FSD/DA should be advised of any changes (e.g., discontinuance from CalWORKS, new Medi-Cal case).

An unmarried/absent parent may apply for Medi-Cal and medical support services for the caretaker parent at the hospital if the caretaker parent is unable to fill out an application. Under Title 22, CCR, Section 50143, if a person is unable to file an application for Medi-Cal, "(2) a person who knows of the applicant's need to apply" may file the application. An unmarried/absent parent would qualify under this definition.

2. OBRA REFERRALS

If the caretaker parent or mother is undocumented and her children are also undocumented, no medical support referral will be made. If the caretaker parent/mother is undocumented and the children are citizens, a medical support referral will be made. No undocumented children will be referred for either medical support enforcement or paternity establishment.

If the caretaker parent has both OBRA children and citizen children and requests that both be referred for medical support enforcement, the county will only make a referral on the citizen children. Medical support enforcement referrals will not be made on OBRA children.

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3. CONTINUING ELIGIBILITY

Under this program, infants born to Medi-Cal eligible women are automatically "deemed eligible" for one year, provided they continue to live with their mother and the mother remains eligible for Medi-Cal, or would remain eligible if she were still pregnant. For purposes of medical support enforcement, the father/absent parent still has a legal responsibility for the health and welfare of his children and, at the end of the 60-day postpartum period, a medical support referral must be made.

4. FOSTER CARE CHILDREN

The CalWORKs or Foster Care Intake Workers will make child support referrals, including medical support for all foster care children. Medical support enforcement referrals will not be done by the county Medi-Cal Eligibility Worker on foster care children. Foster care children are automatically eligible for Medi-Cal after utilizing whatever other health coverage is available. This is clarified in Section 903 of the Welfare & Institutions Code, Liability for Costs of Support. This section prohibits any imposition of medical costs upon the natural parent(s) until the county has first exhausted any eligibility the child may have under private insurance coverage, standard or medically indigent Medi-Cal coverage, and the Robert W. Crown California Children's Services Act. If there are any costs over and above 100 percent of the average Medi-Cal payment that are not covered under any of the coverages listed, the county may choose to impose those costs.

5. ADULT CHILDREN

"Adult children" are individuals in Medi-Cal between the ages of 14 to 18 years of age who are not living in the home of a parent or caretaker relative and who do not have a parent, caretaker relative, or legal guardian handling any of their financial affairs or 18 to 21, and who do not have a parent, caretaker relative or legal guardian handling any of their financial affairs (Sec. 50014). The parents do not claim the children as dependents in order to receive a tax credit or deduction for state or federal income tax purposes. Under 42 Code of Federal Regulations (CFR) 435.222, the State of California may provide Medi-Cal benefits to individuals under age 21 who would be eligible for cash-based Medi-Cal but do not qualify as dependent children. These "adult children" **WILL NOT BE REFERRED** for Medical Support Enforcement. Aid Codes 82 and 83 will be reinstated to the referral list because medically indigent children who are not "adult children" will be referred.

Under Medi-Cal regulations, individuals under 21 years of age (not disabled or blind) and living in the home of a caretaker relative are considered children and are eligible for Medi-Cal.

Under new Medi-Cal regulations if a married individual under the age of 21 (not disabled or blind) is living in the home of his/her parents, regardless of whether or not he/she is claimed as a tax dependent, this individual is considered a child for budget purposes and financial responsibility.

If the applicant is an unmarried minor parent (14-18 years of age with a child), who is living on his/her own and does not want to cooperate with medical support, do not deny or discontinue him/her for noncooperation, but do refer the child for medical support enforcement.

If the applicant is an unmarried minor parent (14-18 years of age with a child) and is living with a parent or caretaker relative, do not deny or discontinue the parent for noncooperation, but refer the child. If the parent or caretaker relative is using the linkage with minor for Medi-Cal benefits, then the parent or caretaker relative must cooperate with medical support enforcement or be discontinued or denied Medi-Cal benefits.

If a mother is under 21 but over 18, and living on her own, she must cooperate because an individual 18 years of age or older is considered an adult under the Family Code.

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Disabled Adult Children under the Pickle program are at least 18 years of age or older. They will not be referred for medical support enforcement. Referrals are for those under 18.

Disabled children who have been placed in an institution through a guardianship are not to be referred for medical support enforcement.

6. TRANSITIONAL MEDI-CAL OR FOUR-MONTH CONTINUING MEDI-CAL

No transitional Medi-Cal cases are to be referred. This includes children in aid codes 39, 54, and 59. These families were initially on CalWORKs and lost their cash grant due to increased earnings, increased hours of employment, or increased allocation of child/spousal support payments. Transitional Medi-Cal or Four-Month Continuing Medi-Cal is provided to these families as an aid in helping them become self-sufficient. If they apply for Medi-Cal Only at the end of their transition period, they should be treated as a new case and a referral should be made.

