

## DEPARTMENT OF HEALTH SERVICES

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TO: All County Welfare Directors  
All County Administrative Officers

February 21, 1990  
Letter No.: 90-20

SUBJECT: MEDI-CAL ELIGIBILITY OVERVIEW AND CHECKLIST FOR PREGNANT WOMEN AND  
THEIR CHILDREN

In response to many providers asking for an overview of the basic Medi-Cal eligibility requirements, the Medi-Cal Eligibility Branch (MEB) developed the enclosed draft Medi-Cal Eligibility Overview. This overview, which is intended to be used by providers for informational purposes only, lists basic criteria for eligibility determinations and gives general information regarding some of Medi-Cal's programs for pregnant women and their children.

Also enclosed is a checklist containing valuable information for pregnant women applicants regarding the Medi-Cal application process. This checklist is designed to inform these women of what they need to bring with them to the Welfare Office and what they should expect of the Medi-Cal application process. It is anticipated that an applicant who is aware of the Medi-Cal application process will be more prepared with the necessary documentation/information needed.

We realize some counties may have varying procedures which may not be entirely consistent with these forms. We would like you to review both forms for consistency with your county's procedures and would appreciate any comments or suggestions you might have. Please submit your comments or suggestions to Lisa Reagan, Medi-Cal Eligibility Branch, Room 1792, 714 P Street, Sacramento, CA 95814. Once these forms are finalized, they will be disseminated through the Maternal and Child Health Branch to providers. After the initial dissemination, it is planned that these forms will be available to providers upon request from the warehouse.

Should you have any questions or need additional information, please contact Lisa Reagan at (916) 323-6454.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons

Medi-Cal Program Consultants

Expiration Date: February 21, 1991

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## MEDI-CAL ELIGIBILITY OVERVIEW (JANUARY 1990)

### GENERAL ELIGIBILITY REQUIREMENTS

Many providers have asked for a thumbnail overview of the basic Medi-Cal eligibility requirements. This overview is informational only; Medi-Cal eligibility determinations are rendered only by a welfare eligibility worker.

Identity: Must submit proof of identity (i.e., driver's license, passport, Immigration and Naturalization Service document, etc.).

California State Residency: Must be a California state resident at the time of application;

Property Limits: The property limit for one person is \$2000; the property limit for two persons is \$3000. The limit increases in increments of \$150 for each additional person in the household. Property includes such things as cash on hand, money in the bank, nonhome real property, cash surrender value of life insurance policies, the value of each automobile, etc.. A principal residence (home) and one automobile are exempt. All (or a portion of some other types of) property is not counted.

Income: There is no upper limit on how much monthly income a family can have to receive Medi-Cal benefits. However, the amount of income a family has may determine whether the family has a share of cost. Share of cost means a person's or family's net income in excess of their maintenance need that must be met with paid or obligated medical expenses before Medi-Cal pay any remaining medical expenses. A share of cost must only be met in the month services are provided. If a beneficiary does not receive medical care in a certain month, there is no share of cost to meet for that month. All (or a portion of some types of) income is not counted in the Medi-Cal eligibility determination.

### SPECIAL MEDI-CAL PROGRAMS FOR PREGNANT WOMEN, INFANTS AND MINORS

#### **Pregnant Women**

Regardless of a pregnant woman's alienage status, she would be eligible for pregnancy-related services (including prenatal care, services for complications of pregnancy, labor, delivery, postpartum care and family planning services). Postpartum care begins on the last day of pregnancy, continues for a 60-day period and ends on the last day of the month in which the 60th day occurs. When the pregnant woman's monthly share of cost is met under the regular Medi-Cal program, a second Medi-Cal card will be issued to cover her nonpregnancy-related services. Some pregnant women will be eligible for full scope services on the second Medi-Cal card, while others may only be eligible for emergency medical services. This would depend upon the level of services she requests at the welfare office and whether she has proof of U.S. citizenship or satisfactory immigration status. If a pregnant woman has no share of cost under the regular Medi-Cal program, she

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will be issued only one Medi-Cal card to cover both the pregnancy and nonpregnancy-related services.

#### Minor Consent Services Program

Children under age 21 living at home with their parents and who wish confidential services may be eligible for Medi-Cal under the Minor Consent Services program. Under this program, parental consent is not needed to issue a Medi-Cal card to the minor and only the minor's own property and income will be used in determining Medi-Cal eligibility. Except for pregnancy and family planning, the minor must be at least 12 years old to receive services under this program.

