STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY
GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

June 28, 1989

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 89-50

SUBJECT: 185 PERCENT OF POVERTY LEVEL PROGRAM FOR PREGNANT WOMEN AND INFANTS UNDER ONE YEAR OLD -- PROCEDURES

Beginning July 1, 1989 the new 185 Percent program for pregnant women and infants under one year old goes into effect. Attached are the final revisions to the draft procedures that were issued to all of the county welfare offices in the month of May 1989.

Though the revised package should be read in its entirety, the major revisions are as follows:

o The instructions for issuing Minor Consent Services under the 185 Percent program have been revised. Instead of issuing the cards under aid codes 34 or 82 and showing the appropriate 185 Percent aid code in the original aid code field, the counties will now issue the cards under the appropriate 185 Percent aid code and not utilize the original aid code field. The sensitive services code must also be input.

o Deductions which are solely applicable to the aged, blind, disabled are not allowable deductions when computing net nonexempt income under the 185 Percent program. This restriction also applies to health insurance premiums and medical expenses used to meet the share of cost.

o Infants will be eligible under the 185 Percent program through the end month in which they turn one year old. This is because Medi-Cal makes whole month determinations. Example: An infant born August 1, 1989 will be eligible for benefits under the 185 Percent program until August 31, 1990.

o A new early alert for inpatient infants over one year old was developed to allow the counties lead time to determine continuing eligibility and to send notices of action two months before MEDS terminates the record.

o New instructions appear in the Question and Answers section regarding aid code categories for the 185 Percent program eligible infant who is over age one and receiving inpatient services and whose family income subsequently drops to an amount which is at or below the maintenance need level (question #9).

o The examples have been revised and the Questions and Answers section has been expanded.

o Los Angeles county incorporated the four discontinuance notices of action to the 185 Percent program into one notice. We are attaching these notices for your county's consideration. We will be presenting them to the CWDA forms committee at a later date for probable revision of the NOAs.

o We have encountered numerous problems in getting the prepared notices of action ready by the July 1st implementation date. The Department's notices (see Attachment B) are not the camera ready copies we had expected. However, Los Angeles county's notices (see Attachments E and F) are camera ready and may be used in lieu of the Department's notices.

o Sample language for the notices on action on denied applications were recently developed and are attached. Also included is sample language for:

- o the 185 Percent program beneficiary whose family income subsequently drops to an amount which is at or below the maintenance need level, and
- o the 185 Percent program beneficiary who is no longer otherwise eligible.

o Counties were previously advised at the 185 Percent program training sessions that in order to comply with long-standing federal requirements, Section 50167(A)(8) would be revised to require verification of pregnancy for all women whose Medi-Cal eligibility or share of cost is based upon pregnancy (except for minor consent services).

Some of the counties were told that this requirement would be effective for all new applications filed 7/1/89 or later while others were advised to wait until the new regulations were issued. The final decision is that since this requirement may be construed to have a negative impact on pregnant applicants, that the change will not be implemented until the revised regulation is issued. It is anticipated that the new regulation will not be issued until next year.

o The Provider Bulletin pertaining to this new program is attached for your information.

o As soon as the Governor signs the new budget, the new maintenance need levels will be E-mailed to the counties. It will also be issued via an ACWDL.

Establishing Cases Under the 185 Percent Program

The 185 Percent program activity will be reported to the Department as caseload activity in accordance with the existing instructions in the Medi-Cal Eligibility Manual for completion of the MC 237 Caseload Movement and Activity Report (Medical Assistance Only).

Under the 185 Percent program, case activity shall only be reported if all other eligibility factors have been met under the regular MI/MN program case and there is a share-of-cost in that case. For example, an intake activity cannot be reported under the 185 Percent program when the pregnant woman or infant under one has no share of cost or when the application is denied because they are not otherwise eligible (e.g., excess property, etc.).

Since pregnant women may be dually eligible for pregnancy related benefits at no share of cost and full scope (or emergency/pregnancy related services) with a share of cost, pregnant women may receive two case counts. Therefore, in addition to the usual manner in which the counties report regular MI/MN caseload activity to the Department, the counties may also claim additional caseload activity for pregnant women under the 185 Percent program.

Infants covered under the 185 Percent program will be counted only once as they are not dually eligible (infants would have received the same scope of benefits under the MI/MN program). Regardless of the number of eligibles receiving benefits under the 185 Percent program, they are all counted as one 185 Percent case. (See below regarding denied applications for infants.)

Likewise, pregnant minors receiving minor consent services under the 185 Percent program will receive one case count because the scope of the benefits would be the same under either program.

Transitioning Existing Medi-Cal Cases

All otherwise eligible women whose pregnancies have already been reported to the county and otherwise eligible infants born after July 1, 1988 who have a share of cost will be identified and reviewed for potential eligibility under the 185 Percent program.

o Where eligibility is established under this program, intake activity may be claimed for a new application.

o Where eligibility is not established under this program because the otherwise eligible individual with a share of cost has net nonexempt family income in excess of 185% of the federal poverty level, intake activity may be claimed for a denied application. This procedure would also apply to the infant under one whose family income exceeds the 185 Percent program limits and the infant is the only person eligible for Medi-Cal under the regular MI/MN program.

o Where eligibility under this program has already been established and a full month break in eligibility occurs due to income changes, excess property, etc. and is later re-established under the 185 Percent program, intake activity may be claimed for a restoration.

o Where eligibility under this program has already been established and continues from one month to the next with no break in eligibility, continuing case activity may be claimed.

o At some of the training sessions, the counties were advised that they may have until 9/30/89 to transition existing Medi-Cal cases of pregnant women and infants under one year old on to the 185 Percent program. This is still in effect. However, it would be to the county's advantage to identify and transition these cases as early as possible due to the numerous problems associated with retroactive card issuance.

Retroactive card issuance can be made in situations where the share of cost was not met. However, in situations where eligibility exists under the 185 Percent program, the share of cost has been met, and the county did not effectuate the change timely, the counties should await further instructions from the Department regarding retroactive card issuance. The solution will not be simple; it would behoove the counties to transition their continuing cases as quickly as possible to avoid further problems.

We wish to thank all of the county liaisons for their assistance in developing this program. Special thanks to the eight host counties for their time and efforts in setting up the training sessions.

An ACWDL discussing MEDS issues under this program will be issued shortly. MEDS questions should be addressed to Tina Velasquez at (916) 323-9510/ATSS: 8-473-9510.

Provider billing questions should be referred to EDS's OB hotline number at 1-800-257-6900.

If there are any questions about this program, please contact Yvonne Lee at (916) 323-6954/ATSS: 8-473-6954 or Marlene Ratner at (916) 324-4957/ATSS: 8-454-4957.

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachment A: Procedures (16 pages)

Attachment B: Notices of Action - English & Spanish (Procedures) (12 pages)

Attachment C: Worksheet (originally developed by Santa Clara County) and charts (Procedures) (6 pages)

Attachment D: Sample language for: (1) denied applications, (2) discontinuance due to family income dropping an amount at or below the maintenance need level, and (3) discontinuance because the 185 Percent program beneficiary is no longer otherwise eligible (1 page)

Attachment E: Discontinuance notice developed by Los Angeles County (1 page)

Attachment F: Approval notice developed by Los Angeles County (1 page)

Attachment G: 185 Percent program monthly income comparison chart (1 page)

Attachment H: Medi-Cal Update (provider bulletin) (4 pages)

Attachment I: July 1989 Beneficiary Mailer

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: June 28, 1990

185 PERCENT PROGRAM
PROCEDURES

PREFACE: Some of the instructions contained in this section which pertain to preparation of case files and use of worksheets are offered only as suggestions. The Department realizes that procedures and computer capabilities vary from county to county. Counties are encouraged to adapt the concepts presented here in a manner which will meet their needs.

I. BACKGROUND

- The 185 Percent program provides Medi-Cal coverage, at no share of cost, to otherwise eligible pregnant women and infants under the age of one year.

- To qualify for this program, net nonexempt family income must be over the maintenance need level but not in excess of 185 percent of the federal poverty level. Therefore, only those cases where there is a share of cost will the 185 Percent program be considered.

- Family income may not be reduced to the 185 percent level with any of the following:

  1. health insurance premiums,

  2. deductions which are solely for the aged, blind or disabled (ABD),

  3. meeting a share of cost.

II. SCOPE OF BENEFITS, PERIOD OF ELIGIBILITY, AND AID CODES

A. Pregnant Women

- Provides pregnancy related services (including prenatal care, services for complications of pregnancy, labor, delivery, postpartum care and family planning) regardless of the pregnant woman's alienage status.

- The period of eligibility may begin no earlier than the first day of the month for which pregnancy is verified. It continues through the 60-day period beginning on the last day of pregnancy and will end on the last day of the month in which the 60th day occurs.

  Example: A woman initially applies for Medi-Cal in September 1989 during her fourth month of pregnancy. Provided that she is otherwise eligible, eligibility under the 185 Percent program may be established retroactively to July (the first month the 185 Percent program becomes effective) and August. She would be eligible with a share of cost under the regular MI/MN in the month of June. Provided that the woman's income is within the 185 Percent program limits in the month of delivery, she would

continue to be covered under the 185 Percent program aid code during the 60-day postpartum period.

- The Medi-Cal card will bear the phrase: "Pregnancy Related and Postpartum Svs Only." (red card)

- AID CODES: 44 - citizen/lawful permanent resident/PRUCOL, conditional status,
  48 - undocumented status/temporary visa (OBRA 86),
  49 - IRCA

B. Infants Under the Age of One Year

- Otherwise eligible infants may receive full Medi-Cal benefits (except for aid code 69 - see below) until their first birthday.

- The infant who is receiving inpatient medical services during a continuous period which began before and continues beyond his or her first birthday, will continue to be eligible under this program until the end of the continuous inpatient period. The family must be income and otherwise eligible under the 185 Percent program during this period in order for the infant to remain eligible under this program.

- AID CODES: 47 - citizen/lawful permanent resident/PRUCOL conditional resident. No special message will be printed on this Medi-Cal card; full scope benefits. (green card)
  69 - undocumented status/temporary visa (OBRA-86). Provides for treatment of emergency medical conditions only. This Medi-Cal card will bear the phrase: "Emergency services only." (red card)

III. Determining Eligibility for the Otherwise Eligible Pregnant Woman or Infant

1. Any pregnant woman or infant under the age of one year who would have a share of cost under the MI/MN program shall be considered for potential eligibility under the 185 Percent program.

2. The allowable income deductions for AFDC-MN families shall be applied to the family's gross income except as shown in items 3 and 4 below.

3. Health insurance premiums are not allowable deductions from gross income when computing net nonexempt family income under the 185 Percent program.

4. Deductions which are solely applicable to those who are aged, blind or disabled (ABD) are not allowable deductions under the 185 Percent program.

5. If the family's net nonexempt income is at or below the maintenance need levels, and if otherwise eligible, issue a no

share-of-cost Medi-Cal card under other categories of the MN or MI program. No eligibility exists under the 185 Percent program since there is no share-of-cost.

6. If the family's net nonexempt income is over the maintenance need levels but not over the 185 Percent level, issue a no share-of-cost Medi-Cal card to the pregnant woman and/or infant under the 185 Percent program. The pregnant woman is dually eligible under the MI/MN program when the SOC is met.

7. If the family's net nonexempt income exceeds the 185% level, no eligibility exists under the 185 Percent program. Compute the share of cost from the maintenance need level and issue the MC 177 (share-of-cost form) for the regular MI/MN program.

