

State of California—Health and Human Services Agency
Department of Health Services.



ARNOLD SCHWARZENEGGER
Governor

February 17, 2005

To: ALL COUNTY WELFARE DIRECTORS Letter No.: 05-02
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: ENHANCEMENT TO CHILD HEALTH AND DISABILITY PREVENTION
PROGRAM GATEWAY - DEEMED ELIGIBLE INFANT ENROLLMENT
PROCESS

The purpose of this letter is to notify counties and staff about an enhancement to the existing Child Health and Disability Prevention (CHDP) Program Gateway electronic enrollment interface. This enhancement, which was implemented June 1, 2004, provides immediate full-scope, no cost Medi-Cal coverage to qualifying deemed eligible infants. The eligibility is established through the electronic CHDP Gateway application process using the Internet or a point of service (POS) device. This enhancement supplements current methods including the Newborn Referral Form, which is available to help counties identify deemed eligible infants.

Background

Federal law has a deemed eligibility provision for any infant born to a mother eligible for and receiving Medi-Cal on the date of the infant's birth. That infant would be deemed eligible for Medi-Cal on the date of his/her birth and would remain eligible for a period of up to one year, so long as the infant is a member of the mother's household and the mother remains eligible for Medi-Cal or would have remained eligible if still pregnant.

California has had a deemed eligibility process since 1998 that requires counties to evaluate an infant for deemed eligibility once they learn that an infant has been born to a Medi-Cal eligible mother. Title 22, California Code of Regulations (22 CCR) Section 50262.3 provides that infants born to women eligible for and receiving Medi-Cal at the time of birth are automatically deemed eligible for one year without a separate Medi-Cal application and without requiring a Social Security Number (SSN) for the infant.

The deemed eligible infant may or may not have a share-of-cost (SOC). See All County Welfare Directors Letter (ACWDL) 03-49 for additional information.

The CHDP Gateway process that was implemented July 1, 2003, allows CHDP providers to pre-enroll children immediately into temporary, full-scope, no-cost Medi-Cal or Healthy Families (HF) Program based upon apparent eligibility for no-cost Medi-Cal or the HF Program. The Gateway is based on Federal Medicaid law that allows States to provide presumptive eligibility for children less than 19 years of age. ACWDL 03-33 provides details about the CHDP Gateway enrollment process. The 2003 Budget Act Trailer Bill (Chapter 230, Statutes of 2003) provides the funding and permissive authority for Department of Health Services (DHS) to implement a deemed eligibility for infants component as part of the CHDP Gateway electronic enrollment interface.

Infants are defined as children under the age of one. The Medi-Cal 200 percent Federal Poverty Level (FPL) program (also known as the Income Disregard program) covers infants up to the age of one if income of the family is at or below 200 percent of the FPL. There is no resource test. Since the Gateway program has an income limit of 200 percent of the FPL, the parent of any infant pre-enrolled through the Gateway process has declared that the infant meets the income limit for the 200 percent FPL program in the month of application.

Overview

The modification to the CHDP Gateway electronic enrollment process allows deemed eligible infants to be identified and enrolled in full-scope Medi-Cal at the time the infant is taken to a CHDP provider for a CHDP health assessment.

Normally, children pre-enrolled through the CHDP Gateway electronic enrollment process are given temporary, full-scope, no cost Medi-Cal coverage for the month of application and the following month. In order to receive coverage beyond this two-month period, the child's parent must submit a Medi-Cal or HF application, such as the joint Medi-Cal for Children/HF program application. With implementation of the deemed eligibility component of the CHDP Gateway enrollment process, qualifying infants immediately receive full-scope, Medi-Cal coverage from the month of birth up to their first year of age. Parents of these eligible infants do not need to complete a Medi-Cal application. Providers will give the parents of these infants a flyer (see enclosed) at the time of their CHDP visit which will explain the difference between deemed eligible infant enrollment for Medi-Cal and pre-enrollment through the CHDP Gateway process for Medi-Cal or HF.

In order for an infant to be evaluated for deemed eligibility through the CHDP Gateway process, the parent or legal guardian must indicate on the revised CHDP pre-enrollment application (DHS 4073) that at the time of the CHDP visit the infant is under one year old and that the infant lived with the mother in the birth month. The pre-enrollment application must also contain the mother's date of birth and either the mother's Benefits Identification Card (BIC) number or her SSN. If this information is not provided, the infant will not be evaluated through the Gateway process for deemed eligibility. Children (age one and older) and infants who are not evaluated for or who do not meet the deemed eligibility requirements will continue to be evaluated for pre-enrollment into Medi-Cal or HF through the existing pre-enrollment component of the CHDP Gateway electronic enrollment process.

AID CODES AND DEFINITIONS

To identify infants automatically enrolled directly into Medi-Cal through the deemed eligibility component of the CHDP Gateway process, two new fee-for-service-only aid codes (8U and 8V) have been implemented.

All infants deemed eligible and enrolled through the CHDP Gateway process will be assigned 8U without an SOC beginning in the Gateway month of application since initial enrollment through the CHDP Gateway process can only be completed if family income does not exceed 200 percent of the FPL. However, for the period covering the birth month through the month prior to the Gateway application month, the infant may or may not have an SOC, depending on whether his/her mother had an SOC in the birth month. An infant born to a mother with no SOC in the birth month is assigned aid code 8U beginning in the birth month. An infant born to a mother who met her SOC in the birth month has the same SOC as the mother and is assigned aid code 8V with an uncertified SOC from the birth month through the month immediately preceding the month of the CHDP Gateway pre-enrollment application. For these infants, their aid code of 8V is changed to 8U starting in the month of CHDP Gateway application. See County Processing Responsibilities below for details concerning the infant's SOC being certified.

