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July 3, 1996

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 165

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

MEDI-CAL AID CODE MASTER CHART--ARTICLE 5A

Enclosed is Article 5A of the Medi-Cal Eligibility Procedures Manual. These procedures transmit the Medi-Cal Aid Code Master Chart, a listing of aid codes and definitions.

CHANGES:

Counties were previously instructed **not to use** aid codes 07, 49, 51, 52, 56, 57, 70, 75, 79, and 81. (Please see All County Welfare Directors Letter Nos. [ACWDL] 93-49, 95-32 and Medi-Cal Eligibility Procedures Manual--Article 5F.) Therefore, these aid codes have been removed from the master chart (Medi-Cal Eligibility Branch Information Letter No: I-95-13).

PLEASE NOTE: Several persons still remain in these aid codes, and at this time, these aid codes have not been formally terminated, however, the Medi-Cal Eligibility Branch expects to terminate these aid codes in the future.

New additions to the aid code master chart resulting from the California Work Pays Demonstration Project which exempts certain assistance unit from the reduction in the Maximum Aid Payment are as follows: 0A, 3G, 3H, 3P, and 3R. (Please see Department of Social Services' ACWDL 96-13.)

New minor consent aid codes: 7M, 7N, 7P, and 7R are **pending** implementation (See ACWDL 96-12). Aid codes for the Supplemental Security Income/State Supplementary Payment Reduction Beneficiaries (2.3, 2.7, and 4.9 Percent): 1A, 2A, 3D, 3F, and 6D are also **pending** implementation.

FILING INSTRUCTIONS:

Remove Page	Insert Pages
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If you have questions, please contact the analyst responsible for the specific policy assignment.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

Article 5 – MEDI-CAL PROGRAMS

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AID CODE MASTER CHART

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AID CODE	BEN-EFIT	PROGRAM	SOC
I. CASH GRANTS: (Public Assistance)			
03	FULL	Adoption Assistance Program. A cash assistance program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance. **FFP**	NO
10	FULL	SSI/SSP Aid to the Aged. A cash assistance program administered by the SSA which pays a cash grant to needy persons 65 years of age or older. **FFP**	NO
20	FULL	SSI/SSP Aid to the Blind. A cash assistance program administered by SSA which pays a cash grant to needy blind persons of any age. **FFP**	NO
30	FULL	AFDC-FG. Provides Aid to Families with Dependent Children in a family group in which the child(ren) is deprived because of the absence, incapacity, or death of either parent. **FFP**	NO
32	FULL	AFDC-FG. Provides aid to families in which a child is deprived because of the absence, incapacity, or death of either parent, who does not meet all federal requirements, but State rules require the individual(s) be aided. **FFP** **NON-FFP FOR CASH GRANT (STATE ONLY)**	NO
3G	FULL	AFDC-FG. **(EXEMPT)** Provides aid to families in which a child is deprived because of the absence, incapacity, or death of either parent, who does not meet all federal requirements, but State rules require the individual(s) be aided. **(THIS IS THE SAME POPULATION AS AID CODE 32, EXCEPT EXEMPT FROM GRANT CUTS.) FFP** **NON-FFP FOR CASH GRANT (STATE ONLY)**	NO
33	FULL	AFDC-Unemployed Parent. Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. **FFP** **NON-FFP FOR CASH GRANT (STATE ONLY)**	NO

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AID CODE	BEN-EFIT	PROGRAM	SOC
3H	FULL	AFDC-Unemployed Parent. **(EXEMPT)** Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. (This is the same population as aid code 33, except exempt from grant cuts.) **FFP** **NON-FFP FOR CASH GRANT (STATE ONLY)**	NO
35	FULL	AFDC-Unemployed Parent (CASH) Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements. **FFP**	NO
3P	FULL	AFDC-Unemployed Parent (Cash) **(Exempt)** Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements. **THIS POPULATION IS THE SAME AS AID CODE 35, EXCEPT THAT THEY ARE EXEMPT FROM AFDC GRANT REDUCTIONS.** **FFP**	NO
3R	FULL	AFDC-FG. **(EXEMPT)** Provides Aid to Families with Dependent Children in a family group in which the child(ren) is deprived because of the absence, incapacity, or death of either parent. **This population is the same as aid code 30 except that they are exempt from the AFDC grant reductions.** **FFP**	NO
4C	FULL	AFDC-FC Voluntarily Placed. (FED) Provides financial assistance for those children who are in need of substitute parenting and who have been voluntarily placed in foster care. **FFP**	NO
40	FULL	AFDC-FC/Non Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care. **FFP FOR MEDI-CAL** **NON-FFP FOR CASH GRANT (STATE ONLY)**	NO
42	FULL	AFDC-FC/FED. Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care. (IV-A) (IV-E). **FFP**	NO
60	FULL	SSI/SSP Aid to the Disabled. A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability. **FFP**	NO

AID CODE MASTER CHART

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AID CODE	BEN-EFIT	PROGRAM	SOC
2. OTHER PUBLIC ASSISTANCE PROGRAMS:			
16	FULL	Aid to the Aged-Pickle Eligibles. Covers persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions in the Lynch v. Rank lawsuit. **FFP**	NO
26	FULL	Aid to the Blind-Pickle Eligibles. Covers persons who meet the federal criteria for blindness and are covered by the provisions Lynch v. Rank. (See aid code 16 for definition of Pickle eligibles.)	NO
36	FULL	Aid to Disabled Widow/ers. Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAS were disregarded. **FFP**	NO
66	FULL	Aid to the Disabled Pickle Eligibles. Covers persons who meet the federal definition of disability and are covered by the provisions of the Lynch v. Rank lawsuit. No age limit for this aid code. **FFP**	NO
6A	FULL	Disabled Adult Child(ren) (DAC) Blindness **FFP**	NO
6C	FULL	Disabled Adult Child(ren) (DAC) Disabled **FFP**	NO
18	FULL	Aid to the Aged-IHSS. Covers aged IHSS cash recipients who are 65 years of age or older, who are not eligible for SSI/SSP cash benefits. **FFP**	NO
28	FULL	Aid to Blind-IHSS. Covers persons who meet the federal definition of blindness and are eligible for IHSS. **FFP**	NO

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AID CODE	BEN-EFIT	PROGRAM	SOC
68	FULL	Aid to the Disabled IHSS. Covers persons who meet the federal definition of disability and are eligible for IHSS. **FFP**	NO
3. CONTINUING MEDI-CAL WHEN PA DISCONTINUED NO SOC:			
38	FULL	Continuing Medi-Cal Eligibility. Edwards v. Kizer court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from AFDC, until the family's eligibility for Medi-Cal only has been determined and an appropriate Notice of Action issued. **FFP**	NO
39	FULL	Initial Transitional Medi-Cal (TMC)-Six Months Continuing Eligibility. Covers persons discontinued from AFDC due to increased earnings, or hours of employment, or loss of the $30 and 1/3 disregard. **FFP**	NO
54	FULL	Four-Month Continuing Eligibility. Covers persons discontinued from AFDC due to the increased collection of child/spousal support payments. **FFP**	NO
59	FULL	Additional TMC-Additional Six Months Continuing Eligibility. Covers persons discontinued from AFDC due to increased earnings, or hours of employment, or loss of the $30 and 1/3 disregard. **FFP**	NO
4. MEDICALLY NEEDY NO SOC:			
14	FULL	Aid to the Aged-Medically Needy. Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. **FFP**	NO
24	FULL	Aid to the Blind Medically Needy. Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only. **FFP**	NO

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AID CODE	BEN-EFIT	PROGRAM	SOC
3A	FULL	California Alternative Assistance Program-Aid to Families with Dependent Children. Family Group (CAAP-AFDC [FG]). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal. **FFP**	NO
3C	FULL	California Alternative Assistance Program-Aid to families with Dependent Children. Unemployed Parent Group (CAAP-AFDC [U]). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal. **FFP**	NO
34	FULL	AFDC MN. Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. **FFP**	NO
64	FULL	Aid to the Disabled-Medically Needy. Covers persons who meet the federal definition of disability and do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. **FFP**	NO
5. MEDICALLY NEEDY SHARE OF COST			
17	FULL	Aid to the Aged-Medically Needy, SOC. Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only. SOC required. **FFP**	YES
27	FULL	Aid to the Blind-Medically Needy, SOC. Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries. **FFP**	YES
37	FULL	AFDC-MN. Covers families with deprivation of or loss of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only. SOC is required of the beneficiaries. **FFP**	YES
67	FULL	Aid to the Disabled-Medically Needy, SOC. (See aid code 64 for definition of Disabled-MN). SOC is required of the beneficiairies. **FFP**	YES
6. MEDICALLY NEEDY SOC & NO SOC:			

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AID CODE	BEN-EFIT	PROGRAM	SOC
65	FULL	Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled-Medically Needy IHSS. Covers persons who: (a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations; (b) also continue to suffer from the physical or mental impairment that was the basis of the disability determination; and (c) have the costs of IHSS deducted from their monthly income. **Non-FFP**	Y/N
7. MEDICALLY-NEEDY LONG-TERM CARE:			
13	FULL	Aid to Aged LTC. Covers persons 65 years of age or older who are medically needy and in Long-Term Care (LTC) status. **FFP**	Y/N
23	FULL	Aid to the Blind-LTC Status. Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status. **FFP**	Y/N
55	R	Covers undocumented aliens in LTC who are not found by INS to be Permanently Residing in the U.S. Under Color of Law (PRUCOL). Beneficiaries will remain in this aid code even if they leave LTC. **RESTRICTED TO LONG-TERM CARE, PREGNANCY-RELATED, AND EMERGENCY SERVICES** **LTC: STATE ONLY FUNDS** **EMERGENCY AND PREGNANCY RELATED SERVICES: STATE AND FEDERAL FUNDS**	NO
63	FULL	Aid to Disabled-LTC Status. Covers persons who meet the federal definition of disability, who are medically needy, and in LTC status. **FFP**	Y/N
8. MEDICALLY INDIGENT:			
04	FULL	Adoption Assistance Program /Aid for Adoption of Children With or Without a Cash Grant. The Aid for Adoption of Children cases are eligible for financial assistance through the Adoption Assistance Program, providing an Aid for the Adoption of Children Agreement, which was executed prior to October 1, 1982. **NON-FFP**	NO
45	FULL	Children Supported by Public Funds. Children whose needs are met in whole or in part by public funds other than AFDC-FC. **FFP**	NO

