

DEPARTMENT OF HEALTH SERVICES

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



August 9, 2000

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. 00-40

FOLLOW-UP ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL) ON ACCESS FOR INFANTS AND MOTHERS (AIM) APPLICATION

Ref.: ACWDL No. 00-24; EMC2 No. 20008

Since the issuance of ACWDL No. 00-24 on April 13, 2000, the need has arisen to address several questions and concerns regarding the use of the completed AIM application to determine eligibility for Medi-Cal pregnancy-related services.

Notification Language

In response to concern about standardization of the notification language, we have developed standardized language for counties to use. Please see the enclosed sample. If your county has already developed its own notification form pursuant ACWDL No. 00-24, please revise it to incorporate the enclosed language. The Notification will not be developed as a Department of Health Services form. Counties are responsible for creating, translating, and maintaining their own stock of these forms.

MC 219 Rights and Responsibilities

The AIM application does not contain any information on Medi-Cal rights and responsibilities. Therefore, counties are hereby instructed to send the MC 219, along with the MC 13 and the MC 210A (Request for Retroactive Medi-Cal), to all applicants upon receipt of a forwarded AIM application. The applicant is not required to sign and return the MC 219, which is consistent with the current Medi-Cal/Healthy Families mail-in application.

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

Income Documentation

In ACWDL No. 00-24, we instructed counties to accept income evidence submitted as part of the AIM application process, even if that documentation was last year's income tax records. We also said to request more recent income information within a reasonable amount of time, if it was available. If updated income information is not available, note this in the file, but do not take any adverse action.

Some counties expressed concern that asking for additional income information would be futile, since Continued Eligibility (CE) prevents any adverse action to be taken on pregnant women's cases if there is an increase in income or a change in family status which would otherwise give the woman a share of cost (SOC).

While it is true that CE prevents the county from taking action on an increase in the eligible pregnant woman's income during her pregnancy and postpartum period, the updated income information may just as well reflect a *decrease* in income from that shown on the previous year's tax records. If a decrease is documented, the county need not take any immediate action to recompute the woman's income eligibility, as she is already no-SOC. If an increase is documented, the county may use this information to compare against future income information obtained as part of the redetermination.

Initial County Processing

Also in ACWDL No. 00-24, we told counties to send the forwarded AIM application package back to the AIM contractor if it was not complete. However, we have learned that it is very unlikely that the AIM contractor will fail to forward everything that was sent to them by the AIM applicant. Therefore, please disregard that previous instruction, and ensure that the intake worker contact the **applicant** to obtain any needed information or documentation that may be lacking in the AIM application package.

Applicant Determined Ineligible Due to Excess Income

From time to time, a woman applying for pregnancy-related Medi-Cal on the basis of her AIM application may be found ineligible for no SOC-Medi-Cal due to excess income. This should be a rare occurrence, but when it does happen, the denial notice of action should note that the application will be sent back to AIM. When returning the application to the AIM contractor, include a note explaining why the woman was determined ineligible for no-SOC pregnancy-related Medi-Cal.

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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

If you have any questions about this ACWDL, please contact Tony Plescia of my staff by phone at (916) 657-3185, or by email at Tplescia@dhs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosure

Enclosure

**NOTIFICATION OF RECEIPT OF AIM APPLICATION
TO BE PROCESSED AS AN APPLICATION FOR MEDI-CAL**

Dear Ms/Mrs. _____:

You recently applied for pregnancy coverage under the **Access for Infants and Mothers (AIM)** program and were told that your income was *too low* to qualify for AIM.

You also checked a box on the AIM application saying you wanted to apply for **Medi-Cal** if you didn't qualify for AIM. As a result, the AIM program has sent your completed AIM application and proof of income to our county **Medi-Cal** office. The county will use your completed **AIM** application and proof of income to decide if you can get **Medi-Cal** coverage for your pregnancy-related services. But, before we can determine your **Medi-Cal** eligibility, we need additional information from you.

Please complete, sign and return the enclosed STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS in the stamped, self-addressed envelope provided. It must be returned no later than _____.

(Note: Even if you are a U.S. citizen, you must complete, sign, and return the form. If you don't return the signed and completed form by the date shown, we will have to deny your **Medi-Cal** application.)

Please understand that you can get *Medi-Cal pregnancy-related services* no matter what your immigration status may be. This information is used *only* to help us claim the right amount of State and federal funding (money) to pay for **Medi-Cal** services. It will **NOT** be shared with the Immigration and Naturalization Service (INS), unless you are a Qualified Alien asking for full-scope **Medi-Cal** services, as described on the lower portion of this page.

REQUEST FOR PAST COVERAGE: If you had pregnancy-related services in any of the *three months* before this month, you may be able to get **Medi-Cal** coverage for those services. This is called **Retroactive Medi-Cal**. If you want to ask for **Retroactive Medi-Cal** for any or all of these past months, check this box _____, then complete, sign and return the attached form – **Application for Retroactive Medi-Cal** - in the same envelope you use to return the **Statement of Citizenship, Alienage, and Immigration Status**. Also, please send us wage stubs (or other proof of your family's income) for each month of retroactive coverage you are requesting.

NOTE: if you don't return the completed and signed **Application for Retroactive Medi-Cal**, we will deny your request for retroactive **Medi-Cal** benefits, but we will still decide if you qualify for ongoing pregnancy-related **Medi-Cal** benefits. You have up to one year from the earliest retroactive month to request coverage for that month.

(Please read the other side of this notice)

REQUEST FOR FULL-SCOPE MEDI-CAL: If you would like us to see if you qualify for **full-scope Medi-Cal** (coverage for other medical services besides just pregnancy-related services), check this box _____ and send copies of the following items to help us decide if you are eligible:

- Most recent checking and/or savings account statements.
- Registration certificates for motor vehicles (cars, trucks, boats, trailers) you own or are buying.
- Social Security Number (if you have not already told us).
- Spouse's employment/unemployment information.

You should receive a decision from us within 45 days from the date we received your completed application from the AIM program.

Medi-Cal Rights and Responsibilities

We have enclosed a two-page informational notice called "Medi-Cal Rights and Responsibilities". You do not need to return it. Just read and understand it. If you have any questions about the information in this notice, please call _____.

PRESUMPTIVE ELIGIBILITY

It is important that you see a doctor as early as possible in your pregnancy. While we are processing your Medi-Cal application, you may want to ask your doctor or clinic if they participate in the Presumptive Eligibility program, which provides free prenatal care to uninsured low-income pregnant women. You may also locate a Presumptive Eligibility provider in your area by calling your local County Health Department.