

DEPARTMENT OF HEALTH SERVICES

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

January 11, 1999



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

Letter No.: 99-01

MAIL-IN APPLICATION PROCEDURES FOR CHILDREN AND PREGNANT WOMEN

REF.: All County Welfare Directors Letter (ACWDL) Nos. 95-28, 95-52, 98-06, 98-09, 98-16, 98-19, 98-39, 98-42 and EMC2 DHS #98104

Welfare and Institutions Code Section 14011.1 (Stats.1997, c. 624) mandates a simplified Medi-Cal application package and mail-in process for children and pregnant women. The intent of this legislation is to provide easy access for this population to apply for and receive Medi-Cal benefits as quickly as possible.

The purpose of this letter is to provide counties with policies and instructions, which are effective immediately, for processing the current mail-in Medi-Cal applications for children and pregnant women. Counties are to determine eligibility for the child(ren) or pregnant woman for whom application is made without delay. Counties are not to require information beyond that necessary for this determination, nor should they hold the application to process other family members who may be applying. If other family members do not indicate they are also applying for Medi-Cal on the application, counties will not pursue their potential eligibility. These policies and procedures apply whether the application is mailed in or hand-delivered to the county welfare office.

In approximately four to six months, there will be a revised mail-in application, and counties will be advised of any procedural changes at that time.

I. COUNTY ACTION UPON RECEIPT OF MAIL-IN APPLICATION

NOTE: Mail-in forms Part A and Part C replace the SAWS 1 and the MC 210 respectively. (See ACWDL 98-19)

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
Page 2

- A. Determine eligibility for ONLY the child(ren) or pregnant woman for whom application is made based on the criteria for the Percent Programs. Follow-up may be made with other potentially eligible family members after the initial eligibility determination is made and processed. (See Section IV below.)
- B. Obtain additional information as needed by telephone or mail. State law prohibits counties from making a mandatory face-to-face interview a routine application requirement for pregnant women and children.

REMINDER: Do not ask for property information or verification for this population. The resource waiver applies to children up to age 19 and to pregnancy-related benefits only for pregnant women. IF income from property is reported, the amount of income must be verified. Counties are NOT to require property information to determine if there is income from property if no such income is reported or indicated through another means, such as an Income Eligibility Verification System (IEVS) match. (See ACWDL 95-28 and 95-52)

II. REQUIRED VERIFICATION TO DETERMINE MEDI-CAL ELIGIBILITY, INCLUDING MAIL-IN APPLICATION FOR CHILDREN AND PREGNANT WOMEN

- A. Social Security Numbers
 - 1. Social security numbers are required ONLY for those persons for whom benefits are being requested.
 - 2. Persons applying for restricted, emergency or pregnancy-related Medi-Cal benefits are not required to provide social security numbers (SSNs).
 - 3. If the person for whom benefits are requested does not have a SSN, counties must process the application and allow the applicant 60 days to provide the number.
 - 4. The SSN does not have to be sight-verified. IEVS validation is acceptable as proof of the SSN. If the applicant previously received benefits and can be identified in MEDS with a MEDS validated SSN, the SSN is considered to be verified.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
Page 3

- B. Proof of identity of a parent or caretaker relative of the child(ren) applying for benefits or the identity of the pregnant woman. If the individual is without a California Drivers License or California Identification Card, a copy of any of the following examples are acceptable:

1. I.D. that has a picture of the person is preferred
2. United States Citizenship or Alien Status Documents (passport)
3. Birth certificate
4. Social Security card or document containing a Social security number
5. Marriage record
6. Divorce decree
7. Work badge, building pass
8. Adoption record
9. Court order of name change
10. Church membership or baptism/confirmation record
11. Any other document which appears to be valid and establishes identity.
12. If the documents listed above are not available, the county shall ask the person to sign and date an affidavit under penalty of perjury stating the person's name, date of birth, where he/she was born, and current address.

- C. Proof of pregnancy. Acceptable pregnancy verification is a written statement from:

1. A physician
2. A physician's assistant
3. A certified nurse midwife
4. A nurse practitioner

- D. Proof of income.

NOTE: This section applies to income of all children under 21 living in the home or away at school and claimed as a tax dependent, the child's parents if in the home, the pregnant woman, and the pregnant woman's spouse if in the home.