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AID CODE	BEN-EFIT	PROGRAM	SOC
4K	FULL	Emergency Assistance (EA) Program. Covers juvenile probation cases placed in foster care. **FFP**	NO
5K	FULL	Emergency Assistance (EA) Program. Covers child welfare cases placed in EA foster care. **FFP**	NO
53	R	Medically Indigent-LTC. Covers persons age 21 or older and under 65 years of age who are residing in a Skilled Nursing or Intermediate Care Facility (SNF or ICF) and meet all other eligibility requirements with or without a SOC. Medi-Cal does not cover Acute Inpatient Hospital Care. **Non-FFP** **LTC SERVICES ONLY**	Y/N
82	FULL	MI-Person. Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent. Covers persons until age 22 who were in an institution for mental disease before age 21. Persons may be continued in this aid code until age 22 if they have filed for a State hearing. **FFP**	NO
83	FULL	MI-Person SOC. Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent. **FFP**	YES
86	FULL	MI-Confirmed Pregnancy. Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent. **FFP**	NO
87	FULL	MI-Confirmed Pregnancy. Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent. **FFP**	YES
9. MEDI-CAL SPECIAL TREATMENT PROGRAMS:			
7H	R	Medi-Cal Tuberculosis (TB) Program. Covers individuals who are TB-infected for TB-related outpatient services only. **FFP** **VALID ONLY FOR OUTPATIENT TB-RELATED SERVICES**	NO
71	R	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP). Covers persons of any age who are eligible only for dialysis and related services. **Non-FFP**	Y/N

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AID CODE	BEN-EFIT	PROGRAM	SOC
73	R	Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program. Covers persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs. **Non-FFP**	Y/N
10. REFUGEE/ ENTRANT PROGRAM:			
01	FULL	Refugee Cash Assistance. Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eight-month limitation provision. **100% FFP**	NO
0A	FULL	Refugee Cash Assistance. **(EXEMPT)** Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eight-month limitation provision. (This is the same population as aid code 01, except exempt from grant cuts.) **100% FFP**	NO
02	FULL	Refugee Medical Assistance/Entrant Medical Assistance. Covers eligible refugees and entrants, who do not qualify for or want cash assistance during their first eight months in the United States. **100% FFP**	Y/N
08	FULL	Entrant Cash Assistance (ECA) Provides ECA benefits to Cuban/Haitian entrants, including unaccompanied children who are eligible, during their first eight months in the United States. (For entrants, the month begins with their date of parole). Unaccompanied children are not subject to the eight-month limitation provision. **100% FFP**	NO
11. OBRA ALIENS:			
58	R	Covers eligible aliens, permanent lawful residents, PRUCOL, or with valid and current I-688/A cards. **RESTRICTED TO PREGNANCY-RELATED AND EMERGENCY SERVICES** *EMERGENCY SERVICES: FFP* *PREGNANCY RELATED- NONEMERGENCY: STATE ONLY*	Y/N

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AID CODE	BEN-EFIT	PROGRAM	SOC
5F	R	Covers eligible aliens, permanent lawful residents, PRUCOL, or valid and current I-688/A cards. **RESTRICTED TO PREGNANCY-RELATED AND EMERGENCY SERVICES** *EMERGENCY SERVICES: FFP* *PREGNANCY RELATED NONEMERGENCY: STATE ONLY*	Y/N
12. 100 PERCENT PROGRAM/NO SOC			
7A	FULL	100 Percent Program. Child United States Citizen, Lawful Permanent Resident/PRUCOL. Provides full benefits to children born after September 30, 1983, ages 6 to 19 and beyond when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level. **FFP**	NO
7C	R	100 Percent Program Child-Undocumented Nonimmigrant Status. Covers emergency and pregnancy-related services to children born after September 30, 1983, ages 6 to 19 and beyond when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level. **RESTRICTED TO PREGNANCY AND EMERGENCY SERVICES**	NO
13. PRESUMPTIVE ELIGIBILITY:			
7F	R	Presumptive Eligibility (PE)-Pregnancy Verification. This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have pregnancy test results that are negative. **FFP** **VALID FOR PREGNANCY VERIFICATION OFFICE VISIT**	NO
7G	R	Presumptive Eligibility (PE)-Ambulatory Prenatal Care Services. This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have pregnancy test results that are positive. **FFP** **VALID ONLY FOR AMBULATORY PRENATAL CARE SERVICES.**	NO

AID CODE MASTER CHART

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AID CODE	BEN-EFIT	PROGRAM	SOC
14. 133 PERCENT PROGRAM-NO SHARE OF COST:			
72	FULL	133 PERCENT Program. Child-United States Citizen/ Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to children ages one up to six and beyond when inpatient status, which began before sixth birthday, continues and family income is at or below 133 percent of the federal poverty level. **FFP**	NO
74	R	133 PERCENT Program. (OBRA). Child Undocumented/Nonimmigrant Alien (but) otherwise eligible). Provides emergency services only for children ages one up to six and beyond when inpatient status, which began before sixth birthday, continues, and family income is at or below 133 percent of the federal poverty level. **FFP** **RESTRICTED TO EMERGENCY SERVICES**	NO
15. INCOME DISREGARD PROGRAM:			
44	R	Income Disregard Program. Pregnancy. United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides family planning, pregnancy-related, and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level. **FFP** **RESTRICTED TO PREGNANCY RELATED SERVICES**	NO
47	FULL	Income Disregard Program. Infant-United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to one year old and continues beyond one year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level. **FFP**	NO
48	R	Income Disregard Program. Pregnant-Undocumented/Nonimmigrant Alien. Provides family planning, pregnancy-related, and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level. **FFP** **RESTRICTED TO PREGNANCY RELATED SERVICES**	NO

AID CODE MASTER CHART

May 8, 1996

AID CODE	BEN-EFIT	PROGRAM	SOC
69	R	Income Disregard Program. Infant/Undocumented/Nonimmigrant Alien. Provides emergency services only for infants under one year of age and beyond one year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level. **FFP** **RESTRICTED TO EMERGENCY SERVICES**	**NO**
7N PENDING	R	Income Disregard Program. Provides family planning, pregnancy and postpartum services for any pregnant minor consent female whose income is at or below 200% of the poverty level. **FFP** **RESTRICTED TO FAMILY PLANNING, PREGNANCY AND POSTPARTUM SERVICES**	**NO**
16. 60-DAY POSTPARTUM SERVICES:			
76	R	60-Day Postpartum Program. Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for and received Medi-Cal benefits. They may continue to be eligible for postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs. **FFP** **RESTRICTED TO 60-DAY POSTPARTUM SERVICES**	NO
17.QUALIFIED MEDICARE BENEFICIARY:			
80	R	Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A and B premiums, coinsurance and deductibles for eligible low-income aged, blind, or disabled individuals. **FFP** **RESTRICTED TO MEDICARE EXPENSES**	**NO**
18. SSI/SSP REDUCTION BENEFICIARIES (2.3, 2.7, 4.9 PERCENT)			
1A PENDING	FULL	SSI/SSP REDUCTION BENEFICIARY-AGED **(PENDING IMPLEMENTATON)** **FFP AFTER THE STATE OBLIGATES SOC**	NO

AID CODE MASTER CHART

May 8, 1996

AID CODE	BEN-EFIT	PROGRAM	SOC
2A PENDING	FULL	SSI/SSP REDUCTION BENEFICARY-BLIND **(PENDING IMPLEMENTATION) FFP AFTER THE STATE OBLIGATES SOC**	NO
3D PENDING	FULL	SSI/SSP REDUCTION BENEFICIARY-FAMILY NO SOC **(PENDING IMPLEMENTATION) FFP AFTER THE STATE OBLIGATES SOC**	NO
3F PENDING	FULL	SSI/SSP REDUCTION BENEFICIARY-FAMILY SOC **(PENDING IMPLEMENTATION) FFP AFTER STATE OBLIGATES SOC**	YES
6D PENDING	FULL	SSI/SSP REDUCTION BENEFICIARY-DISABLED **(PENDING IMPLEMENTATION) FFP AFTER STATE OBLIGATES SOC**	YES
19. COUNTY MEDICAL SERVICES PROGRAM:			
50	R	CMSP MI-Restricted. Covers persons who have undetermined immigration status. **RESTRICTED TO CMSP EMERGENCY SERVICES ONLY**	Y/N
8F		**CMSP Companion Aid Code.** Covers persons eligible for certain benefits under the Medi-Cal program and other benefits under CMSP. **8F is used in conjunction with Medi-Cal aid codes 52, 53, to facilitate the payment of claims for covered benefits. 8F will appear as a special aid code and will entitle the eligible client to full scope CMSP coverage for those services not covered by Medi-Cal.**	Y/N
84	R	CMSP MI-A. Covers medically indigent adults age 21 and over but under 65 years, who meet the eligibility requirements of medically indigent. **NON-FFP CMSP SERVICES ONLY**	NO
85	R	CMSP MI-A. Covers medically indigent adults age 21 and over but under 65 years, who meet the eligibility requirements of medically indigent. **NON-FFP CMSP SERVICES ONLY**	YES

AID CODE MASTER CHART

May 8, 1996

AID CODE	BEN-EFIT	PROGRAM	SOC
88	R	CMSP MI-A/Disability Pending. Covers medically indigent adults age 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. **Non-FFP** **CMSP SERVICES ONLY**	NO
89	R	CMSP MI-A/Disability Pending. Covers medically indigent adults age 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. **Non-FFP** **CMSP SERVICES ONLY**	YES
20. GENERAL RELIEF (GR) /GENERAL ASSISTANCE (GA) 90-99			
21. OTHER INDICATORS AND IDENTIFIERS:			
4D		An Artificial aid code for ADAM so that DSB can bill DSS for the costs associated wioth processing these cases through IEVS.	
9A		The Breast Cancer Early Detection Program (BCEDP) recipient identifier. BCEDP offers benefits to uninsured and underinsured women, 40 years and older, whose household income is at or below 200 percent of the federal poverty level. BCEDP offers reimbursement for screening, diagnostic, and case management. **Please note: BCEDP and Medi-Cal are separate programs, but BCEDP is using the Medi-Cal billing process (with few exceptions).**	
9C		The Expanded Access to Primary Care (EAPC) program. EAPC claims can be identified for processing by EDS separately from the Medi-Cal program.	
9X		**FOSTER CARE INELIGIBLE CASES PAID BY COUNTY-ONLY FUNDS**-When a child has been determined ineligible for foster care based on state and federal rules, some counties still pay benefits with county-only funds. This code is for SAWS purpose to identify foster care ineligible cases paid by county-only funds.	

