

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320



September 23, 1991

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

Letter No.: 91-79

SUBJECT: IMPLEMENTATION OF THE CONTINUED ELIGIBILITY PROGRAM FOR PREGNANT WOMEN AND INFANTS UP TO ONE YEAR OF AGE: FOLLOW-UP QUESTIONS AND ANSWERS TO ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL) #91-66

This letter confirms the information previously provided by an August 14, 1991 E-Mail stating that the implementation date of the Continued Eligibility Program has been extended to no later than October 1, 1991. As originally planned, the beneficiary stuffer will be sent in October 1991 to all Medi-Cal beneficiaries and the mailer will be sent in mid-October to all discontinued cases that were on Medi-Cal at any time during the period of January 1, 1991, through renewal in September 1991.

In addition, in order to help counties prepare for the implementation of Continued Eligibility, Department staff have contacted various counties who indicated they had further questions regarding this new program. In order for all counties to benefit from this effort, we have enclosed these county questions and answers. We believe this compilation of information addresses the outstanding questions on Continued Eligibility. However, upon review of the enclosed materials, if you still have questions, please feel free to contact Lisa Reagan of my staff at (916) 323-6454 (ATSS 473-6454). After September 13, 1991, Ms. Reagan's phone number will be changed to (916) 657-3719.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosure

CONTINUED ELIGIBILITY PROGRAM FOR ALL PREGNANT WOMEN  
AND INFANTS UP TO ONE YEAR OF AGE

Questions and Answers

FORMS/WORKSHEETS

QUESTION 1: Will there be any forms/worksheets developed for counties to use in administering Continued Eligibility?

ANSWER: Yes. There is a revised Decision Chart enclosed in this ACWDL for counties to use as a guide when establishing cases under Continued Eligibility. This is the only form developed by the Department. Some counties plan to modify this Decision Chart and use it as a worksheet by adding the client's name, case number, and adding check boxes to indicate the case outcome.

RETROACTIVE ELIGIBILITY

QUESTION 2: Many counties have asked questions regarding the SOC for a pregnant woman who requests Medi-Cal for a retroactive period. For example, a pregnant woman applies for Medi-Cal coverage in February 1991 and is found to have a \$800 SOC. She also requests retroactive Medi-Cal coverage for November, December and January and is found eligible for those months with a \$750 SOC. Does she get the lower \$750 SOC during the retroactive months?

ANSWER: No. For all retroactive cases, the county should establish the SOC for each individual month in which coverage is requested. Once an increase in income occurs subsequent to the first month of eligibility (in this case it is November), this increase should be disregarded.

QUESTION 3: If a woman applies for retroactive Medi-Cal coverage in the month following the birth month, is her infant deemed eligible even though Continued Eligibility policy states that only those infants born to women eligible for and receiving Medi-Cal in the birth month are eligible for Continued Eligibility?

ANSWER: In this case, it must be kept in mind that the pregnant woman was not eligible for and receiving Medi-Cal in the month of delivery, therefore, she is not eligible for Continued Eligibility. Accordingly, the infant would not be deemed eligible for Continued Eligibility.

QUESTION 4: A pregnant woman applied for Medi-Cal in August 1991 and asks for retroactive coverage for June and July. The county determines her SOC as zero for August and \$750 for June and July. Would her SOC be zero in June and July since it was zero in the month of application?

ANSWER: No. For all retroactive cases, the county should establish the SOC for each individual month in which coverage is requested. In addition, in this situation there was not an increase, but a decrease in income so Continued Eligibility does not apply.

QUESTION 5: Using the same example as in question #4, the woman has a \$750 SOC in August, and zero SOC for June and July. Would SOC continue at zero?

ANSWER: No. The county will apply Continued Eligibility and disregard any income increases in the application month and subsequent months. Therefore, the woman would have a zero SOC in June and July and \$750 in August and subsequent months (or lower if her incomes subsequently decreases).

#### AID CODES

QUESTION 6: Will there be new aid codes developed for the Continued Eligibility Program?

ANSWER: At this time, no new aid codes are available for this program. Depending upon the situation, a pregnant woman will be eligible for services under the 185 or 200 percent programs, or, if she has a SOC, she will continue with the same aid code she had before the increase in income.

QUESTION 7: What is the appropriate aid code assignment for infants under Continued Eligibility?

