+STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

GRAY DAVIS, *Governor*

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September 19, 2001

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 248

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

Enclosed is updated Article 4T, Acceptable Pregnancy Verification, of the Medi-Cal Eligibility Procedures Manual. This article replaces Manual Letter No. 243, dated April 25, 2001.

Counties shall implement this change in procedure immediately.

Article 4T has been modified to reflect that pregnancy verification with a signature stamp, a photo copy, or a carbon copy are acceptable and will not require a counter-signature or initial by the designated medical or clinic personnel providing the verification.

FILING INSTRUCTIONS:

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If you have any questions, please contact Ms. Tanya Homman of my staff at (916) 657-1469.

Sincerely,

Original signed by

Shar Schroepfer, Chief
Medi-Cal Eligibility Branch

Enclosure

Effective April 1, 2001, women seeking pregnancy-related only services, whose income is at or below the 200% Federal Poverty Level (FPL) program, are allowed to self-declare that their pregnancy has been **medically verified.* These persons must be income eligible to receive pregnancy-related only services and placed under the appropriate FPL percent program category.

Effective April 1, 2001, women seeking full-scope coverage, whose only linkage to eligibility is the pregnancy, are allowed to self-declare that their pregnancy has been **medically verified* and given sixty days to provide proof of pregnancy. If pregnancy verification is not provided within the sixty-day time frame, counties must discontinue full scope benefits with timely notice and must review income eligibility for placement under the appropriate FPL percent program category for pregnancy-related only services.

** For the purpose of self-declaring a pregnancy, "medically verified" is defined as information received by the applicant: a) from a medical provider (as identified below) indicating that a positive pregnancy result has been confirmed or b) through a home pregnancy test with a positive result.*

Counties must develop a tracking mechanism to identify cases that are receiving full-scope benefits under a self-declaration of pregnancy in order to assure that benefits do not continue pass the sixty-day timeframe when pregnancy verification has not been provided.

Self-declaration of pregnancy can be accepted at any time either in writing or orally. An applicant or beneficiary may self-declare their pregnancy on the application, the Statement of Facts form or by any other signed statement. If the self-declaration is made orally, the eligibility worker must document the statement in the case record. The eligibility worker can only count the unborn as one child for maintenance need calculation purposes unless written medical pregnancy verification indicates multiple unborn children.

Acceptable pregnancy verification is a written statement from:

- a physician,
- a physician's assistant,
- a certified nurse midwife,
- a certified nurse practitioner,
- a licensed midwife, or
- a designated medical or clinic personnel with access to patient's medical record.

A signature stamp, a photo copy, or a carbon copy are acceptable and do not require an initial or counter-signature by the designated medical or clinic personnel providing the verification.

Pregnancy verification should include the estimated date of confinement (EDC). If pregnancy verification does not include the EDC, the eligibility worker may ask the applicant/beneficiary for the expected date of birth. An oral statement made by the applicant regarding the EDC is acceptable and sufficient. All EDC's taken orally must be documented in the applicant's file by the eligibility worker.

The county must not deny or delay services to an otherwise eligible applicant pending verification of pregnancy.

NOTE: Pregnancy verification is not required for women applying for minor consent services under Section 50147.1, Article 4, California Code of Regulations.