8U CHDP Gateway Deemed Infant No SOC Medi-Cal.

Federal Financial Participation. Provides full-scope, no SOC Medi-Cal benefits to deemed eligible infants who were enrolled through the CHDP Gateway process. Infants born to mothers with no SOC in the birth month are in 8U beginning in the birth month. 8U is a special program aid code and will be posted on the Medi-Cal Eligibility Data System (MEDS) database in a special program segment with segment type 'ACCEL'.

8V CHDP Gateway Deemed Infant SOC Medi-Cal.

Federal Financial Participation. Provides full-scope Medi-Cal benefits with an SOC to deemed eligible infants who were enrolled through the CHDP Gateway process and were born to mothers who were enrolled in Medi-Cal with an SOC in the month of the infant's birth and the SOC was met. Because aid code 8V is an SOC aid code, it will be posted in the Primary segment on the MEDS database. Deemed SOC eligibility will be posted for history months only.

Infants assigned aid code 8V in history months will have aid code 8U for current and ongoing months.

Note: THESE TWO AID CODES ARE ONLY FOR THE PURPOSE OF PROVIDING DEEMED ELIGIBILITY UNTIL THE COUNTY CAN REPORT SUCH INFANT TO MEDS IN A REGULAR MEDI-CAL PROGRAM AID CODE.

CHDP GATEWAY DEEMED ELIGIBILITY ENROLLMENT PROCESS

When an infant is brought into a CHDP provider's office, the parent will be given a flyer, "*Important Information For Parents of Infants Under One Year of Age!*" that explains that the infant may qualify for Medi-Cal coverage through the infant's first birthday. The provider will then apply the 200 percent income screening criteria using the revised CHDP Program Pre-Enrollment Application, DHS 4073. If the income criteria is met, the provider will submit the DHS 4073 application to MEDS through the Internet or a POS device. MEDS will automatically determine whether the infant meets the requirements for deemed eligibility or pre-enrollment eligibility.

The following criteria must be met before MEDS will establish deemed eligibility:

1. The mother must be known to MEDS and be Medi-Cal eligible in a federal aid code during the infant's birth month. (See Enclosure 1, Questions and Answers, Question 3).
2. The infant cannot already be known to MEDS as a member of the mother's case.
3. The infant cannot have an application pending or have been previously approved or denied for regular Medi-Cal coverage. Infants who have never been evaluated for regular Medi-Cal but have been approved for HF, Accelerated Enrollment, General Relief, Food Stamps, or Cash Assistance Program for Immigrants are not precluded from deemed eligibility through the CHDP Gateway process.

If MEDS determines that the infant does not qualify for deemed eligibility, MEDS will use the patient information on the DHS 4073 to evaluate the infant for pre-enrollment into Medi-Cal or HF using the existing rules for pre-enrollment.

If MEDS determines that the infant does qualify for deemed eligibility, MEDS will establish deemed eligibility retroactively to the infant's month of birth. The Medi-Cal for Children/HF program application will not be mailed to the infant. If the infant is not known to MEDS, a new MEDS record will be created; otherwise, deemed eligibility will be added to the infant's existing MEDS record. In either situation, MEDS will not add the infant to the mother's case. The mother's Medi-Cal eligibility status at the time of the infant's birth will determine how deemed eligibility will be posted in MEDS.

Mother has Certified SOC Medi-Cal in the Birth Month

Infants whose mothers were receiving certified SOC Medi-Cal in the birth month will be eligible for SOC Medi-Cal from the birth month through the month prior (history months) to the CHDP pre-enrollment application month. For the month of pre-enrollment application and subsequent months (i.e. ongoing months) the infant will be enrolled in full-scope, no cost Medi-Cal.

These infants will be assigned two different aid codes, one aid code for history months and another aid code for ongoing months. For all history months, the infant will be assigned aid code '8V' with an uncertified SOC and an SOC amount equal to the mother's SOC amount in the birth month. This closed period eligibility will be posted on the MEDS database in the primary segment with an exception eligibility status. A new termination reason of 'Z1' will be posted to indicate closed period eligibility reported by MEDS. Since the infant will be in an uncertified SOC status under deemed eligibility for these history months, counties must work these cases on a timely basis so that MEDS is updated to add the infant to the mother's case with any appropriate SOC adjustments for each history month. Those updates will cause the SOC to be certified as met where appropriate and will ensure that any outstanding bills incurred on behalf of the infant can be paid (see County Processing Responsibilities). For the ongoing months, the infant will be assigned aid code 8U with no SOC and no termination date.

Mother has No SOC Medi-Cal in the Birth Month

Infants whose mothers were receiving no SOC Medi-Cal in the birth month will be eligible for full-scope, no SOC Medi-Cal from the birth month through the month of

pre-enrollment application date and ongoing months. The infant will be assigned aid code 8U and eligibility will be added to MEDS in a special program segment with segment type 'ACCEL' for the entire eligibility period with no termination date.

Response to CHDP Provider

The CHDP provider will receive an immediate (within a few seconds), final response message from MEDS that states the outcome of the electronic enrollment transaction and includes the infant's existing or newly established BIC number and a signature line. If the infant was deemed eligible or pre-enrolled, a document will be printed out which can be used for immediate access to full-scope, no cost Medi-Cal services for the infant. A BIC will be automatically mailed to infants who have not previously been issued a BIC at the time of enrollment. A new BIC will not be issued to infants who have previously been issued a BIC unless the DHS 4073 pre-enrollment application indicates that the infant does not have a BIC.