7. DECEASED ABSENT PARENT

No medical support enforcement referral will be initiated for deceased absent parents. However, sufficient substantiation of the fact that the absent parent is deceased is required.

8. CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM

This program allows individuals who qualify for Aid to Families with Dependent Children, Family Group (CAAP-AFDC [FG]) or Aid to Families with Dependent Children, Unemployed Parent Group (CAAP-AFDC[U]) to decline the federal cash grant and instead receive child care assistance and Medi-Cal.

9. VOLUNTARY DECLARATION OF PATERNITY

Upon application for Medi-Cal, unmarried parents shall be informed of the availability of the Declaration of Paternity, and given the option of signing the CS 909 in order to establish paternity. A copy of the brochure which explains the voluntary paternity program (PUB 244 (1/97 Revision)), the Information Sheet (CS 910), and the Declaration of Paternity (CS 909) shall be given to the applicants. Completion of the form is **not mandatory** for Medi-Cal eligibility. If the form is not signed, the case will be referred to the Family Support Division/District Attorney (FSD/DA) for paternity establishment. Medi-Cal eligibility **should not be denied or delayed** if the voluntary declaration is not signed at this time. However, cooperation with and information regarding the children's father must be provided for Medi-Cal eligibility approval. If the parents volunteer, or if the parent applying volunteers, the form may be taken home for signature witnessed by a Notary Public, or both parents may return and sign the form in the presence of a county staff person. If there are any legal questions which are not answered in the brochure or information sheet, then refer the case to the FSD/DA.

Appropriate copies of the completed Declaration along with the CA 2.1Q should be sent to the FSD/DA, who will forward the Declaration to the State Office of Vital Records. If there are any questions regarding legal issues that are not answered by the brochure or information sheet, refer the case to the FSD/DA. You may inform the parents that the signed Declaration may be rescinded by either parent by filing a rescission with the State Office of Vital Records within 60 days of execution or by a judicial proceeding.

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MINOR PARENTS: When either parent is a minor, the Declaration of Paternity does not establish paternity until 60 days after both minor parents are emancipated or 60 days after the eighteenth birthday of both minors, whichever occurs first.

REFERRAL TO FSD/DA: If the Declaration of Paternity is signed by both parents, **DO NOT REFER** to the FSD/DA for paternity establishment. The signed Declaration should be sent with other documentation and a note on the CA 371 that the Declaration has been signed and is attached. The Declaration of Paternity will have the same force and effect of law as a judgment rendered by a court.

10. **HEALTHY FAMILIES PROGRAM**

Healthy Families is a new health care coverage program for low-income, uninsured children only which offers medical, dental, and vision coverage for a small premium to children who are one year to 19 years of age and whose families earn too much to qualify for no-cost Medi-Cal but do not earn enough to afford private health coverage. They will not be referred for medical support enforcement, but the FSD/DA may provide absent parents the opportunity to purchase this health coverage for their children as medical support. Applications for Healthy Families may be made through a mail-in application or through the county welfare department.

EXAMPLES:

1. An intact family applies for Medi-Cal, but requests Healthy Families coverage for a stepchild. Because Healthy Families eligibility determinations cannot be made on MEDS at present, the child will be covered under Medi-Cal until Healthy Families approval is confirmed. No referral to the FSD/DA should be made on this child. Medical Support enforcement cooperation requirements do not apply in Healthy Families program. Healthy Families is a children-only program.
2. Custodial Parent applies for Medi-Cal and is eligible. The Custodial Parent cooperates with medical support enforcement and referral is made to the FSD/DA. The FSD/DA contacts the absent parent and informs him/her about the Healthy Families Program, and that low-cost health coverage can be obtained for the children. The FSD/DA may provide the absent parent with the Healthy Families application, and the absent parent may apply for this health care for his children.

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EXAMPLES:

