DEPARTMENT OF HEALTH SERVICES 714/744 P STREET

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(916) 657-2941

October 31, 1994

MEDI-CAL ELIGIBILITY MANUAL LETTER NO.: 137

All Holders of the Medi-Cal Eligibility Manual TO: **All County Welfare Directors** All County Administrative Officers All County Medi-Cal Program Specialists/Liaisons

ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL) NO. 94-52 Ref.:

Enclosed is the procedure for Section 50167 (A)(8) of the Medi-Cal Eligibility Manual, Article 4. This procedure covers policy previously released in the ACWDL No. 94-52. The side bar on page 4T-1, paragraph 3, indicates a clarification of policy contained in ACWDL No. 94-52.

Procedure Revision	Description	
Article 4-T	Acceptable Pregnancy Verification	
Filing Instructions		
Remove Pages	Insert Pages	
Procedures Table of Contents	Procedures Table of Contents	
Page PTC 5	Page PTC 5	
Article 4 Table of Contents	Article 4 Table of Contents	

Article 4 Table of Contents

None to remove

If you have any questions concerning this procedure, you may contact Ms. Ana Ramirez of my staff at (916) 657-1401.

Sincerely,

Article 4-T, Page 1

Original signed by

Frank S. Martucci, Chief Medi-Cal Eligibility Branch

Article 4	<u> </u>	 APPLICATION PROCESS
	4H	 PROCESSING OF STATUS REPORTS
	41	 DILIGENT SEARCH PROCEDURES
	4J	 PROMPTNESS REQUIREMENT
	4K	 PROCESSING MEDICALLY INDIGENT ADULTS (MIAs) APPLICANTS
	4L	 RSDI/UI/DI REPORTS
	4M	 VERIFICATION OF UNCONDITIONALLY AVAILABLE INCOME
	4N	 TIMELY REPORTING BY PUBLIC GUARDIANS/CONSERVATORS OR BENEFICIARY REPRESENTATIVES
	40	 ONE MONTH EXTENDED ELIGIBILITY (EDWARDS V. MEYERS)
	4P	 CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
	4Q	 PROCEDURES FOR LONG-TERM CARE (LTC) ADMISSIONS AND DISCHARGES FOR SSI/SSP AND MEDICAL RECIPIENTS
	4S	 INSTRUCTIONS FOR THE MC 210 AND SUPPLEMENTS TO THE MC 210
	4T	 ACCEPTABLE PREGNANCY VERIFICATION

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Article 4	-	APPLICATION PROCESS	
4H		PROCESSING OF STATUS REPORTS	
		I. GUIDELINES FOR REVIEWING STATUS REPORTS FOR COMPLETENESS	
		II. STATUS REPORT NOTICE REQUIREMENTS	
41		DILIGENT SEARCH PROCEDURES	
		I. REFERRAL TO PUBLIC GUARDIAN OR CONSERVATOR	
		II. DISABILITY DETERMINATION REFERRAL	
		III. DILIGENT SEARCH	
		IV. CASE PROCESSING	
4J		PROMPTNESS REQUIREMENT	
4K		PROCESSING OF MEDICALLY INDIGENT ADULTS (MIAs) APPLICANTS	
4L		RSDI/UI/DI REPORTS	
		I. BACKGROUND	
		II. INSTRUCTIONS FOR INTERPRETING THE REPORT OF RSDI	
		III. INSTRUCTIONS FOR INTERPRETING THE UI/DI FORMATS ON THE REPORT OF RSDI/UI/DI	
4M		VERIFICATION OF UNCONDITIONALLY AVAILABLE INCOME	
4N		TIMELY REPORTING BY PUBLIC GUARDIANS/CONSERVATORS OR BENEFICIARY REPRESENTATIVES	
40		ONE MONTH EXTENDED ELIGIBILITY (EDWARDS V. MYERS)	
4P		CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM	
		I. INFORMING	
		II. DOCUMENTATION AND REFERRAL RESPONSIBILITIES	

MANUAL LETTER NO.: 137

DATE: OCT 3 1 1994

- 4Q -- PROCEDURES FOR LONG-TERM CARE (LTC) ADMISSIONS AND DISCHARGES FOR SSI/SSP AND MEDI-CAL RECIPIENTS
 - I. BACKGROUND INFORMATION
 - II. ADMISSIONS PROCEDURES
 - III. DISCHARGE PROCEDURES
- 4S -- INSTRUCTIONS FOR THE MC 210 AND SUPPLEMENTS TO THE MC 210
- 4T -- ACCEPTABLE PREGNANCY VERIFICATION

4T--ACCEPTABLE PREGNANCY VERIFICATION

Based on Section 50167 (a)(8) of Article 4, California Codes of Regulations (CCR), once the Medi-Cal application is submitted to the county based on pregnancy, the county is responsible for reviewing the information on the application with the applicant or recipient. Acceptable pregnancy verification is a written statement from:

- o a physician,
- o a physician's assistant,
- o a certified nurse midwife,
- o a nurse practitioner, or
- o a designated medical or clinic personnel with access to patient's medical record.

A signature stamp, a photo copy, or a carbon copy are acceptable as long as they are initialed or counter-signed by the designated medical or clinic personnel providing the verification. The carbon copy signature that appears on the Pregnancy Verification portion of the Presumptive Eligibility, "Application for Medi-Cal Program Only" (PREMED2), does not need to be initialed.

Pregnancy verification should include the estimated date of confinement (EDC). If pregnancy verification does not include the EDC, the eligibility worker may ask the applicant for the expected date of birth. A verbal statement made by the applicant regarding the EDC is acceptable and sufficient. All EDC's taken verbally must be documented in the applicant's file by the eligibility worker.

Pregnancy verification is not required for women applying for minor consent services under Section 50147.1.

SECTION NO.:

MANUAL LETTER NO.: 137

DATE: OCT 3 1 1994 4T-1