AID CODE MASTER CHART

May 8, 1996

AID CODE	BEN-EFIT	PROGRAM	SOC
IE		**Ineligible.** A person who is ineligible for Medi-Cal benefits in the case. An IE person may only use medical expenses to meet the SOC for other family members associated within the same case. Upon certification of the SOC, the IE individual is not eligible for Medi-Cal benefits in this case. An IE person may be eligible for Medi-Cal benefits in another case where the person is not identified as IE.	
RR		**Responsible Relative.** An RR is allowed to use medical expenses to meet the SOC for other family members associated within the same case. An RR person may be eligible for Medi-Cal benefits in another case where the person is not identified as RR.	
22. SERVICES ONLY-OPTIONAL CODES-NO MEDI-CAL ISSUED:			
11		AGED-SO. Aid to the Aged-Services Only. Persons age 65 years or older who do not receive a cash grant, but are receiving social services as income eligibles with or without regard to income. (OPTIONAL)	
21		Blind-SO. Aid to the Blind-Services Only. Persons who meet the federal criteria for blindness and do not receive a cash grant, but are receiving social services as income. (OPTIONAL)	
31		AFDC-Family Group-Services Only See Aid Code 30 for definition of AFDC-FG. Families who do not receive a cash grant, but are receiving social services as income eligibles with or without regard to income eligibles with or without regard to income.	
41		AFDC-Foster Care-Services Only Families in the Foster Care Program who do not receive a cash grant, but are receiving social services as an income eligible with or without regard to income.	
61		Disabled-SO Aid to the Disabled-Services Only- Persons who meet the federal definition of disability who do not receive a cash grant, but are receiving social services as an income eligible with or without regard to income. (OPTIONAL)	
23. FOOD STAMP PROGRAM:			

AID CODE MASTER CHART

May 8, 1996

AID CODE	BEN-EFIT	PROGRAM	SOC
09	FS	Food Stamp Program--Participants are not public welfare recipients, but need a case number to receive food stamps.	
24. MINOR CONSENT:			
7M PENDING	R	Restricted to minors who are at least 12 years of age, limited to sexually transmitted diseases, drug and alcohol abuse, pregnancy and pregnancy related, family planning, and sexual assault services. This aid code may have a share of cost. This aid code is not to be used for outpatient mental health services.	Y/N
7N PENDING	R	Income Disregard Program. Provides family planning, pregnancy and postpartum services for any pregnant minor consent female whose income is at or below 200% of of the federal poverty level. **FFP** **RESTRICTED TO FAMILY PLANNING, PREGNANCY AND POSTPARTUM SERVICES**	N
7P PENDING	R	Restricted to minors who are at least 12 years of age, limited to sexually transmitted diseases, drug and alcohol abuse, pregnancy and pregnancy related, family planning, sexual assault services, and outpatient mental health treatment and counseling. This aid code may have a share of cost.	Y/N
7R PENDING	R	Restricted to minors under age 12 and limited to pregnancy and pregnancy- related services, family planning, and sexual assault services. This aid code is not to be used for outpatient mental health services or drug and alcohol abuse. This aid code may have a share or cost.	Y/N
25. CASH GRANTS: (No Medi-Cal Issued)			
05		Seriously Emotionally Disturbed (SED). Cash grant only for residential placement necessary for education. **No Medi-Cal issued.**	
12		Aid to the Aged-Special Circumstances (Aged-SC- Optional)-- Special circumstances payments to aged adult recipients of SSI/SSP and SSP only. **No Medi-Cal issued.**	
22		Aid to the Blind-Special Circumstances (Blind-SC-Optional) Special Circumstances payments to blind adult recipients of SSI/SSP only. **No Medi-Cal issued.**	

AID CODE MASTER CHART

May 8, 1996

AID CODE	BEN-EFIT	PROGRAM	SOC
62		Aid to the Disabled-Special Circumstances (DISABLED-SC-Optional) Special circumstances payments to adult recipients of SSI/SSP and SSP only. **No Medi-Cal issued.**	
8A		Qualified Disabled Working Individual (QDWI). Provides state paid Medicare Part A premiums for working disabled individuals under age 65. **No Medi-Cal issued. FFP**	
8C		Specified Low-Income Medicare Beneficiaries (SLMB). Provides state paid Medicare Part B premiums for certain specified low-income Medicare beneficiaries. **No Medi-Cal issued. FFP**	

DEPARTMENT OF HEALTH SERVICES
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June 24, 1996

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 163

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

Enclosed are revisions to Article 23, Medical Support Enforcement Program, of the Medi-Cal Eligibility Procedures Manual.

Procedure Revision	Description
Article 23	Revision of the Procedures for the Medical Support Enforcement Program due to clarifications in policy.

Filing Instructions:

Remove Pages	Insert Pages
Article 23 Table of Contents Pages TC-1 through TC-3	Article 23 Table of Contents Pages TC-1 through TC-3
23B-1 and 23B-2	23B-1 and 23B-2
23C-1	23C-1 and 23C-2
23D-1 through 23D-4	23D-1 through 23D-5
23F-1 and 23F-2	23F-1 and 23F-2
23G-1 and 23G-2	23G-1 and 23G-2
23H-1	23H-1
23J-9 and 23J-10	23J-9 and 23J-10
23L-8 and 23L-9	23L-8 and 23L-9

If you have any questions concerning a specific revision, please contact Ms. Elena Lara at (916) 657-0712.

Sincerely,

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

23G – HEALTH INSURANCE ASSIGNMENTS, COST SHARING AND MEDI-CAL COPAYMENTS

1. HEALTH INSURANCE COST-SHARING
2. LIABILITY FOR INSURANCE COST SHARING

23H – NOTICES OF ACTION

1. NOTICES OF ACTION AND SPEED LETTERS
2. NA Back 7

23I – OTHER HEALTH COVERAGE OBTAINED THROUGH MEDICAL SUPPORT ENFORCEMENT

1. FSD/DA REPORTING HEALTH INSURANCE COVERAGE

   a. REPORTING
   b. PROCEDURES
   c. MONITORING, VERIFYING AND ENFORCING
   d. NOTIFYING CUSTODIAL PARENTS
   e. TRANSMITTAL LETTER

2. COUNTY WELFARE DEPARTMENT ACTION

3. LAPSES IN HEALTH COVERAGE

   a. NOTIFICATION
   b. ENFORCEMENT

4. UTILIZATION OF HEALTH COVERAGE

   a. PAY-AND-CHASE

5. DISTRICT ATTORNEY HEALTH INSURANCE INCENTIVE

   a. Policy
   b. Reporting Process

23J – MEDICAL SUPPORT FORMS

1. DHS 6155 - HEALTH INSURANCE QUESTIONNAIRE
2. CA 2.1 - CHILD/SPOUSAL AND MEDICAL SUPPORT NOTICE AND AGREEMENT
3. CA 2.1Q - CHILD SUPPORT QUESTIONNAIRE
4. CA 51 - CHILD SUPPORT - GOOD CAUSE CLAIM FOR NONCOOPERATION
5. CS 196 - CHILD SUPPORT ENFORCEMENT PROGRAM NOTICE
6. CA 371 - REFERRAL TO DISTRICT ATTORNEY
7. DHS 6110 - MEDICAL INSURANCE FORM
8. CS 870 - ATTESTATION STATEMENT
9. DHS 6110 REJECTION LETTER

23K – MEDICAL SUPPORT ENFORCEMENT PROCESS CHARTS

1. COURT ORDER
2. ENFORCEMENT ON EMPLOYED ABSENT PARENT
3. ENFORCEMENT ON UNEMPLOYED ABSENT PARENT
4. DHS PROCESSING OF FORM 6110

23L – MEDICAL SUPPORT NOTICES OF ACTION

1. NOTICES OF ACTION
2. SPEED LETTERS
3. NA BACK 6 FORM

23M – MEDICAL SUPPORT COLLECTIONS

1. CHECKS
2. INFORMATION ABOUT PAYMENT

23B. CONDITION OF ELIGIBILITY

1. MEDI-CAL ONLY

The county must inform an applicant for or beneficiary of Medi-Cal only that, as a condition of eligibility, the applicant or beneficiary must:

- o Assign to the State the applicant's or beneficiary's rights to any medical support and payments;
- o Cooperate in obtaining medical support and payments;
- o Cooperate in establishing paternity for a child born out of wedlock for whom aid is requested;
- o Cooperate in identifying and locating the absent parent; and
- o Provide information about possible entitlement to medical support and payments available through any third party.

If the applicant or beneficiary is found ineligible for Medi-Cal because of the above, this will not affect the child(ren)'s Medi-Cal eligibility. The applicant can withdraw the application, close the case, or become an ineligible member of the Medi-Cal Family Budget Unit (MFBU), but the child(ren) is not denied, discontinued from Medi-Cal for noncooperation of applicant/caretaker relative. If applicant/caretaker relative chooses not to cooperate, refer the child to the District Attorney for medical support enforcement with whatever information was provided.

EXAMPLE: Mother with child from present husband and one from another man applies for Medi-Cal for family. She cannot exclude child with absent parent from MFBU to avoid cooperation with medical support enforcement. She must cooperate as long as she is applying for Medi-Cal and is legally responsible for the child with an absent parent. If she does not cooperate, she is to be denied Medi-Cal, discontinued, or made an ineligible member of MFBU. Two children and husband may be granted Medi-Cal, if eligible.

2. AFDC/Edwards

A recipient of Aid to Families with Dependent Children (AFDC) who is discontinued from AFDC for refusal to cooperate in child support will receive Edwards Medi-Cal. In these cases, the AFDC applicant was referred to the FSD/DA for child support and medical support enforcement as a condition of eligibility for the AFDC program. The situation here is whether there is authority to automatically discontinue the caretaker parent from Medi-Cal at the same time the AFDC program discontinues cash aid for noncooperation if the caretaker parent refuses to cooperate in providing or obtaining paternity, child support, medical support, and/or third party liability information. The answer is **NO**, counties cannot **automatically** terminate Medi-Cal benefits for individuals whose AFDC assistance has ended. Counties must determine whether those individuals are eligible for Medi-Cal under other nonautomatic Medi-Cal categories. However, a **concurrent** determination of Medi-Cal eligibility meets the requirements of **Edwards** as long as the county fully documents that it is a **separate** determination and not part of the AFDC denial of benefits.

In other **Edwards** cases, upon review of the 210E, if the case is an absent parent situation or there is a child born out of wedlock, the county will **mail** the applicant/caretaker parent the medical support enforcement information. The caretaker parent may then agree to cooperate and sign the documents or can claim good cause for noncooperation. If the caretaker parent refuses to cooperate, follow procedures for noncooperation and refer the child(ren) for medical support enforcement.

Even though the AFDC eligibility worker is responsible for sending the case package of child support forms, the EW is responsible for ensuring that the medical support portions of these forms are filled out correctly for Medi-Cal. If needed, the counties can use the revised forms available in the DHS warehouse.

In child support enforcement actions, the DA may enforce the absent parent to pay child support payments which are in arrears; that is, the absent parent may also be liable for payments which were not paid or were skipped before the custodial parent applied for AFDC and Medi-Cal. In medical support, we start with the time of enforcement of coverage. We do not seek reimbursement for medical expenses up to the point of court-ordered medical support enforcement.

3. DEPARTMENT OF SOCIAL SERVICES (DSS) CHILD SUPPORT PROCEDURES

DSS child support procedures are to be found in the following:

- DSS Manual of Policy and Procedures (MPP) Sections 12-100 through 12-908 and 43-200 through 43-205;
- DSS Family Support Division (FSD) Letter No. 94-03, 2/10/94 Title IV-D Child and Spousal Support Program Procedure Manual.

23C. PATERNITY ESTABLISHMENT

1. PURPOSE

As a condition of Medi-Cal eligibility, an applicant/recipient must cooperate in paternity establishment when there is a child born out of wedlock for whom Medi-Cal is being sought. A referral is made to establish the existence of a father and child relationship and the duty of support.

