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

April 13, 2000

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

Letter No.: 00-24

USE OF AIM APPLICATION TO DETERMINE ELIGIBILITY FOR PREGNANCY-RELATED MEDI-CAL BENEFITS

Ref.: All County Welfare Directors Letter (ACWDL) No. 99-50 and EMC2 No. 20008 dated February 15, 2000

The purpose of this letter is to instruct counties to begin processing completed Access for Infants and Mothers (AIM) applications as applications for Medi-Cal *for pregnancy related services only.* This letter provides the necessary instructions for implementation, as Indicated in EMC2 No. 20008, dated February 15, 2000.

AIM Program Background

Administered by the Managed Risk Medical Insurance Board (MRMIB), the AIM Program provides comprehensive health care to uninsured moderate income (200 percent - 300 percent of the Federal Poverty Level [FPL]) pregnant women and their newborns. The AIM application is a mail-in document through which eligibility is determined within ten days (a copy of the AIM application package is enclosed). AIM eligibility is determined by the AIM contractor, Healthcare Alternatives (HCA). HCA's toll-free number for AIM application information is 1-800-433-2611.

Closer Alignment of AIM and Medi-Cal Eligibility Standards

In determining AIM eligibility based on this updated AIM application, AIM contractors now use many of the same income deductions used by Medi-Cal in determining eligibility for pregnancy services. Accordingly, when an AIM application is denied solely due to income below program limits (at or below 200 percent FPL), that application is deemed to contain sufficient eligibility data to serve as an application *for pregnancy-related services only* under Medi-Cal. The AIM application does *not* include enough information to allow a determination of full-scope Medi-Cal eligibility. It lacks critical information about citizenship and/or immigration status as well as basic property information. The AIM application does, however, include sufficient information on family size, family relationship, income, income deductions, and verification of pregnancy to

support a determination of pregnancy-only Medi-Cal. It also contains the applicant's authorization to forward the AIM application to the county Medi-Cal office for processing as Medi-Cal application. **This authorization is considered to be a request by the AIM applicant for a Medi-Cal determination based on her completed AIM application. Therefore, no SAWS 1 is needed.**

Interprogram Agreement

As a result of closer alignment of Medi-Cal and AIM program standards, and in the interest of promoting greater interaction between State-sponsored insurance programs (such as Healthy Families/AIM) and Medi-Cal, the Department of Health Services and MRMIB recently agreed to take initial steps to link the application processes of the two programs. Effective February 1, 2000, AIM contractors were instructed to begin forwarding any AIM applications *denied due to insufficient income* (net nonexempt income at or below 200 percent FPL) to the appropriate county Medi-Cal office for processing as a Medi-Cal application for the pregnant woman only. Appropriate documentation to support pregnancy-only Medi-Cal eligibility will be included with these forwarded applications. Those AIM applications denied for reasons *other than* insufficient income will *not* be forwarded to counties.

Because counties were not notified until the February 15, 2000, E-Mail that the AIM contractors were to begin forwarding denied AIM applications beginning February 1, 2000, some counties may have received forwarded AIM applications prior to the date of the E-Mail. We regret any confusion this may have caused. Those counties should go ahead and process any AIM application packages received since February 1, 2000, as applications for *pregnancy-related services only under Medi-Cal*. Please ensure that all forwarded AIM applications received *after* the date of this ACWDL are immediately processed as applications for pregnancy-only Medi-Cal.

Date of Application

The date of application for Medi-Cal shall be the date the forwarded AIM application package, complete with eligibility documentation, is received by the county Medi-Cal office. This application date shall be used in determining eligibility for any period of retroactive eligibility that may be requested by the applicant upon notification by the

county that her application has been received (see Written Notification of Receipt of Application below).

County Address for Receipt of Denied AIM Applications

AIM contractors have been instructed to forward denied AIM applications to the same address which has been designated by the county as its receipt point for Medi-Cal applications sent to the county from the Single Point of Entry contractor.

County Processing of Forwarded AIM Applications

Initial Processing

When the county receives the completed AIM application package from the AIM contractor, the county must carefully review the package to ensure completeness (i.e.; all items completed; all necessary documentation enclosed). The county must also confirm that the applicant is in fact a resident of that county, based on the mailing address listed on the AIM application. Any incomplete packages may be sent back to the AIM contractor with a request to provide any missing item(s). Any packages forwarded to the incorrect county of residence should be sent to the correct county, under cover of a transmittal indicating that the package had erroneously been forwarded to the wrong county. Such transmittal should indicate the date the application was received in your county, as that is the date of application that must be preserved.

