DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: June 21, 2024

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: I 24-09
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISIONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: CHILDREN'S PRESUMPTIVE ELIGIBILITY & THE NEWBORN GATEWAY
Reference: All County Welfare Directors Letters: 03-49, 08-38, 09-17, 09-27, 14-05, 11-33 and 22-23; and Medi-Cal Eligibility Division Information Letter 18-11 and 22-18.

**Purpose**
The purpose of this All County Welfare Directors Letter (ACWDL) is to inform counties of the implementation of two policies that will impact business processes. Senate Bill (SB) 184 (Chapter 47, Statutes of 2022) sunsets the Child Health and Disability Prevention (CHDP) Program, rebrands the CHDP Gateway as the Children's Presumptive Eligibility (CPE) Portal, and expands Medi-Cal provider participation in CPE. Additionally, Assembly Bill (AB) 118 (Chapter 42, Statutes of 2023) grants authority to enact the Newborn Gateway and requires Qualified Providers (QPs) to report the birth of certain newborns within a specified timeframe.

**CHDP Background**
The CHDP Program was established by AB 2068 (Chapter 1069, Statutes of 1973). It provided preventive health, vision, dental screens and care coordination to children and youth under the age of 21 who were enrolled in Fee-For-Service (FFS) Medi-Cal. The CHDP Program was locally administered at the county level through annual budget allocations from Department of Health Care Services (DHCS).

In July 2003, the CHDP Program began using the "CHDP Gateway," an automated pre-enrollment process for non-Medi-Cal, uninsured children. The CHDP Gateway was used by Qualified Providers (QPs) to pre-enroll eligible children into temporary coverage for up to 60 days while families established ongoing eligibility for Medi-Cal as outlined in

Welfare and Institutions Code section 14011.7. This temporary coverage is also known as Presumptive Eligibility.

Communication on the topic of the CHDP Program sunset can be found in CHDP Program Letter 22-06, on the CHDP Program Letters and Provider Information Notices website and CHDP Program Transition page.

**Children's Presumptive Eligibility**
Effective July 1, 2024, the CHDP Gateway functionality will be retained and rebranded as Children's Presumptive Eligibility (CPE).

- Presumptive Eligibility requirements for children coverage groups have not changed and counties will continue to see 8X and 8W aid codes established through the CPE portal.
- Deemed Infant eligibility requirements have not changed, and counties will continue to see 8U aid codes whenever the family completes the optional "for applicants under one year of age" section of the CPE application *and* the portal confirms the mother was an active Medi-Cal member at the time of the child's birth. If the family chooses not to complete this optional section, the portal will evaluate for Presumptive Eligibility.

Please reference the Aid Code Chart for the most current aid code definitions.

All QPs enrolled in the CHDP Program as of June 30, 2024, will be grandfathered into CPE. Additionally, starting July 1, 2024, provider participation in CPE will also expand. Most Medi-Cal and FFS Medi-Cal Dental providers can apply to participate as QPs CPE does not change QP responsibilities. QPs continue to be required to:

- Provide families with a printout confirming the child's real-time eligibility determination.
- Issue the family a copy of the Single Streamlined Application (CCFRM604).
- Assist the family with completion of the Single Streamlined Application (CCFRM604) whenever asked.

Deemed Infant eligibility (i.e., 8U) will continue to trigger Medi-Cal Eligibility Data System (MEDS) alerts to notify the County of the child's birth. Presumptive Eligibility aid codes (i.e., 8W and 8X) will continue to function utilizing existing MEDS alerts. Please refer to ACDWL 08-38 for more information. Those seeking coverage can apply online, over the phone, by mail, fax or telephonic signature and in person..

**The Newborn Gateway**
Effective July 1, 2024, QPs participating in Presumptive Eligibility are required to report births of newborns with eligibility to Medi-Cal and Medi-Cal Access Infant Program (MCAIP) born in their facilities within 72 hours after birth or 24 hours after discharge, whichever is sooner. For the purposes of Newborn Gateway, newborns with eligibility are those whose mothers were active Medi-Cal or Medi-Cal Access Program (MCAP) members at the time of birth.

The Newborn Gateway has been developed for this purpose and will utilize an electronic application located within the enrollment section of the Medi-Cal Provider Portal to report births of newborns with eligibility. These newborns are eligible for full scope coverage from their date of birth until their first birthday without a separate application and regardless of increases to household income.

Newborns born to mothers who are <u>not</u> Medi-Cal or MCAP members should not be reported through the Newborn Gateway. However, in the event this occurs, MEDS checks the mother's eligibility status before determining if eligibility exists.

The Newborn Gateway is an electronic enrollment transaction that:

- Establishes eligibility in real-time for 12 months of continuous coverage from the date of birth
- Assigns a Client Index Number (CIN)
- Generates a temporary Immediate Need card which can be used to get services right away
- Mails a State of California Benefits Identification Card (BIC) to replace the temporary Immediate Need card

Notifies the case management entity, the County or Maximus, of the birth. Maximus is the State's Administrative vendor. They establish and manage MCAP eligibility for families with middle-income who do not have health insurance and whose income is too high for no-cost Medi-Cal, or individuals who have other health insurance plans that doesn't cover maternity services or with a maternity-only deductible or copayment greater than $500.

