STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

August 11, 1993

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 93-56

SUBJECT: MEDICAL SUPPORT QUESTIONS

REF: ACL NO. 93-31, Manual Letter No. 104

The following are in answer to questions on the Medical Support Referral Process:

QUESTION 1: Regarding suggested Notice of Action (NOA) language in Procedures for discontinuance when Medi-Cal is denied for reasons other than for conditions of medical support, shouldn't this be placed on all discontinuance/denial NOAs?

RESPONSE: The Department will request that the sentence, "This information also applies to medical support", be placed at the end of the Child Support paragraph on form NA Back 6 which contains the appeal language and is on the back of all NOAs.

QUESTION 2: Will there be any NOA language for good cause determination notices?

RESPONSE: There are sample NOAs enclosed with this letter.

QUESTION 3: Does the county do referrals only at intake and redetermination?

RESPONSE: Whenever the county becomes aware that an on-going case is an absent parent case, a medical support referral should be made. Don't wait for redetermination.

QUESTION 4: If a woman has two children and she refuses to cooperate with medical support, the referral is made on the children and the caretaker parent becomes ineligible for Medi-Cal. However, if the caretaker parent then becomes pregnant, is she eligible for Medi-Cal?

RESPONSE: If the caretaker parent is pregnant and is otherwise eligible but for noncooperation with medical support, she would be eligible for Medi-Cal until the 60-day postpartum period ends. Ask for her cooperation again at that time.

QUESTION 5: Can an unmarried/absent parent apply for Medi-Cal and medical support services for the caretaker parent at the hospital if the caretaker parent is unable to fill out application?

RESPONSE: Under Title 22, California Code of Regulations, Section 50143, if a person is unable to file an application for Medi-Cal, "(2) a person who knows of the applicant's need to apply" may file the application. An unmarried/absent person would qualify under this section.

QUESTION 6: If a caretaker parent has two children and has cooperated with medical support requirements, but then becomes pregnant, does the medical support process cease until she has the baby and the 60-day postpartum period is over?

RESPONSE: The referral process will not stop. Furthermore, the pregnancy should be reported to the DA. However, no referral on the new child will be made until the 60-day postpartum period ends. The rule of thumb in on-going medical support cases is if there is any change in the case, it shall be reported to the DA via Form 371. The District Attorney Family Support Division should be advised of any changes (e.g., discontinuance from AFDC, new Medi-Cal case).

QUESTION 7: Claim for Good Cause: Is this to be done yearly?

RESPONSE: No. Only once per situation. Once good cause is established, it continues unless the mother/caretaker parent rescinds the claim for good cause and is able to cooperate with medical support enforcement. Review at redetermination to see if circumstances have changed.

QUESTION 8: If the caretaker parent has both OBRA children, and citizen children and requests that both be referred for medical support enforcement, does the county make the referral on all the children?

RESPONSE: Medical support enforcement is not available for OBRA children.

QUESTION 9: When a caretaker parent has refused to cooperate and does not claim good cause, does the county refer the child(ren) for medical support services? And even if good cause is claimed, but denied, does medical support enforcement continue for the child(ren)?

RESPONSE: The caretaker parent has the right to refuse to cooperate in medical support enforcement for himself/herself <u>and</u> for the children. The caretaker parent is denied Medi-Cal, but the children continue receiving Medi-Cal, if otherwise eligible. In good cause denials, the county may direct the District Attorney to continue medical support enforcement without the cooperation of the caretaker parent. (Title 22, CCR, Sections 50101(b)(3) and 50157(f)(12)(C).)

QUESTION 10: When two unmarried adults seek Medi-Cal for themselves and their children, but do not want to cooperate with medical support even if it means a denial of their Medi-Cal benefits, does the county make a medical support referral for these children?

RESPONSE: A referral is made if the child(ren) is born out of wedlock (Title 22, CCR, Section 50101(b)).

QUESTION 11: If an applicant/recipient applies for Medi-Cal and does not want to cooperate in medical support, does the county deny/discontinue the applicant/recipient?

RESPONSE: Yes, medical support is a condition of eligibility.

QUESTION 12: If the applicant/recipient applies for Medi-Cal and agrees to cooperate, and the referral is made, but he/she does not cooperate with the DA, is Medi-Cal discontinued?

RESPONSE: Yes.

QUESTION 13: If the applicant/recipient comes back two months later and agrees to cooperate, what does the county do?

RESPONSE: Do not put the person back on Medi-Cal until he/she cooperates with the DA and brings back a letter of cooperation.

If you have any questions, please call Elena Lara of my staff at (916) 657-0712.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

ENCLOSURE

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

DRAFT/SUGGESTED NOA

(County Stamp)

MEDI-CAL
NOTICE OF ACTION
APPROVAL OF GOOD CAUSE CLAIM
FOR NONCOOPERATION IN
MEDICAL SUPPORT ENFORCEMENT

CASE NO. _____

DISTRICT: _____

APPROVAL: _____

_____
(names)

The County has determined that you have good cause for not cooperating with the District Attorney Family Support Division in obtaining medical support services or payments from your child(ren)'s absent parent.

/___/ You have good cause for not cooperating in medical support enforcement, and the District Attorney will not proceed with your case because it may cause harm to you or your children.

/___/ You have good cause for not cooperating in medical support enforcement. However, it has been determined that the District Attorney can proceed with your case without harm or risk to you or your child(ren). If you do not want the District Attorney to continue, you must file for a state hearing within 10 days or withdraw your application for aid or request that aid be discontinued.

This action does not affect the Medi-Cal benefits of your children for regular Medi-Cal.

If you have any questions about this action, please contact your Eligibility Worker.

The regulation which requires this action is California Code of Regulations, Title 22, Sections 50167, 50175, and 50771.5.

_____ (Eligibility Worker) _____ (Date) (___) _____ (Phone)

PLEASE READ THE BACK FOR YOUR HEARING RIGHTS AND OTHER IMPORTANT INFORMATION

DRAFT/SUGGESTED NOA

(County Stamp)

MEDI-CAL
NOTICE OF ACTION
DENIAL OF GOOD CAUSE CLAIM
FOR NONCOOPERATION IN
MEDICAL SUPPORT ENFORCEMENT

CASE NO. _____

DISTRICT: _____

DENIAL: _____

_____
(names)

_____

Your Medi-Cal benefits will be discontinued effective the last day of _____.

You do not have good cause for refusing to cooperate in medical support enforcement. Good cause can only be granted when it is determined that cooperating with the District Attorney is against the best interest of your child(ren). Your good cause claim was denied because:

/___/ You failed to provide sufficient evidence (written proof) within 20 days to support a claim of good cause.

/___/ You failed to provide sufficient information (such as the absent parent's name and address) to permit an investigation of your good cause claim, even though you were told the absent parent would only be contacted if it was necessary to establish your claim of good cause.

/___/ The investigation conducted did not support your claim of good cause.

You may reapply at any time, but you will not receive Medi-Cal benefits until the District Attorney's Office has confirmed that you have cooperated with their office. This action does not affect the Medi-Cal benefits of your children for regular Medi-Cal.

If you have any questions about this action, please contact your Eligibility Worker.

The regulation which requires this action is California Code of Regulations, Title 22, Sections 50167, 50175, and 50771.5.

_____ _____ (___) _____
(Eligibility Worker) (Date) (Phone)

PLEASE READ THE BACK FOR YOUR HEARING RIGHTS AND OTHER IMPORTANT INFORMATION