IV. FAMILY BUDGET UNITS

Under the 185 Percent program the pregnant woman is only entitled to receive pregnancy related services. Since she must be otherwise eligible, the pregnant woman is also eligible under the MI/MN program with a share of cost for her non-pregnancy related care. Therefore, she and the unborn will be in two MFBUs: (1) the 185 Percent program and (2) the MI/MN program with a share of cost.

If there is an otherwise eligible infant (or infants) under the age of one, that child will be placed in a MFBU with the pregnant woman under the 185 Percent program. The infant will be issued a card only under the 185 Percent program at no share of cost rather than from the MI/MN program even though there is no difference in the scope of the benefits under either program. However, the infant will be included in the maintenance need level under the regular MI/MN program and will be treated like an ineligible child (IC) of that MFBU. The infant will also be shown as an ineligible child on the MC 177 (share of cost form). However, the infant is an eligible child under the 185 Percent program and may be used to link the mother to a regular MI/MN program.

Note: The number of persons used to determine the maintenance need level under the regular MI/MN program will be the same number of persons used to determine the correct 185 percent of poverty level.

Example:

Holly is a pregnant mom. She has a 5-month old daughter, Carol, and a 3-year old son, Noel. Holly is applying for Medi-Cal for herself and the two children. The MFBUs would be as follows:

185% Program	MI/MN Program
Holly	Holly
unborn	unborn
5 mo. old Carol	3 yr. old Noel
	5 mo. old Carol - treat like an IC under this program

Persons 185% Poverty Level: 4 = # Persons Maintenance Need Level 4

The infant, Carol, will only receive a card under the 185 Percent program. Three-year old Noel is eligible to receive a card only under the MI/MN program since he exceeds the age limit for the 185 Percent program.

V. APPLICATIONS

Note: The procedures in this section may not be suitable for all counties and may be adapted in a manner which would best suit the individual county's needs.

- When the otherwise eligible pregnant woman is determined to be eligible under the 185 Percent program, two files will be set up for her: one under the 185 Percent program and the second file will be under the MI/MN program with a share of cost. The original CA 1 and MC 210 will be housed in the MI/MN SOC file and a copy of the CA 1 and MC 210 will be housed in the 185 Percent file.

- When the pregnant woman delivers her baby, the otherwise eligible newborn will be issued a Medi-Cal card under the 185 Percent program. (A MC 13 will be needed on the newborn.)

- No new application will be needed for the infant under one year old if there are other Medi-Cal eligible family members who can be linked with that infant. Otherwise, a new CA 1, MC 13 and MC 210A is needed for the infant.

- If the mother is a MIA, she will be discontinued from the 185 Percent program at the end of the month in which the 60-Day postpartum period concludes.

NOTE: In the situation where there is no current MC 210 on file (within the past 12 months), a MC 210 rather than MC 210A will be required for the infants.

VI. NOTICES (see Attachment B for sample language)

- MC 239B-1 MEDI-CAL NOTICE OF ACTION, APPROVAL FOR 60-DAY POSTPARTUM PROGRAM AND STATUS OF OTHER MEDI-CAL BENEFITS - a combined notice of action and notice of eligibility for women under the 60-Day Postpartum program with aid code 76. This notice is not applicable to the 185 Percent program.

- MC 239B-2 MEDI-CAL NOTICE OF ACTION, DISCONTINUANCE OF PREGNANCY RELATED MEDI-CAL BENEFITS UNDER THE 185% PROGRAM - MEDICALLY NEEDY (END OF POSTPARTUM PERIOD) - to be issued to the MN mother at the end of the 60-day postpartum period.

- MC 239B-3 MEDI-CAL NOTICE OF ACTION, DISCONTINUANCE OF PREGNANCY RELATED MEDI-CAL BENEFITS UNDER THE 185% PROGRAM - MEDICALLY INDIGENT WOMAN (END OF PREGNANCY) - to be issued to the MI mother at the end of her pregnancy.

- MC 239B-4 MEDI-CAL NOTICE OF ACTION, DISCONTINUANCE OF MEDI-CAL BENEFITS UNDER THE 185 PERCENT PROGRAM DUE TO INCOME CHANGES ONLY to be issued to the mother or the infant under one year old when the family's net nonexempt income exceeds the 185% level.

- MC 239B-5 NOTICE OF ELIGIBILITY FOR THE 185% PROGRAM - to be issued to pregnant women and/or infants up to the age of one year old when they become initially entitled (or re-entitled) to benefits under the 185 Percent program.

- MC 239B-6 MEDI-CAL NOTICE OF ACTION, DISCONTINUANCE OF MEDI-CAL BENEFITS FOR INFANTS UNDER THE 185 PERCENT PROGRAM (ATTAINMENT OF AGE ONE) - to be issued when the infant attains age one.

VII. MINOR CONSENT SERVICES

The full range of minor consent services may be covered by the 185 Percent program. A no share-of-cost Medi-Cal card will be issued with a 185 Percent program aid code (44, 48, or 49) and the appropriate sensitive services code to otherwise eligible pregnant minors whose income does not exceed the 185 Percent income limit. (See 19B - Procedures Manual)

Note: The minor's declaration that she is pregnant is sufficient to provide pregnancy related services under the 185 Percent program.

VIII. EDITS

A. Infants

- 11th Month Alert

At the beginning of the eleventh month an alert will be issued to the county that MEDS will automatically terminate the infant's record at the end of the 13th month. The infant's date of birth will be shown on the alert. The county must send a timely notice of action (see sample language on MC 239B-6).

- 13th Month Alert

o Once MEDS has terminated the record, a second alert will be generated advising the counties the action has occurred. The second alert will not be generated if the county has input a special ESAC code (see discussion below).

- Infant Over One Year Old and Receiving Continuous Inpatient Services

If the child is over one year old and either is to continue to or begin to receive these benefits (e.g., inpatient services

which began before the age of one year and will to continue beyond the first birthday; retroactive eligibility exists before the age of one year; a fair hearing orders coverage which is for a month before the infant's first birthday, etc.), the county will need to enter a special ESAC code.

- ESAC Codes

  - ESAC code 4 may be entered without a termination date.

  - ESAC code 9 may be entered with a termination date.

  Once eligibility is reported with a special ESAC code, MEDS will not terminate the record.

- 6 Month Alerts

  1. An alert will be generated every 6 months beginning with the infant's 11th month of age (i.e., 11th month, 17th month, 23rd month, etc.) to remind the county to check the child's inpatient status. (If the county had input an ESAC code of 9 with a known termination date, then this 6-month alert will not be generated.)

  2. At this point, if the county does not enter an ESAC code to continue the infant, MEDS will automatically terminate the infant at 6-month intervals beginning with the infant's 13th month of age (i.e., 13th month, 19th month, 25th month, etc.).

  3. The MEDS termination action will immediately generate a second alert to advise the counties that the termination action has occurred. If the infant continues to remain eligible, the county will be responsible for re-entering the ESAC code (at 6 month intervals) to continue the infant under the 185 Percent program.

B. <u>Women</u>

- Towards the end of the 11th month from which the MEDS record was established, an alert will be sent to the county stating that the woman appears to be no longer eligible for this program. <u>The county will be responsible for terminating the MEDS record under the 185% program</u>. If the woman becomes pregnant immediately afterward (within 12 months), the county can reactivate the MEDS record through a restoration of benefits. However, <u>no</u> subsequent alert will be generated from MEDS to remind the counties to terminate the record. The counties will need to establish their own internal alerts on these pregnant women.

IX. EXAMPLES

A. The following examples reflect the income eligibility determination process for the 185 Percent program. The first step of this process is to determine if there is a share of cost under the regular MI/MN program. If a share of cost exists, then the EW will perform a second computation to determine if the family's net nonexempt income exceeds 185% of the federal poverty level.

1. MI/MN SOC program

MFBU - MN		INCOME	
Pregnant mom	Jane	$1500	net unearned income
unborn		- 40	health insurance premium
2 yr. old	Eric	$1460	net nonexempt income
3 mo. old	Billy	-1059	maintenance need level level for 4
		$ 401	share-of-cost

Since there is a share of cost and the MFBU contains a pregnant woman and infant under one year old, the EW will now perform the second income computation to determine eligibility under the 185 Percent program. As health insurance premiums are not allowable deductions, the EW will add the premiums back into the previously determined net nonexempt income to arrive at the adjusted net nonexempt income for the 185 Percent program.

2. 185 Percent Program Computation

$1460	Net nonexempt income
+ 40	health insurance premiums
$1500	adjusted net nonexempt income

185% of poverty level for 4 = $1865

Since the adjusted net nonexempt income of $1500 is greater than $1059 MNL but not in excess of $1865 (the 185% of poverty level for 4), Jane and 3 month old Billy are eligible under the 185 Percent program. Billy will receive full scope services at no share of cost and Jane will receive only pregnancy related services at no share of cost under the 185 Percent program. Jane will be dually eligible for full scope benefits under the regular MI/MN program when the SOC is met.

In this county, the two case files (the 185 Percent and the regular MI/MN program) are physically separated. The EW will photocopy the CA 1 and MC 210 for the 185 Percent file and place this material in a color coded file, The EW will issue a notice of eligibility to the 185 Percent program (MC 239B-5) to Jane and Billy.

The original CA 1, MC 13 and MC 210 will be placed in the separate regular MI/MN program case for Jane and 2 yr. old Eric. When the income status reports are received, the 185 Percent program worksheet will be completed and both the 185 Percent program worksheet and a copy of the status report will be placed in the 185 Percent file. This will be done each month until Jane, Billy, and the newborn are no longer eligible under the 185 Percent program.

In counties where the two cases are kept together, the EW will not need to make copies of the CA 1 and MC 210.

B. Same family unit except that Jane's husband, John, has resumed living with the family. John is disabled (but not on SSI) and receives gross earned income of $200 per month from a sheltered workshop. He is receiving Medi-Cal based on his disability. The EW will recompute the SOC for the MI/MN program and eligibility to the 185 Percent program. It is as follows:

1. MN SOC

$ 200	John's gross earned income
- 20	any income deduction
180	
- 65	earned income deduction
115.00	
- 57.50	one-half deduction
57.50	John's net earned income
+1500.00	Jane's net unearned income
1557.50	combined countable income
- 40.00	health insurance premium
$1517.00	net nonexempt income
-1200.00	maintenance need level for 5
$ 317.00	share of cost

Since there is still a share of cost, the EW will perform the second income determination for the 185 Percent program.

2. 185 Percent Program Computation

$ 200	John's gross earned income
- 75	AFDC work expense*
$ 125	John's net earned income
+1500	Jane's net unearned income
$1625	adjusted net nonexempt income

185% Poverty Level for 5 = $2180

Since the adjusted net nonexempt income of $1625 is greater than the MNL and does not exceed the 185% poverty level, Jane and infant Billy are still eligible under the 185 Percent program.

*Any deductions that are normally allowed in the SOC computation (except health insurance premiums and ABD) deductions are also allowed for the 185 Percent program computation (i.e., child support, $30 + 1/3, etc.).

C. Same family unit except Jane has just delivered her new son, Bobby. Jane promptly reports this to her EW so that Bobby can receive his own Medi-Cal card. Since the other family members continue to be eligible under the MN program, no new application will be needed to add Bobby to the 185 Percent program. The EW will send a MC 239B-5 notice of eligibility to add Bobby to the 185 Percent program. The EW will issue a MC 239B-2 to terminate Jane from the 185 Percent program at the end of the 60-day postpartum period. Jane's eligibility under the regular MN program will continue provided that she continues to be otherwise eligible.