ANSWER: There is no specific aid code assigned to infants who are eligible for Continued Eligibility. The infant's aid code at the time of the increase in income, shall remain in effect throughout the Continued Eligibility period.

#### NOTICES OF ACTIONS (NOAs)

QUESTION 8: We believe a separate NOA will be needed to explain the program's policies to beneficiaries. Do you agree?

ANSWER: County input to this issue has run in favor of not developing new NOAs for Continued Eligibility eligibles but rather to modify existing NOAs. The Department will provide modified NOAs to counties as soon as they are available. Until forms are revised, counties should use existing NOAs to instruct beneficiaries on their SOC. In the situation where a pregnant woman is the sole MFBU member and she has an increase in income, no NOA is required. In the case of a pregnant woman receiving zero SOC for her pregnancy-related services under the 185/200 percent program, and is in a separate case with other family members for full-scope services, one NOA for the family should be sent stating that the woman's eligibility for the 185/200 percent program shall continue due to Continued Eligibility, yet her SOC for full-scope services, as well as the SOC for other family members, has increased. Also, in the case where a pregnant woman in a family has a SOC (i.e., income is over 200% of the federal poverty level), and there is an increase in income, the EW will establish two MFBUs, one with the pregnant woman and unborn as eligibles and other family members as

ineligible at the original SOC, and the other with the remaining family members as eligible with the pregnant woman and unborn as ineligible, at the increased SOC. The county should send one NOA to the family stating that, due to Continued Eligibility, the pregnant woman's SOC, aid code, and scope of services will remain unchanged through the 60-day postpartum period, however, the SOC for other family members has been increased.

#### BREAK IN AID

QUESTION 9: How does Continued Eligibility apply to a family who leaves the area, requests discontinuance or moves without notifying the county?

ANSWER: Continued Eligibility for pregnant women ends at the end of the 60-day postpartum period or once she is no longer eligible for Medi-Cal (i.e., excess property, no longer a California resident, or a break in aid). For whatever reason, once the pregnant woman is no longer eligible for Medi-Cal, Continued Eligibility no longer exists and the woman must reapply and be reevaluated for Medi-Cal eligibility. Once a pregnant woman's Medi-Cal eligibility has been reestablished, Continued Eligibility will apply from that point on and any subsequent increases in income would be disregarded.

An infant's eligibility for Continued Eligibility is linked to the mother's eligibility. Only infants born to women who are eligible for and receiving Medi-Cal are automatically deemed eligible under Continued Eligibility for one year, provided they continue to live with their mother and the mother remains eligible or would have remained eligible if she were still pregnant. Since there was a break in aid and the mother would have been ineligible even if she were still pregnant, the infant's entitlement to Continued Eligibility is discontinued. If the mother reapplies, both she and the child may reestablish Medi-Cal eligibility.

QUESTION 10: If the family leaves the area (county or state) and returns, is the pregnant woman's or infant's Continued Eligibility benefits continued or does there have to be a new case established?

ANSWER: If the family moves to a different county without notifying the county to transfer their eligibility, or moves out of the state and establishes a new residence there, and then returns, their eligibility is not continued and a new case would have to be established.

QUESTION 11: If there is a break in aid for an infant receiving the benefits of Continued Eligibility, the infant must reapply. Is a Social Security number required for this infant?

ANSWER: Yes. Since there has been a break and this infant is no longer deemed eligible, a Social Security number would be required.

#### SOC/INCOME DISREGARD

QUESTION 12: In the situation where a client who left one county without notifying the county welfare department and applies for Medi-Cal in an adjoining county, what SOC does the new county use?

ANSWER: Since the client did not notify the first county that she was moving, the case would be discontinued. Since there has been a break in aid, the adjoining county would be required to make an eligibility determination based on the current information supplied by the client. In the case of a pregnant woman who has had an increase in income, since she is no longer eligible for the Continued Eligibility program, her SOC, (if any) will reflect this increase.

QUESTION 13: If the pregnant woman's income goes down and her SOC is reduced, but she later returns to work after the end of the 60-day postpartum period and the SOC increases, does the child's SOC stay at the lowest SOC reached? Or is it never increased.

ANSWER: In this situation, the SOC is never increased until the infant turns age one. This assumes that there is no change in the MFBU composition or composition of mini-budget units under Sneede.