CHDP DEEMED ELIGIBILITY AND OTHER HEALTH COVERAGE (OHC)

Unlike children pre-enrolled through the CHDP Gateway process, MEDS will not change the OHC code for deemed infants who, according to MEDS, have existing OHC coverage. Providers who render services to these infants will be bound by the existing OHC coverage rules that apply when the counties deem infants eligible.

COUNTY PROCESSING RESPONSIBILITIES

Infants deemed eligible through the CHDP Gateway enrollment process will be assigned to the county that was responsible for the mother's eligibility in the infant's month of birth. This county is responsible for following the procedures outlined in ACWDL 03-49, including adding the infant to the mother's case, determining whether deemed eligibility criteria has been met up to the current month, and reporting the deemed eligibility to MEDS for all months beginning with the birth month. Even if the county closed the mother's case after the birth month for loss of contact, the county must activate the previous case record to add the infant to the case. If the mother currently resides in a different county (regardless of whether the mother has an active or closed case in that other county), the county assigned to the infant must contact the Intercounty Transfer (ICT) Liaison of the mother's current county of residence and complete an ICT of the infant to that county so that county can establish the appropriate ongoing Medi-Cal program for the infant. If the mother's case is open in the mother's current county, that county will then add the infant to the mother's case. If the mother's

case in the current county is now closed, the county will have to first activate the previous case record before adding the infant to the case. If there is no case in the mother's current county, the county will have to pend and approve a case record that includes the infant. If there is not enough information, the county will follow Senate Bill (SB) 87 procedures for establishing eligibility. (reference ACWDL 01-36).

Counties will be notified about the deemed infants assigned to their county via MEDS worker alerts and the monthly Exception Eligibles report. (see REPORTS Section below). Counties must use these reports to link the deemed eligible infant to the mother's case. Then, based on all information available to the county, the county must conduct an ex-parte review of the mother's case to determine the correct Medi-Cal program in which to place the infant. This action is particularly important for infants who were deemed with an uncertified SOC so that correct eligibility will be reflected and any outstanding claims incurred on behalf of the infant can be paid. An ex-parte review requires counties to resolve all discrepancies, so if the worker alert indicates an address discrepancy, the county must follow SB 87 procedures to resolve that discrepancy. See ACWDL 03-49.

The county must report the infant's eligibility from the birth month through the current month in the mother's case and must also determine whether there is any reason why the infant would no longer be eligible for deeming. If the county determines the infant is no longer eligible for deeming, the county must reevaluate the infant for other Medi-Cal eligibility and either report that eligibility to MEDS or terminate the county-reported eligibility with appropriate notice. For example, after the county has conducted the ex-parte review, the county would report eligibility of an infant in aid code 3N if the infant is added to a Section 1931(b) case or would report aid code 47 if the infant is eligible for the 200 percent FPL program for infants.

If the county determines that the infant has not continuously lived with the mother in California, the deemed eligibility criteria are no longer met. The county must follow SB 87 procedures, which includes a determination of eligibility for all other Medi-Cal programs. See ACWDL 03-49.

Discontinuance of Deemed Eligibility

When reporting the deemed infant's eligibility to MEDS, the county must use the MEDS-Identification (ID) and/or Client Index Number (CIN) of the MEDS record associated with the deemed eligibility aid code (8U or 8V) reported by the CHDP

Gateway enrollment process. If the county reports the infant's eligibility using a different MEDS-ID or CIN or without a MEDS-ID or CIN, a duplicate MEDS record will be created for the infant and the deemed eligibility through the Gateway will not be terminated on MEDS. (See MEDS PROCESSING below.) Once the infant's eligibility is reported to MEDS with the appropriate MEDS-ID or CIN, MEDS will discontinue the CHDP Gateway deemed eligibility at the end of the month the county action is reported.

To ensure that deemed eligibility does not continue beyond the month in which a deemed eligible infant turns age one, counties must follow-up on all cases prior to that infant's first birthday to determine whether that infant continues to qualify for any Medi-Cal program after the first birthday. The county must follow SB 87 procedures.

Notices of Action (NOA)

Counties are required to send a NOA whenever eligibility for regular Medi-Cal is approved, denied, or discontinued. When the county approves or discontinues regular ongoing Medi-Cal for a deemed eligible infant, the county should use the same notices it currently uses for approvals or discontinuance of Medi-Cal, but with the addition of language similar to the following:

For infants who are covered by deemed eligibility:

- a. Discontinuance of deemed eligibility (infant enrollment); approval of other no-cost Medi-Cal:

"Beginning _____, you will receive Medi-Cal under the _____ program instead of under the Infant Enrollment Program (deemed eligibility) that started when you submitted a Child Health and Disability Prevention (CHDP) pre-enrollment application at your infant's CHDP provider's office."

- b. Discontinuance of deemed eligibility (infant enrollment); approval of ongoing share-of-cost Medi-Cal; application being forwarded to the Healthy Families Program:

"Beginning _____, you are eligible for Medi-Cal under the _____ program with a \$ _____ share-of-cost instead of under the Infant Enrollment Program (deemed eligibility) that started when you submitted a Child Health and Disability Prevention (CHDP) pre-enrollment application at your infant's CHDP provider's office. Your application will be forwarded to the Healthy

Families Program to determine if you are eligible for health coverage under that program.”

- c. Discontinuance of deemed eligibility (infant enrollment); not eligible for any other Medi-Cal program; application being forwarded to the Healthy Families Program:

“Effective _____, you are no longer eligible for any Medi-Cal program and the coverage you received under the Infant Enrollment Program (deemed eligibility) that started when you submitted a Child Health and Disability Prevention (CHDP) pre-enrollment application at your CHDP provider's office will stop. Your application will be forwarded to the Healthy Families Program to determine if you are eligible for health coverage under that program.”