If deprivation, incapacity, etc. had not existed, the EW would have issued a MC 239B-3 to terminate Jane from the regular MI share of cost program at the end of pregnancy and from the 185 Percent program at the end of the 60-day postpartum period.

When Billy is 11 months old, an alert will be sent to the county advising them that Billy will soon be one year old. The EW will then send a MC 239B-6 to advise Jane that Billy will be terminated and that if Billy is receiving continuous inpatient services, Jane must notify the county immediately.

Billy was in an automobile accident and has been hospitalized continuously since he was 10 months old. The attending physician is unable to determine when Billy can be discharged.

The EW will enter an ESAC code of 4 to continue Billy on the 185 Percent program. MEDS will generate an alert to the county every 6 months to remind the EW to check on Billy's status. The family's income must continue to be within the 185 Percent program limits in order to keep Billy on the 185 Percent program.

The county will need to re-enter the ESAC code at 6 month intervals to continue Billy under the 185 Percent program. At the end of the continuous period of inpatient services, the EW will transfer Billy from the 185 Percent program to the regular share-of-cost MN program. No new application is needed for this inter-program transfer.

The process will be repeated when Bobby is 11 months old. MEDS will issue an alert to the county to take appropriate action.

X. Questions and Answers

1. If a pregnant woman has income of her own and is married to a man receiving disability benefits (not SSI), how is the income to be treated?

Answer: To determine the woman's eligibility under the 185% program, the AFDC-MN deductions are applied to both of their incomes. No deductions for the aged, blind or disabled (ABD) are allowed. To determine the family's share of cost under the regular MI/MN program, the ABD deductions would be allowed.

2. Same situation as #1 except the husband is in LTC. How are the MFBUs determined?

   Answer: There are two MFBUs. The maintenance need for the mom and the unborn will be for two persons. The husband will be in his own MFBU and will receive a maintenance need amount of $35 for his LTC status.

3. Can a pregnant woman become initially entitled to the 185 Percent program during the 60-day postpartum period?

   Answer: Yes, she may become initially entitled to the 185 Percent program during her 60-day postpartum period or even after the 60-day postpartum period. The latter would occur when at least one of the three retroactive months overlap the 60-day postpartum period. The woman must have been otherwise eligible during this period as well as income eligible. This is unlike the actual 60-day postpartum program (aid code 76) where the woman must have filed for, was eligible for, and received Medi-Cal in the month of delivery.

4. How are excluded children treated in the MFBU?

   Answer: There is no change in the treatment of excluded children; the EW would continue to not show them in the MFBU. These children would receive an allocation of parental income as provided in Article 10.

5. How are stepparents treated in the MFBU?

   Answer: There is no change in the current procedure on the treatment of stepparents. Please see Section 50375 of the CCR for proper procedures.

6. Is verification of the date pregnancy ended required as it is under the 60-Day Postpartum program? (See question #9 in ACWDL 88-18.)

   Answer: No, the county may accept the client's verbal statement. The instructions for the 60-Day Postpartum program (aid code 76) found in ACWDLs 87-80 and 88-18 will be incorporated into the Medi-Cal Eligibility Procedures Manual at a later date and will be revised to conform with the instructions for the 185 Percent program.

7. May a pregnant woman file an application for Medi-Cal benefits only under the 185 Percent program?

   Answer: Yes, a pregnant woman may file solely for pregnancy related benefits under the 185 Percent program. However, since dual eligibility will not exist, only one MFBU and one case will be established.

   It is not particularly advantageous for the counties to establish eligibility under the 185 Percent program alone.

First, the woman must be otherwise eligible and all eligibility factors must be developed and verified whether or not she chooses to restrict her application. Secondly, should the woman require non-pregnancy related care, she would need to file another Medi-Cal application. Even if the woman knows she cannot meet her share of cost the county may still establish dual eligibility in order to avoid the second application process should she require non-pregnancy related care later.

8. Situation #1: Infant is over one year old, has been an inpatient continuously since before the age of one, continues to be an inpatient beyond the age of one, and has been eligible under the 185 Percent program. The family income subsequently exceeds the 185% limit and the infant is discontinued from this program. If the family's income later drops to within the 185 Percent program limits and there has been no change in the infant's inpatient status, may the infant re-establish eligibility under the 185 Percent program?

   Answer: No, the infant had a break in eligibility and cannot re-establish eligibility under the 185 Percent program beyond the age of one year. This would hold true regardless of the reason for discontinuance (e.g., excess property, etc.).

9. Situation #2: Infant is over one year old, has been an inpatient continuously since before the age of one, continues to be an inpatient beyond the age of one, and has been eligible under the 185 Percent program. The family income subsequently drops to an amount which is at or below the maintenance need level. Will the county need to change the aid code from the 185 Percent program to the regular MI/MN program code with a zero share of cost?

   Answer: No. Infants over one year old receiving inpatient services are the only exception to the rule under which infants who would have no share of cost are to receive cards under the regular MI/MN program. This exception would make it administratively easier to ensure that the otherwise eligible infant remains on the 185 Percent program should family income later increase where there would be a share of cost but family income does not exceed 185% of the federal poverty level.

   Example: Infant is 14 months old and has been receiving continuous inpatient services since prior to age one. He has been eligible for benefits at no share of cost under the 185 Percent program since birth. His family now has a drop in income to an amount which is below the maintenance need level. The EW shall not change the infant's aid code to the regular MI/MN program because the infant would receive the same scope of benefits at no share of cost under either program.

   Two months later the family's income rises above the maintenance need level but not over 185% of the federal poverty level. The EW will not need to review the case history to verify 185

Percent program eligibility prior to age one or make any changes to the infant's record since his aid code had not been changed.

10. Since eligibility can change from one month to the next due to income changes, will monthly status reports be required?

    Answer: No, beneficiaries are still required to report changes to the counties within ten days. Counties are not mandated to change to monthly status reports. There are no restrictions to prevent counties from switching to monthly reporting for the 185 Percent program eligibles if they wish to do so.

11. Does this program change any existing policies on the treatment of income?

    Answer: No changes have been made with respect to the treatment of income. The only changes made pertain to the allowable deductions in determining family net nonexempt income under the 185 Percent program. Health insurance premiums and deductions which are solely for the aged, blind, or disabled are not allowable deductions under this program.

12. May services provided under the 185 Percent program be used to meet the share of cost for the regular MI/MN program?

    Answer: Yes. The provider may list the services on the MC 177 (share of cost form), but the provider may not take a sticker from the 185 Percent Medi-Cal card and bill Medi-Cal for those same services. This was explained to providers in the attached Provider Bulletin.

13. When a pregnant woman has two Medi-Cal cards, one with the 185 Percent program aid code and the second card with a regular MI/MN aid code, which card should she present to the doctor?

    Answer: If the services she received were pregnancy related, she may use either card though it would be preferable to bill the services under the 185 Percent card so that program costs can be identified. If the services are not pregnancy related, she must use the regular share-of-cost Medi-Cal card.

14. Can eligibility under the 185 Percent program ever be established for months prior to July 1989?

    Answer: No. The first effective month of the 185 Percent program is July 1989. Eligibility for any months prior to July 1989 will be determined in accordance with the regular MI/MN share-of-cost program.

15. What will happen if a timely 10-day notice is not issued to terminate the infant due to the attainment of age one?

    Answer: A 10-day notice is always required for adverse actions. If a 10-day notice was not sent in time and MEDS has already terminated the record, the county will need to input an ESAC

code of 9 with a termination date to allow for the extra month(s) needed to issue the 10-day notice of action.

16. If a woman already on Medi-Cal with a share of cost reports to the county that she is 5 months pregnant and she is income eligible under the 185 Percent program, how far back should the county issue retroactive Medi-Cal cards under the 185 Percent program?

Answer: This would depend upon whether or not the pregnant woman made a timely report of her pregnancy based upon the date of medical confirmation. The county would follow Section 50653.3 of the Medi-Cal Eligibility Manual which describes how to process changes which would decrease a beneficiary's share of cost.

17. Are Medicare premiums considered health insurance premiums?

Answer: Yes, parts A and B of Medicare are considered health insurance premiums. Therefore, under the 185 Percent program no deductions are allowed for Medicare premiums regardless of whether the beneficiary is paying it directly or if the state is buying-in the premium.

18. When a pregnant woman who is eligible under the 185 Percent program delivers her baby and the newborn will be the only person left on the MFBU as a Medi-Cal eligible, how soon after delivery must the county obtain a new application?

Answer: The county has until the end of the woman's 60-day postpartum period to obtain a new application. The instructions for the IRCA/OBRA program state that a MC 13 must be obtained within 30 days after the birth of a newborn. It may be easier for the county to send out the applications at the same time the MC 13 is mailed out.

19. The state legislation which mandated the implementation of the 185 Percent program (Senate Bill 2579) stated that "all pregnant women applying for Medi-Cal shall be determined to have an immediate need ... a Medi-Cal card shall be issued immediately." Does this mean that counties will be expected to issue Medi-Cal cards within one day?

Answer: No. Senate Bill 2579 also stated that counties will expedite the eligibility determination process for all pregnant women <u>within available resources</u>. Therefore, the counties will continue to operate under the promptness requirement of 45 days (Section 50177, Title 22, CCR). The counties will continue to determine their own priorities on a case by case basis (i.e, gunshot victim, long term care patients, pregnant woman ready to deliver, woman in her third month of pregnancy, etc.).

However, to the extent possible counties should expedite applications filed by pregnant women. Understanding the workload and fiscal constraints that virtually all of the county

welfare departments are facing, the Department is requesting that counties develop practices which would best suit their needs in order to expedite the application and eligibility determination process for pregnant women. Some counties have successfully implemented one or more of the following practices: specialized units or specialized EWs to only process applications filed by pregnant women; utilize bilingual staff in geographic areas heavily impacted with non-English speaking clientele; establish a link with clinic staff to assist women with the application process, etc..

20. Will the counties be required to verify continuous inpatient status for the infant over one year old?

Answer: The counties are not mandated to verify continuous inpatient services for infants over one year old. The counties will continue with their current verification procedures. However, the counties are cautioned that the potential for an overpayment exists if verification is not done. Remember, MEDS will send out alerts at 6 month intervals to remind the counties to verify continuing eligibility. Therefore, if the county does not verify continuing eligibility, a potential overpayment situation may exist for 6 months or longer.