QUESTION 14: A family member moves out of the household, the MFBU or MBU decreases and the maintenance need level decreases, but family income does not increase. Does the pregnant woman or infant's SOC increase?

ANSWER: Yes. Under Continued Eligibility, only the increases in income are disregarded, not the changes in MFBU composition or maintenance need level which may affect SOC.

QUESTION 15: If a pregnant woman on Medi-Cal has a SOC which goes down, then back up due solely to an increase in income (i.e., not related to changes in MFB or MBU composition), but not above the original SOC, does it go up to the original SOC or stay at the lowest SOC?

ANSWER: Under the Continued Eligibility program, any increases in income are disregarded for pregnant women and infants up to one year born to eligible pregnant women. Therefore, the SOC would always stay at the lowest level.

QUESTION 16: In the situation where a pregnant woman with a \$100 SOC uses old medical bills (as allowed under Hunt v. Kizer) to meet her SOC, and thereby reduces her SOC to zero for that month, would the woman's SOC be continued at the original \$100 or at the reduced level of zero?

ANSWER: In this situation the SOC is only met with medical expenses in the one month; the SOC is not actually reduced. Therefore, the pregnant woman's SOC will continue At \$100.

QUESTION 17: If the county is contacted by a woman who was pregnant, eligible for and receiving Medi-Cal during the retroactive period (1/1/91 - 10/1/91) and had an increase in her SOC, due solely to increased income what SOC adjustment process should the county use?

ANSWER: The process for adjustment of SOC for retroactive Continued Eligibility is identical to the process for the 185, 200 and 133 percent

programs. Counties should follow Section 50653.5 of the Medi-Cal Eligibility Manual which provides instructions on decreasing a beneficiary's SOC.

QUESTION 18: Should the mother's SOC for the first reported month of pregnancy, the month of delivery, or the first month of postpartum eligibility be assigned to the infant under Continued Eligibility?

ANSWER: The mother's SOC for the month of delivery (or the lower amount if the woman's family income subsequently decreases) will be assigned to the infant under Continued Eligibility.

QUESTION 19: Please confirm that in the situation where the county sets up a separate MFBU for the pregnant woman with the lower SOC for full-scope services and a second MFBU with other family members with the increased SOC, that the medical expenses of all family members can be used to meet both SOC's? How should the county reflect this on the MC 177-S form?

ANSWER: As shown in Example #1, page 5, of ACWDL #91-66, since all of the family members are listed in both MFBUS, we allow the medical expenses of all the family members to be used in meeting both SOC's for this family. Regarding the MC 177-S form, there will be a separate form for each MFBU in the first MFBU, counties should list the pregnant woman and unborn with the lower SOC for pregnancy-related and full-scope restricted services (the other family members will be ineligible members of this MFBU) while the other family members will be eligible members (provided that they are actually eligible) with the increased SOC for their full-scope/restricted services and the pregnant woman and unborn will be ineligible members.

QUESTION 21: How will beneficiaries be aware that the medical expenses of all family members can be used to meet both Shares of Cost?

ANSWER: Instructions to the patient on the back of the MC 177 S form informs the beneficiary that the Medical/Dental expenses of all family members listed on this form can be used to meet the SOC. When the county sends the NOAs to the family they will be notified what the appropriate SOC is for the pregnant woman or infant and the SOC for the remaining family members. Counties should advise the Continued Eligibility eligible pregnant woman or infant at this point they will be receiving two MC 177 S forms and that the medical expenses of all family members can be used to meet both SOC's.

#### QUESTIONS CONCERNING PREGNANT WOMEN

QUESTION 21: Only pregnant women who are eligible for and receiving Medi-Cal and infants born to women who are eligible for and receiving Medi-Cal in the birth month are eligible for the benefits of Continued Eligibility. Must the mother have met her SOC in order for her or the infant to be eligible for Continued Eligibility?

ANSWER: Yes. In accordance with current federal guidelines, a woman with a SOC is not eligible nor receiving Medi-Cal until she has paid or obligated her SOC. Therefore, the woman would have had to have met her SOC and

actually be receiving a Medi-Cal card in order for her or her infant to get the benefit of Continued Eligibility.

QUESTION 23: ACWDL #91-66 is not clear in references to the level of benefits the pregnant woman receives under Continued Eligibility. Please clarify.