Written Notification of Receipt of Application

Once the forwarded AIM application package is determined to be complete and correctly forwarded, the county must send the applicant a written notification that the AIM package has been received and will be processed as a Medi-Cal application, as specifically authorized by the applicant on the AIM application. That written notification must clearly indicate that the information she provided in the AIM application package will be used to determine her eligibility for *pregnancy-related services only* under Medi-Cal. It must also advise her that she may obtain temporary prenatal care services under the Presumptive Eligibility (PE) program through a participating PE provider in her area.

MC 13

The notification must include as an attachment the MC 13, with instructions advising the applicant that this form must be completed, signed, and submitted along with any necessary verifications to the county within ten working days. The notification must explain that the MC 13 is required because Medi-Cal rules require a declaration of citizenship/immigration status as a condition of eligibility, while AIM does not.

Request for Full-Scope Medi-Cal based on AIM Application

As indicated previously, the county must contact the applicant without delay if she requests a determination of full-scope eligibility pursuant to notification of receipt of the AIM application by the county. It must also advise her of any additional information and documentation needed to support such a determination, the time frame for doing so, and the consequences of failing to provide the necessary material timely. State MC 210 supplements may be used when appropriate. Please note that, in the event additional information and/or documentation requested is not received timely, the county should complete a determination of eligibility for pregnancy-related services only.

Request for Additional Medi-Cal Coverage Based on AIM Application

Social Security Number (SSN)

AIM does not require a SSN as a condition of eligibility. Therefore, most women applying for Medi-Cal pregnancy-related benefits only based on a forwarded AIM application must provide a SSN if one was not provided as part of her AIM application. Only those women who declare themselves on the MC 13 to be undocumented or otherwise not legally present in the United States are exempt from the requirement to provide a SSN.

Retroactive Medi-Cal

The notification must clearly state that the applicant has the right to retroactive coverage for any or all of the three months prior to the month her application is received by the county. It must also state that she has up to one year from the date of the earliest retroactive month requested to submit her application for retroactive coverage. If the applicant does subsequently request retroactive coverage, the county must send the

MC 210A "Application for Retroactive Medi-Cal" to the applicant for completion and return within a reasonable time period.

The notification must also clearly state that the applicant must notify the county within ten working days (by phone or by mail) if she wishes to have the county determine her eligibility for *full-scope Medi-Cal* rather than for pregnancy-related services only. It must also indicate that she will be asked to provide property information/documentation and deprivation information in order for the county to make a correct determination of full-scope Medi-Cal eligibility, as such information was not requested as part of the AIM application process.

Section 1931(b) Determination

As we indicated earlier, the AIM application does not contain enough eligibility information to determine a pregnant woman's eligibility for full-scope Medi-Cal. As such, counties must not attempt to evaluate possible Section 1931(b) eligibility based on the information contained in the AIM application. The applicant must be evaluated for pregnancy-related Medi-Cal only as if she were applying as an Income Disregard eligible.

However, if the applicant requests a full-scope determination, and provides the additional information needed, as described above, the applicant must then be evaluated for Section 1931(b) eligibility first.

AIM Use of Medi-Cal Income Deductions and Exemptions

In order to achieve a greater consistency in income methodology between the AIM, Healthy Families and the Medi-Cal program, MRMIB now allows these programs to use most Medi-Cal income deductions and exemptions, *with the following notable exceptions*:

- Educational expenses (Title 22, California Code of Regulations [CCR], Section 50547)
- Student Exemptions (Title 22, CCR, Section 50543)
- Exempt Loans, Grants, Scholarships (Title 22, CCR, Section 50533)

In addition to these items, there are a few other deductions/exemptions of lesser importance which are not currently used by either AIM or Healthy Families.

The fact that AIM does not use these specific Medi-Cal deductions/exemptions should not create any difficulty for counties in accepting denied AIM applications as applications for Medi-Cal. The result is simply that some pregnant women who have these types of expenses may be determined eligible for AIM, when in fact they may have qualified for pregnancy-only Medi-Cal by virtue of these deductions or exemptions, had they applied.

Income Documentation

If past-year tax records were used as income documentation (e.g., self-employed) to support the AIM eligibility determination, the county should accept that documentation for the purpose of establishing *initial eligibility* for pregnancy-related services. Once eligibility is established, the county may subsequently request more current income documentation from the recipient. However, a reasonable amount of time must be given for the recipient to provide this documentation, once her pregnancy-only Medi-Cal eligibility is established. If the county requests such additional documentation, and the recipient does not provide it within the time allotted, the county may discontinue her with adequate notice. Please keep in mind that, although the pregnant woman is protected against income increases under Continued Eligibility (CE) once she is determined eligible for Medi-Cal, CE does not protect her from being discontinued as a result of failing to cooperate with requests for additional information.