In the case of a child born out of wedlock, an individual is not legally the father unless paternity has been established in a court of law. Paternity establishment is necessary for any child born out of wedlock even if there is an intact family because each parent is assigning his/her rights and the rights of the children for whom they are legally responsible in order to establish linkage for AFDC or Medi-Cal.

Even when a marriage takes place subsequent to the child's conception or birth, it is necessary to establish the paternity of the child. Both federal and state law define out of wedlock as ". . . the biological parents of the child were not married to each other at the time of the child's conception."

When two unmarried adults seek Medi-Cal for themselves and their children but do not cooperate with medical support, then the county must make a medical support referral for the children. A referral should be made whenever a child is born out of wedlock. (Title 22, CCR, Section 50101(b).)

2. PATERNITY ESTABLISHMENT BY DISTRICT ATTORNEY

When a medical support referral is made for paternity establishment, the FSD/DA will obtain the identity of the absent father from the applicant/recipient. State law requires the FSD/DA to investigate the question of paternity and take all necessary steps to obtain a paternity determination; however, no questions on paternity will be asked when paternity is not an issue. But when a Medi-Cal case has been referred for the purpose of paternity establishment, this is all that will be done. When paternity has been established, the case will be closed.

The FSD/DA is not required to establish paternity in any case involving forcible rape, incest, or legal proceedings for adoption if such action is not in the child's best interests. (Title 22, CCR, Sec. 50771.5; W&I Code, Art. 7.)

Undocumented children in aid code 58 - restricted services are not to be referred for paternity establishment unless the father is a citizen. If the child is a citizen of an OBRA parent applying for the child and the child is receiving full scope benefits, then a medical support and/or paternity establishment referral should be made.

3. TIME FRAMES

Within 90 days of locating the absent father, the FSD/DA will file for paternity or complete service of process to establish paternity or document unsuccessful attempts to serve process. Paternity must be established or the absent parent excluded as a result of genetic tests and/or legal process within one year or the later of successful service of process or the child reaching six months of age. The FSD/DA will file a Motion for Temporary Support whenever the alleged father refuses to stipulate to paternity. A motion will be filed for blood tests at the request of any party in a contested paternity

case as appropriate. If the alleged father is excluded by blood tests, the FSD/DA will review the case to determine whether the mother should be deemed as non-cooperative for failure to provide the name of the natural father of the minor child or a case should be opened against a different individual. If another alleged father is identified, the FSD/DA has 90 days after locating this person to file for paternity or complete service of process to determine paternity. The time frames for establishing paternity for subsequent alleged fathers is the same as for the original alleged absent father. (W&I Code, Art. 7)

4. PATERNITY OPPORTUNITY PROGRAM

In January of 1995, this program was implemented statewide at all licensed hospitals and clinics with birthing facilities. This program gives new, unmarried parents the opportunity to voluntarily acknowledge paternity (fatherhood) in the hospital by signing a Declaration of Paternity shortly after the birth of the child. This Declaration may be filed with the court to establish paternity. This Declaration will help the child have the same rights that he or she would have if the parents were married:

- The child can have the father's legal name;
- The child can be added to the father's health insurance plan;
- The child will receive father's social security or veteran's benefits if the father dies or is disabled; and,
- The child has the right to inherit from the father.

23D. PETITION TO THE COURT

The county must notify each applicant or beneficiary placed in the following aid codes that the California Child Support Enforcement (IV-D) Agencies must, by law, petition to the court to include health insurance coverage in support orders when a child receives Medi-Cal. Referral in aid codes cited below will be for children under 18 with an absent parent or when a child is born out of wedlock. **HOWEVER, NO UNDOCUMENTED PERSONS, NO PREGNANT WOMEN, AND NO ONE APPLYING FOR MINOR CONSENT SERVICES WILL BE REFERRED**. Also, referrals for infants will be made after the 60-day postpartum period. In a minor consent case, the case must be closed before referral can be made. (For explanation of absent parent situations, please refer to MEM Article 1-B.)

In situations where the applicant is filing for retroactive Medi-Cal only, no referral will be made. When the absent parent is incarcerated or institutionalized, no referral will be made, but obtain necessary verification and refer upon absent parent's release.

In situations where the absent parent is already providing health insurance, no referral is necessary, but all forms must be completed on other health coverage and kept in the file, and a copy of the DHS 6155 sent to DHS. Even though the child is covered by medical insurance, the child can be eligible if all Medi-Cal eligibility requirements are met, and the mother will have linkage based on the child. If the mother does not apply for the child or the child is ineligible for any reason, then the mother becomes ineligible for Medi-Cal because the child cannot be used to link the mother.

In on-going medical support cases, at redetermination or at any time, if there is any change in the case, it should be reported to the FSD/DA via Form CA 371. The FSD/DA should be advised of any changes in the case which involve a change in status such as discontinuance of eligibility, change in family composition, loss of health coverage, change in income, etcetera. If there are no changes in the case at redetermination, no report to the FSD/DA is necessary.

MEDI-CAL AID CODES

The following aid codes are the ones for which the Medi-Cal Eligibility Worker must refer the children with an absent parent.

7A	27	47	64	79
20	34	51	67	82
24	37	60	72	83

AFDC AID CODES

The following aid codes are the ones for which child support referrals, including medical support, should have already been made by the AFDC or Foster Care Intake Worker for AFDC or foster care cases.

3G	30	33	40	45
3H	32	35	42	

1. PREGNANT WOMEN

Medical support referrals will NOT be made on an unborn child until the end of the 60-day postpartum period of the mother. If the mother of the unborn has other eligible children in the MFBU, a medical support referral for these children will NOT be made until the end of the 60-day postpartum period of the pregnant caretaker parent. If a pregnant caretaker parent has other eligible children in the MFBU with a different absent parent than for the unborn, a medical support referral will NOT be made on the children of the absent or unmarried parent(s) until the end of the 60-day postpartum period of the pregnant caretaker parent.

When a woman with a child(ren) has applied for Medi-Cal but refuses to cooperate in medical support and does not claim good cause, she becomes ineligible for Medi-Cal and designated as an ineligible member of the MFBU. The woman's child(ren) may be eligible for Medi-Cal if otherwise eligible and she has not withdrawn the application or asked to close the case. If this caretaker parent then becomes pregnant and applies for Medi-Cal, she may be eligible until her 60-day postpartum period ends. A referral for the caretaker parent and the new child can be made at the completion of the 60-day postpartum period.

If a caretaker parent has a child(ren) and has cooperated with medical support requirements, but then becomes pregnant, the medical support referral process should not be interrupted. The pregnancy should be reported to the FSD/DA, but no referral on the new child should be made until the 60-day postpartum period ends. The rule in on-going medical support cases is if there is any change in the case, it should be reported to the FSD/DA via Form CA 371. The FSD/DA should be advised of any changes (e.g., discontinuance from AFDC, new Medi-Cal case).

An unmarried/absent parent may apply for Medi-Cal and medical support services for the caretaker parent at the hospital if the caretaker parent is unable to fill out an application. Under Title 22, CCR, 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 definition.

2. OBRA REFERRALS

If the caretaker parent or mother is undocumented and her children are also undocumented, no medical support referral will be made. If the caretaker parent/mother is undocumented and the children are citizens or IRCA's (Immigration Reform and Control Act), a medical support referral will be made. No undocumented children will be referred for either medical support enforcement or paternity establishment.

If the caretaker parent has both OBRA children and citizen children and requests that both be referred for medical support enforcement, the county will only make a referral on the citizen children. Medical support enforcement referrals will not be made on the OBRA children. There are no referrals on OBRA children because they receive restricted benefits and the absent parent may not be a citizen or in the United States.

3. CONTINUING ELIGIBILITY

Under this program, infants born to Medi-Cal eligible women are automatically "deemed eligible" for one year, provided they continue to live with their mother and the mother remains eligible for Medi-Cal, or would remain eligible if she were still pregnant. There is no parental allocation from the father to the infant during the period of Continued Eligibility; only the mother's income, before any increases, will be allocated to the infant. However, for purposes of medical support enforcement, the father/absent parent still has a legal responsibility for the health and welfare of his children and, at the end of the 60-day postpartum period, a medical support referral must be made.

4. FOSTER CARE CHILDREN

Medical support enforcement referrals will not be done by the county Medi-Cal Eligibility Worker on foster care children. The AFDC or Foster Care Intake Workers will make child support referrals, including medical support for all foster care children. Foster care children are automatically eligible for Medi-Cal after utilizing whatever other health coverage is available. This is clarified in Section 903 of the Welfare & Institutions Code, Liability for Costs of Support. This section prohibits any imposition of medical costs upon the natural parent(s) until the county has first exhausted any eligibility the child may have under private insurance coverage, standard or medically indigent Medi-Cal coverage, and the Robert W. Crown California Children's Services Act. If there are any costs over and above 100 percent of the average Medi-Cal payment that are not covered under any of the coverages listed, the county may choose to impose those costs.

The Medi-Cal program automatically grants a Medi-Cal card to children in foster care, and providers are instructed to bill the Medi-Cal program first. Medi-Cal will pay the provider of service. Then Medi-Cal will seek repayment from the other health coverage.

5. ADULT CHILDREN

"Adult children" are children in Medi-Cal between the ages of 14 to 18 years of age who are not living in the home of a parent or caretaker relative and who do not have a parent, caretaker relative, or legal guardian handling any of their financial affairs. The parents do not claim the children as dependents in order to receive a tax credit or deduction for state or federal income tax purposes. These children are not eligible for Aid to Families with Dependent Children (AFDC) or cash-based AFDC-Medically Needy Only Medi-Cal because they are not dependent children. However, under 42 Code of Federal Regulations (CFR) 435.222, the State of California may provide Medi-Cal benefits to individuals under age 21 who would be eligible for AFDC but do not qualify as dependent children. These "adult children" **WILL NOT BE REFERRED** for Medical Support Enforcement.

If the applicant is an unmarried minor parent (14-18 years of age with a child), who does not want to cooperate with medical support and if she is living on her own and is considered an "adult child", do not deny or discontinue her for noncooperation, but do refer her child for medical support enforcement.

If the applicant is an unmarried minor parent (14-18 years of age with a child) and she is living with a parent or caretaker relative, do not deny or discontinue her for noncooperation, but refer the child. If the parent or caretaker relative is using the linkage with minor and minor's child for Medi-Cal benefits, then she must cooperate with medical support enforcement or be discontinued or denied Medi-Cal benefits.

If a mother is under 21 but over 18, she must cooperate because an individual 18 years of age or older is considered an adult under the Family Code.

Disabled Adult Children under the Pickle program are at least 18 years of age or older. They will not be referred for medical support enforcement. Referrals are for those under 18.

Disabled children who have been placed in an institution through a guardianship are not to be referred for medical support enforcement.

6. TRANSITIONAL MEDI-CAL

No transitional Medi-Cal cases are to be referred. This includes children in aid codes 39, 54, and 59. These families were initially on AFDC and lost their cash grant due to increased earnings, increased hours of employment, or increased allocation of child/spousal support payments. Transitional Medi-Cal is provided to these families as an aid in helping them become self-sufficient. If they apply for Medi-Cal Only at the end of their transition period, they should be treated as a new case and a referral should be made.