**Newborn Gateway Eligibility**
QPs will establish one of two aid codes through the Newborn Gateway (8U or E8). There will be no difference in scope of coverage or services between these aid codes.

- Existing aid code 8U will represent Deemed Infant eligibility to the Medi-Cal program. Eligibility under aid code 8U is continuous from the newborn's date of birth until the first birthday. This aid code will utilize existing Deemed Infant alerts to notify

the County of the birth. Counties will follow all Deemed Infant policies when establishing eligibility in California Statewide Automated System (CalSAWS).

- New aid code E8 will represent eligibility to the Medi-Cal Access Infant Program (MCAIP) and will be used to establish eligibility until the newborn's first birthday or until Maximus makes a final eligibility determination and transitions the child into E6 or E7, whichever occurs first. This aid code will utilize a semi-monthly report to notify Maximus of the birth. Maximus will follow all existing policies when evaluating and establishing eligibility.

Once eligibility is assigned through the Newborn Gateway, the family will be sent a Health Care Options packet to choose a Medi-Cal managed care plan and primary care provider for the newborn. Until the family chooses or is defaulted into a Medi-Cal managed care plan, the newborn's coverage will be delivered via the Medi-Cal Fee for Service (FFS) delivery system.

**Erroneous Eligibility**

In the event the Newborn Gateway or CPE Portal erroneously establishes Deemed Infant eligibility for a newborn or infant when there is no eligibility, they must be maintained in coverage until their first birthday regardless of income changes. This applies to both Medi-Cal and MCAIP children. Please reference Deemed Infant policy in ACWDL 11-33 and Continuous Eligibility for Children (CEC) in ACWDL 14-05.

Counties and Maximus should follow their normal processes for maintaining children in coverage and conducting a renewal at the end of the year (i.e., the child's first birthday). Eligibility should be maintained on the appropriate existing case. If there is no existing case, the County Eligibility Worker (CEW) shall open a child-only case in CalSAWS and maintain the child in appropriate coverage.

**Referral of a Deemed Infant and 12-Month Postpartum Eligibility**

Under the provisions of the American Rescue Plan Act (ARPA) Postpartum Care Extension, the 365-day postpartum coverage period for Medi-Cal eligible pregnant individual begins on the last day of the pregnancy and will end on the last day of the month in which the 365th day occurs. No mental health diagnosis is necessary to receive this benefit. All Medi-Cal eligible individuals who report a pregnancy are automatically eligible for a 365-day postpartum coverage period and cannot be discontinued unless an allowable reason occurs.

Counties are reminded that enrollment of a Deemed Infant constitutes as the reporting of the individual's pregnancy and requires that the County maintain the postpartum

individual in coverage during the 365-day postpartum period following the infant's date of birth.

Once the 365-day postpartum period has expired, the postpartum beneficiary shall have their eligibility redetermined. Please reference ACWDL 22-23 for details about treatment of redeterminations and allowable discontinuance reasons.

**County Responsibilities**

After the CHDP Program sunsets on July 1, 2024, CEWs will no longer be required to explain the CHDP Program, offer and trigger a referral in CalSAWS, or reference the CHDP program within case comments. Use of CHDP Program flyers should be discontinued after July 1, 2024. CPE is *not* a program, but a means to pre-enroll non-Medi-Cal children into temporary coverage while the family applies for continuing coverage. Counties must continue to offer and accept Medi-Cal and retroactive Medi-Cal applications on behalf of anyone wishing to apply.

CEWs should continue to review MEDS for existing records prior to adding a child to CalSAWS and submit requests to merge duplicate CINs when found.

The process for pulling Deemed Infant reports is not impacted and Deemed Infant eligibility will continue to trigger the following MEDS alerts:

- 9034 (daily): Deemed Newborn – County Eligibility Determination Required
- 9535 (renewal): Deemed Newborn Over 10 Months, Redetermination Needed
- 9827 (renewal): Over 12 Months of Age – App Determination Overdue

CEWs shall continue their normal processes for processing Deemed Infants and mailing the applicable approval notice when the infant is added to the CalSAWS case.

First and last name fields are required on the Newborn Gateway enrollment transaction and will appear on the newborn's BIC. In the instance of newborns whose names have not been established within the statute's timeframe, QPs are instructed to submit the enrollment transaction with a blank first name and/or utilize the mother's last name. In this circumstance, QPs are required to inform the family that they must provide acceptable permanent verification (e.g., birth certificate) to update the name with the County or Maximus. QPs cannot make name changes on behalf of the family once the enrollment transaction is submitted. Counties and Maximus should follow their established processes for correcting names in their systems.

QPs have limited functionality to search and review potential records. As a result, QPs have not been instructed to verify a newborn's eligibility prior to submitting a Newborn

Gateway application. In the event of duplicate records, counties must follow current processes for identifying and resolving duplicate records.

If you have any questions, or if we may provide further information, please contact the Children's Presumptive Eligibility inbox by email at ChildrenPE@dhcs.ca.gov or NewbornGateway@dhcs.ca.gov.

Sincerely,

Original Signed By

Sarah Crow
Division Chief, Medi-Cal Eligibility
Department of Health Care Services