STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, *Governor*

**DEPARTMENT OF HEALTH SERVICES**

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

January 26, 1990

Letter No.: 90-16

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: 200 PERCENT PROGRAM FOR PREGNANT WOMEN AND INFANTS: CASE COUNTS FOR THE PERIOD OF OCTOBER THROUGH DECEMBER 1989

REFERENCE: ACWDL 89-103

The 200 Percent program for pregnant women and infants under one year of age was implemented effective January 1, 1990, retroactive to October 1, 1989. The counties were advised via ACWDL 89-103 to identify cases which were denied or discontinued due to excess income under the 185 Percent program from October 1, 1989 forward. This message is to advise the counties on how to report this activity on the MC 237 for the retroactive months of October, November and December 1989.

All cases which were denied or discontinued due to excess income under the 185 Percent program shall be reviewed for potential eligibility under the 200 Percent program. (NOTE: only those cases with pregnant women and/or infants who were otherwise eligible and had a share of cost shall be reviewed for 200 Percent program eligibility during the retroactive period.)

These cases shall be treated as though October through December were retroactive months of a new Medi-Cal application. In other words, a separate case count for a retroactive application may be reported for October, November and December.

Example: The case review shows that a pregnant woman was eligible under the 200 Percent program in October 1989 and ineligible under the 200 Percent program due to excess income in November and December 1989. The county will report a retroactive application for October, November and December (3 case counts).

Counties may issue Medi-Cal cards for prior months under the 185 or 200 Percent programs only if: (1) the share of cost was not met, or (2) the MC 177S (share of cost form) was not processed, or (3) it applies to the three-month retroactive period of a new application. Granting notices shall be issued for these cases. Further instructions on retroactive card issuance in all other instances are still pending and no granting notices for these cases should be issued yet.

Denial notices must be issued on those cases which had income in excess of 200% of the federal poverty level. For continuing eligibility cases, the

county may issue the MC 239B-4 (Denial of Benefits Under the Special Zero Share of Cost Program... ). For cases which have been discontinued for other reasons (i.e., failure to send in status report, etc.), a notice similar to the MC 239B-4 may be used, but the third paragraph should be deleted. (The third paragraph currently reads: "This does not affect your regular Medi-Cal eligibility. You continue to be eligible under the regular Medi-Cal program with a share-of-cost.")

If there are any questions, please call Yvonne Lee at (916) 324-4954, ATSS 454-4954.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: 6/30/91

which have been or are in the process of being revised for joint DSS/DHS use.

Counties will need to reproduce or print stock locally until stock is available in the DSS Warehouse. Stock orders for DSS forms should be submitted to the DSS Warehouse on the County Forms Order, GEN 727B, according to normal procedures. Camera ready copies of the DSS forms may be requested from the DSS Forms Management Bureau at (916) 322-8738 or ATSS 492-8768.

1. The **Temporary MC 217A (Medi-Cal Responsibility Checklist Attachment** (Enclosure 3) is required to reflect changes made as a result of the new medical support/TPL regulations. A camera ready copy is attached for county use until the new DHS **MC 210 (Cover Sheet)** comes out early in 1990. Keep the original in the file and give the applicant a copy.

2. The **CA 2.1 Child/Spousal and Medical Notice and Agreement** (CA 2.1 Notice and Agreement) (Enclosure 4) has been revised to include medical support language. Keep the original in the file and give the applicant a copy. We expect the English language stock of the **CA 2.1 Notice and Agreement** to be available in the DSS Warehouse by April 15, 1990. Stock of the **CA 2.1 Notice and Agreement** Spanish translation will be available shortly thereafter. The **CA 2.1 Notice and Agreement** (12/89 revision) will be translated into Spanish, Cambodian, Chinese, Lao, and Vietnamese. Camera ready copies of the Asian translations of this form will be sent under separate cover from the DSS Language Services Bureau to County Forms Coordinators who currently receive language translations. (Note for the AFDC program: Language regarding the new **CS 870** (Attestation Statement) is included on the **CA 2.1 Notice and Agreement**. An explanation of the CS 870 can be found in item #6 below.) Reference: DSS All County Letter (ACL) 89-96 11/1/89 and DSS All County Information Notice (ACIN) I-84-89).

3. The **CA 2.1 Child Support Questionnaire** (Enclosure 5) is currently being revised by DSS to include medical support language but it is usable in its present form in the meantime. The revision should be available in September of 1990. Keep the original **CA 2.1 Questionnaire** the file and route copies of the completed form to the District Attorney (DA) via a **CA 371** and to DHS Other Coverage Section. Cambodian, Chinese, Lao, and Vietnamese camera ready translations of the **CA 2.1 Questionnaire** are already available. The **CA 2.1 Questionnaire** Spanish translation is currently available in the DSS Warehouse.

4. The **CA 371 Referral to District Attorney for Action on AFDC/Medi-Cal Absent Parent** (Enclosure 6) has been revised to include medical support/TPL language. A camera ready copy is attached. Stock of the **CA 371** should be available by March 1, 1990. The **CA 371** will not be translated. (Note for AFDC program: Refer to ACIN I-84-89. All Medi-Cal recipients with medical coverage regardless of the type of coverage must complete a DHS 6155 (Revised 5/89). Refer to DHS All County Welfare Directors Letter 89-89, 10/20/89.)