MEDS PROCESSING

Reporting to MEDS

MEDS will not terminate eligibility for any infant deemed eligible through the CHDP Gateway process until the county reports the infant's eligibility to MEDS. For MEDS to discontinue the deemed eligibility aid codes, the county must add the infant to the mother's case and report the infant's Medi-Cal eligibility to MEDS from the birth month through the current month using the MEDS-ID and/or CIN that is associated with the deemed eligibility aid code (8U or 8V). If the county determines that the infant is no longer eligible for deemed eligibility or for any other Medi-Cal eligibility, then the county reported eligibility must be terminated and a NOA issued in accordance with timely NOA requirements.

Note: Deemed eligibility is terminated when the infant's eligibility is reported to MEDS.

County approvals

When the county approves Medi-Cal eligibility for an infant deemed through the CHDP Gateway process, MEDS will add the Medi-Cal eligibility to the appropriate MEDS eligibility segment (based upon the aid code reported on the county transaction) for the period of eligibility reported on the county transaction. County eligibility should be approved and reported to MEDS beginning with the birth month; i.e., following the same procedures that would apply if the birth had been reported via the Newborn Referral Form.

Note: Counties cannot retroactively deny deemed eligibility that was already established based on information provided via the CHDP Gateway process. Counties, however, can report a discontinuance with a termination based on timely NOA requirements either as part of the transaction that adds the infant to the mother's case or as a separate termination transaction following the add transaction.

MEDS will terminate CHDP Gateway deemed eligibility at the end of the month in which the county reports that infant's county determined eligibility to MEDS. If the county reports Medi-Cal eligibility under an aid code that is stored in the primary segment on MEDS, that eligibility will automatically overlay any aid code 8V eligibility in the primary segment. County reported Medi-Cal eligibility will not overlay deemed eligibility reported under aid code 8U, which is stored in the ACCEL segment.

Example: A CHDP pre-enrollment application is completed July 17, 2004, for an infant born on January 15, 2004. The infant was deemed eligible retroactive to January 15, 2004, (month of birth). Because the mother was eligible for certified SOC Medi-Cal in the birth month, the infant is assigned aid code 8V with an uncertified SOC in the MEDS primary eligibility segment for the months of January 2004 through June 2004 and assigned aid code 8U in the 'ACCEL' special program segment for the month of July 2004. On August 15, 2004, the county reports Medi-Cal eligibility in aid code 3N retroactive to the infant's birth month. Because aid code 3N is posted in the MEDS primary segment, it will overlay aid code 8V for the months of January 2004 through June 2004. MEDS will discontinue deemed eligibility in the 'ACCEL' segment with a TERM-DATE of 08-15-04 and a TERM-REAS of 'A2'.

DUAL APPLICATIONS

Infants who are identified on MEDS as currently eligible for accelerated enrollment (via an application sent directly to the Single Point of Entry or an infant pre-enrolled through the CHDP Gateway process) may be granted deemed eligibility through the CHDP Gateway electronic enrollment process. When this occurs, eligibility reported in the no SOC deemed eligible aid code would overlay existing accelerated enrollment eligibility.

REPORTS

The following reports are generated to notify the counties of infants who have been deemed eligible by MEDS through the CHDP Gateway enrollment process. These reports are routed to the county who was responsible for the mother's eligibility in the infant's month of birth. Counties must use these reports to link the deemed eligible infants to their mothers' cases.

Note: The mother's CIN appears on the daily worker alert but not on the Exception Eligibles report. Using the daily worker alerts to initiate the follow-up process for these deemed eligible infants facilitates the process of linking the infant to the mother's case and reporting the final determination to MEDS. Once MEDS receives the final determination, the infant will be automatically removed from the Exception Eligibles report.

Worker Alerts

Three new worker alert messages have been created, two Daily Alerts and one Renewal alert.

- A. Daily Alerts:** Two new daily worker alerts are generated and routed to the responsible county for the mother's eligibility in the infant's month of birth. If the mother's current responsible county is the same as the birth month responsible county and the District or Eligibility Worker (EW) Code is present on the mother's MEDS record, these worker alerts will be routed to the mother's current worker. However, if the mother's current responsible county is different from the birth month county or there is no District or EW Code on the mother's MEDS record, the District will be set to ZZZ and the EW Code will be set to DEEM to group the deemed infant alerts that cannot be routed directly to the appropriate worker. Counties must designate staff to process the alerts that cannot be routed to a specific worker.

A.1. Alert Message number: 9033

Alert Message text: DEEMED NEWBORN – MOM ADDRESS DIFF ON MEDS – VERIFY ELIG

Alert Message type: *URGENT*

Displayed Data Elements: Mother's Client Index Number

This daily alert message will be generated when deemed eligibility is posted on MEDS and the infant's address is different from the mother's current address on MEDS. The purpose of this worker alert is to notify the county of a potential address change that may impact the infant's qualification for continued deemed eligibility. These infants will be reported to MEDS in an exception eligibility status for current and ongoing months.

A.2. Alert Message number: 9034

Alert Message text: DEEMED NEWBORN - COUNTY ELIGIBILITY DETERMINATION REQUIRED

Alert Message type: *URGENT*

Displayed Data Elements: Mother's Client Index Number

This daily alert message will be generated when deemed eligibility is posted on MEDS and the infant's address is the same as the mother's current address on MEDS. The purpose of this worker alert is to notify the county of infants who appear to still be living with their mother. These infants will be reported to MEDS in a normal eligibility status for current and ongoing months.