Aid Code

When establishing pregnancy-only eligibility for an applicant on the basis of a completed AIM application package, the county must use the appropriate pregnancy-only aid code depending on the applicant's citizenship/immigration status, as determined by the signed MC 13 and any supporting documentation. This is because citizenship or immigration status is not provided on the AIM application.

Case Counts

For each AIM application package received, the county may claim one intake case count, as is currently done with Medi-Cal applications received from the Single Point of Entry contractor. This is true regardless of whether the county performs a determination of pregnancy-only eligibility or a full-scope determination pursuant to the applicant's request. As with other Medi-Cal applications, a case count may not be claimed if the case must be transferred immediately to another county due to being forwarded in error to the wrong county of residence.

If you have any questions regarding this ACWDL, please contact Mr. Tony Plescia of my staff at (916) 657-3185.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosure

Enclosure

Access for Infants and Mothers (AIM) Application

SECTION 1

APPLICANT INFORMATION: This section gives us basic information about you—the pregnant woman applicant. If a question does not apply to you, write "N/A" or leave it blank. Submitting your Social Security Number is optional. Answering "YES" to the question(s) about smoking will not affect your enrollment in any way.

Last Name	First Name	M.I.	Social Security Number	Age	Birthdate

Street Address	Unit/Apt. Number	Phone Number ( )

City	County	State	Zip Code

First day of last menstrual period - estimate, if unknown **(required)**	Do you smoke? YES/NO	Does anyone in your household smoke? YES/NO

PRINT BILLING AND MAILING ADDRESS, IF DIFFERENT FROM ABOVE:

Last Name	First Name

Street Address	Unit/Apt. Number

City	County	State	Zip Code

Race/Ethnicity: (Optional: Check which best applies)

- ☐ Aleut
- ☐ American Indian
- ☐ Black, African-American
- ☐ Eskimo
- ☐ White
- ☐ Other

Latina:
- ☐ Cuban
- ☐ Mexican, Mexican-American, Chicano
- ☐ Puerto Rican

Pacific Islander:
- ☐ Filipino
- ☐ Gumanaian
- ☐ Puerto Rican

Asian:
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Vietnamese

What is the primary language spoken in your household? _____

SECTION 2

CHOICE OF HEALTH PLAN: (Applicant must fill out this section)

Instructions: Go to page19 in this application to see which AIM health plans are available in your county. Beginning on page 22, you will find a listing of the medical groups and providers (by health plan) you may choose.

Choice of Health Plan:	
Choice of Medical Group/Provider **(If required)**:	Provider Code **(If required)**:

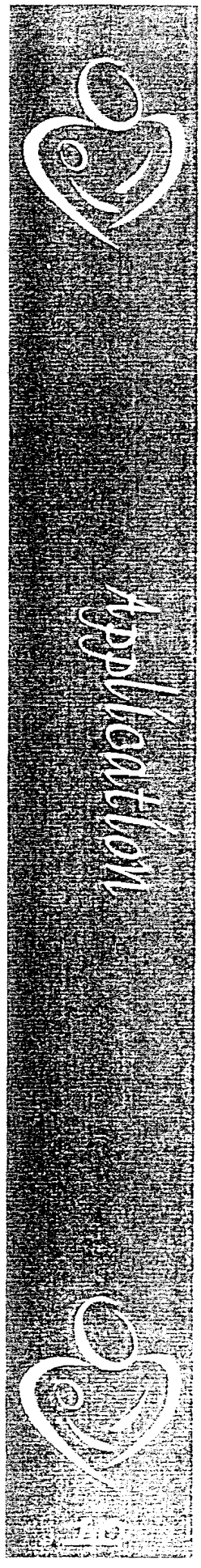
SECTION 3

HOUSEHOLD, INCOME and INSURANCE INFORMATION: This section will give us information on your total family size, income, and whether you have insurance for you, your family, or your unborn baby.

Part A: Pregnant Applicant's Information

Applicant's Name		Are you currently employed? YES/NO	
Employer's Name (if employed)		Employer's Phone Number ( )	Ext.
Employer's Street Address	City	State	Zip Code

IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL ASSISTANCE, PLEASE CONTACT YOUR LOCAL AIM OUTREACH WORKER (LISTED AT THE FRONT OF THE APPLICATION).