ANSWER: Under the federal Continued Eligibility Program, pregnant women who qualify for Continued Eligibility will remain eligible for pregnancy-related services only at the same share of cost (SOC), or zero SOC, throughout their pregnancy and until the end of the 60-day postpartum period. Under Continued Eligibility, when a pregnant woman is eligible for a zero SOC for full-scope/restricted services (either under MN/MI, PA/Other PA) and has an increase in income, the increase is disregarded and in order to maintain the zero SOC for the pregnant woman in this situation, counties will establish the woman under the 185 percent program. Her SOC for her full-scope/restricted services would be increased. In addition, a pregnant woman who currently has a zero SOC for pregnancy-related services under the 185/200 percent program and has an increase in income, the increase is disregarded and the woman remains in (or in the case of a woman eligible under the 200 percent program, the county will establish her under ) the 185 percent program. However, since the MEDS system currently is unable to accommodate a SOC restricted aid code for pregnancy-related services, a different methodology will apply for pregnant women who already have a SOC (MN/MI with income over 200 percent) and then experience an increase in family income. In this case, the pregnant woman's Continued Eligibility will qualify her for full-scope as well as her pregnancy-related services. If in the future a new aid code is developed, these women will be entitled to Continued Eligibility for their pregnancy-related services only, and will have to pay the increased SOC along with the rest of the family for full-scope services.

QUESTION 23: In the draft instructions, we were unable to determine why the husband's income under Section IV. B. in the draft instructions would not affect the pregnant woman. Should the husband's income be disregarded the moment pregnancy is reported, or is the husband's income disregarded only during the months which fall into the postpartum period?

ANSWER: This issue was further clarified in Section IV. of ACWDL #91-66 which addresses the treatment of income and property. Since Continued Eligibility disregards increases in income for pregnant women and infants up to one year of age, increases in the husband's income will not affect the pregnant woman's SOC until the end of the 60-day postpartum period; nor will increases in the husband's income affect the newborn's SOC for one year so long as the infant continues to live with the mother and the mother remains eligible, or would have remained eligible if she were still pregnant.

QUESTION 24: A pregnant woman eligible under the MN program with a zero SOC has an increase in income which would have resulted in a SOC. Is this woman evaluated under the 185 percent or 200 percent program?

ANSWER: In order to maintain the zero SOC for the pregnant woman in this situation, counties will always establish the woman under the 185 percent program. As shown in the decision chart included in this ACWDL, any time the pregnant woman's income increases over the Maintenance Need Income Level, her eligibility for pregnancy-related services should be established under the 185 percent program.

#### INFANT QUESTIONS

QUESTION 25: What if a family came in from out of state with an infant under one year of age who is eligible for Medi-Cal?

ANSWER: We have posed this question to the Health Care Financing Administration. We will advise you further on this issue once a response is received.

QUESTION 26: Is a MC 13 required for the infant deemed eligible under Continued Eligibility?

ANSWER: No application or MC 13 is required for the infant entitled to Continued Eligibility.

QUESTION 27: What system should counties use to alert the EW to contact the woman to verify that the infant is born?

ANSWER: The EW must instruct the pregnant woman to contact the county once the infant is born in order for the county to verify the infant's name, birthdate, that the infant is residing with the mother, and to issue the infant his/her own card. Therefore, to ensure the infant's continued eligibility, if the mother does not report the infant's birth before the end of the expected birth month, the EW must contact the mother by the end of the following month. If a tickler system is not already in place, counties should develop a tickler system, utilizing the pregnant woman's expected due date, that best suits their county system. For assistance in developing this system, counties should consult their MEDS analyst.

QUESTION 28: Does either a pregnant woman's restricted, limited or full-scope card cover services for the infant until the infant is issued his/her own card?

ANSWER: As stated in ACWDL #91-66 and the Medi-Cal Eligibility Manual, Section 50733 (c), the mother's card, whether for restricted or full-scope services, can be used to bill for medical services furnished to the newborn during the month of delivery and the month following. However, an infant's services for the first two months of life are not covered under the mother's limited services status card, issued to a Minor Consent beneficiary (See Title 22, Section 50054.7). Irrespective of the doctor's ability to bill for these services, the county is still required to issue the infant his/her card as soon as possible.