7. DECEASED ABSENT PARENT

No medical support enforcement referral will be initiated for deceased absent parents. However, sufficient substantiation of the fact that the absent parent is deceased is required.

EXAMPLES:

1. Woman with three children declares father is deceased and provides birth certificate for children, death certificate for father, and marriage certificate.

   a. Marriage occurred after birth of children and father's name is not on birth certificates. **Question:** Do we do paternity referral? **Response:** Yes. Children born out of wedlock.

   b. Marriage occurred after birth of children and father's name is on birth certificates. **Question:** Do we do paternity referral? **Response:** Yes. Mother may declare he is rightful father and that is why he is on birth certificates, but birth certificate alone does not establish paternity.

   c. Marriage occurred before birth of all children and father's name is not on birth certificates. **Question:** Do we do paternity referral? **Response:** No. Children were not born out of wedlock. Presumption is deceased person is father.

   d. Marriage occurred before birth of children and father's name is on birth certificate. **Question:** Do we refer since we have a death certificate? Must the FSD/DA validate the death for us? **Response:** No referral when there is no absent parent. He is not absent; he's deceased.

e. Same as Number d, but woman claims that at least one of the children has a father other than the man named on the death certificate. **Question:** Would a referral be sent on this new man even though we have a death certificate on the father? **Response:** Refer if there is no name on birth certificate, but use your best judgment since children were not born out of wedlock.

2. Woman with one child applies and is granted benefits. Prior to completing the approval action, she calls the EW and advises that she has moved to County A. EW completes the disposition and processes for an intercounty transfer (ICT) to County A. **Question:** Case should be referred for medical support if she had stayed in County B, but since she is in County A physically, are we required to send the medical support referral to County B FSD/DA as part of the regulations even knowing that they will be closing because of the change in county address? **Response:** In this case, make sure County A is aware of need for medical support referral in County A in the ICT documents. Since case will be in County A, County A must make the referral.

3. Woman with two children applies and is granted benefits for one month only. Case requires cooperation with medical support. **Question:** At point that benefits are approved and cooperation with medical support referral is okay, do we send the medical support referral to the FSD/DA knowing that the case is closed and that they will do nothing with it. Seems to be a workload that is unnecessary. **Response:** If woman requests child and medical support, then refer. If a woman requests medical support enforcement and is willing to request child support enforcement services also, she may be referred to FSD/DA. If woman wants medical support enforcement services only, she can only receive this service if she is continuing on Medi-Cal. However, since there is no retro enforcement, do not refer unless she specifically wants medical support and child support enforcement services.

4. Woman with two children is working and has health insurance available through her employer. Question: Will the FSD/DA pursue medical support from the mother/custodial parent (CP)? Response: No. federal regulations require the FSD/DA to pursue medical support from the absent parent/noncustodial parent, not the CP. Although the court has discretion to order the CP to provide health coverage for the dependent children, the FSD/DA is not required to enforce it.

23F. REFERRAL PROCESS

DHS has adopted the Department of Social Services' (DSS') child support procedures, including the forms and referral process, for the Medi-Cal program. The county welfare department shall refer Medi-Cal Only absent parent cases to the Family Support Division/District Attorney (FSD/DA) for applicable support enforcement services. The county welfare department will also make referrals for paternity establishment services to the FSD/DA when there is a child born out of wedlock. These services will be provided without application or application fee.

All new applicants for Medi-Cal in the appropriate aid codes will be referred **within two days** of the Medi-Cal eligibility determination for medical support enforcement services. No referral is to be made until a Medi-Cal determination is approved. Existing cases will be referred at the time of redetermination. These redeterminations will be face-to-face for proper notification and forms completion by the beneficiary. The county welfare department will inform Aid to Families with Dependent Children (AFDC) recipients of changes related to medical support enforcement. Whenever the county becomes aware that an on-going case is an absent parent situation or there is a child born out of wedlock, a medical support referral should be made. Do not wait for redetermination if there is a change in the case.

Please notify the applicant or beneficiary if he or she receives direct payment for medical support for services which were paid for by Medi-Cal. Payments made in this situation should be forwarded to DHS. If payments are not forwarded to DHS, the Department's Third Party Liability Branch will pursue reimbursement from him or her. (Further information can be found in Section 23M.)

Each applicant for Medi-Cal with an absent parent or a child born out of wedlock will be advised of child support services available through the FSD/DA. If a Medi-Cal applicant indicates all child support services are wanted, the case should be handled in the same manner as a non-aid case, except that medical support is assigned to the State. All current child support collected on behalf of Medi-Cal only families must be paid to the family in accordance with the State's non-AFDC policy.

1. FORMS REFERRAL

For application and referral of Medi-Cal cases to the IV-D agencies, the county shall use the following forms:

- **MC 219 (Cover Sheet) (11/93) and MC 210 (8/93)** - Applicant is advised of rights regarding medical support enforcement referrals and third party liability. A copy is given to applicant; the original is placed in file. If the applicant refuses to sign and cooperate, then a notice of action denying Medi-Cal is sent to applicant.

- **Health Insurance Questionnaire (DHS 6155, 10/90)** - Applicant fills out form if there is other health coverage available through the absent parent. County sends a copy both to DHS Third Party Liability Branch and to the FSD/DA.

- **Child/Spousal and Medical Support Notice and Agreement (CA 2.1 Notice and Agreement (12/89))** - Applicant reviews and signs the agreement. If this form is not signed and good cause is claimed, a CA 51 (Child Support - Good Cause Claim for Noncooperation) must be completed and sent to the FSD/DA with evidence of good cause. If form is signed, then medical support process begins and all documents are sent to FSD/DA via CA 371.

- **Child Support Questionnaire (CA 2.1 Q Support Questionnaire (3/93))** - Applicant fills out form, and original is sent to the FSD/DA within two days. The FSD/DA may set up interview with applicant if form is not complete.

- **Child Support - Good Cause Claim for Noncooperation (CA 51 (3/93))** - If applicant claims good cause for failure to cooperate with medical support enforcement requirements, applicant must fill out the form and send the original with evidence of good cause to the FSD/DA. The FSD/DA will return it to the county with a recommendation. The county will make a final decision and, if good cause is denied, the county will give the applicant an opportunity to withdraw the application, close the case, or be designated as an ineligible member of the MFBU. The county will send a copy of the CA 51 to the FSD/DA with the final determination.

- **Child Support Enforcement Program Notice (CS 196 (5/95))** - A copy shall be given to all applicants who claim Medi-Cal for children with absent parent. This is an information notice which explains child and medical support enforcement program, services available, and rights of applicant.

- **Referral to District Attorney (CA 371 (3/93))** - This is a cover sheet to transmit absent parent information to FSD/DA (one form for each absent parent). The county sends a CA 371 to the FSD/DA with originals of CA 2.1 Questionnaire, CA 51 when good cause is claimed (with evidence), and DHS 6155. This form is used to convey any information regarding the status of the case back and forth between the county and the FSD/DA.

- **Medical Insurance Form (DHS 6110 10/91)** - Applicant fills out this form if there is other health coverage available through the absent parent. The FSD/DA sends the form to DHS Third Party Liability Branch. DHS will then send a copy to county welfare department.

- **Attestation Statement (CS 870)** - The FSD/DA will use the CS 870 to give the applicant an opportunity to attest (swear), under penalty of perjury, that he or she has provided all available information regarding the absent parent. A determination of noncooperation cannot be made without giving the applicant the opportunity to complete this form.

NOTE: The county must ask the applicant or beneficiary to state whether he or she wants child support, medical support, or both, and must indicate services requested on the CA 2.1 Questionnaire and on the CA 371. The CA 371 will be used by the county and FSD to communicate subsequent changes or additional information on the case. **THE COUNTY MUST EMPHASIZE TO THE APPLICANT OR BENEFICIARY THAT, FOR RECEIPT OF MEDI-CAL ONLY, CHILD SUPPORT SERVICES ARE AVAILABLE BUT NOT MANDATORY, AND THAT REFUSAL OF CHILD SUPPORT SERVICES WILL NOT AFFECT MEDI-CAL ELIGIBILITY (CS 196 AND CA 2.1).**

(The above forms are available in the DHS warehouse. Copies of the forms are included in Section 23J.)

23G. HEALTH INSURANCE ASSIGNMENTS, COST SHARING AND MEDI-CAL COPAYMENTS

As a condition of eligibility for Medi-Cal, a beneficiary must assign to the State his or her rights, and the rights of any other Medi-Cal eligible for whom he or she can legally make an assignment, to medical support, health insurance payments, or other third party payments for medical care. This assignment is completed automatically as part of the application process.

The Medi-Cal beneficiary must cooperate with the county and DHS in obtaining medical support or payments, and cooperate in identifying and providing information to assist medical providers and the State in pursuing third parties who may be liable to pay for medical care and services. Identification of a Medi-Cal beneficiary's other health coverage enables the state to cost avoid medical services and/or to recover from insurance funds previously paid to a provider.

1. HEALTH INSURANCE COST-SHARING

In addition to Medi-Cal, a Medi-Cal beneficiary may also have private health insurance. The private health insurance plan may require a deductible, copayment and/or coinsurance amount.

Following are definitions of deductibles, copayments, and coinsurance:

Deductibles

A deductible is the expense that must be incurred by an insured or otherwise covered individual before an insurer will assume any liability for all or part of the remaining cost of covered services. Deductibles are generally fixed dollar amounts and are usually tied to some reference period over which they may be incurred, e.g., $100 per calendar year, benefit period, or spell of illness.

Copayments

A copayment is a type of cost sharing whereby an insured or covered person pays a specified flat amount per service (e.g., $5 per prescription; $10 per office visit). Copayment is incurred at the time the service is received.

Coinsurance

Coinsurance is a cost-sharing requirement under a health insurance policy which provides that the insured will assume a percentage of the costs of covered services. The policy provides that the insurer will reimburse a specified percentage (usually 80%) of all or certain services above any deductible. The percent paid may be applied only to a "reasonable" charge. The insured is then liable for the remaining percentage of covered costs and may be liable for charges above those deemed reasonable, until the maximum amount stipulated under the insurance policy is reached.

2. LIABILITY FOR INSURANCE COST SHARING

A provider may not require the beneficiary to pay insurance copayments, deductibles, coinsurance or charges above those deemed reasonable if the provider takes the Beneficiary Identification Card (BIC) and uses it to obtain proof of eligibility through the Automated Eligibility Verification System (AEVS) or bills Medi-Cal.

According to State law, when a provider elects to verify Medi-Cal eligibility using a BIC, a photocopy of a paper identification card or a paper card label, the provider has obtained proof of eligibility and has agreed to accept the patient as a Medi-Cal patient and be bound by the rules and regulations of the Medi-Cal program. And having obtained eligibility verification, the provider must not bill the recipient for all or part of the charge of a Medi-Cal covered service except to collect the Medi-Cal copayment or Share of Cost. Providers must not bill recipients for private insurance cost-sharing amounts such as deductibles, coinsurance or copayments.