Example Attachment A

State of California Health and Welfare Agency — Department of Health Services

SHARE OF COST DETERMINATION — MFBUs WHICH DO NOT INCLUDE LTC PERSONS

Case Name: Jane Smith

County District: 59 | County Use

☐ New Application ☐ Redetermination ☐ Change ☐ Retroactive Elig. ☐ Correction

Effective Eligibility Date for this Budget: Mo. ____ Yr. ____

State Number Co	Aid	7 Digit Serial No.	MFBU	Pers. No.	Name - First, Middle, Last	Birthdate Mo. Day Yr.	Sex	(1) Social Security No. and (2) Health Insurance Claim No. or Railroad Retirement No.	Other Coverage
59					Jane Smith	6-17-57	F	(1) (2)	Yes
					Eric Smith	5-1-87	M	(1) (2)	"
					Billy Smith	6-12-89	M	(1) (2)	"
					Unborn EDC 5/90			(1) (2)	
								(1) (2)	
								(1) (2)	
								(1) (2)	
								(1) (2)	

I. Income of MFBU members applying as aged, blind, or disabled plus income of spouse or parent (except PA or other PA)

A. NONEXEMPT UNEARNED INCOME

	a. A8D–MN	b. Spouse or Parent
1. OASDI		
2. Net Income from Property		
3. Other - Itemize		
4.		
Total (add 1 thru 4)		

6. Combined unearned income (add 5a and 5b)	
7. Any Income deduction	-$20
8. Countable unearned Income (6 minus 7)	

B. NONEXEMPT EARNED INCOME

	a.	b.
9. Gross Earned Income		

10. Combined earned Income (add 9a and 9b)	
11. $65 earned Inc. deduction plus $ _____ unused $20	
12. Remainder (10 minus 11)	
13. Countable earned Income (divide 12 by 2)	
14. Total countable Income (add 8 and 13)	

NOTE:

If any of the following deductions apply, complete MC 176W, Part VI before completing Column I:

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Student Deduction	Section 50551
$30 plus 1/3	Section 50551.1
Work Expenses for the Blind	Section 50551.4
Income for Self-Support	Section 50551.5

II. Income of MFBU members not listed in I. (except PA or other PA)

A. NONEXEMPT UNEARNED INCOME

1. OASDI	
2. Net Income from Property	
3. Other - Itemize	
4. Trust	1500
5. Total unearned Income (add 1 thru 4)	1500

B. NONEXEMPT EARNED INCOME

6. Total Net Earned Income (MC 176W, Part IV, Line 11.)	

C. TOTAL COUNTABLE INCOME

7. Subtotal (add 5 and 6)	1500
8. Child Support/Alimony Paid	
9. Total Countable Income (7 minus 8)	1500

NOTE:

If there is income from which Educational Expenses are deducted (Section 50547), show calculations here. Enter net amount on line 3 or 4.

Total income for educational purpose _____

Less total educational expenses _____

Net countable income _____

Net nonexempt income #1460
Health ins. premium + 40
Adjust net nonexempt #1500
185% Poverty Level (4) #1865
∴ Eligible for 185% Program.

III. Share of cost computation

1. Countable Income from I 14	
2. Countable Income from II 9	1500
3. Income allocated from LTC/B&C person to family members at home (176W, Part III)	
4. Combined Countable Income (add 1, 2, and 3)	1500

ALLOCATIONS AND DEDUCTIONS

5. Allocation to excluded children (176W, Part I)	
6. Income to determine PA Eligibility	
7. Health Insurance	40
8.	
9.	
10. Total allocations/deductions (add 5 through 9)	40
11. Total net nonexempt Income (4 minus 10)	1460
12. Total net nonexempt Income rounded	1460
13. Maintenance need	
a. MFBU members not in LTC No. (4)	1059
b. MFBU members in LTC • Personal needs • Upkeep of home • Needs of disabled dependents	
c. Total maintenance need (13a + 13b)	1059
14 Share of cost (12 minus 13c)	401
15. Underpayment adjustment	—
16. Adjusted Share of Cost (14 minus 15)	401

V. Exempt Income

Eligibility Worker Signature | Worker Number | Computation Date | County Use

Example

Attachment A

County Code 59

Social Services Agency

185 PERCENT PROGRAM WORKSHEET
(Share-of-Cost Cases Only)

Case Name: Jane Smith Case Number:

No. in MFBU 4 Effective Eligibility Date of this worksheet 9/89 (Mo./Yr.)

9/89 (Mo/Yr) Net nonexempt income (from MC 176M): 1460
(Do not include ABD deductions)

Health Insurance Premium if already allowed as a deduction + 40

Adjusted Net Nonexempt Income 1500

185% Poverty Level $ 1865 Maintenance Need Level $ 1059

Does adjusted net nonexempt income exceed maintenance need level but not over 185% poverty level?

[✓] Yes: eligible under 185% program.

[ ] No: not eligible for 185 Percent Program.
Evaluate under AFDC-MN or MI Program.

List 185% Eligible Persons

Person Number	Name	Aid Code
	Jane Smith	44
	Billy Smith	47

185% Aid Code Chart

44 = Pregnant Woman (citizen, permanent resident, PRUCOL or conditional resident).

47 = Infant (citizen, permanent resident, PRUCOL or conditional resident). (full scope)

48 = OBRA pregnant woman, undocumented or temporary visa.

49 = Pregnant woman (IRCA).

69 = Infant (undocumented or temporary visa). (emergency services only)

(EW Signature) (Worker No.) (Date)

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION

APPROVAL FOR 60-DAY POSTPARTUM PROGRAM AND STATUS OF OTHER MEDI-CAL BENEFITS

60-Day Postpartum Program

You are eligible for the 60-day Postpartum Medi-Cal program. This program provides pregnancy related and family planning services after childbirth, child delivery, or miscarriage. Your eligibility under this program begins _____ and ends _____.

These benefits will be provided whether or not you meet the other eligibility rules (such as property, share of cost, etc.). Your Medi-Cal card under this program will be limited to postpartum care services only.

Other Medi-Cal Program

Your eligibility to receive:

- ☐ full Medi-Cal coverage
- ☐ restricted Medi-Cal coverage for treatment of emergency medical conditions

☐ will continue.

☐ will be discontinued effective the last day of _____. The reason for this discontinuance is because your pregnancy ended on _____.

If you have any questions or if there is any information which you have not reported, please phone or write your eligibility worker right away.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50260 and 50701(d).

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free:	1-800-952-5253
If you are deaf and use TDD call	1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

)ther Information

:hild Support: The District Attorney's office will help you collect child upport even if you are not on cash aid. There is no cost for this help. If they ow collect child support for you, they will keep doing so unless you tell them ı writing to stop. They will send you any current support money collected. hey will keep past due money collected that is owed to the county.

amily Planning: Your welfare office will give you information when ou ask

learing File: If you ask for a hearing, the State Hearing Office will set up a le. You have the right to see this file. The State may give your file) the Welfare Department, the U.S. Department of Health and Human ervices and the U.S. Department of Agriculture. (W. & I. Code Section 0950)

A BACK 6

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's why: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I will bring this person to the hearing to help me (name and address, if known):

_____

_____

_____

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

_____

Phone: _____

My signature _____

Date: _____

State of California—Health and Welfare Agency

Department of Health Services

NOTIFICACION DE ACCION DE MEDI-CAL

APROBACION PARA EL PROGRAMA DE 60 DIAS PARA MUJERES QUE RECIENTEMENTE DIERON A LUZ Y EL ESTADO DE OTROS BENEFICIOS DE MEDI-CAL

Programa de 60 días para mujeres que recientemente dieron a luz

Usted es elegible para el programa de 60-días de Medi-Cal para mujeres que recientemente dieron a luz. Este programa proporciona servicios relacionados al embarazo y a la planificación de familias después de que nazca su hijo o después de un aborto espontáneo. Su elegibilidad bajo este programa cominenza el _____ y termina el _____.

Estos beneficios serán proporcionados aunque usted reuna o no los otros requisitos de elegibilidad (tales como propiedad, parte del costo, etc.). Bajo este programa, su tarjeta de Medi-Cal será limitada a servicios para mujeres que recienternente dieron a luz solamente.

Otro Programa de Medi-Cal

Su elegibilidad para recibir:

- ☐ cobertura completa de Medi-Cal
- ☐ cobertura limitada de Medi-Cal para el tratamiento de condiciones médicas de emergencia

☐ continuará.

☐ será descontinuado a partir del último día de _____. La razón para esta descontinuación es que su embarazo terminó el _____.

Si tiene alguna pregunta o información que no haya reportado, por favor llame o escriba a su trabajador(a) de elegibilidad de inmediato.

Los ordenamientos que requieren esta acción se basan en el Código de Ordenamientos de California, Título 22, Secciones 50260 y 50701(d).

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

El lado derecho de esta página le indica cómo hacerlo.

- Usted tiene solamente 90 días para solicitar una audiencia.
- Los 90 días comenzaron un día después de la fecha en que le enviamos esta notificación.
- Tiene menos tiempo para pedir una audiencia si desea seguir recibiendo los mismos beneficios.

Para conservar sus mismos beneficios mientras espera una audiencia

Debe solicitar una audiencia antes que la acción entre en vigor

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Su Medi-Cal permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su periodo de certificación; lo que ocurra primero.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualesquier dinero o estampillas para comida que haya recibido.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúen su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque uno de los casilleros

☐ Asistencia monetaria ☐ Estampillas para comida

Para que le asistan

Puede obtener información acerca de sus derechos a una audiencia o asesoría legal gratuita llamando al teléfono de información del estado.

Número gratuito	1-800-952-5253
Si es sordo y usa TDD:	1-800-952-8349

Si no desea venir a la audiencia solo, puede traer un amigo, un abogado o cualquier otra persona, pero usted debe hacer los arreglos para traer a esa otra persona.

Es posible que pueda obtener ayuda legal gratuita en su oficina local de asesoramiento legal (legal aid) o de su grupo de derechos de recipientes de asistencia pública.

Otra información

Sostenimiento a hijos: La oficina del Fiscal del Distrito le ayudará a cobrar sostenimiento a hijos aun cuando no esté recibiendo asistencia monetaria. Esta asistencia es gratuita. Si en la actualidad están cobrando sostenimiento a hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades de sostenimiento que cobren. Se quedarán con las cantidades vencidas cobradas que se le deban al condado.

Planificación familiar: Su oficina de bienestar le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

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☐ Asistencia monetaria ☐ Estampillas para Comida

☐ Medi-Cal

☐ Otro (anote) _____

La razón es la siguiente: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

La siguiente persona vendrá conmigo a la audiencia a ayudarme (nombre y dirección si los sabe):

_____

_____

_____

Necesito un intérprete sin costo para mí.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

_____

Teléfono: _____

Mi firma: _____

Fecha: _____

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION

DISCONTINUANCE OF PREGNANCY RELATED MEDI-CAL BENEFITS UNDER THE 185% PROGRAM— MEDICALLY NEEDY WOMAN

(END OF POSTPARTUM PERIOD)

The 185 Percent program provides, at no share of cost, pregnancy related and postpartum services to certain pregnant women. When pregnancy has ended, coverage under the 185 Percent program continues for 60 days and ends on the last day of the month in which the 60th day falls.

Since you are no longer pregnant, your eligibility to receive Medi-Cal coverage under the 185% program ends on the last day of _____.

You will still get your share-of-cost Medi-Cal benefits unless otherwise notified.

If you have any questions or if there is any information which you have not reported, please phone or write your eligibility worker right away.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50262, 20260, and 50701(d).

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_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I will bring this person to the hearing to help me (name and address, if known):

_____

_____

_____

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My name: _____

Address: _____

_____

Phone: _____

My signature _____

Date: _____

NOTIFICACION DE ACCION DE MEDI-CAL

DESCONTINUACION DE LOS BENEFICIOS DE MEDI-CAL RELACIONADOS AL EMBARAZO BAJO EL PROGRAMA DEL 185% – MUJER NECESITADA BAJO EL PROGRAMA DE MEDI-CAL (TERMINACION DEL PERIODO DESPUES DEL PARTO)

El programa del 185% le proporciona a ciertas mujeres embarazadas, servicios relacionados al embarazo y para el período después del embarazo, sin tener que pagar parte del costo. Cuando se termina el embarazo, la cobertura bajo el programa del 185% continúa por 60 días y termina en el último día del mes en que caiga el sexagésimo (60) día.

Como usted ya no está embarazada, su elegibilidad para recibir cobertura de Medi-Cal bajo el programa del 185% termina el último día de _____.

Seguirá recibiendo sus beneficios de Medi-Cal a menos que se le notifique lo contrario.