QUESTION 29: We inferred from Section IV.C of ACWDL #91-66 that all infants would be entitled to no SOC Medi-Cal under Continued Eligibility because of the 60-Day Postpartum Period. Is this true?

ANSWER: This is not true. If a pregnant woman is receiving Medi-Cal benefits with a SOC during her pregnancy, the infant will have the same SOC as the mother has in the month of delivery. This pregnant woman's SOC would not increase due to increased income until after the 60-day postpartum period, so the infant's SOC also would never increase. In the situation where a woman has a zero SOC during her postpartum period under aid code 76 or the 185/200 percent aid code, the infant will have a zero SOC. In any case, the infant's SOC is based on the mother's SOC, if any, during the month of delivery.

QUESTION 30: An infant under one year of age is residing with his/her mother and receiving the benefits of Continued Eligibility. The mother has an accident and is hospitalized and absent from the home for one month. The infant remains in the home and another family member moves in to care for the infant. Is infant still eligible under Continued Eligibility?

ANSWER: Yes. Although the infant is briefly separated from the mother during this period, the mother is considered temporarily absent from the home and plans to return and reside with the infant.

#### QUARTERLY STATUS REPORTS (QSRs)

QUESTION 31: Does the county discontinue a pregnant woman who is in an MFBU with other family members if the family does not submit a QSR?

ANSWER: Yes. As stated in Section IX, Quarterly Status Reports, page 13 of ACWDL #91-66, MFBUs consisting solely of pregnant women and/or infants under one year of age are not required to adhere to the QSR requirements. However, if the pregnant woman or infant up to one year of age is in an MFBU which includes other family members who are on Medi-Cal, the family is still required to submit a QSR since the other MFBU members are not exempt from this requirement.

QUESTION 32: Do you discontinue just the pregnancy-related or full-scope benefits?

ANSWER: In the situation described in question #33, counties should discontinue both the pregnancy-related and full-scope services for the pregnant woman and the full-scope services for the family members.

QUESTION 33: For those counties who automatically generate QSRs and are not able to suppress distribution of the form to households consisting solely of pregnant women and infants up to one year of age, how should counties handle this situation?

ANSWER: If counties cannot suppress the distribution of the QSRs to these populations, counties should not discontinue these beneficiaries if they do not return the QSR, nor should any increases in income be counted if Continued Eligibility is applicable.

QUESTION 34: After the infant is born, if the family does not submit a QSR, are all family members except the infant discontinued?

RESPONSE: No. Only in households where a pregnant woman and/or infant are the only Medi-Cal eligibles is the requirement to submit a QSR waived. If the pregnant woman or infant up to one year of age is in an MFBU which includes other family members, the family is still required to submit a QSR since the other MFBU members are not exempt from this requirement. Therefore, all persons including the infant would be discontinued in this situation.

QUESTION 35: QSRs need not be generated for MFBUs with only a pregnant woman and/or an infant eligible under Continued Eligibility. However, as we understand the instructions, income decreases can be applied to the SOC and the MFBU is ineligible if there is excess property. If an income decrease or excess property is not reported, will counties be charged with an error?

ANSWER: No. Although MFBUs consisting solely of a pregnant woman and/or an infant under age one are not required to submit QSRs, they are nevertheless still required to report changes to the county within ten days. Therefore, if any beneficiary fails to report changes such as a decrease in income or excess property, this is not a county-caused error, but rather a beneficiary-caused error.

#### CASE COUNTS

QUESTION 36: Does a county receive an additional case count for eligibles under the Continued Eligibility Program?

ANSWER: As described in Section V, page 11, of ACWDL #91-66, to ensure adequate funding for the additional workload of the EW who is required to establish additional MFBUs as a result of Continued Eligibility, counties will receive additional case counts. As currently allowed under the 185 and 200 percent program, counties may claim additional caseload activity for pregnant women established under the 185 and 200 percent program. For those pregnant women who are MN/MI with no SOC, and who after an increase in income the county would establish eligibility under the 185 percent program, counties should claim additional caseload activity for the 185% case. In the situation where a MN/MI pregnant woman with a SOC (i.e., income is over 200% FPL) has an income increase, the county will establish a separate MFBU for the pregnant woman and her unborn for full-scope services with the lower SOC and the same aid codes (other family members will be listed as ineligible in this MFBU). The county may claim additional caseload activity for this separate budget unit. In these situations, counties should not

claim the original MFBU (where the pregnant woman and infant are reported as ineligible) with the increased SOC as an intake since the original MFBU was already reported on the MC 237. The county should report the original full-scope MFBU as a continuing case only.