- B. Renewal Alert: One new Renewal worker alert will be generated to notify the responsible county when a deemed eligible infant is approaching one year of age. This alert notifies the county to take required follow-up action to prevent a deemed eligibility status from continuing beyond the last day of the month of the infant's first birthday. This worker alert will be routed to the county and worker who have current responsibility for the infant's eligibility based on current MEDS information.**

Alert Message number: 9535

Alert Message text: DEEMED NEWBORN OVER 11 MONTHS, REDETERMINATION NEEDED

Alert Message type: *URGENT*

Displayed Data Elements: MEDS aid code, MEDS ESC, and MEDS DOB.

Monthly Exception Eligibles Report

Two new report categories were added to separate the infants who were deemed eligible through the CHDP Gateway process (aid codes 8U and 8V) from the children who were pre-enrolled in Medi-Cal through the CHDP Gateway process (aid code 8W). The deemed infants will appear on the Exception Eligibles Report of the county responsible for the deemed eligibility process. This report will also report the number of months of exception eligibility based on the Gateway application month.

- A. Report Category "DE – CHDP QUEST" will contain the deemed infants who were posted to MEDS with an exception eligibility status because their deemed eligibility status is questionable. This includes those infants whose address on the DHS 4073 pre-enrollment application does not match the mother's current address on MEDS and those infants whose mothers received a certified SOC in the birth month.**

- B. Report Category "DE – CHDP" will contain all other infants deemed through the CHDP Gateway process.**

CHDP Business Objects Reports

Additional CHDP Gateway reports have been added to identify the infants deemed through the CHDP Gateway process.

PROCEDURES

Current CHDP procedures are found in Article 4P of the Medi-Cal Eligibility Procedures Manual and are still applicable. Counties must continue to inform families of the availability of CHDP health assessments for children under the age of 19 years.

ENCLOSURES

Enclosure 1 contains information for parents of infants under one year of age.

Enclosure 2 contains answers to county questions concerning deemed eligibility.

Enclosure 3 contains issues relating to post implementation of the deemed eligibility expansion.

If you have questions about the CHDP Gateway process, please contact Ms. Naomi Ferster at (916) 552-9499 or at nferster@dhs.ca.gov. If you have questions concerning deemed eligibility, please contact Ms. Sherilyn Walden at (916) 552-9502 or at swalden@dhs.ca.gov.

Original signed by

**Tameron Mitchell, R.D., M.P.H., Chief
Medi-Cal Eligibility Branch**

Enclosures

Important Information For Parents of Infants Under One Year of Age!



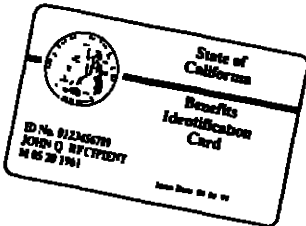
If baby's mother was receiving Medi-Cal benefits at the time of baby's birth, the baby may be eligible for Medi-Cal Infant Enrollment NOW!

How can my baby get Medi-Cal?

1. Complete the CHDP Pre-enrollment Application
2. Mark "yes" to "I want to apply for continuing coverage through Medi-Cal or Healthy Families."
3. Complete the Pre-Enrollment Application section titled "For patients under one year of age."

Child Health & Disability Prevention



Infant Enrollment	Temporary Medi-Cal
<p>If baby is eligible and enrolled in Medi-Cal today, baby can receive health care services paid for by Medi-Cal until baby's first birthday:</p> <ol style="list-style-type: none"> 1. You will get a receipt you can use for health care services until baby's Medi-Cal Benefits Identification card (BIC/Medi-Cal card) comes in the mail.  <ol style="list-style-type: none"> 2. You will NOT need to complete a Medi-Cal/Healthy Families application. 3. The county welfare department will contact you. 	<p>If baby is enrolled in temporary Medi-Cal today, baby can get health care services paid for by Medi-Cal until the end of next month:</p> <ol style="list-style-type: none"> 1. You will get a receipt you can use for health care services until baby's BIC/Medi-Cal card comes in the mail. 2. You may be able to continue baby's Medi-Cal coverage by completing a Medi-Cal/Healthy Families application. An application will be mailed to you. Fill out and mail the application right away. 3. The county welfare department will contact you. 4. For help or questions about the Medi-Cal/Healthy Families application, call 1-800-880-5305. It's FREE!
<p>If your baby is not eligible for Infant Enrollment today, your baby may be eligible for temporary Medi-Cal at no cost to you.</p>	<p>If your baby is not eligible for Medi-Cal or Healthy Families, he/she may continue to get well-baby exams at no cost through the CHDP program.</p>

How can my baby use health care services after today?

Make an appointment by calling a Medi-Cal doctor. If you need help finding a doctor, call your local CHDP program. Take to all appointments:

- The temporary receipt you get today, or
- The BIC/Medi-Cal card you get in the mail

The information you give on the CHDP Pre-Enrollment Application is confidential and will be used to:

- Determine your baby's eligibility for today's CHDP exam
- Determine your baby's eligibility for ongoing health care coverage through Medi-Cal
- Include your baby in the California Department of Health Services confidential record system.

¡Información importante para los padres de bebés menores de un año de edad!



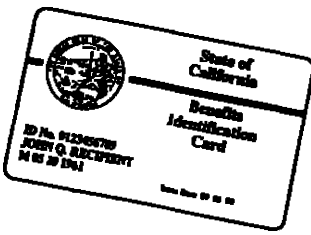
Si la mamá del bebé estaba recibiendo beneficios de Medi-Cal cuando nació el bebé, es posible que el bebé sea elegible AHORA para inscribirse en Medi-Cal para bebés.

¿Cómo puede obtener Medi-Cal mi bebé?

1. Llene la solicitud de inscripción en CHDP.
2. Marque "Sí" donde dice "Deseo solicitar la continuación de cobertura por medio de Medi-Cal o Healthy Families".
3. Llene la sección titulada "Para pacientes menores de un año de edad" en la solicitud de inscripción.