Si tiene preguntas o alguna información que no ha reportado, por favor llame o escriba a su trabajador de elegibilidad de inmediato.

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☐ Asistencia monetaria ☐ Estampillas para Comida

☐ Medi-Cal

☐ Otro (anote) _____

La razón es la siguiente: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

La siguiente persona vendrá conmigo a la audiencia a ayudarme (nombre y dirección si los sabe):

_____

_____

_____

Necesito un intérprete sin costo para mí.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

_____

Teléfono: _____

Mi firma: _____

Fecha: _____

State of California—Heath and Welfare Agency Department of Health Services

MEDI-CAL NOTICE OF ACTION

DISCONTINUANCE OF PREGNANCY RELATED MEDI-CAL BENEFITS UNDER THE 185% PROGRAM— MEDICALLY INDIGENT WOMAN

(END OF PREGNANCY)

The 185 Percent program provides, at no share of cost, pregnancy related services, postpartum care, and family planning to certain pregnant women. When pregnancy has ended, coverage under the 185 Percent program continues for 60 days and ends on the last day of the month in which the 60th day falls.

Since you are no longer pregnant, your eligibility to receive Medi-Cal coverage under the 185 Percent program ends on the last day of _____.

For the same reason, we also find that your eligibility to receive:

☐ full Medi-Cal coverage

☐ Medi-Cal coverage for treatment of emergency/pregnancy related medical conditions

under another Medi-Cal program ends on the last day of _____.

If you have any questions or if there is any information which you have not reported to us, please write or telephone. You may reapply for Medi-Cal benefits under another program at any time.

The regulations which require these actions are California Code of Regulations, Title 22, Sections 50262, 50260, and 50701(d).

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free:	1-800-952-5253
If you are deaf and use TDD call:	1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture (W & I Code Section 10950)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's why: _____

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I will bring this person to the hearing to help me (name and address, if known).

_____

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_____

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

_____

Phone: _____

My signature _____

Date: _____

NOTIFICACION DE ACCION DE MEDI-CAL

DESCONTINUACION DE LOS BENEFICIOS RELACIONADOS AL EMBARAZO BAJO EL PROGRAMA DEL 185% – MUJER INDIGENTE BAJO EL PROGRAMA DE MEDI-CAL (TERMINACION DEL EMBARAZO)

El programa del 185% proporciona a ciertas mujeres embarazadas, servicios relacionados al embarazo, cuidado durante el tiempo después de dar a luz y planificación familiar, sin tener que pagar parte del costo. Cuando se termina el embarazo, la cobertura bajo el programa del 185% continúa durante 60 días y termina en el último día del mes en que caiga el sexagésimo (60) día.

Como usted ya no está embarazada, su elegibilidad para recibir cobertura de Medi-Cal bajo el Programa del 185% termina el último día de _____.

Por la misma razón, hemos establecido que su elegibilidad para recibir:

☐ cobertura completa de Medi-Cal

☐ cobertura para recibir tratamiento en caso de emergencias o condiciones médicas relacionadas al embarazo

bajo otro programa de Medi-Cal, termina el último día de _____.

Si tiene preguntas o tiene información que no ha reportado, por favor escríba o llame por teléfono. Puede volver a solicitar los beneficios de Medi-Cal bajo otro programa cuando usted lo desee.

Los ordenamientos que requieren estas acciones son las secciones 50262, 50260, y 50701(d) del Título 22 del Código de Ordenamientos de California.

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

El lado derecho de esta página le indica cómo hacerlo.

- Usted tiene solamente 90 días para solicitar una audiencia.
- Los 90 días comenzaron un día después de la fecha en que le enviamos esta notificación.
- Tiene menos tiempo para pedir una audiencia si desea seguir recibiendo los mismos beneficios.

Para conservar sus mismos beneficios mientras espera una audiencia

Debe solicitar una audiencia antes que la acción entre en vigor

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Su Medi-Cal permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su periodo de certificación; lo que ocurra primero.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualesquier dinero o estampillas para comida que haya recibido.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúen su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque uno de los casilleros

☐ Asistencia monetaria ☐ Estampillas para comida

Para que le asistan

Puede obtener información acerca de sus derechos a una audiencia o asesoría legal gratuita llamando al teléfono de información del estado.

Número gratuito	1-800-952-5253
Si es sordo y usa TDD:	1-800-952-8349

Si no desea venir a la audiencia solo, puede traer un amigo, un abogado o cualquier otra persona, pero usted debe hacer los arreglos para traer a esa otra persona.

Es posible que pueda obtener ayuda legal gratuita en su oficina local de asesoramiento legal (legal aid) o de su grupo de derechos de recipientes de asistencia pública.

Otra información

Sostenimiento a hijos: La oficina del Fiscal del Distrito le ayudará a cobrar sostenimiento a hijos aun cuando no esté recibiendo asistencia monetaria. Esta asistencia es gratuita. Si en la actualidad están cobrando sostenimiento a hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviaran a usted cualesquier cantidades de sostenimiento que cobren. Se quedaran con las cantidades vencidas cobradas que se le deban al condado

Planificación familiar: Su oficina de bienestar le proporcionará informacion cuando usted la solicite

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos (Sección 10950 del Código de Bienestar e Instituciones)

CÓMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenar esta página y enviarla a:

También puede llamar al 1-800-952-5253.

PETICIÓN PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción ejercitada por el Departamento de Bienestar del Condado de _____ acerca de mi:

☐ Asistencia monetaria ☐ Estampillas para Comida

☐ Medi-Cal

☐ Otro (anote) _____

La razón es la siguiente: _____

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La siguiente persona vendrá conmigo a la audiencia a ayudarme (nombre y dirección si los sabe):

_____

_____

_____

Necesito un intérprete sin costo para mí.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

_____

Teléfono: _____

Mi firma: _____

Fecha: _____

State of California—Health and Welfare Agency Department of Health Services

MEDI-CAL NOTICE OF ACTION

DISCONTINUANCE OF MEDI-CAL BENEFITS UNDER THE 185 PERCENT PROGRAM DUE TO INCOME CHANGES ONLY

Your eligibility to receive Medi-Cal benefits at no share of cost under the 185 Percent program ends on the last day of _____.
This is because your or your family's income is over the limit for that program.

However, Medi-Cal eligibility continues with a share of cost under another program. You will receive a separate notice about your eligibility and share of cost under the other Medi-Cal program.

If you have any questions or if there is any information which you have not reported, please phone or write your eligibility worker right away.

The regulations which require this action are California Code of Regulations, Title 22, Section 50262.

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free:	1-800-952-5253
If you are deaf and use TDD call:	1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal
☐ Other (list) _____

Here's why: _____

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I will bring this person to the hearing to help me (name and address, if known):

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I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

_____

Phone: _____

My signature _____

Date: _____

NOTIFICACION DE MEDI-CAL

DESCONTINUACION DE LOS BENEFICIOS DE MEDI-CAL BAJO EL PROGRAMA DEL 185 POR CIENTO DEBIDO SOLAMENTE A CAMBIOS EN LOS INGRESOS

Su elegibilidad para recibir beneficios de Medi-Cal sin pagar parte del costo bajo el programa del 185 por ciento termina el último día de _____ . La razón es que los ingresos de usted o de su familia exceden el límite para ese programa.

Sin embargo, la elegibilidad para recibir Medi-Cal continúa bajo un programa de Medi-Cal que requiere pagar parte del costo. Usted recibirá una notificación por separado sobre su elegibilidad y su parte del costo bajo el otro programa de Medi-Cal.

Si tiene preguntas o si tiene información que no ha reportado, por favor escríba a su trabajador o lláme por teléfono de inmediato.

El ordenamiento que requiere esta acción, es la sección 50262 del Título 22 del Código de Ordenamientos de California.

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

El lado derecho de esta página le indica cómo hacerlo.

- Usted tiene solamente 90 días para solicitar una audiencia.
- Los 90 días comenzaron un día después de la fecha en que le enviamos esta notificación.
- Tiene menos tiempo para pedir una audiencia si desea seguir recibiendo los mismos beneficios.

Para conservar sus mismos beneficios mientras espera una audiencia

Debe solicitar una audiencia antes que la acción entre en vigor

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Su Medi-Cal permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualesquier dinero o estampillas para comida que haya recibido.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúen su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque uno de los casilleros

☐ Asistencia monetaria ☐ Estampillas para comida

Para que le asistan

Puede obtener información acerca de sus derechos a una audiencia o asesoría legal gratuita llamando al teléfono de información del estado.

Número gratuito	1-800-952-5253
Si es sordo y usa TDD:	1-800-952-8349

Si no desea venir a la audiencia solo, puede traer un amigo, un abogado o cualquier otra persona, pero usted debe hacer los arreglos para traer a esa otra persona.

Es posible que pueda obtener ayuda legal gratuita en su oficina local de asesoramiento legal (legal aid) o de su grupo de derechos de recipientes de asistencia pública

Otra información

Sostenimiento a hijos: La oficina del Fiscal del Distrito le ayudará a cobrar sostenimiento a hijos aun cuando no esté recibiendo asistencia monetaria. Esta asistencia es gratuita. Si en la actualidad están cobrando sostenimiento a hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades de sostenimiento que cobren. Se quedarán con las cantidades vencidas cobradas que se le deban al condado.

Planificación familiar: Su oficina de bienestar le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos (Sección 10950 del Código de Bienestar e Instituciones)

CÓMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenar esta página y enviarla a:

También puede llamar al 1-800-952-5253.

PETICIÓN PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción ejercitada por el Departamento de Bienestar del Condado de _____ acerca de mi:

☐ Asistencia monetaria ☐ Estampillas para Comida

☐ Medi-Cal

☐ Otro (anote) _____

La razón es la siguiente: _____

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La siguiente persona vendrá conmigo a la audiencia a ayudarme (nombre y dirección si los sabe):

_____

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_____

Necesito un intérprete sin costo para mi.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

_____

Teléfono: _____

Mi firma: _____

Fecha: _____

NOTICE OF ELIGIBILITY FOR THE 185 PERCENT PROGRAM

☐ You are now eligible to receive limited Medi-Cal services under the 185 Percent program. Your Medi-Cal card under this program will provide, at no share of cost, pregnancy related services (including prenatal care, services for complications of pregnancy, labor, delivery, postpartum care, and family planning). You are eligible for these benefits beginning _____.

In addition to other program requirements, your eligibility under this program is based on your pregnancy and on your or your family's monthly income.

You continue to be eligible under another Medi-Cal program with a share of cost for services which are not related to your pregnancy.

☐ Your baby is now eligible to receive Medi-Cal benefits under the 185 Percent program. This program is for babies under the age of one year. Your baby's Medi-Cal card under this program will provide, at no share of cost:

- ☐ full medical services.
- ☐ services for treatment of emergency medical conditions.

Your baby is eligible for these benefits beginning _____.

In addition to other program requirements, your baby's eligibility is based on your or your family's monthly income.

It is important that you let your eligibility worker know about income and other changes within ten days to see if you or your baby are still eligible under the 185 Percent program.

If you have any questions or if there is any information which you have not reported, please phone or write your eligibility worker.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50262 and 50167(a).

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
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- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number

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If you are deaf and use TDD call	1-800-952-8349

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You may get free legal help at your local legal aid office or welfare rights group.