1. Woman with three children declares father is deceased and provides birth certificate for children, death certificate for father, and marriage certificate.
 - a. Marriage occurred after birth of children and father's name is not on birth certificates. **Question:** Do we do paternity referral? **Response:** Yes. Children born out of wedlock.
 - b. Marriage occurred after birth of children and father's name is on birth certificates. **Question:** Do we do paternity referral? **Response:** Yes. Mother may declare he is rightful father and that is why he is on birth certificates, but birth certificate alone does not establish paternity.
 - c. Marriage occurred before birth of all children and father's name is not on birth certificates. **Question:** Do we do paternity referral? **Response:** No. Children were not born out of wedlock. Presumption is deceased person is father.
 - d. Marriage occurred before birth of children and father's name is on birth certificate. **Question:** Do we refer since we have a death certificate? Must the FSD/DA validate the death for us? **Response:** No referral. He is not absent; he's deceased.
 - e. Same as Number d, but woman claims that at least one of the children has a father other than the man named on the death certificate. **Question:** Would a referral be sent on this new man even though we have a death certificate on the father? **Response:** Refer if there is no name on birth certificate, but use your best judgment since children were not born out of wedlock.
 - f. Death of husband occurred over nine months before the birth of child(ren), and woman claims he is father. **Question:** Would referral be made on child(ren)? **Response:** Yes, child(ren) was born out of wedlock.
2. Woman with one child applies and is granted benefits. Prior to completing the approval action, she calls the EW and advises that she has moved to County A. EW completes the disposition and processes for an intercounty transfer (ICT) to County A. **Question:** Case should be referred for medical support if she had stayed in County B, but since she is in County A physically, are we required to send the medical support referral to County B FSD/DA as part of the regulations even knowing that they will be closing because of the change in county address? **Response:** In this case, make sure County A is aware of need for medical support referral in County A in the ICT documents. Since case will be in County A, County A must make the referral.
3. Woman with two children applies and is granted benefits for one month only. Case requires cooperation with medical support. **Question:** At point that benefits are approved and cooperation with medical support referral is okay, do we send the medical support referral to the FSD/DA knowing that the case is closed and that they will do nothing with it. Seems to be a workload that is unnecessary. **Response:** If woman requests child and medical support, then refer. If a woman requests medical support enforcement and is willing to request child support enforcement services also, she may be referred to FSD/DA. If woman wants medical support enforcement services only, she can only receive this service if she is

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continuing on Medi-Cal. However, since there is no retro enforcement, do not refer unless she specifically wants medical support and child support enforcement services.

4. Woman with two children is working and has health insurance available through her employer. Question: Will the FSD/DA pursue medical support from the mother/custodial parent (CP)? Response: No. Federal regulations require the FSD/DA to pursue medical support from the absent parent/noncustodial parent, not the CP. Although the court has discretion to order the CP to provide health coverage for the dependent children, the FSD/DA is not required to enforce it.



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GOOD CAUSE DETERMINATION REQUIREMENTS - Good Cause may be determined if the following conditions exist:

- Efforts to establish paternity or establish, modify or enforce a support obligation would increase risk of physical, sexual, or emotional harm to the child for whom support is being sought.
- Efforts to establish paternity or establish, modify, or enforce a support obligation would increase the risk of abuse to the parent or caretaker with whom the child is living.
- The child for whom support is sought was conceived as a result of incest or rape. A conviction for incest or rape is not necessary for this paragraph to apply.
- Legal proceedings for the adoption of the child are pending.
- The applicant/beneficiary is being assisted to resolve the issue of whether to keep or relinquish a child for adoption.
- The applicant/beneficiary is cooperating in good faith but is not able to identify or assist in locating the alleged father or absent parent.
- Any other reason that would make efforts to establish paternity or establish, modify, or enforce a support obligation contrary to the best interests of the child.

EVIDENCE TO SUPPORT GOOD CAUSE CLAIM

- Police, governmental agency, or court records, documentation from a domestic violence program, or a legal, clerical, medical, mental health, or other professional from whom the applicant or recipient has sought assistance in dealing with abuse, physical evidence of abuse, or any other evidence that supports the claim of good cause.
- Statements under penalty of perjury from individuals, including the applicant/beneficiary with knowledge of the circumstances surrounding the good cause claim.
- Birth certificates or medical, mental health, rape crisis, domestic violence program, or law enforcement records that indicate that the child was conceived as the result of incest or rape.
- Court documents or other records that indicate legal proceedings for adoption are pending.
- A written statement from a public or licensed private adoption agency that the applicant/beneficiary is being assisted by the agency to resolve the issue of whether to keep the child or relinquish the child for adoption.

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3. REFERRAL IF GOOD CAUSE CLAIM IS VALID

If a good cause claim has been approved because of the risk of physical, sexual, or emotional harm to the child for whom support is being sought, then the county may refer these cases to a county or community social services agency, or to the county Mental Health Plan (MHP). (A listing of County MHPs will be in the next revision of Article 6, MEM Procedures.)

4. NOTICES OF ACTION

Good cause in medical support is the process by which someone can make a claim that he/she has good cause for not cooperating in medical support enforcement. The claim is documented by filing a CA 51. The Notices of Action (NOA) for good cause are to be used to inform the caretaker parent whether his/her claim has been approved or denied. An applicant may claim good cause if he/she feels that there is a risk of emotional or physical harm to himself/herself or a child(ren) if a referral is made for medical support enforcement. The county will request documentation from the caretaker parent to support the claim of good cause. This information will be sent to the FSD/FSD/DA with the CA 51, and the FSD/DA will investigate further and make a recommendation on the claim. The claim is then returned to the county for a final recommendation of approval or denial of good cause. The applicant is informed of this decision through the NOAs for Good Cause.

(For Notices of Action for Approval or Denial of Good Cause Claims, see Section 23H.)

50765, 50050, 50101,

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50351, 50771.5, 50157,

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50175, 50227, 50379