1. Copies of pay stubs or a signed statement from the employer giving gross monthly income amount.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
Page 4

2. If self-employed, previous year's income tax return, including Schedule C or last three-month profit and loss statements.
3. An award letter or bank statement showing direct deposit amounts for unearned income such as UIB, SDI, or Social Security.
4. Signed statement from persons or organizations providing the income.
5. If child support and/or spousal support received, canceled checks, receipts, or payment statement from the District Attorney's Family Division.
6. If the family has property that is producing income, the county shall require documentation of this income, not property. (See ACWDL 95-52)

NOTE: Do NOT request documentation if no income from property is reported on the application or indicated through an IEVS match or other source.

7. If required verification is not available, obtain a signed and dated affidavit under penalty of perjury from the person completing the application which lists the amounts of any earned or unearned income received.
8. For fluctuating income, actual income shall be used if it is known at the time of the monthly share of cost determination. If actual income is unknown, an estimate shall be made based on all of the following:
 - a. The income pattern over the last year.
 - b. The actual income received in the last month.
 - c. A statement of anticipated income.

NOTE: The goal in determining Medi-Cal income eligibility for cases with fluctuating income is to use evidence of income and income patterns over past months to estimate future share of cost.

E. Proof of deductions

1. Child and dependent care receipts or canceled checks.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
Page 5

2. If court ordered spousal and/or child support paid, canceled checks or pay stubs showing support deductions.
- F. Proof of alien status for child(ren) or pregnant woman applying for Medi-Cal benefits.
1. Immigration Status Documentation Requirements
 - a. **For Full-Scope Medi-Cal** -- An alien must claim satisfactory immigration status (SIS) (and be otherwise eligible) to receive full-scope Medi-Cal benefits. An Immigration and Naturalization Service (INS) document that shows immigration status is required for aliens who claim to have a satisfactory immigration status if they have an INS document or are eligible to obtain one. Aliens with satisfactory immigration status for Medi-Cal include lawful permanent residents, aliens permanently residing in the United States Under Color of Law, and amnesty aliens with a valid and current I-688. A list of the most common documents that lawful permanent resident and Permanent Residency Under Color of Law aliens may have are listed in Title 22, California Code of Regulations, Sections 50301.2 and 50301.3, respectively. These lists are not comprehensive. Counties should accept the immigration status claimed by the alien along with whatever documentation is provided (if required) and rely on INS verification via Systematic Alien Verification For Entitlements (SAVE) to ultimately determine an alien's immigration status.

NOTE: Undocumented aliens who claim PRUCOL under category "P" of the MC13 Mail-In form are not required to provide INS documentation. Category "P" PRUCOL aliens are eligible for full-scope Medi-Cal if they meet all eligibility requirements.

- b. **SAVE** -- The immigration status of aliens who claim satisfactory immigration status must be verified using the SAVE system. If an alien's document has an alien number it can be verified using "primary" SAVE. If the document does not have an alien number it must be verified using secondary SAVE. For secondary SAVE verification, a copy of the document is sent to the INS along with

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
Page 6

form G-845. The G-845 is used any time the INS must view an immigration document for verification purposes, or when they must determine whether an undocumented alien has PRUCOL status. (See All County Welfare Directors Letter 92-48 for more information on SAVE and use of the G-845.)

- c. **For Restricted Scope Medi-Cal --** Aliens who do not claim to be in a satisfactory immigration status (and are otherwise eligible) can get restricted scope Medi-Cal limited to emergency and pregnancy-related services. **These aliens are not required to provide evidence of their immigration status in order to receive restricted scope Medi-Cal.**

2. Eligibility For Aliens Claiming SIS -- For purposes of processing the mail-in application, remember the rules for aliens claiming satisfactory immigration status:

- a. Aliens who claim satisfactory immigration status are presumptively eligible for full-scope Medi-Cal if they meet all other eligibility requirements.
- b. Aliens who claim satisfactory immigration status have 30 days or the time it takes to determine eligibility (whichever is longer) to provide an INS document or a receipt for the INS showing that they have applied for a replacement. For aliens who claim PRUCOL but do not have an INS document, continue to follow current procedures.

- G. **Proof of California residency.** Children living with their parents have their residence determined as that of their parents.