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aring File: If you ask for a hearing, the State Hearing Office will set up a e. You have the right to see this file. The State may give your file the Welfare Department, the U.S. Department of Health and Human rvices and the U.S. Department of Agriculture. (W. & I. Code Section 950)

BACK c

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's why: _____

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I will bring this person to the hearing to help me (name and address, if known):

_____

_____

_____

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address _____

_____

Phone. _____

My signature _____

Date: _____

NOTIFICACION DE ELEGIBILIDAD EN EL PROGRAMA DEL 185 POR CIENTO

☐ Ahora es usted elegible para recibir servicios limitados de Medi-Cal bajo el programa del 185 por ciento. Su tarjeta de Medi-Cal bajo este programa le proveerá servicios relacionados al embarazo (incluyendo cuidado antes del parto, servicios en casos de complicaciones con el embarazo, labor [dolores de parto], parto, cuidado después del parto, y planificación familiar), sin necesidad de pagar parte del costo. Usted es elegible para recibir estos beneficios a partir de _____ .

Además de otros requisitos del programa, se basa su elegibilidad para este programa en su embarazo o en los ingresos de usted o los de su familia.

Usted continúa siendo elegible bajo otro programa de Medi-Cal en el cual tiene que pagar parte del costo por servicios que no están relacionados a su embarazo.

☐ Ahora su bebé es elegible para recibir beneficios de Medi-Cal bajo el programa del 185 por ciento. Este programa es para bebés que tienen menos de un año de edad. La tarjeta de Medi-Cal de su bebé, le probeerá sin necesidad de pagar parte del costo:

☐ cobertura completa de servicios médicos.

☐ servicios de tratamiento de condiciones médicas de emergencia.

Su bebé es elegible para recibir estos beneficios a partir de _____ .

Además de otros requisitos del programa, se basa la elegibilidad de su bebé en sus ingresos o los de su familia.

Es importante que le informe a su trabajador de elegibilidad sobre sus ingresos y otros cambios en un término de diez días, para ver si su bebé todavía reune los requisitos bajo el programa del 185 por ciento.

Si tiene preguntas o si tiene información que no ha reportado, por favor escríba a su trabajador o lláme por teléfono.

Los ordenamientos que requieren esta acción, son las secciones 50262 y 50167(a) del Título 22 del Código de Ordenamientos de California.

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

El lado derecho de esta página le indica cómo hacerlo.

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- Los 90 días comenzaron un día después de la fecha en que le enviamos esta notificación.
- Tiene menos tiempo para pedir una audiencia si desea seguir recibiendo los mismos beneficios.

Para conservar sus mismos beneficios mientras espera una audiencia

Debe solicitar una audiencia antes que la acción entre en vigor

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Su Medi-Cal permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualesquier dinero o estampillas para comida que haya recibido.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúen su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque uno de los casilleros

☐ Asistencia monetaria ☐ Estampillas para comida

Para que le asistan

Puede obtener información acerca de sus derechos a una audiencia o asesoría legal gratuita llamando al teléfono de información del estado.

Número gratuito	1-800-952-5253
Si es sordo y usa TDD:	1-800-952-8349

Si no desea venir a la audiencia solo, puede traer un amigo, un abogado o cualquier otra persona, pero usted debe hacer los arreglos para traer a esa otra persona.

Es posible que pueda obtener ayuda legal gratuita en su oficina local de asesoramiento legal (legal aid) o de su grupo de derechos de recipientes de asistencia pública.

Otra información

Sostenimiento a hijos: La oficina del Fiscal del Distrito le ayudará a cobrar sostenimiento a hijos aun cuando no esté recibiendo asistencia monetaria. Esta asistencia es gratuita. Si en la actualidad están cobrando sostenimiento a hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades de sostenimiento que cobren. Se quedarán con las cantidades vencidas cobradas que se le deban al condado.

Planificación familiar: Su oficina de bienestar le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

CÓMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenar esta página y enviarla a:

También puede llamar al 1-800-952-5253.

PETICIÓN PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción ejercitada por el Departamento de Bienestar del Condado de _____ acerca de mi:

☐ Asistencia monetaria ☐ Estampillas para Comida

☐ Medi-Cal

☐ Otro (anote) _____

La razón es la siguiente: _____

_____

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La siguiente persona vendrá conmigo a la audiencia a ayudarme (nombre y dirección si los sabe):

_____

_____

_____

Necesito un intérprete sin costo para mí.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

_____

Teléfono: _____

Mi firma: _____

Fecha: _____

State of California—Health and Welfare Agency Department of Health Services

MEDI-CAL NOTICE OF ACTION

DISCONTINUANCE OF MEDI-CAL BENEFITS FOR INFANTS UNDER THE 185 PERCENT PROGRAM

(ATTAINMENT OF AGE ONE)

Your baby's eligibility to receive Medi-Cal benefits at no share of cost under the 185 Percent program ends on the last day of _____. This is because the 185 Percent program does not cover infants over the age of one year.

IMPORTANT: If your baby was hospitalized before his or her first birthday and continues to remain in the hospital after the age of one year, you must notify your eligibility worker right away. Your baby may still receive Medi-Cal until he or she is discharged from the hospital.

Your baby's Medi-Cal eligibility still continues under a share-of-cost Medi-Cal program. If there are any changes under that program, you will receive a separate notice.

If you have any questions or if there is any information which you have not reported, please phone or write your eligibility worker.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253
If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal
☐ Other (list) _____

Here's why: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I will bring this person to the hearing to help me (name and address, if known):

_____

_____

_____

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

_____

Phone: _____

My signature _____

Date: _____

NOTIFICACION DE ACCION DE MEDI-CAL

DESCONTINAUCION DE LOS BENEFICIOS DE MEDI-CAL PARA BEBES BAJO EL PROGRAMA DEL 185 POR CIENTO (CUMPLIMIENTO DE UN AÑO DE EDAD)

La elegibilidad de su bebé para recibir beneficios de Medi-Cal sin pagar parte del costo bajo el programa del 185 por ciento termina el último día de _____.
La razón es que el programa del 185 por ciento no cubre a niños de más de un año de edad.

La elegibilidad de su bebé para recibir Medi-Cal todavía continúa bajo un programa de Medi-Cal que requiere pagar parte del costo. Si surgen cambios bajo ese programa, usted recibirá una notificación por separado.

IMPORTANTE: Si su niño(a) fue admitido a un hospital antes de que cumpliera un año de edad y sigue en el hospital después de cumplirlo, debe notificar de inmediato a su trabajador de elegibilidad. Es posible que su niño todavía continúe recibiendo Medi-Cal hasta que lo den de alta.

Si tiene preguntas o si tiene información que no ha reportado, por favor escríba a su trabajador o lláme por teléfono.

El ordenamiento que requiere esta acción, es la sección 50262 del Título 22 del Código de Ordenamientos de California.

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

El lado derecho de esta página le indica cómo hacerlo.

- Usted tiene solamente 90 días para solicitar una audiencia.
- Los 90 días comenzaron un día después de la fecha en que le enviamos esta notificación.
- Tiene menos tiempo para pedir una audiencia si desea seguir recibiendo los mismos beneficios.

Para conservar sus mismos beneficios mientras espera una audiencia

Debe solicitar una audiencia antes que la acción entre en vigor

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Su Medi-Cal permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualesquier dinero o estampillas para comida que haya recibido.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúen su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque uno de los casilleros

☐ Asistencia monetaria ☐ Estampillas para comida

Para que le asistan

Puede obtener información acerca de sus derechos a una audiencia o asesoría legal gratuita llamando al teléfono de información del estado.

Número gratuito	1-800-952-5253
Si es sordo y usa TDD:	1-800-952-8349

Si no desea venir a la audiencia solo, puede traer un amigo, un abogado o cualquier otra persona, pero usted debe hacer los arreglos para traer a esa otra persona.

Es posible que pueda obtener ayuda legal gratuita en su oficina local de asesoramiento legal (legal aid) o de su grupo de derechos de recipientes de asistencia pública.

Otra información

Sostenimiento a hijos: La oficina del Fiscal del Distrito le ayudará a cobrar sostenimiento a hijos aun cuando no esté recibiendo asistencia monetaria. Esta asistencia es gratuita. Si en la actualidad están cobrando sostenimiento a hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades de sostenimiento que cobren. Se quedarán con las cantidades vencidas cobradas que se le deban al condado.

Planificación familiar: Su oficina de bienestar le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Seccion 10950 del Código de Bienestar e Instituciones)

CÓMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenar esta página y enviarla a:

También puede llamar al 1-800-952-5253.

PETICIÓN PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción ejercitada por el Departamento de Bienestar del Condado de _____ acerca de mi:

☐ Asistencia monetaria ☐ Estampillas para Comida

☐ Medi-Cal

☐ Otro (anote) _____

La razón es la siguiente: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

La siguiente persona vendrá conmigo a la audiencia a ayudarme (nombre y dirección si los sabe):

_____

_____

_____

Necesito un intérprete sin costo para mí.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

_____

Teléfono: _____

Mi firma: _____

Fecha: _____

ATTACHMENT C

County Code _____ Social Services Agency

185 PERCENT PROGRAM WORKSHEET
(Share-of-Cost Cases Only)

Case Name:_____ Case Number:_____

No. in MFBU_____ Effective Eligibility Date of this worksheet _____
Mo./Yr.

---------- Net nonexempt income (from MC 176M): _____
(Mo/Yr) (Do not include ABD deductions)
Health Insurance Premium if already allowed as a deduction +_____

Adjusted Net Nonexempt Income _____

185% Poverty Level $_____ Maintenance Need Level $_____

Does adjusted net nonexempt income exceed maintenance need level but not over 185% poverty level?

[ ]Yes: eligible under 185% program.

[ ]No: not eligible for 185 Percent Program.

List 185% Eligible Persons

Person Number	Name	Aid Code

185% Aid Code Chart

44 = Pregnant Woman (citizen, permanent resident, PRUCOL or conditional resident).

47 = Infant (citizen, permanent resident, PRUCOL or conditional resident). (full scope)

48 = OBRA pregnant woman, undocumented or temporary visa.

49 = Pregnant woman (IRCA).

69 = Infant (undocumented or temporary visa). (emergency services only)

_____ _____ _____
(EW Signature) (Worker No.) (Date)

Eligibility Determination Chart
185% Percent Program

* Income =	Up to and including Maintenance Need Level (No SOC)	Up to and including 185% Poverty Level (185% - No SOC; MI/MN - SOC)	Over 185% Poverty Level (SOC)
	1. no eligibility under 185% Program 2. issue no S.O.C. Medi-Cal card under MI/MN program	1. Issue restricted card under 185% program to pregnant women. Card is limited to prenatal care, labor, delivery, postpartum care and family planning. 2. Use same aid code during 60-day postpartum period if eligibility continues under 185% Program. 3. Pregnant women dually eligible under MI/MN program with SOC for either full scope (or emergency/ pregnancy services if IRCA (over age 18 or not blind/disabled) or OBRA). 4. Infants up to one year old eligible under 185% Program. May continue after age one if receiving continuous inpatient services which began before first birthday. 5. Health insurance premiums and ABD deductions are not allowable deductions for determining net nonexempt family income.	1. no eligibility under 185% program. 2. Has S.O.C. under MI/MN program. 3. Share of Cost based on maintenance need level.