#### SNEEDE ISSUES

QUESTION 37: If Sneede applies and the unmarried father's income is to be allocated among those for whom he is responsible, is the infant included in the allocation even though the income allocation is not considered under Continued Eligibility?

ANSWER: Yes. Even though the income is not allocated to the infant, the unmarried father's income receives a deduction for the infant.

QUESTION 38: In example 2, page 5 of ACWDL #91-66, would it not be more appropriate to establish another MBU rather than an MFBU?

ANSWER: No. Establishing a second MFBU will allow the medical expenses and income of the MFBU members to be counted twice.

Please note that there is an error in the example of the 2nd MFBU on page 7 of ACWDL 91-66. This example showed an MFBU which went from zero share of cost in the previous month to share of cost in the next month. Since the income exceeded 200% of federal poverty level, the infant should have been placed under the 185% program based upon the rules for Continued Eligibility (see Continued Eligibility Decision Chart). The second MFBU (185% should have shown the eligible infant as the only MFBU member. The original share of cost MFBU will show the infant as an ineligible member. (These are the "regular" rules for establishing 185% MFBUs.)

Had the prior month's income been over 200% of FPL and continues to be over 200% of FPL, the county would establish 2 MFBUs again. Only this time, the 2nd MFBU would show all of the MFBU members; the pregnant woman and infant as the only eligibles and all other family members as ineligible. The first MFBU would show the pregnant woman and infant as ineligible and all other family members as eligibles (if applicable). (See C.E. Decision chart.)

#### MINOR CONSENT PROGRAM

QUESTION 39: Does Continued Eligibility apply to Minor Consent eligibles?

ANSWER: Yes. If a minor is receiving pregnancy-related services under the Minor Consent Program, Continued Eligibility may apply whether she has a SOC or zero SOC. Remember, Continued Eligibility applies to any Medi-Cal eligible pregnant woman who has an increase in income.

## 60-DAY POSTPARTUM PROGRAM

QUESTION 40: Please clarify how the zero SOC for postpartum services is affected by Continued Eligibility.

ANSWER: As you know, pregnant women who are entitled to Medi-Cal with a SOC for their full-scope services and meet their SOC in the month of delivery are entitled to zero SOC postpartum services under aid code 76. Women who are receiving zero SOC for pregnancy-related services under 185/200 percent programs receive zero SOC during the postpartum period under their 185/200% program aid code. Continued Eligibility does not affect current policy in this area. The deemed eligible infant's SOC will be based on the mother's SOC during the month of delivery or lower if the family income decreases during the infant's first year.

## AFDC/EDWARDS/TRANSITIONAL MEDI-CAL (TMC) CASES

QUESTION 41: Does a person eligible for EDWARDS or TMC have to apply before the county would continue the case under the 185 percent program?

ANSWER: A pregnant woman who is discontinued from AFDC due to an increase in earned income or hours of employment is automatically eligible for TMC for at least six months and possibly twelve. No application is needed. Similarly, a pregnant woman, who is eligible for Edwards continuing zero SOC Medi-Cal after discontinuance from AFDC cash or TMC automatically (i.e., does not have to apply for Edwards) receives an aid code 38 zero SOC card and continues to be eligible for such benefits until the county determines her eligibility for ongoing Medi-Cal only benefits. In some cases, the county may complete the Medi-Cal-only determination based on information in file and a new application is not needed. In most cases, however, the Edwards recipient must complete and return an MC 210E in order for her (or her family's) ongoing Medi-Cal only eligibility to be determined. In either case, the county must apply the principles of Continued Eligibility in establishing the pregnant woman's eligibility. That is, increases in income are disregarded for pregnant women until the end of her postpartum period.

QUESTION 42: If a woman is discontinued from AFDC three months after delivery, would a separate Medi-Cal application be needed for Continued Eligibility?

ANSWER: Keep in mind that Continued Eligibility means that for pregnant women who are eligible for and receiving Medi-Cal, any income increases will be disregarded through the postpartum period. Therefore, Continued Eligibility does not apply in this situation. Remember, however, that anyone discontinued from AFDC due to an increase in income will receive zero SOC continued Medi-Cal under TMC or Edwards, whichever is applicable.