Type of Income Documentation Enclosed (check one): **SEE PAGE 5**

- ☐ Copy of previous year Federal Income Tax Return
- ☐ Three months of paycheck stubs
- ☐ Three month profit and loss statement
- ☐ No Income
- ☐ Copy of previous year Federal/State W-2 Forms/1099's
- ☐ Letter from current employer indicating monthly gross income for previous three months with pay stub attached
- ☐ Unearned Income

Do you currently have health insurance? YES/NO	Does it cover your pregnancy? YES/NO	Will it cover the infant from this pregnancy? YES/NO
Name and address of current insurance company/health plan:		Have you recently had pregnancy coverage? YES/NO If yes, how recent?_____

Part B: To be completed by husband or father of the baby(if living with applicant and has had another child with applicant).

Name of father of baby (if living with applicant)	Birthdate		Social Security Number
Married to Applicant? YES / NO	Are you employed now? YES / NO		
Employer's Name (if employed)	Employer's Phone Number ( ) Ext.		
Employer's Street Address	City	State	Zip Code

Type of Income Documentation Enclosed (check one): **SEE PAGE 5**

- ☐ Copy of previous year Federal Income Tax Return
- ☐ Three months of paycheck stubs
- ☐ Three month profit and loss statement
- ☐ No Income
- ☐ Copy of previous year Federal/State W-2 Forms/1099's
- ☐ Letter from current employer indicating monthly gross income for previous three months with pay stub attached
- ☐ Unearned Income

Do you, the father of the baby, have health insurance? YES / NO	Will this insurance cover the applicant's pregnancy? YES / NO	Will this insurance cover your baby? YES / NO
Name and address of current insurance company/health plan:		

Part C: See page 4 for more information about income deductions and the documentation you are required to submit. Please list all of your unmarried children/stepchildren under age 21 and disabled dependents who live in your home and the applicable monthly child care expense or disabled dependent care expense you pay. If you need more space, write the information on a separate piece of paper and mail it with your application.

Name of Child or Disabled Dependent	Date of Birth	Relationship to You	Monthly Amount Paid

Do you, the applicant, pay monthly child support or alimony? YES/NO If yes, how much child support monthly $_____ how much alimony monthly $_____	Does the father of the baby, listed in Part B above, pay monthly child support or alimony? YES/NO If yes, how much child support monthly $_____ how much alimony monthly $_____

Where did you first learn about the AIM Program? (circle one)

1. Doctor's Office
2. Community Clinic
3. Newspaper
4. Other
5. Hospital
6. Government Office
7. PennySaver
8. 1-800-BABY-999
9. Employer
10. School/Church
11. Friend/Relative
12. TV/Radio
13. Ad mailed to home
14. Parenting Publication
15. Health Fair/Community Event
16. AIM Outreach Worker
17. Supermarket Coupon
18. Insurance Agent

SECTION 4

DECLARATIONS
Please read each of the following statements carefully and initial each statement. Any untrue or inaccurate responses may be reason for disenrollment or application of other sanctions.

Initials

1._____ I declare that I have a reasonable good faith belief that I am not over 30 weeks pregnant, and I have enclosed a document certifying that I am pregnant.

2._____ I declare that I am at present and intend to remain a resident of the State of California and have lived here for at least six continuous months previous to the date of signing this application for enrollment.

3._____ I declare that I will not be reimbursed by any health care provider or government entity for the payment of my subscriber contribution and will not have any health care provider or government entity pay my contribution.

4._____ I declare that I am not covered for pregnancy benefits or do not have a maternity-only deductible or co-payment of $500 or less through private insurance.

5._____ I declare that I do not have a current no-cost Medi-Cal card or a current Medicare Part A and Medicare Part B card at the time of signing this application.

6._____ I give the Program permission to verify my family income, health insurance, residence and other circumstances.

7._____ I declare that I will abide by the rules of participation, the utilization review process and the dispute resolution process of any participating health plan in which I am enrolled.

8._____ I declare that I have reviewed the benefits offered by the participating health plans.

9._____ I understand and will follow the rules and regulations of the Program.

10._____ I agree to pay the required subscriber contribution even if I do not take full advantage of the coverage or services offered by AIM.