Under Federal law (42 U.S.C. Sec. 1396A(25)) health insurance belonging to a Medi-Cal recipient in a child or medical support enforcement case is used as follows:

The provider of service will bill MEDI-CAL. MEDI-CAL will pay the provider of service. Then MEDI-CAL will seek repayment from the other health coverage. The recipient will not be liable for any insurance cost-sharing amount (coinsurance or deductible) unless a MEDI-CAL share of cost must be met. If the other health insurance is a Prepaid Health Plan (PHP) or a Health Maintenance Organization (HMO), the recipient must use the plan facilities for regular medical care. Out of area services or emergency care should also be billed to the PHP/HMO.

In instances where the other health coverage is an HMO, the provider may not seek reimbursement nor attempt to obtain payment for the cost of those covered health care services from the Medi-Cal eligible which are included in the Medi-Cal program's scope of benefits. Medical support beneficiaries are not liable for any copayments or deductibles. (CCR, Title 22, Sec. 51002(a); W&I Code Sec. 14019.4.)

23H. NOTICES OF ACTION

1. **Notices of Action and Speed Letters**

Two formal Notices of Action (NOA) and two Speed Letters for the Medical Support Enforcement Program will be provided to the counties. They are entitled as follows:

- Medi-Cal Notice of Action - Denial of Medi-Cal Benefits for Noncooperation in Medical Support Enforcement
- Medi-Cal Notice of Action - Discontinuance of Medi-Cal Benefits Due to Denial of Good Cause Claim For Noncooperation in Medical Support Enforcement
- Speed Letters - Approval of Good Cause Claim For Noncooperation in Medical Support Enforcement - One approves Claim and FSD/DA will not proceed with support enforcement; One approves Claim, but FSD/DA will proceed with support enforcement

2. **NA BACK 7**

In order to simplify the notice to Medi-Cal Only applicants when Medi-Cal is denied for reasons other than for conditions of medical support, the Child Support paragraph on Form NA Back 7 which is on the back of all Notices of Action will be amended to read:

"Other information

"Child and/or medical 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."

5. **CS 196**

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

CHILD SUPPORT ENFORCEMENT PROGRAM NOTICE

All children have the right to be supported by both parents. Any person, including a noncustodial parent, whether or not (s)he receives public assistance, can apply for support services. Some of the available services are as follows:

- locating the parent(s) for support enforcement purposes;
- establishing paternity;
- establishing a child and/or medical support (health insurance) order;
- enforcing a child and/or medical support order;
- modifying an existing court order for child and/or medical support;
- enforcing a spousal support order in conjunction with a child support order;
- collecting and distributing support payments.

CUSTODY AND VISITATION SERVICES ARE NOT PROVIDED

THE DISTRICT ATTORNEY/FAMILY SUPPORT DIVISION (DA/FSD) PROVIDES SERVICES ON BEHALF OF THE STATE OF CALIFORNIA. THEY DO NOT REPRESENT YOU AND ARE NOT YOUR ATTORNEY. BECAUSE YOU ARE NOT THEIR CLIENT THE INFORMATION YOU PROVIDE IS NOT CONFIDENTIAL UNDER ATTORNEY/CLIENT PRIVILEGE.

The information in the case may be discussed or disclosed to the State, the Department of Social Services, other public agencies that are authorized by law to receive such information, and to the other parent or his/her attorney to the extent required by law. To enroll a child in health insurance may require the release of the child's Social Security Number and mailing address to the other parent's employer or the release of the child's Social Security Number to the other parent.

When you request services, you must cooperate with the DA/FSD by providing any information or documents needed to establish paternity and/or locate the parent and to get support payments for your child. Once the services of the DA/FSD have been requested, the DA/FSD will determine the appropriate action to take. All support payments must be turned over to the DA/FSD.

The DA/FSD is interested in making sure that parents take care of their child support duties. They will ask you to help them work your case. People who receive welfare must help the DA/FSD work their child support case. If you do not give them that help, they probably cannot work your case.

When you apply/receive support services, you are responsible for promptly informing the DA/FSD of any change in circumstances or information. Some examples are as follows:

- child leaves the home;
- address changes (including a move to another State, County or Country) and telephone number changes;
- discontinuance of welfare;
- name change;
- initiation of any divorce or legal proceedings;
- information regarding the noncustodial parent;
- direct receipt of any child, spousal, or family support.

You have the right to seek legal advice from a private attorney or legal aid group at your own expense. If you do hire an attorney, you must report this to the DA/FSD.

Each parent subject to a support order in the State has the right to request that the DA/FSD review his/her support order to determine whether the amount of support should be changed based on statewide criteria. If the amount of support does not meet criteria for change, the DA/FSD must provide to either parent, upon request, information on how either parent can get forms to request the court to modify the amount of support ordered.

The DA/FSD must notify you of the initial date, time and purpose of every hearing for paternity or support. You also have a right to inspect the county clerk's file, except for that information which is not considered public and is legally prohibited by confidentiality requirements.

The DA/FSD will provide you with copies of the most recent order entered in your case.

The DA/FSD is required to obtain the consent of a nonwelfare recipient prior to the filing of a stipulation affecting the support order in which that person is named as a party. The DA/FSD is also prohibited from entering into a stipulation that will reduce the amount of past due support when the recipient is owed support arrearages that exceed unreimbursed public assistance without the recipient's consent.

In general, payments received by the DA/FSD are applied in the following order*:

1. Current monthly support;
2. Interest;
3. Arrearages - first welfare arrears, then non-welfare arrears; and
4. Future obligations.

*Federal and State income tax refunds owed to the noncustodial parent may be intercepted by the DA/FSD. By Federal law, these monies cannot be applied to current child/spousal/family/medical obligations. They must be applied to the arrearages. If a custodial parent has received public assistance, including MEDI-CAL, in the past, the child support debt owed to the State/County will be paid first.

CALIFORNIA DOES NOT CHARGE ANY APPLICATION FEES AND DOES NOT CHARGE FOR THE SERVICES PROVIDED TO APPLICANTS. HOWEVER, SOME STATES DO CHARGE A FEE FOR SERVICES. IF YOUR CASE INVOLVES ONE OF THOSE STATES, THEY MAY DEDUCT THE FEE FROM THE SUPPORT PAYMENTS, OR ADD IT TO THE BALANCE THAT IS OWED. IN ADDITION, IN SOME SITUATIONS, COSTS FOR BLOOD TESTS MAY BE CHARGED.

CS 196 (Rev) (Continued on back)

NOTICE OF COLLECTIONS AND DISTRIBUTION

A Notice of Collections and Distribution of support payments will be mailed to you by the county at least quarterly. The Notice will show you all support which was received and paid out during the specific time period shown on the Notice. You will not receive a Notice of Collections and Distribution if no support was received or paid out.

CHILD SUPPORT COLLECTION OR DISTRIBUTION CONCERNS

If you believe the DA/FSD made a mistake, or took an action with which you disagree about the collection or distribution of a child support payment(s), you have the right to file an informal or formal complaint. To do that, contact the DA/FSD handling your case and ask to speak with the Complaint Coordinator. If you do not want to call the DA/FSD, you can write to the DA/FSD Complaint Coordinator about your concerns.

MEDICAL SUPPORT AND MEDI-CAL

Every child is entitled to a court order that requires either or both parents to provide health insurance if such insurance is available at reasonable cost. In general, the cost of health insurance is assumed to be reasonable if it is employment related group health insurance or other group health insurance. However, in determining reasonable cost, the court will also consider the actual cost of the health insurance.

The DA/FSD will ask the court to establish or modify a child support order which requires the noncustodial parent to provide health insurance if it is available at reasonable cost. The custodial parent may also request that the DA/FSD modify the child support order to include a provision for health insurance. This may affect the amount of the monthly child support obligation. If the noncustodial parent is ordered to provide health insurance coverage, the DA/FSD will contact the noncustocial parent and his or her employer, if necessary, to secure health insurance for the child. After the DA/FSD receives the policy information, a copy will be provided to the custodial parent.

Having private health insurance coverage does not prevent you from having Medi-Cal coverage. If you receive Medi-Cal and have individual or group health private coverage (including dental or vision coverage), you are required by Federal and State law to report this to your local county welfare department, to your health care provider, and/or to the DA/FSD. Failure to provide this information is a misdemeanor. You must report to your welfare worker and/or DA/FSD within ten days when your private health coverage changes or stops. You must also tell your welfare worker and/or the DA/FSD about any court order providing health insurance.

If you are only receiving Medi-Cal benefits, you must cooperate in establishing paternity and obtaining medical support as a condition of continued eligibility for Medi-Cal benefits, unless you have filed and the County Welfare Department has approved a claim of good cause (CA 51) for not cooperating. Also, you will be provided all child support services, unless you notify the DA/FSD that you do not want to receive those services that are unrelated to obtaining medical support and establishing paternity. Obtaining medical support may reduce the amount of child support you receive. In cases where both parents are in the home, the DA/FSD will establish paternity.

Under Federal law [42 U.S.C. Section 1396A (25)] health insurance belonging to a Medi-Cal recipient in a child or medical support enforcement case is used as follows:

> The provider of service will bill Medi-Cal. Medi-Cal will pay the provider of service. Then Medi-Cal will seek repayment from the other health coverage. You will not be liable for any insurance cost-sharing amount (co-insurance, co-payment or deductible) unless a Medi-Cal co-payment or share of cost must be met. The provider may bill you for the service if you do not cooperate in identifying your private health insurance. If your other health insurance is a Prepaid Health Plan (PHP) or a health maintenance organization (HMO), you must use the plan facilities for regular medical care. Except for out-of-area service or emergency care, Medi-Cal will not pay for services rendered by a provider not associated with your PHP/HMO. Out-of-area services or emergency care should be billed to the PHP/HMO.

If you have questions about using your Medi-Cal card, contact your welfare eligibility worker.

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If you believe the DA/FSD made a mistake, or took an action with which you disagree about the collection or distribution of a child support payment(s), you have the right to file an informal or formal complaint. To do that, contact the DA/FSD handling your case and ask to speak with the Complaint Coordinator. If you do not want to call the DA/FSD, you can write to the DA/FSD Complaint Coordinator about your concerns.

MEDICAL SUPPORT AND MEDI-CAL

Every child is entitled to a court order that requires either or both parents to provide health insurance if such insurance is available at reasonable cost. In general, the cost of health insurance is assumed to be reasonable if it is employment related group health insurance or other group health insurance. However, in determining reasonable cost, the court will also consider the actual cost of the health insurance.

The DA/FSD will ask the court to establish or modify a child support order which requires the noncustodial parent to provide health insurance if it is available at reasonable cost. The custodial parent may also request that the DA/FSD modify the child support order to include a provision for health insurance. This may affect the amount of the monthly child support obligation. If the noncustodial parent is ordered to provide health insurance coverage, the DA/FSD will contact the noncustodial parent and his or her employer, if necessary, to secure health insurance for the child. After the DA/FSD receives the policy information, a copy will be provided to the custodial parent.