NOTE: Verification of income which shows employment in California is sufficient proof of California residency. If income verification does not indicate California employment, a copy of **any** of the following examples is acceptable:

- 1. Current rent, mortgage or utility receipt
- 2. Current California driver's license or California identification card
- 3. Current motor vehicle registration with current address
- 4. A document showing registration with an employment service in California

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
Page 7

5. Evidence of children's enrollment in school in California
6. Evidence of receipt of public assistance other than Medi-Cal in California
7. Evidence of registration to vote in California
8. If none of the above, form MC 214, can be signed under penalty of perjury.

III. COUNTY ACTION ON APPLICATIONS FORWARDED BY HEALTHY FAMILIES

- A. The date of Medi-Cal application is the date stamped on the forms by EDS which is the date of receipt at EDS. A Julian date stamp is used. Enclosed is the Julian Date Calendar to assist counties in determining the Medi-Cal application date.

NOTE: The Medi-Cal application date is the date stamped on the envelope by the central clearinghouse UNLESS it is forwarded to the county by Electronic Data System (EDS). If the application is dropped off at the county office rather than mailed, the application date is the date the county receives it and the application process is the same as if it were mailed to the county.

- B. When EDS forwards the Part A only to start the Medi-Cal application process, counties must follow up by sending the Part C to the applicant for completion. Counties are not to ask for a face-to-face interview to obtain this form. Additional information is to be requested by telephone or mail contact only.
- C. If the application is sent in error to a county which is not the county of residence, the county receiving the application must forward it to the correct county **immediately**. The Medi-Cal application date is still the date stamped on the forms by the central clearinghouse.
- D. If Part A is forwarded from the Healthy Families administrative vendor (EDS) and the applicant has not checked the box indicating they wish to apply for Medi-Cal, it is assumed the applicant wished to apply for Healthy Families only. Counties should return Part A to EDS. EDS will return the application to the applicant with a letter explaining the advantages of Medi-Cal.
- E. If the county receives the application and the applicant has checked the box indicating they wish to apply for Healthy Families if found ineligible for no-cost Medi-Cal, after the Medi-Cal eligibility determination is made, the county must forward a copy of the application form, along with verifications received, to the Healthy Families program (EDS). (See ACWDL 98-19)

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
Page 8

- F. A Medi-Cal notice of action issued by the county within the last 30 days which indicates effective date of share-of-cost Medi-Cal and income level may be provided as documentation of income for Healthy Families.

IV. COUNTY FOLLOW-UP FOR OTHER FAMILY MEMBERS AND FURTHER CASE ACTION

- A. After processing the application for the child(ren) or pregnant woman, evaluate the case for other family members, if they have checked "Programs applying for" in Part A, Section 4 of the mail-in application.
 - 1. If they have checked that other family members are applying for Medi-Cal on Part A, Section 4, counties will mail a notice explaining potential eligibility and send the property supplement form MC 322 and any additional forms which may be needed to complete the eligibility determination. (Suggested Notice of Action language is enclosed.)
 - a. A face-to-face interview will be scheduled with instructions for the forms to be returned at that time. If the applicant does not respond, a denial notice for failure to complete the application for the other family members will be issued.
 - b. The date of application is the same as the date used for the child(ren) or pregnant woman.
 - 2. If the box indicating they are applying for Medi-Cal is NOT checked, they are not considered to be applying and counties will not pursue the potential eligibility of other family members.
 - a. If the county is contacted at a later date by the other family members requesting Medi-Cal and they are found to be eligible, they will be added into the existing case. The date of application is the date they contact the county. The date of contact will be documented in the case file.
- B. Medical support forms (CA2.1 and CA 2.1(Q))
 - 1. Medical support referrals will NOT be made on an unborn child until the end of the 60-day postpartum period. If the mother of the unborn has other

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
Page 9

eligible children in the Medi-Cal Family Budget Unit, a medical support referral for these children will NOT be made until the end of the 60-day postpartum period.

2. In cases where there is an absent parent or paternity establishment is required, counties should mail the CA 2.1 and CA 2.1(Q) to the person completing the application but shall NOT delay the eligibility determination **for children** pending the return of the forms.
 3. Children cannot be denied or discontinued from Medi-Cal due to noncooperation of the parent or caretaker relative in medical support enforcement.
- C. Per instructions issued in ACWDL 98-09, counties are to include language on notices of actions informing families with potentially eligible children of the Healthy Families program and how to obtain an application if they are interested. Suggested language is included in ACWDL 98-09.
- D. Retroactive Medi-Cal
1. Children and pregnant women requesting retroactive Medi-Cal using the mail-in process, must complete the MC 210A. (Supplement to Statement of Facts for Retroactive Coverage/Restoration.) Counties must send the MC 210A and issue instructions that the property questions are not required.
 2. Other family members requesting retroactive Medi-Cal on the Part A, must complete the entire MC 210A and complete a face-to-face interview.