QUESTION 43: With AFDC eligibles, does Continued Eligibility only apply if the mother is discontinued from AFDC in the month of delivery?

ANSWER: Continued Eligibility applies to any Medi-Cal eligible pregnant woman regardless of the basis of her Medi-Cal eligibility, throughout her pregnancy and postpartum period.

QUESTION 44: A pregnant woman is discontinued from AFDC. During the month she is discontinued, the county won't know whether she is eligible for Edwards or TMC. How does Continued Eligibility apply? How should this woman be treated?

ANSWER: The county doesn't need to address the question of Continued Eligibility until the pregnant woman is put on either Edwards or TMC, both of which are zero SOC. If she is determined eligible as MN only, she may stay at zero SOC. If she would have a SOC, she will be evaluated under the 185 percent program.

QUESTION 45: Is an infant born to a pregnant women during the TMC period eligible for zero SOC Medi-Cal?

ANSWER: Yes. The infant's SOC is linked to the mother's SOC at birth. Therefore, in this situation it would stay at zero.

#### INTERCOUNTY TRANSFERS

QUESTION 46: Please explain how counties should handle intercounty transfers of cases where beneficiaries are receiving the benefits of Continued Eligibility? What forms should the county use? What SOC would county assign?

ANSWER: These cases should be treated the same way current intercounty transfers are. Counties should review the information contained in the case file and the SOC would depend on this and any new information.

#### PROVIDER BULLETIN

QUESTION 47: Will a provider bulletin be sent to providers informing them of the Continued Eligibility Program?

ANSWER: Yes. A provider bulletin is planned to be issued in November informing provider about the Continued Eligibility Program. Providers will also be informed that family members under this program will be allowed to use the expenses from all family members to meet both SOC's and will be listed on both 177 forms.

## PREGNANT WOMAN AND INFANT UNDER ONE YEAR OLD

## CONTINUED ELIGIBILITY DECISION CHART

Prior Month's SOC Determination	Income Increases to	Continued Eligibility Pregnant Woman	Continued Eligibility Infants**
0 SOC (HN/NI) OR PA/OTHER PA	a) at or below NNL b) over NNL but not over 185%	a) Continue M/C at 0 SOC b) gets 0 SOC under 185% for preg related svcs & increase SOC for full-scope/restricted svcs c) gets 0 SOC under 185% for preg related svcs & increase SOC for full-scope/restricted svcs d) gets 0 SOC under 185% for preg related svcs & increase SOC for full-scope/restricted svcs	a) Continue M/C at 0 SOC b) gets 0 SOC under 185% for same level svcs c) gets 0 SOC under 185% for same level svcs d) gets 0 SOC under 185% for same level svcs
185 Percent	a) at or below 185% b) 186% through 200% c) over 200%	a) no change on preg related svcs; increase SOC for full-scope/restricted svcs b) keep at 185% for preg related svcs; increase SOC for full-scope/restricted svcs c) keep at 185% for preg related svcs; increase SOC for full-scope/restricted svcs	a) no change in infant's SOC b) keep at 185% for same level svcs c) keep at 185% for same level svcs
200 Percent*	a) at or below 200% b) over 200%	a) keep at 200% for preg related svcs; increase SOC for full-scope/restricted svcs b) keep at 200% for preg related svcs; increase SOC for full-scope/restricted svcs	a) keep at 185% for same level svcs b) keep at 200% for same level svcs
SOC (HN/NI) Income over 200%*	a) still over 200%	a) If other family members in MFBU or MBU are not entitled to CE, set up 2 MFBUs. Set up one MFBU for the eligible pregnant woman and unborn for full-scope/restricted services at same SOC and aid code. List other family members as ineligible. Increase the SOC for the 2nd MFBU for full-scope/restricted services for the other eligible family members and list the pregnant woman as ineligible.	a) If other family members in MFBU or MBU are not entitled to CE, set up 2 MFBUs. Set up one MFBU with same SOC and show infant as an eligible and the other family members as ineligible. In 2nd MFBU, increase SOC for other MFBU members and show infant as ineligible.

\*If Income drops to at or below 185% of FPL, move preg woman Infant to 185% program

\*\*Increase share of cost for other MFBU members (except preg woman's preg related svcs)