* Based on net, nonexempt family income

185 Perce ogram
OVERVIEW cHART

For Otherwise Eligible Beneficiaries

(Numbers on notices of action are not actual form numbers - for training purposes only)

Income Levels and Recipient Type	During Pregnancy	End of Pregnancy	60-Day Postpartum Period	End of Postpartum	Infant at 1 Yr. Old
I. Income greater than maintenance need level, but not over 185% level.					
A. MI Woman 185% -	A1. Eligible-185% Program o Copy: CA-1, MC-210, MC 13 o Send MC 239 B-5 * Aid Codes: 44 "Citizen" 48 "OBRA" 49 "IRCA"	A1. 185% continues send MC 239 B-3 to terminate 185% and MI programs.	A1. 185% continues o income changes disregarded	A1. 185% Program ends.	
MI -	A2. Eligible once SOC is met.*** o Original CA-1, MC-210, MC 13 Aid Codes: Ex: 87 (MIA) or 51, 52, 56, 57, (IRCA) or 58 (OBRA)	A2. Stops - no pregnancy (no eligibility to SOC card)			
B. MN Woman 185% -	B1. Eligible-185% Program. o Copy: CA-1, MC-210, MC 13 o Send MC 239 B-5 o Aid Codes - See A1 above	B1. 185% continues	B1. 185% continues o income changes disregarded. o Send MC 239 B-2 to discontinue 185%	B1. 185% Program ends.	

* For full description of aid codes, see text.

** If mother has a current MC-210 on file, then a new CA-1 and MC-210A will be sufficient to add newborn.

*** Share of Cost is computed from the maintenance need level.

Income Levels and Recipient Type	During Pregnancy	End of Pregnancy	60-Day Postpartum Period	End of Postpartum	Infant at 1 Yr. Old
MN -	B2. Eligible once SOC is met.*** o Original CA-1, MC-210, MC 13 o Aid Code: See A2 above	B2. continues (SOC-MN)	B2. Continues (SOC-MN)	B2. Continues (SOC-MN)	
C. MI Infant under 1 year	N/A	N/A	C. Issue infant's own Medi-Cal card under the 185% Program. Send MC 239 B-5. Need MC 13.	C. New application on infant: CA-1 and MC-210 unless other family members still on Medi-Cal. Aid Codes: 47 "Citizen" 69 "OBRA"	C1. 185% Program ends unless receiving continuous in-patient services which began before age 1 year. C2. If not an in-patient, transfer to MI-SOC Program. No new application needed. C3. Send MC 239 B-6 to terminate 185% Program.
D. MN Infant under 1 year	N/A	N/A	D. Issue infant's own Medi-Cal card under the 185% Program. Send MC 239 B-5. Need MC 13.	D. No new application if other family members still on M/C. Otherwise need CA-1, MC-210** Aid Codes: See "C" above.	D. See "C" above.

* For full description of aid codes, see text.

** If mother has a current MC-210 on file, then a new CA-1 and MC-210A will be sufficient to add newborn.

*** Share of Cost is computed from the maintenance need level.

Income L and Recipient Type	During Pregnancy	End of Pregnanc	60-Day Postpartum Period	End of Postpartum	Infant at . Old
II. Income Less than Maintenance Need Level					
A. MI Woman	A1. Not eligible for 185% Program				
	A2. Issue a no SOC Medi-Cal card under MI Program.	A2. Stops - No longer pregnant. Only eligible for postpartum.	A2. Aid code 76 Send MC 239 B-1	A2. Terminate 60-Day PostPartum benefits.	
B. MN Woman	B1. Not eligible for 185% Program.				
	B2. Issue no SOC Medi-Cal card as MN	B2. Continues	B2. Continues	B2. Continues if eligible	
C. MI Infant under 1 year	N/A	N/A	C1. Not eligible for 185% Program. Need MC 13.		
			C2. Issue Infant's own MI-no SOC card.	C2. Need new application (CA-1, MC-210**) if no other family members.	C2. Continues (no SOC-MI)
D. MN Infant under 1 year	N/A	N/A	D1. Not eligible for 185% Program.		
			D2. Issue Infant's own MN-no SOC card. Need MC 13.	D2. No new application if other family members still on M/C. Otherwise, need CA-1, MC-210**	D2. Continues (no SOC-MN)

* For full description of aid codes, see text.

** If mother has a current MC-210 on file, then a new CA-1 and MC-210A will be sufficient to add newborn.

*** Share of Cost is computed from the maintenance need level.

Income Lev and Recipient Type	During Pregnancy	End of Pregnancy	60-Day Postpartum Period	End of Postpartum	Infant at ' . Old
III. Income Greater than 185% Level					
A. MI Woman	A1. Not eligible for 185% Program. Send denial notice.				
	A2. Issue Medi-Cal card under MI Program once SOC is met.***	A2. Stops - No longer pregnant Only eligible for postpartum.	A2. Aid Code 76 once SOC met for month of delivery.*** Send MC 239 B-1.	A2. Terminate 60-Day postpartum.	
B. MN Woman	B1. Not eligible for 185% Program. Send denial notice				
	B2. Issue Medi-Cal card under MN Program once SOC is met.***	B2. Continues	B2. o Aid Code 76 once SOC met for month of delivery.***Send MC 239 B-1. o Issue other MN card once SOC is met.***	B2. SOC MN card	
C. MI Infant under 1 year	N/A	N/A	C1. Not eligible for 185% Program. Send denial notice		
			C2. Issue Infant's own MN card once SOC is met.*** Need MC 13.	C2. Need new application (CA-1, MC-210**) if no other family members.	C2. Continues (SOC-MI)
D. MN Infant under 1 year	N/A	N/A	D1. Not eligible for 185% Program. Send denial notice		
			D2. Issue infant's own MN card once SOC is met.*** Need MC 13.	D2. No new application needed if other family member still on M/C. Otherwise, need CA-1, MC-210.**	D2. Continues (SOC-MN)

* For full description of aid codes, see text.

** If mother has a current MC-210 on file, then a new CA-1 and MC-210A will be sufficient to add newborn.

*** Share of Cost is computed from the maintenance need level.

SAMPLE LANGUAGE FOR DENIED APPLICATIONS

A. NOTICE OF ACTION - 185 PERCENT PROGRAM
INCOME EXCEEDS 185 PERCENT OF FEDERAL POVERTY LEVEL

Your case has been reviewed for possible eligibility to the 185 Percent program. This program provides pregnancy related benefits to pregnant women and medical care to infants up to the age of one year old at no share of cost. To qualify for this program, one of the requirements is that family income must not exceed 185 percent of the federal poverty level. After a review of your case, we find that your or your family's income is over the allowable limit for that program.

This does not affect your regular Medi-Cal eligibility. You continue to to be eligible under the regular Medi-Cal program with a share of cost.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50260.

B. SAMPLE LANGUAGE TO DISCONTINUE 185 PERCENT PROGRAM BENEFICIARY WHOSE FAMILY INCOME DROPS TO AN AMOUNT WHICH IS AT OR BELOW THE MAINTENANCE NEED LEVEL. (Do not issue this notice when the change occurs to an infant over one year old who is receiving continuous inpatient services which began before the age of one year.)

The following language may be included on the regular notice of action advising the 185 Percent program eligible that he/she does not have a share of cost under the regular MI/MN program:

"You will not receive a second Medi-Cal card for services covered under the 185 Percent program since these services are now provided at no share of cost under the regular Medi-Cal program."

C. SAMPLE LANGUAGE TO BE ADDED TO THE NOTICES OF ACTION WHEN THE 185 PERCENT PROGRAM BENEFICIARY IS NO LONGER OTHERWISE ELIGIBLE (E.G., EXCESS PROPERTY, ETC.)

"For the same reasons cited above, you will no longer be eligible for benefits under the 185 Percent program effective ___/___/___ ."

(County Stamp)

MEDI-CAL
NOTICE OF ACTION
DISCONTINANCE OF BENEFITS UNDER THE 185% PROGRAM

State No. : _____

District: _____

Denial/discontinuance for: _____

_____
(NAMES)

The 185% Program provides, at no share of cost, pregnancy related services and postpartum care to women and medical care to infants under one year of age. In addition to meeting other Medi-Cal eligibility rules, family income must be within certain limits to qualify for this program.

☐ When pregnancy ends, coverage under the 185% Program continues for 60 days and ends on the last day of the month in which the 60th day falls. Since you are no longer pregnant, your eligibility for Medi-Cal under the 185% Program ends ____/____/____.

☐ You continue to be eligible for Medi-Cal with a share of cost under another program.

☐ Your eligibility to Medi-Cal with a share of cost under another program ends ____/____/____ as you are no longer pregnant.

☐ Eligibility for Medi-Cal under the 185% Program ends ____/____/____ because your or your family's income is not within the limits for this program. You continue to be eligible to Medi-Cal with a share of cost under another program. You will receive a separate notice about your change in share of cost.

☐ Your baby's eligibility for Medi-Cal under the 185% Program ends ____/____/____ because he/she is one year old. If there are changes in the share of cost, you will receive a separate notice about it.

IMPORTANT: If your baby was hospitalized before his/her first birthday and continues to be in the hospital after the age of one year, he/she may continue to be eligible under the 185% Program. You must tell your worker about this right away.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50260, 50262, and 50701(d).

_____ _____ _____
(Eligibility Worker) (Phone) (Dated)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

(County Stamp)

MEDI-CAL
NOTICE OF ACTION
APPROVAL FOR BENEFITS
UNDER THE 185% PROGRAM

State No.: _____
District: _____
Approval for: _____
_____
(Names)

☐ Beginning ____/____/____, you are eligible to receive limited Medi-Cal services without a share of cost under the 185% Program. Under this program, you can receive pregnancy related services including prenatal care, services for complications of pregnancy, labor, delivery, postpartum care, and family planning.

☐ You continue to be eligible for Medi-Cal benefits with a share of cost under another Medi-Cal program.

☐ Beginning ____/____/____, your baby is eligible to receive Medi-Cal benefits without a share of cost under the 185% Program. This program is for babies under one year of age. Under this program, the baby's Medi-Cal card will provide:

- ☐ full medical services.
- ☐ services for treatment of emergency medical conditions.

In addition to other program requirements, eligibility under this program is based on your pregnancy and/or on your family's income. You must let your worker know about income and other changes within 10 days to see if you or your baby is still eligible under this program.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.

_____ _____ _____
(Eligibility Worker) (Phone) (Dated)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

185 Percent Program
MONTHLY INCOME COMPARISON CHART
(Effective 2/16/89)

Number of Persons	Monthly Maintenance Need Level 7/1/88	185% as of 2/16/89 Poverty Levels (Monthly/Rounded)
1	$ 575.00	922.00
2	717.00	1,236.00
3	892.00	1,551.00
4	1,059.00	1,865.00
5	1,200.00	2,180.00
6	1,350.00	2,494.00
7	1,484.00	2,809.00
8	1,617.00	3,123.00
9	1,742.00	3,438.00
10	1,875.00	3,752.00

E.D.S. FEDERAL CORPORATION

MEDI-CAL UPDATE

P.O. BOX 13029, SACRAMENTO, CA 95813-4029

Medical Services Bulletin No. 169 **May 1989**

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Medi-Cal Computer Media Claims (CMC) Vendor and Billing Services Directory
Additions to Laboratory Procedures (By CPT-4 Code) with Rate Adjustment, May 1989 Addendum

Instructions for manual replacement pages:

Section 3: Remove and replace pages iii/iv and 3-121 thru 3-123. Insert new page 3-124/3-125.
Appendix C: Remove and replace pages C-25/C-26, C-62/C-63 and C-64/C-65.
Appendix F: Remove and replace pages F-1/F-2 and F-3/F-4.
Appendix G: Insert this bulletin.

For change of address, please detach this completed form and mail to DHS.