If you have any questions on the mail-in application procedures, please contact Ms. Helen Vaughn at (916) 657-1064. If you have questions on the property disregard program, please contact Ms. Margie Buzdas at (916) 657-0726.

Sincerely,

ORIGINAL SIGNED BY

Angelin Mrva, Chief
Medi-Cal Eligibility Branch

Enclosures

MEDI-CAL NOTICE OF ACTION

You recently submitted an application for Medi-Cal. Your child(ren) are not eligible for no-cost Medi-Cal under the Percent Program. However, you and your family may be eligible for Medi-Cal with a share of cost.

Enclosed are forms you need to complete for us to evaluate share-of-cost Medi-Cal. Please return this information within ten days. When we have received it, we will notify you of the time and date for your face-to-face interview. If we do not hear from you by _____, we will assume you are not interested in applying for share-of-cost Medi-Cal at this time.

As you requested on the application form, we have forwarded your application to the Healthy Families program for an eligibility determination.

If you have any questions, please contact _____.

MEDI-CAL NOTICE OF ACTION

Beginning _____, your child(ren) is eligible to receive Medi-Cal benefits without a share of cost under the _____ Percent Program for children who are at _____ years of age up to age _____.

On the application form, you checked that other family members would also like to apply for Medi-Cal. Enclosed are forms you need to complete for us to evaluate Medi-Cal eligibility for the other members of your family. Please return this information within ten days. When we have received it, we will notify you of the time and date for your face-to-face interview. If we do not hear from you by _____, we will assume you are no longer interested in completing a Medi-Cal application for other family members at this time.

If you have any questions, please contact _____.

Day Month	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1.	1	32	60	91	121	152	182	213	244	274	305	335
2.	2	33	61	92	122	153	183	214	245	275	306	336
3.	3	34	62	93	123	154	184	215	246	276	307	337
4.	4	35	63	94	124	155	185	216	247	277	308	338
5.	5	36	64	95	125	156	186	217	248	278	309	339
6.	6	37	65	96	126	157	187	218	249	279	310	340
7.	7	38	66	97	127	158	188	219	250	280	311	341
8.	8	39	67	98	128	159	189	220	251	281	312	342
9.	9	40	68	99	129	160	190	221	252	282	313	343
10.	10	41	69	100	130	161	191	222	253	283	314	344
11.	11	42	70	101	131	162	192	223	254	284	315	345
12.	12	43	71	102	132	163	193	224	255	285	316	346
13.	13	44	72	103	133	164	194	225	256	286	317	347
14.	14	45	73	104	134	165	195	226	257	287	318	348
15.	15	46	74	105	135	166	196	227	258	288	319	349
16.	16	47	75	106	136	167	197	228	259	289	320	350
17.	17	48	76	107	137	168	198	229	260	290	321	351
18.	18	49	77	108	138	169	199	230	261	291	322	352
19.	19	50	78	109	139	170	200	231	262	292	323	353
20.	20	51	79	110	140	171	201	232	263	293	324	354
21.	21	52	80	111	141	172	202	233	264	294	325	355
22.	22	53	81	112	142	173	203	234	265	295	326	356
23.	23	54	82	113	143	174	204	235	266	296	327	357
24.	24	55	83	114	144	175	205	236	267	297	328	358
25.	25	56	84	115	145	176	206	237	268	298	329	359
26.	26	57	85	116	146	177	207	238	269	299	330	360
27.	27	58	86	117	147	178	208	239	270	300	331	361
28.	28	59	87	118	148	179	209	240	271	301	332	362
29.	29	--	88	119	149	180	210	241	272	302	333	363
30.	30	--	89	120	150	181	211	242	273	303	334	364
31.	31	--	90	---	151	---	212	243	---	304	---	365

Figure 5. Julian Date Calendar

FOR LEAP YEAR, ONE DAY MUST BE ADDED TO NUMBER OF DAYS AFTER FEBRUARY 28.
 Leap Years: 1992, 1996, 2000,