Child Health & Disability Prevention



Inscripción de bebés	Medi-Cal temporal
<p>Si el bebé es elegible y se inscribe hoy mismo en Medi-Cal, puede recibir servicios médicos pagados por Medi-Cal hasta que cumpla un año de edad:</p> <ol style="list-style-type: none"> 1. Le darán un recibo que podrá usar para obtener servicios médicos hasta que reciba la Tarjeta de identificación de beneficios Medi-Cal (BIC/Medi-Cal) de su bebé por correo.  <ol style="list-style-type: none"> -2. NO necesita llenar una solicitud de Medi-Cal/Healthy Families. 3. El departamento de bienestar social del condado se pondrá en contacto con usted. 	<p>Si su bebé se inscribe hoy mismo en Medi-Cal temporal, su bebé puede obtener servicios médicos pagados por Medi-Cal hasta el final del próximo mes:</p> <ol style="list-style-type: none"> 1. Usted recibirá un recibo que podrá usar para obtener servicios médicos hasta que reciba la Tarjeta de identificación de beneficios Medi-Cal (tarjeta BIC/Medi-Cal) de su bebé por correo. 2. Es posible que pueda continuar la cobertura Medi-Cal de su bebé, llenando una solicitud de Medi-Cal/Healthy Families. Se le enviará una solicitud por correo. Llene la solicitud y envíela por correo lo antes posible. 3. El departamento de bienestar social del condado se pondrá en contacto con usted. 4. Si necesita ayuda o tiene preguntas sobre la solicitud de Medi-Cal/Healthy Families, llame al 1-800-880-5305. ¡Es GRATIS!
<p>Si su bebé no es elegible para la inscripción de bebés hoy, es posible que sea elegible para recibir Medi-Cal temporal sin costo para usted.</p>	<p>Si su bebé no es elegible para recibir Medi-Cal o Healthy Families, puede seguir obteniendo exámenes del bebé sano sin costo por medio del programa CHDP.</p>

¿Cómo puede mi bebé recibir servicios médicos después de hoy?

Llame a un médico de Medi-Cal y haga una cita. Si necesita ayuda para encontrar a un médico, llame a su programa local de CHDP. Lleve a todas las citas:

- El recibo temporal que le dieron hoy, o
- La tarjeta BIC/Medi-Cal que recibirá por correo.

La información que usted pone en la Solicitud de inscripción en CHDP es confidencial y se usará para:

- Determinar si su bebé es elegible para el examen CHDP de hoy.
- Determinar si su bebé es elegible para obtener cobertura médica continua por medio de Medi-Cal.
- Incluir a su bebé en el sistema de datos confidenciales del Departamento de Servicios de Salud de California.

ANSWERS TO COUNTY QUESTIONS:

1. When a deemed eligible infant in aid code 8U (CHDP Gateway Deemed Infant No Share-of-Cost {SOC}) has ongoing eligibility determined and there is an SOC, is there continuous eligibility for children (CEC)?

Response: It depends on the case situation. Four possible scenarios are described below. Please refer to All County Welfare Directors Letter (ACWDL) No. 03-49 that provides the details of the information in these scenarios.

CEC only applies when an infant is in a no-cost Medi-Cal program (i.e., is in either a Medi-Cal program that has no SOC or is in a Medi-Cal program with a zero SOC). Before the county can consider whether CEC is appropriate for an infant who was deemed eligible through the Gateway, the county must put the infant into the appropriate Medi-Cal program starting with the birth month and up to the current month. The following are the four possible scenarios.

- a. The county determines that the infant was eligible for a no-cost Medi-Cal program since birth and that the requirements of deemed eligibility continue to be met (i.e., the infant continues to reside with his/her mother in California).

The CEC provision is concurrent with deemed eligibility beginning in the birth month so no SOC can be imposed until the infant reaches age one.

- b. The county determines that the infant was eligible for a no-cost Medi-Cal program since birth and that the requirements of deemed eligibility no longer are met. For example, although the infant still lives in California, he/she no longer resides with his/her mother.

Although deemed eligibility no longer is applicable, the infant is eligible for CEC that began in the birth month. Therefore, no SOC can be imposed until the infant reaches age one.

- c. The county determines that the infant was in an SOC Medi-Cal program in the months prior to the month of the Gateway application and determines that the family income of the infant was correctly reported on the CHDP pre-enrollment document as being at or under 200 percent of the Federal Poverty Level (FPL). The county then enrolls the infant in a no-cost Medi-Cal program beginning in the Gateway application month.

Although deemed eligibility no longer is applicable, the infant is eligible for CEC effective the month that the infant became eligible for the 200 percent FPL program. Therefore, no SOC can be imposed until the infant reaches age one.

- d. The county determines that the infant was in an SOC Medi-Cal program in the months prior to the month of the Gateway application and determines that the family income of the infant was incorrectly reported on the CHDP pre-enrollment document as being at or under 200 percent of the FPL. Family income actually exceeds 200 percent of the FPL. The county reports the infant in an SOC aid code for all months since the birth month.

CEC is not applicable since the infant was not eligible for a no-cost or zero SOC Medi-Cal program in any months since birth.

2. Please provide instructions in the ACWDL regarding documentation requirements when the mother is on Supplemental Security Income (SSI).

Response: Refer to ACWDL No. 03-49 (page 3) that addresses the SSI mother and deemed eligible infants.

3. Deemed Eligibility criteria: Why must the mother be eligible in a federal aid code for the infant to be deemed eligible? (The infant is a U.S. citizen). Shouldn't deemed eligibility apply to infants born to mothers active on Medi-Cal in ANY aid code (3V, 48, 5F, etc.)? What about Minor Consent? The specific aid codes need to be listed in the ACWDL.