Having private health insurance coverage does not prevent you from having Medi-Cal coverage. If you receive Medi-Cal and have individual or group health private coverage (including dental or vision coverage), you are required by Federal and State law to report this to your local county welfare department, to your health care provider, and/or to the DA/FSD. Failure to provide this information is a misdemeanor. You must report to your welfare worker and/or DA/FSD within ten days when your private health coverage changes or stops. You must also tell your welfare worker and/or the DA/FSD about any court order providing health insurance.

If you are only receiving Medi-Cal benefits, you must cooperate in establishing paternity and obtaining medical support as a condition of continued eligibility for Medi-Cal benefits, unless you have filed and the County Welfare Department has approved a claim of good cause (CA 51) for not cooperating. Also, you will be provided all child support services, unless you notify the DA/FSD that you do not want to receive those services that are unrelated to obtaining medical support and establishing paternity. Obtaining medical support may reduce the amount of child support you receive. In cases where both parents are in the home, the DA/FSD will establish paternity.

Under Federal law [42 U.S.C. Section 1396A (25)] health insurance belonging to a Medi-Cal recipient in a child or medical support enforcement case is used as follows:

> The provider of service will bill Medi-Cal. Medi-Cal will pay the provider of service. Then Medi-Cal will seek repayment from the other health coverage. You will not be liable for any insurance cost-sharing amount (co-insurance, co-payment or deductible) unless a Medi-Cal co-payment or share of cost must be met. The provider may bill you for the service if you do not cooperate in identifying your private health insurance. If your other health insurance is a Prepaid Health Plan (PHP) or a health maintenance organization (HMO), you must use the plan facilities for regular medical care. Except for out-of-area service or emergency care, Medi-Cal will not pay for services rendered by a provider not associated with your PHP/HMO. Out-of-area services or emergency care should be billed to the PHP/HMO.

If you have questions about using your Medi-Cal card, contact your welfare eligibility worker.

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The DA/FSD will ask the court to establish or modify a child support order which requires the noncustodial parent to provide health insurance if it is available at reasonable cost. The custodial parent may also request that the DA/FSD modify the child support order to include a provision for health insurance. This may affect the amount of the monthly child support obligation. If the noncustodial parent is ordered to provide health insurance coverage, the DA/FSD will contact the noncustocial parent and his or her employer, if necessary, to secure health insurance for the child. After the DA/FSD receives the policy information, a copy will be provided to the custodial parent.

Having private health insurance coverage does not prevent you from having Medi-Cal coverage. If you receive Medi-Cal and have individual or group health private coverage (including dental or vision coverage), you are required by Federal and State law to report this to your local county welfare department, to your health care provider, and/or to the DA/FSD. Failure to provide this information is a misdemeanor. You must report to your welfare worker and/or DA/FSD within ten days when your private health coverage changes or stops. You must also tell your welfare worker and/or the DA/FSD about any court order providing health insurance.

If you are only receiving Medi-Cal benefits, you must cooperate in establishing paternity and obtaining medical support as a condition of continued eligibility for Medi-Cal benefits, unless you have filed and the County Welfare Department has approved a claim of good cause (CA 51) for not cooperating. Also, you will be provided all child support services, unless you notify the DA/FSD that you do not want to receive those services that are unrelated to obtaining medical support and establishing paternity. Obtaining medical support may reduce the amount of child support you receive. In cases where both parents are in the home, the DA/FSD will establish paternity.

Under Federal law [42 U.S.C. Section 1396A (25)] health insurance belonging to a Medi-Cal recipient in a child or medical support enforcement case is used as follows:

> The provider of service will bill Medi-Cal. Medi-Cal will pay the provider of service. Then Medi-Cal will seek repayment from the other health coverage. You will not be liable for any insurance cost-sharing amount (co-insurance, co-payment or deductible) unless a Medi-Cal co-payment or share of cost must be met. The provider may bill you for the service if you do not cooperate in identifying your private health insurance. If your other health insurance is a Prepaid Health Plan (PHP) or a health maintenance organization (HMO), you must use the plan facilities for regular medical care. Except for out-of-area service or emergency care, Medi-Cal will not pay for services rendered by a provider not associated with your PHP/HMO. Out-of-area services or emergency care should be billed to the PHP/HMO.

If you have questions about using your Medi-Cal card, contact your welfare eligibility worker.

3. NA BACK 7

HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you 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.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. For all other child care programs, your benefits will NOT stay the same until your hearing.
- 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

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

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect 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 for it.

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).

(a) BACK ▼

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

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

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ Child Care

☐ Other (list) _____

Here's why: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

☐ Check here and add a page if you need more space.

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

_____

☐ I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

_____

Phone: _____

My case number: _____

My signature: _____

Date: _____

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941

June 26, 1996

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 164

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

This letter transmits Article 7G of the Medi-Cal Eligibility Procedures Manual entitled: "How to Use the Statement of Citizenship, Alienage, and Immigration Status (Medi-Cal Form MC 13)." The enclosed procedures replace the advance copy of Article 7G (forwarded to counties in All County Welfare Directors Letter 91-19) which was never officially incorporated into the procedures manual. Any previous version of Article 7G must be removed from the Medi-Cal Eligibility Procedures Manual in its entirety.

Procedures Revision	Description
Article 7G	The Revised Article Section 7G incorporates changes necessary to implement the State Court of Appeal ruling in the case of Crespin v. Coye. Pursuant to that ruling all Medi-Cal applicants must provide information about their alien status on the MC 13, and all applicants who have a Social Security number are asked to provide it. Counties have been instructed to implement that ruling (including Procedures Article 7G) on September 1, 1996.

Filing Instructions:

Remove Pages	Insert Pages
Procedures Table of Contents, Page PTC-8	Procedures Table of Contents, Page PTC-8
Article 7 Table of Contents	Article 7 Table of Contents, Page TC-1
Nothing to Remove	Article Section 7G Pages 7G-1 through 7G-5

If you have any questions regarding these procedure revisions, please contact John Zapata of my staff at (916) 657-0725.

Sincerely,

Frank S. Martucci

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

7G--HOW TO USE THE STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS (MEDI-CAL FORM MC 13)

BACKGROUND:

Welfare and Institutions Code Section 14011.2 requires every Medi-Cal applicant to provide a declaration of citizenship/immigration status, and requires every applicant who has a Social Security number to provide it to the county. This section also specifies that Medi-Cal applicants who claim to be U.S. citizens, U.S. nationals, or aliens in a satisfactory immigration status are required to provide a Social Security number as a condition of eligibility. The Department of Health Services has developed the "Statement of Citizenship, Alienage, and Immigration Status" (Medi-Cal Form MC 13) to obtain this information.

Full implementation of Welfare and Institutions Code Section 14011.2 was delayed by the courts, but in 1994, the California State Court of Appeal ruled that the Department of Health Services could fully implement Section 14011.2. To fully implement that section, DHS has updated the MC 13. The latest revision of the MC 13 is dated May 1996. The general MC 13 requirements and Instructions for completing the revised form are provided below.

WHEN TO COMPLETE THE MC 13

An MC 13 must be completed at each application, reapplication, or restoration for every person requesting Medi-Cal benefits **including applicants in Statewide Automated Welfare System (SAWS) counties**. Make certain that each adult applicant, or adult acting on behalf of a child, supplies all appropriate information, then signs and dates the form. In cases where the applicant is a child, or is incapable, incompetent, or deceased, the same person who signs the MC 210 (Statement of Facts) must complete the MC13. A new MC13 is required at annual redetermination only when the beneficiary's immigration status has changed. If the case file lacks an MC 13, have the applicant complete the most current version of the form.

COMPLETING THE MAY 1996 VERSION OF THE MC 13

The May 1996 version of the MC 13 incorporates a number of major revisions including:

- Every Medi-Cal applicant is required to provide information about his or her citizenship/immigration status.
- Every Medi-Cal applicant who has a Social Security number is asked to provide it to the county welfare department. Applicants who claim to be U.S. citizens, U.S. nationals, or aliens in a satisfactory immigration status, who do not have a Social Security number at the time of application are still required to obtain a number and provide it to the county as a condition of eligibility.
- Medi-Cal applicants are no longer asked to request full or restricted benefits. The appropriate level of benefits is determined by the county based on a review of the applicant's citizenship or immigration status and completion of the SAVE process when necessary.
- Information previously included throughout the MC 13 and on page 6 of the November 1993 version of the MC 219 ("Important Information for Persons Requesting Medi-Cal" page) is now included in Section "A" of the MC 13.

Each section of the May 1996 MC 13 is discussed in detail below.

SECTION A: MEDI-CAL BENEFITS TO CITIZENS AND ALIENS

Section A includes a variety of important information to help applicants understand the citizenship/alienage requirements of the Medi-Cal program including the definition of satisfactory immigration status (SIS). The terms defined in this section are intended only for Medi-Cal purposes. This section also includes information about alien documentation and verification requirements, and about the Social Security number requirements for Medi-Cal applicants. Each of these topics is discussed in more detail below. Eligibility workers should be familiar with the information in this section to assist applicants with any questions that may arise regarding these topics.

SECTION B: CITIZENSHIP/IMMIGRATION STATUS DECLARATION

In previous versions of the MC 13, Section B was used by the applicant to request full or restricted Medi-Cal benefits. Because of the August 1994 State Appellate Court ruling in the Crespin case, it is no longer necessary for applicants to request full or restricted Medi-Cal benefits prior to completing the MC 13. The county welfare department must make that determination based on a review of each applicant's citizenship/immigration status. Therefore Section B is now designed for the applicant to indicate whether he or she is a U.S. citizen, a U.S. national or an alien, without reference to the level of benefits requested. Every applicant must indicate his or her citizenship or immigration status in Section B.

Every applicant is required to complete question 1 in this section indicating whether he or she is or is not a citizen or national of the United States. Every applicant who indicates that he or she is a U.S. citizen or national must provide information about his or her place of birth and then skip to Section C. Anyone who indicates that he or she is not a citizen or national of the U.S. must provide information about his or her specific alien status in questions 2 through 4. If none of the alien statuses in questions 2 through 4 are applicable, the applicant should answer "NO" to EACH of those questions. Aliens who claim to be PRUCOL must indicate which PRUCOL category applies to them in question 5. **AN MC 13 INDICATING THAT THE APPLICANT IS NOT A CITIZEN OR NATIONAL OF THE UNITED STATES IS INCOMPLETE UNLESS THE APPLICANT INDICATES A SPECIFIC ALIEN STATUS (INCLUDING A SPECIFIC PRUCOL STATUS WHEN APPLICABLE) OR ANSWERS "NO" TO QUESTIONS 2 THROUGH 4.**

SECTION C: VERIFICATION OF IMMIGRATION STATUS (FOR ALIENS WHO CLAIM SATISFACTORY IMMIGRATION STATUS)

Only aliens who answer "YES" to questions 2, 3, or 4 in Section B are required to complete Section C. This is because verification of an applicant's alien status is only required if he or she claims to have "satisfactory immigration status". This requirement is applicable to aliens who indicate that they are amnesty aliens with a valid and current I-688 (question 2) or lawfully admitted for permanent residence (question 3) or PRUCOL (question 4).