SECTION 5

AUTHORIZATIONS AND CONDITIONS OF ENROLLMENT

Required by the Confidentiality of Medical Information Act of 1/1/80, Section 56 et. seq of the California Civil Code for all applicants of 18 years and over: I authorize any insurance company, physician, hospital, clinic or health care provider to provide the Access for Infants and Mothers Administrator any and all records pertaining to any medical history, services or treatment provided to the applicant and for the infant born of the applicant's pregnancy listed on this application for purpose of review, investigation or evaluation. This authorization becomes immediately effective and shall remain in effect as long as the Administrator requires. A photocopy of this Authorization is as valid as the original.

Privacy Notification
The Information Practices Act of 1977 and the Federal Privacy Act require this Program to provide the following to individuals who are asked by the Access for Infants and Mothers Program (established by Part 6.3 of Division 2 of the Insurance Code) to supply information: The principal purpose for requesting personal information is for subscriber identification and program administration. Program regulations require every individual to furnish appropriate information for application to the Access for Infants and Mothers Program. Failure to furnish this information may result in the return of the application as incomplete. The following information on the application is voluntary: social security numbers, race/ethnicity information, and source of referral.

An individual has a right to records containing his/her personal information that are maintained by the Managed Risk Medical Insurance Board. The official responsible for maintaining the information is: Deputy Director, State of California Managed Risk Medical Insurance Board, AIM Eligibility and Enrollment Unit 1000 G Street, Suite 450, Sacramento, CA 95814. The Board may charge a small fee to cover the cost of duplicating this information.

I understand that this is a State program and my rights and obligations under it will be determined under Part 6.3 of Division 2 of the California Insurance Code and Title 10, Part 5.6 of the California Code of Regulations.

If you enroll in certain plans you agree to have certain claims (which may include medical malpractice claims) decided by neutral binding arbitration. Members give up their right to a jury or court trial. Page 18 has information about each plan and the arbitration requirements. You may call the plan you choose to find out more.

I, the applicant, have read the foregoing affidavit and certify under penalty of perjury that it is true and correct to the best of my knowledge. I, the applicant, agree to pay the required subscriber contribution and understand that the State will take appropriate actions to collect the full subscriber contributions as outlined in this contract.

X _____ _____
Signature of Applicant or Parent/Legal Guardian of Applicant Required — Date

Authorization to forward AIM application to Medi-Cal

If my application is ineligible for AIM, I request that this application be forwarded to the county and treated as a Medi-Cal application. I declare under penalty of perjury that the information on this form is true and correct to the best of my knowledge and belief.

X _____
Signature of Applicant — Date

Application

Application

AIM Pregnancy Certification Form

To be eligible for AIM, you must be less than 30 weeks pregnant. Your certification of pregnancy must be signed by one of the following entities:

Licensed Doctor **Licensed Physician's Assistant** **Doctor of Osteopathy**
Licensed Registered Nurse **Planned Parenthood Staff**

A certification of pregnancy issued in the United States, must be mailed with your application. The form below can be used to verify your pregnancy. You may use a different form as long as it contains the same information as this one and is signed by one of the entities listed above.

Pregnancy Certification Form
To be filled out by pregnant applicant:

Last Name	First Name	M.I.

Address	Unit/Apt. Number

City	State	Zip Code

To be filled out by person certifying pregnancy:

I certify that the person listed above is pregnant.

Last Name	First Name	M.I.

Address	Suite Number

City	State	Zip Code	Estimated date of delivery (if known)

Signature	Title	Date	**Medical License Number (Required, except for Planned Parenthood Staff)**

After you have:

- ☑ filled out the application
- ☑ signed the application
- ☑ collected all necessary income and pregnancy documentation
  - pregnancy certification
  - income verification documents
  - *proof of income deductions*
  - $50 cashier's check or money order
- ☑ made your $50 cashier's check or money order (no personal checks or cash) payable to:
  Access for Infants and Mothers Program
- ☑ it is advisable to make photocopies of all documents being submitted for your records

Mail it to:
California Access for Infants and Mothers Program
c/o Healthcare Alternatives
P.O. Box 15248
Los Angeles, CA 90015

Note: Your application must be received by Healthcare Alternatives prior to the end of your 30th week of pregnancy in order to be considered for the AIM Program. If you are near your 30th week of pregnancy, you may send your application overnight via Fed-Ex, US Postal Service, etc.

Send overnight applications to:

California Access for Infants and Mothers Program
c/o Healthcare Alternatives
1149 S. Broadway Street, 8th Floor
Los Angeles, CA 90015

IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL ASSISTANCE, PLEASE CONTACT YOUR LOCAL AIM OUTREACH WORKER (LISTED AT THE FRONT OF THE APPLICATION)