Response: Deemed eligibility for infants is a federal provision that requires such an infant be born to a woman eligible for and receiving medical assistance under the State Plan. State-only services are not in the State Plan, nor has State legislation established a corresponding state-only deemed eligibility provision. Please note federal financial participation is available for emergency services, including labor and delivery. This includes aid codes 3V, 5F, 48, and 58. Therefore, a woman who was covered by Medi-Cal for the infant's delivery in one of these aid codes has met the federal requirements of being "eligible for and receiving medical assistance under the State Plan." See page 2, paragraph 4 of the Deemed Eligibility section of ACWDL No. 03-49.

Aid Code 7N, the Minor Consent aid code that is limited to pregnancy and family planning is a federal aid code. Minor Consent aid codes 7M, 7P, and 7R are State-Only.

4. SOC - Why is the deemed eligible infant's Medi-Cal Eligibility Data System (MEDS) record set up with an uncertified SOC in the month of birth if the mother's SOC (which applies to the whole family) is certified? Wouldn't the provider already bill Medi-Cal under the mother's card for the month of birth if her SOC was certified? MEDS should automatically certify SOC for a deemed eligible child in the birth month if the mother's SOC is certified. It is extra work for counties to certify the infant's SOC.

Response: The deemed eligibility component of the CHDP Gateway enrollment process was not designed to override or replace the county responsibility for interpreting the infant's eligibility. Also, MEDS has no way of knowing what person number to assign to the infant within the county case. However, MEDS is designed to automatically certify the infant's SOC when the county adds the infant to the mother's case. In the meantime, the provider still has the option of billing for services under the mother's Benefits Identification Card for the month of birth and the following month.

5. Will MEDS allow eligibility reported retroactively from the county to overlay the deemed eligibility aid code/county identification (ID) information on the primary segment?

Response: Yes, for aid code 8V that is on the primary MEDS segment. See page 9 for more details.

6. (A) Why not automatically terminate 8U at the end of the month the child turns one year old?

(B) What if the county evaluates infants for Medi-Cal and denies ongoing Medi-Cal for some reason? The deemed eligibility aid code 8U will never terminate on MEDS.

Response to 6(A): The rules of Senate Bill (SB) 87 do not allow an automatic termination or denial. Counties are reminded that SB 87 procedures must be followed before Medi-Cal can be discontinued. See pages 6 and 7.

Response to 6(B): The deemed eligibility aid codes can be discontinued by following the information provided in the sections titled "County Processing Responsibilities" on page 6 and "MEDS Processing" beginning on page 9.

7. We understand that MEDS will discontinue deemed eligibility at the end of the month the action was reported to MEDS. Does the Department of Health Services expect to overlay aid codes 8U and 8V or just make the county-determined aid code effective the future month after deemed eligibility is determined?

Response: The county-determined aid code will either overlay and/or overlap the deemed eligibility aid code. See page 9 for more details.

8. Dual Applications: Clear MEDS instructions are needed here. If a child going through the Gateway is already on accelerated eligibility, Single Point of Entry already posted the application date on MEDS/INQP and county received an application. If 8U eligibility overlays 8E eligibility, is an AP 18 sent to MEDS? Does the date of application change? Will this be a problem?

Response: Deemed Eligibility will overlay 8E eligibility in the MEDS 'ACCEL' eligibility segment only. This is not the case in the MEDS Application segment. CHDP Gateway applications do not update the MEDS application segment (e.g. INQP screen) when an ongoing application exists on MEDS; therefore, the application date will not change. Counties should follow normal procedures for processing the deemed infant and other family members who may exist on the application and report the determination to MEDS.

Note: The MEDS logic for assigning the CHDP pre-enrollment aid codes 8W and 8X considers existing accelerated enrollment (8E) as active Medi-Cal which would deny the recipient for pre-enrollment through the CHDP Gateway. Nor will a CHDP denial overlay the MEDS application segment when an ongoing application exists on MEDS.

9. Page 9, CHDP Business Objects Reports: What about making the MEDS alerts available on Business Objects so counties can download and sort by alert number and/or worker number to better track our own performance? These alerts will also be subject to the language in the trailer bill requiring counties to work alerts within ten days (10-day notice).

Response: Availability of MEDS worker alerts on the Business Objects Report is beyond the scope of the CHDP Gateway Deemed Eligibility project. This issue is being addressed as a separate project.

10. Linking to the mother's Client Index Number (CIN) requires manual file clearances, which are labor intensive, and requires training and staff resources, which larger counties may not have. If the State would add the mother's County ID to the Deemed Eligibility/Exception Eligible report, it would identify the county case number, avoid manual clearances and minimize the workload impact.

Note: Case Data Systems county staff are not familiar with CINs.

Response: The county EE report has reached its maximum capacity for displayed data elements. Adding new data elements will require the report to be redesigned, which is beyond the scope of the CHDP Gateway Deemed Eligibility project. DHS will take this suggestion under advisement as a potential future project.

11. Adding step-by-step MEDS instructions on reporting determinations/terminating the 8U/8V records, dual applications, duplicate records, etc. in the ACWDL would really help.

Response: Another ACWDL will be issued providing these instructions.

12. Assume the only person active in the case is a pregnant woman and the newborn is never added because we were unable to contact her to confirm the Exceptions Eligible report data. Furthermore, since the baby is receiving CHDP Gateway, the mother might not complete her annual redetermination and we will close the case. This means another determination will be necessary on a CLOSED case when the baby turns one. This will impact our Intake operations if they have to do an eligibility determination, shut down the record and send a Notice of Action (NOA) when the child turns one.