PROVIDING DOCUMENTATION OF IMMIGRATION STATUS

Aliens who indicate they have satisfactory immigration status (SIS) are required to provide documentation of their immigration status. Procedures for verifying SIS are found in All County Welfare Directors Letter 92-48. Aliens who claim SIS have 30 days (or the time it takes to determine whether they are otherwise eligible, whichever is longer) to present evidence of SIS.

If they are otherwise eligible, grant them full Medi-Cal benefits without further delay (even without evidence of SIS) if the 30 days to present evidence of SIS have not elapsed. In addition, such applicants, if they present the required evidence of SIS and if they are otherwise eligible, receive full Medi-Cal benefits while their evidence is being verified with the Immigration and Naturalization Services (INS) through the SAVE system.

If an applicant claims SIS, but needs to obtain replacement immigration documents, the requirement to provide evidence of SIS shall be considered to be met if the alien presents an Individual Fee Register Receipt (INS Form G-711) requesting replacement of a lost, stolen, or unreadable INS document. In many cases, it will not be necessary to refer persons to INS for replacement of a document, but rather, to ask them to search for it at home and then bring it in to you

SECTION D: SOCIAL SECURITY NUMBER

Every Medi-Cal applicant who has a Social Security number (SSN) is asked to provide it to the county regardless of his or her citizenship or immigration status. Therefore, every applicant must indicate whether or not he/she has a SSN in this section. **However, only applicants who claim to be United States citizens or United States nationals or aliens who claim to have satisfactory immigration status, are required to provide (or apply for) a SSN as a condition of Medi-Cal eligibility.** (This includes applicants who answer "YES" to question 2, question 3, or question 4 in Section B).

For U.S. citizens, U.S. nationals and aliens who are required to provide an SSN, but who do not have a number at the time of application, counties should use established policies for meeting the SSN requirement. (See Title 22, California Code of Regulations, Sections 50168 and 50187 for more information about this requirement)

Although aliens who do not claim SIS are asked to provide a Social Security number, a SSN is not required to establish eligibility for restricted Medi-Cal. If an alien who is otherwise eligible for restricted Medi-Cal indicates that he or she has a SSN, it is appropriate to ask him or her to provide it. If such an applicant refuses to provide the SSN, the county must still grant restricted Medi-Cal benefits (if the applicant is otherwise eligible) and should request an investigation if there is reason to believe that the applicant is withholding any information relevant to his or her Medi-Cal eligibility. However, All County Welfare Directors Letter 95-53 clarifies that: **"Under no circumstances should an Eligibility Worker knowingly submit an incorrect or fraudulent SSN to MEDS."**

COUNTY USE SECTION

The " FOR COUNTY USE ONLY" section of the MC 13 provides space for important information about the citizenship/alien status determination. Counties should provide all of the applicable information requested in this section. The May 1996 version of the MC 13 retains most of the items previously included in this section and incorporates some important changes. For example, the question asking counties to indicate which documents are in the file has been deleted. The "Action Taken" categories have been expanded for counties to indicate when full Medi-Cal benefits were granted pending verification of immigration status. Counties should mark this response when full Medi-Cal benefits are granted to an otherwise eligible alien during the reasonable opportunity period to provide evidence of SIS and/or while waiting for the INS to verify SIS through SAVE. The latest revision also adds a section for the county to indicate which level of benefits the applicant is potentially eligible to receive. It is not necessary to complete the eligibility determination to respond to this question since it is based on the citizenship/immigration status information provided on the MC 13.

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

STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS

Print Name of Applicant (The applicant is the person who wants Medi-Cal):	Date:
Print Name of Person Acting for Applicant:	Relationship to Applicant:

SECTION A: MEDI-CAL BENEFITS TO CITIZENS AND ALIENS

Citizens and nationals of the United States who meet all eligibility requirements may receive full Medi-Cal benefits.

Aliens who meet all eligibility requirements may receive either full Medi-Cal benefits (if they are in a satisfactory immigration status) or restricted benefits limited to emergency and pregnancy-related services (if they are not in a satisfactory immigration status).

Satisfactory immigration status and full Medi-Cal benefits for aliens: Federal and state law provide that *full* Medi-Cal benefits may be received only by aliens who are in a satisfactory immigration status and who meet all eligibility requirements including California residency. Aliens are in a satisfactory immigration status if they are amnesty aliens with valid and current lawful temporary resident cards (I-688) or lawful permanent residents or permanent residing in the U.S. under color of law (PRUCOL). **The 16 PRUCOL categories are listed in SECTION B, question 6 below.**

Documented aliens not in a satisfactory immigration status (such as aliens with unexpired visas or unexpired parole status) who meet all eligibility requirements, including California residency, may receive restricted benefits (limited to emergency and pregnancy-related services).

Undocumented aliens who meet all eligibility requirements, including California residency, may receive restricted benefits (limited to emergency and pregnancy-related services).

Citizenship/immigration status information: Every person requesting Medi-Cal is required to provide information about his/her citizenship or immigration status. Immigration status information provided as part of the Medi-Cal application is confidential.

Alien status documents and verification requirements: Aliens who claim to be in a satisfactory immigration status (SIS) for Medi-Cal purposes must present INS documents that show their immigration status if they have an INS document or are eligible to obtain one. Aliens who claim to be in an SIS, but who cannot obtain an INS document or replacement receipt (for example, aliens in the last PRUCOL category indicated in SECTION B below) should submit other evidence establishing their immigration status. INS documents will be verified by the INS. Aliens who do not have these documents with them, or who have unreadable documents, may bring us receipts which show that they have applied for replacements. Aliens will have 30 days to do this, or until their Medi-Cal application is ruled on, whichever is longer. If the alien is otherwise eligible, Medi-Cal will be issued during this period and while the submitted documentation is being verified by the INS. If none of the documents contains the applicant's photograph, they must show us an identity document which establishes that the applicant is the person named in the documents.

Social Security number requirement: Every person requesting Medi-Cal who has a Social Security number must provide it to the county welfare department. U.S. citizens, U.S. nationals and aliens claiming to be in a satisfactory immigration status who do not have a Social Security number must apply for one and provide it to the county welfare department. Aliens who need help applying for a Social Security number should ask their eligibility worker for assistance. Aliens who are not in a satisfactory immigration status and who do not have a Social Security number can still get restricted Medi-Cal if they meet all eligibility requirements.

SECTION B: CITIZENSHIP/IMMIGRATION STATUS DECLARATION

1. Is the applicant a citizen or national of the United States? ☐ Yes ☐ No

   If the applicant is a citizen or a national of the United States, where was he/she born? _____ (city, state)

   IF YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, GO DIRECTLY TO SECTION D. IF YOU ARE AN ALIEN, PLEASE ANSWER QUESTIONS 2, 3, AND 4 BELOW (AND QUESTION 5 IF YOU CLAIM TO BE PRUCOL) THEN COMPLETE SECTIONS C AND D.

2. Is the applicant an amnesty alien with a valid and current I-688? ☐ Yes ☐ No
3. Is the applicant a lawful permanent resident? ☐ Yes ☐ No
4. Is the applicant a PRUCOL alien? ☐ Yes ☐ No

IMPORTANT: All PRUCOL aliens must indicate their specific PRUCOL status in question 5.

5. If the applicant would qualify for Medi-Cal benefits as a PRUCOL alien, indicate the status category which entitles him/her to that classification:
   - ☐ A conditional entrant admitted to the United States before April 1, 1980
   - ☐ An alien paroled into the United States, including Cuban/Haitian entrants

MC 13 (5/96) Proposed

- ☐ An alien subject to an Order of Supervision
- ☐ An alien granted an indefinite stay of deportation
- ☐ An alien granted an indefinite voluntary departure
- ☐ An alien on whose behalf an immediate relative petition (INS Form I-130) has been approved and who is entitled to voluntary departure
- ☐ An alien who has properly filed an application for lawful permanent resident status
- ☐ An alien granted a stay of deportation for a specified period
- ☐ An alien granted asylum
- ☐ A refugee admitted to the U.S. since April 1, 1980
- ☐ An alien granted voluntary departure who is awaiting issuance of a visa
- ☐ An alien in deferred action status
- ☐ An alien who entered and has continuously resided in the U.S. since before January 1, 1972 who would be eligible for an adjustment of status to lawful permanent resident pursuant to INA Section 249 (eligible as a Registry alien)
- ☐ An alien granted a suspension of deportation whose departure INS does not contemplate enforcing
- ☐ An alien granted withholding of deportation pursuant to INA Section 243(h)
- ☐ An alien, not in one of the above categories, who can show that: (1) INS knows he/she is in the United States; and (2) INS does not intend to deport him /her, either because of the person's status category or individual circumstances.

SECTION C: VERIFICATION OF IMMIGRATION STATUS (FOR ALIENS WHO CLAIM SATISFACTORY IMMIGRATION STATUS)

IMPORTANT: Complete this section only if you answered "YES" to question 2, question 3, or question 4 in SECTION B on the front of this form.

1. Alien Registration number and/or Alien Admission (INS Form I-94) number: _____
2. Date the applicant first entered the U.S.: _____
3. Applicant's name when he/she first entered the U.S.: _____
4. Of what country is the applicant a citizen: _____
5. Where was the applicant born: _____

SECTION D: SOCIAL SECURITY NUMBER

Does the applicant have a Social Security number (SSN)? (Aliens who are not in a satisfactory immigration status, and who do not have an SSN, can still get restricted Medi-Cal if they meet all eligibility requirements.)

- ☐ Yes, the applicant's Social Security number is: _____
- ☐ No

SECTION E:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature:	Date:
Signature of Person Acting for Applicant	Date:

FOR COUNTY USE ONLY

EW Number: _____ County: _____ Date: _____

Action taken:

- ☐ None necessary.
- ☐ SAVE primary verification performed. _____ Date: _____
- ☐ Document Verification Request (INS Form G-845) and copies of documentation of satisfactory immigration status sent to INS. _____ Date: _____
- ☐ Full Medi-Cal benefits were granted pending verification of immigration status.
- ☐ Copies of alien status documents are in the case file.
- ☐ Person referred to INS to obtain replacement documents. _____ Date: _____

COUNTY DETERMINATION OF THE APPROPRIATE LEVEL OF MEDI-CAL BENEFITS.

BASED ON THE INFORMATION PROVIDED ON THIS FORM:

- ☐ The above named applicant is a U.S. citizen or national, or an alien, who, if otherwise eligible, would receive FULL Medi-Cal benefits.
- ☐ The above named applicant is an alien, who, if otherwise eligible, would receive RESTRICTED Medi-Cal benefits.

MC 13 (5/96) Proposed