Provider Address Change Notice

Provider Name/Number: _____

Attach Current Address Label Here

If you currently receive two or more monthly bulletins at the above address, please check this box: ☐

Date _____ Phone No _____

Signature _____

Print or Type **New** Service Address:

Name: _____
Attn: _____
Street: _____
City: _____
State/Zip: _____

New Pay-To Address:

_____
_____
_____
_____
_____

If you are using a new Medicare number, indicate it here: _____

If you are using a new Federal I.D. number, indicate it here: _____

5/89 MS

Mail to: DHS Provider Enrollment Unit
714 P Street, Room 940
P.O. Box 942732
Sacramento, CA 94234-7320

Expanded Medi-Cal Program for Pregnant Women and Infants Under One Year Old (185 Percent Program)

Effective July 1, 1989, Medi-Cal eligibility will be extended to cover perinatal services without a share-of-cost for certain pregnant women and full scope or emergency services only for infants under the age of one year old. To be eligible for this new program, these pregnant women and infants must meet all other program eligibility criteria and have family incomes not in excess of 185 percent of the federal poverty level.

Specifically, this program will provide:

- Pregnancy-related services (including prenatal care, services for complications of pregnancy, labor, delivery, postpartum care and family planning) to pregnant women regardless of their alienage status, and
- Full scope Medi-Cal benefits or emergency services only, depending upon alienage status, for infants until their first birthday.

Aid Codes

The State Department of Health Services has assigned five (5) new Aid Codes to identify the various types of beneficiaries under this program. These new codes are 44, 48, 49, 47 and 69. They are defined as follows:

AID CODES	RECIPIENT TYPE	MESSAGE ON MEDI-CAL CARD
44, 48, 49	Pregnant Woman	"Valid for pregnancy-related and postpartum services only."
47	Infant up to 1 year old (full scope)	No message
69	Infant up to 1 year old (restricted scope)	"Valid for emergency services only."

An infant with Aid Code 47 or 69 who is an inpatient receiving medical services during a continuous period which began before and continues beyond his or her first birthday will continue to be eligible until the end of the continuous stay.

The mother's restricted card (Aid Codes 44, 48, 49) can be used to bill for medical services furnished to newborns during the month of delivery and the month following.

Dual Eligibility

The pregnant woman under this program may also be eligible to receive full-scope or restricted services *after* meeting a share of cost under another Medi-Cal program. This means she may receive two Medi-Cal cards in the same month with different aid codes: one card will bear an aid code under the 185 Percent program with no share of cost and the second card will bear an aid code from a share-of-cost program. The second Medi-Cal card may entitle her to receive either full scope services *or* services restricted to emergency or pregnancy-related services.

When a pregnant woman possesses two different Medi-Cal cards and one of the aid codes is under the 185 Percent program (44, 48 or 49), prenatal care, labor, delivery, postpartum care and family planning should be billed under the new 185 Percent program. Services used to meet the share-of-cost obligation of another aid code should not be billed to Medi-Cal under a no share-of-cost aid code (e.g., 44, 48, 49, 47, 69, 76, etc.)

185 PERCENT PROGRAM (continued)

Pregnancy-Related Care

Pregnancy-related care means services required to assure the health of the pregnant woman and the fetus. It also includes family planning services. Pregnancy-related care may be provided prenatally and to the end of the month in which the 60-day postpartum period occurs. Medi-Cal cards and labels for these recipients contain the message "valid for pregnancy-related and postpartum care only." Providers must indicate pregnancy-related care on the claim form by procedure and diagnosis code.

Emergency Services for Infants with Aid Code 69

The definition of emergency services for infants with Aid Code 69 is the same as published in the November 1988 *Medi-Cal Update*, Medical Services bulletin 161.

(A) State-issued Medi-Cal cards for recipients with Aid Code 44, 48 and 49 will be red and labeled "VALID: FOR PREGNANCY-RELATED AND POSTPARTUM SVS ONLY" (SVS = services). A sample card is shown below in Figure 1.

MC 300 Format (No Share of Cost)

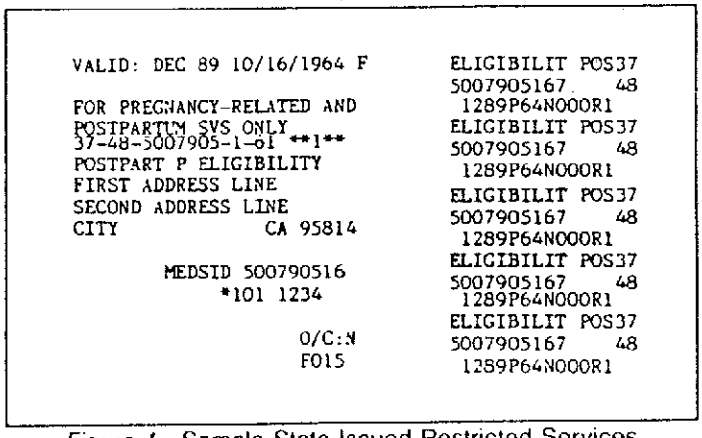

Figure 1. Sample State-Issued Restricted Services Medi-Cal ID Card

(B) State-issued Medi-Cal cards for recipients with Aid Code 69 will be red and labeled "VALID: FOR EMERGENCY SVS ONLY" (SVS = services). A sample card is shown in Figure 2.

MC 300 Format (No Share of Cost)

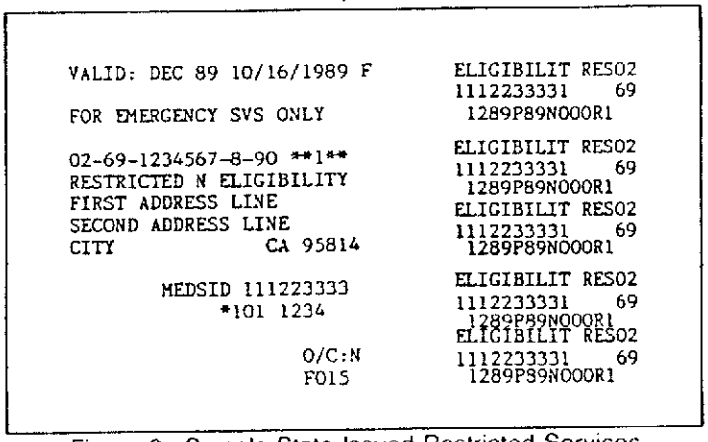

Figure 2. Sample State-Issued Restricted Services Medi-Cal ID Card

185 PERCENT PROGRAM (continued)

(C) State-Issued Medi-Cal cards for recipients with Aid Code 47 will be green with no message because of full scope Medi-Cal coverage. A sample card is shown in Figure 3.

MC 300 Format (No Share of Cost)

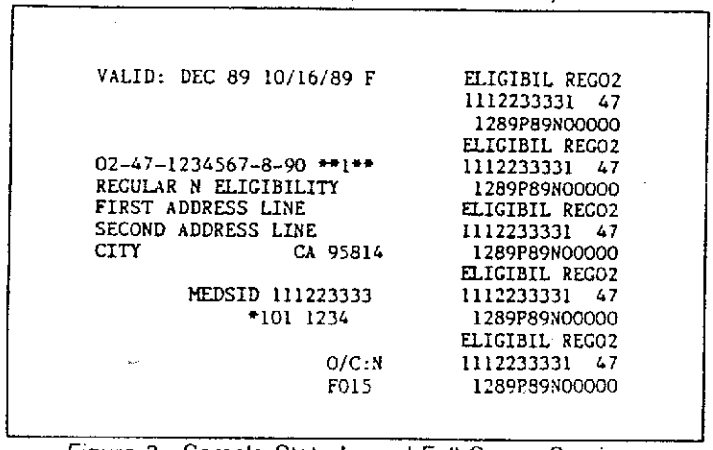

Figure 3. Sample State-Issued Full Scope Services Medi-Cal ID Card

Routine Newborn Care: Reimbursement Changes

As stated in the Medical Services Bulletin No. 167, March 1989, normal newborn care should be billed with CPT-4 procedure codes 90225 and 90282. CPT-4 procedure codes 90200 -- 90220 and 90240 --90280 should ***not*** be used to bill for the hospital care of normal newborns.

The Department of Health Services has determined that some providers are using incorrect CPT-4 codes to bill for routine newborn care. Therefore, effective immediately, the following policies will apply to billing procedures for newborn care.

- CPT-4 code 90220 (Comprehensive History and Examination) will be denied if the diagnosis on the claim form indicates healthy newborn (V30 -- V39), effective for dates of service on or after November 1, 1987.
- CPT-4 code 90225 (Initial Hospital Newborn Care) will not be reimbursed if it is billed subsequent to any other initial hospital care visits (90200 -- 90220).
- Reimbursement of CPT-4 codes 90200 -- 90220 (Initial Hospital Care) will be reduced to the level of a comparable established patient hospital visit (90240 -- 90280) if an initial hospital newborn care visit (90225) or initial hospital care (90200 -- 90220) has been paid in history for the same recipient and provider.

A manual replacement page for the *Policy* section, 3-125, is included with this bulletin.

Maximum Reimbursement Rate Increases: Manual Replacement Pages

Included with this bulletin are the updated manual replacement pages for the article "DHS Announces Emergency Medi-Cal Reimbursement Rate Increases -- Effective May 15, 1988," published in the May 1988 *Medi-Cal Update* bulletin.

Manual replacement pages F-1/F-2 and F-3/F-4 are included with this bulletin.

MEDI-CAL STUFFER
(For Distribution With July Medi-Cal Cards)

NEW MEDI-CAL PROGRAM FOR CERTAIN PREGNANT WOMEN AND BABIES UNDER ONE YEAR OLD (185 PERCENT PROGRAM)

Are you (or anyone you know) pregnant or have a baby under one year old? If so, beginning July 1, 1989, a new program goes into effect. It will allow some pregnant women and babies, who would have had a share of cost (deductible), to now receive Medi-Cal at no share of cost for their maternity care and the baby's first year of medical care.

This new program will allow the family's monthly income to be higher for pregnant women and babies under one year old than for people who are on other Medi-Cal programs. Even if the family is working or has other monthly income, the pregnant woman or baby may still be eligible under this new program.

For the health and well-being of both the pregnant woman and her unborn child, early and regular medical care is very important.

For more information about whether you (or someone you know) can receive these Medi-Cal benefits, please contact your county welfare office.

UN PROGRAMA NUEVO DE MEDI-CAL PARA CIERTAS MUJERES EMBARAZADAS Y NIÑOS MENORES DE UN AÑO DE EDAD (Programa del 185 Por Ciento)

¿Está usted (o alguien que usted conoce) embarazada o tiene un niño menor de un año de edad? Si es así, un programa nuevo entra en vigor a partir del 1 de julio de 1989. Este programa ahora les permitirá a algunas mujeres embarazadas y bebés, quienes habrían tenido que pagar parte del costo (deducible), recibir Medi-Cal sin costo por cuidado de maternidad y el primer año de cuidado médico del bebé.

Este programa nuevo permitirá a las familias con mujeres embarazadas y niños menores de un año de edad, tener ingresos mensuales más altos que las personas que reciben Medi-Cal a través de otros programas. Aun cuando la familia esté trabajando o tenga otros ingresos mensuales, es posible que la mujer embarazada o el bebé aún reuna los requisitos de este programa nuevo.

El cuidado médico a tiempo y sistemático es muy importante para la salud y el bienestar de la mujer embarazada y el niño que espera.

Si quiere saber si usted (o alguien que usted conoce) puede recibir estos beneficios de Medi-Cal, por favor comuníquese con su departamento de bienestar del condado.