#### Infants Up to One Year Old

Most infants are eligible for full scope benefits. Infants who are not U.S. citizens or who do not have proof of satisfactory immigration status are eligible for emergency services only. Unlike the pregnant woman, infants would not receive two Medi-Cal cards in the same month since the scope of benefits are the same under the regular and the special Medi-Cal programs. Infants over one year old who have been receiving continuous inpatient services prior to their first birthday, may continue receiving such services until the end of their inpatient stay.

#### Zero Share-of-Cost Program for Pregnant Women and Infants Up to One Year Old

There is a special program for pregnant women and infants up to one year old who meet the regular Medi-Cal eligibility requirements and would normally have a share of cost. These pregnant women and/or infants may receive Medi-Cal benefits, at no share of cost, if their countable family income does not exceed 200% of the federal poverty level.

The 200 Percent of federal poverty level chart below illustrates the maximum amount of income a family may have in order for the pregnant woman and/or infant to qualify under the special zero share-of-cost program. If the income exceeds these amounts, then the family would have to meet its share of cost under the regular Medi-Cal program before a regular Medi-Cal card can be issued.

<u># of Persons</u>	<u>200% of Monthly Federal Poverty Level</u>
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1	\$ 996
2 (a pregnant woman is treated the same as for 2)	1,336
3	1,676
4	2,016
5	2,356
6	2,696
7	3,036
8	3,376
9	3,716
10	4,056

Add \$170 for each additional person.

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## CHECKLIST OF THINGS TO BRING AND WHAT TO EXPECT AT THE WELFARE OFFICE WHEN YOU ARE PREGNANT AND APPLYING FOR MEDI-CAL

SEE YOUR DOCTOR AS SOON AS YOU THINK YOU ARE PREGNANT.

### What to Bring to the Welfare Office:

1. Proof of identification such as a California driver's license, passport, Department of Motor Vehicles I.D. card, employment I.D., marriage certificate, alien status card or letter, birth certificate (for young children), etc.
2. Social Security Number if you are a U.S. citizen or legal resident of the United States or you have or are applying for amnesty status.
3. Proof of income such as paycheck stubs, unemployment check stubs, letter from employer, Social Security or Veterans Administration award letters, income tax forms, etc.
4. Proof of pregnancy such as a written statement from a doctor or a person certified as a doctor's assistant, nurse practitioner or midwife. If this is not readily available, do not delay applying for Medi-Cal benefits by trying to get this proof.
5. Proof of property such as bank statements, car registration and the amount owed on the car, property tax statement for any nonhome property you may own and the balance owed on the property, life insurance policies, etc.
6. Proof of California residence such as rent receipts, current utility bills, or housing statement.

### What to Expect:

Be prepared to wait. Bring a book to read or something to do while you wait. If possible, try to leave small children with a relative or a friend as the wait may be hard on them and on you.

1. Receptionist. BE SURE TO TELL THE RECEPTIONIST AND YOUR ELIGIBILITY WORKER THAT YOU ARE PREGNANT AND WHETHER YOU ARE HAVING PROBLEMS WITH YOUR PREGNANCY. You will be asked a few questions to determine the program you want to apply for and given a form to fill out. You do not need an appointment for this visit.
2. Application. You will be given a large packet of forms to fill out. Be sure to fill them out as completely as possible. Your eligibility worker can assist you if you are having difficulty filling out the forms. You may be asked to come back another day for your intake appointment or you may be seen the same day.

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3. Intake Appointment. Be there on time! Make sure you have all the required documents from the checklist and the completed application forms. Be sure to get the name and telephone number of your eligibility worker and save it. If you do not keep this appointment, you may be denied Medi-Cal. If you cannot keep your appointment, call the welfare office to reschedule your appointment. You may be asked to submit additional information; you may be denied Medi-Cal if you do not submit the requested information.

After each visit to the welfare office, ask how long you should wait before you follow-up with your eligibility worker and what you should do to follow up. Be aware of the status of your application. If you do not understand something you have been told at a visit, do not hesitate to ask questions. Keep a record of who you speak to at the welfare office, what was said and the date of each contact.

Since you are pregnant, the welfare office will try to expedite your application, but it may take up to 45 days to process your application.

4. If you are granted Medi-Cal, you will receive a Medi-Cal card or a Share of Cost form. Take it with you to each medical appointment. (If you need to see a doctor right away and are waiting for your Medi-Cal card, you may call your welfare worker and ask for an immediate need Medi-Cal card.)

5. If you are denied Medi-Cal, you will receive a denial notice in writing. If you feel the denial is wrong, you can file an appeal, or re-apply at another time. To file an appeal, contact the welfare office or call (toll free) (800) 952-5253.