Response: DHS assumes this question is referring to a CHDP deemed eligible infant rather than a CHDP pre-enrollment infant whose coverage will cease after two months unless an application is submitted. Please refer to ACWDL No. 03-49, page 5 that provides that if the mother's and infant's whereabouts become unknown, the county may discontinue the infant and mother with a NOA after following SB 87 procedures. If SB 87 procedures are followed in conjunction with the instructions outlined in the "County Processing Responsibilities" section of this ACWDL No. 05-XX, the county will not have to take any action when the infant turns age one.

POST IMPLEMENTATION ISSUES:

Overall, the implementation of the Deemed Eligibility component of the Child Health and Disability Prevention (CHDP) Gateway enrollment process was a success; however, there were a few computer glitches introduced into the process that affected the way the deemed infants were reported to the counties. This document contains a brief description of each problem, the resolution, and any required county action.

1. DAILY ALERTS PROBLEM

Description: The mother's Client Index Number (CIN) was inadvertently omitted from the daily worker alerts and these worker alerts were not always routed to the county. Without the mother's CIN it is difficult for the county to link the deemed infant to the mother's case.

Resolution: On June 23, 2004, the worker alert process was modified to include the mother's CIN on the daily worker alerts and to consistently route the alerts to the county responsible for the infant's eligibility. However, the daily worker alerts for infants deemed prior to June 23, 2004, could not be recreated. On August 11, 2004, the Department of Health Services issued a special one-time report, with processing instructions, to each county to identify the deemed infants assigned to their county prior to June 23, 2004. This report also contained the mother's CIN. The infant's current county of responsibility was used to determine which county report the infant would appear on.

County Action: Follow instructions provided with the special report.

2. WRONG COUNTY CODE ASSIGNMENT

Description: When the Deemed Eligibility component of the CHDP Gateway enrollment process was implemented, deemed infants were assigned to the infant's current county of residence as indicated on the CHDP enrollment application. When details of this county assignment process were shared with counties at the June County Medical Advisory Group meeting, counties requested that the infant be assigned to the county responsible for the mother's eligibility in the infant's birth month. Since the county needs to add the deemed infant to the mother's case beginning in the birth month, the alerts need to go to that county. This would only be a problem if the infant moved to a different county after their birth. Counties also requested that the DISTRICT and WORKER associated with the mother's case be included on alerts and reports associated with these infants.

Resolution: On July 1, 2004, the Department modified the Deemed Eligibility component of the CHDP Gateway enrollment process to assign the deemed infants

to the county responsible for the mother's eligibility in the infant's birth month, which may or may not be the mother's current responsible county. This modification also included a change to assign the infant to the eligibility worker (EW) and district on the mother's Medi-Cal Eligibility Data System (MEDS) record when mother's current responsible county is the same as the birth county. If the worker and district are not present on the mother's MEDS record or her responsible county has changed since the month of birth, MEDS will set the District to ZZZ and the EW Code to DEEM on the infant's MEDS record to group the deemed infant alerts that cannot be routed directly to the appropriate worker. The "In Care of" line on the infant's record is populated with the mother's last name and first name as submitted on the infant's CHDP pre-enrollment application.

The responsible county for the infants deemed prior to July 1, 2004, will not be changed on MEDS. These infants will continue to be the responsibility of the county where the infant resided at the time of enrollment unless a subsequent county action changes the infant to a different county. The EW and District codes will not be changed either. This decision is based upon the Department's observation that most of the cases in which the mother moved after the infant's birth were corrected by a subsequent county action to either transfer the infant to the mother's current county of responsibility or transfer the mother's case to the new county.

County Action: If the county assigned to the infant is not the mother's current county of responsibility, the county assigned to the infant shall contact the Inter County Transfer Liaison of the mother's current county and transfer the information to that county. The mother's current county of responsibility will then add the infant to the mother's case. If that mother's case is now closed, the county will have to open the mother's case to establish the appropriate Medi-Cal program for the infant. If there is not enough information, the county will follow current procedures for establishing eligibility.

The same procedures apply when the county that is assigned to the infant's case also has the mother's case and her case has closed after the infant's birth month. The county must open the case to establish the appropriate Medi-Cal program for the infant. Also, counties must designate staff to process the deemed infants that cannot be routed to a specific eligibility worker.

3. INCORRECT TOTAL MONTHS ON EXCEPTION ELIGIBLES (EE) REPORT

Description: The EE Reports reported the number of months of exception eligibility based on the birth month rather than on the CHDP pre-enrollment application month. Consequently, it appeared that the deemed infants were assigned to the county prior to implementation of the Deemed Eligibility component of the CHDP Gateway enrollment process.

Resolution: On June 16, 2004, a modification was made to determine the total number of months using the date of application. On the July 2004 Month Of Eligibility (MOE) EE Report the total months were reported correctly for all infants except those deemed through the CHDP Gateway prior to June 16, 2004. A production fix was installed so that the date of application will be used to calculate the total number of months for these infants on all subsequent EE Reports. This correction will be reflected on the August 2004 MOE EE Report.

County Action: None. The next EE Report will contain the correct total number of months for all deemed infants.

4. **ADDING THE 'FIX' TO MEDS TO CATCH DEEMED ELIGIBLE INFANTS RESULTS IN ADDITIONAL WORK FOR THE COUNTIES.**

Response: The purpose of the deemed eligibility enhancement is to ensure that infants receive the Medi-Cal coverage they are entitled to have for early periodic and preventative health care. The additional workload is not the result of the MEDS fix. Please note that this CHDP Gateway enhancement does not apply to infants who have already been added to their mothers' cases.