

Medi-Cal Program Guide Letter #686

September 09, 2009

Subject AMENDMENT OF THE FEDERAL PROVISION OF DEEMED ELIGIBILITY (DE) FOR INFANTS AND UPDATES TO NEWBORN REFERRAL AND FORMER FOSTER CARE CHILDREN (FFCC) ANNUAL REDETERMINATION PROCEDURES.

Effective Date April 01, 2009

Reference ACWDL 09-17, CR 5100, ACWDL 06-16

Purpose To inform staff of the following changes:

- Deemed Eligibility (DE) requirements for infants under one.
- Newborn referrals procedures.
- Annual redetermination procedures for Former Foster Care Children (FFCC).

Background Deemed Eligibility
MPG Article 5, Section 15 states that an infant born to a mother eligible for and receiving Medi-Cal in the month of delivery is automatically DE for Medi-Cal for the first year of life. To be DE, the infant must continue to live with his/her mother and that the mother of the infant must remain eligible for Medi-Cal or would be eligible if she were still pregnant.

Authorized under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), it is no longer required for the DE infants to reside with his/her mother or that the mother remains eligible or would remain eligible if she were still pregnant.

Newborn Referrals

Prior to task based, newborn referrals were received by PAI and forwarded to the assigned worker for processing.

Annual Redeterminations for FFCC

MPG Letter #438 states that FFCC beneficiary shall submit a completed MC 250A to meet the annual redetermination requirement.

Change

Deemed Eligibility

Effective April 1, 2009, a child born to a mother eligible for and receiving Medi-Cal in the month of delivery will remain eligible for Medi-Cal until age one regardless of the infant's living arrangement or the mother's eligibility status.

A report has been developed to identify children under 1 who have been denied or discontinued on or after April 1, 2009. Staff are required to review the list and ensure that any DE children who were erroneously denied or discontinued on or after April 1, 2009 and who would otherwise be eligible under the new DE eligibility requirement shall have their benefits reinstated under DE. Notification of rescission must be sent.

Newborn Referrals

With the task-based model, newborn referrals will be received and processed by ACCESS. The newborn referrals may be faxed to ACCESS at (619) 767-5412.

Annual Redeterminations for FFCC

DHCS has clarified that the only requirement for FFCC beneficiaries at annual redetermination is that the beneficiary must indicate that he/she still wants Medi-Cal. The request for continuing Medi-Cal may be obtained orally or in writing.

Automation Impact

Deemed Eligibility

CR 5100 will modify CalWIN functionality at a future date to incorporate the above DE change. Until then, staff will contact the CalWIN Help Desk and request for a bottom-line override for infants who are DE based on the change.

Newborn Referrals

Current CalWIN functionalities support program requirements.

Annual Redetermination for FFCC

CalWIN currently does not discontinue a FFCC beneficiary when he/she fails to complete the annual redetermination. Until CalWIN is reprogrammed to align with existing regulation or the regulation is changed to waive the annual redetermination for FFCC beneficiaries, workers will follow the procedures outlined on How To HT426 (Attachment) A to discontinue FFCC beneficiaries for failure to complete the required annual redetermination. How To HT426 is also available on the [CalWIN Intranet website](#).

Forms Impact None.

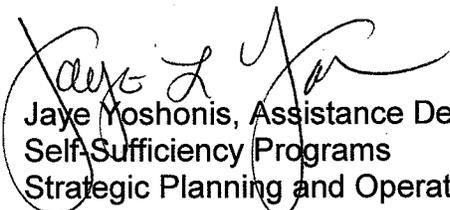
Quality Assurance Impact

Effective with the October 2009 review month, Quality Assurance will cite with the appropriate error any case that does not follow the requirements of this Letter.

Summary of Change

Article	Change
Article 4 Section 2	Updates newborn referral procedures.
Article 5 Section 15	<ul style="list-style-type: none">• Updates DE requirements for infants under one.• Updates newborn referral processing procedures.• Updates FFCC annual redetermination procedures.

Manager Approval


Jaye Moshonis, Assistance Deputy Director
Self-Sufficiency Programs
Strategic Planning and Operational Support

KT

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HOW TO...

HOW TO #	TITLE	ISSUE DATE
HT426	Manual Termination of the FFCC Medi-Cal Program (4M Aid Code)	8/25/2009

Program(s)/Staff:	Medi-Cal / Human Services Specialist
Description:	The following steps are to be taken when an FFCC beneficiary fails to complete a redetermination requirement. The example provided is for a case being discontinued effective 8/31/09 for failure to complete a 08/2009 RRR.
References:	MPG Letter 686 supersede Medi-Cal Memo 09-07

INSTRUCTIONS

Step by step instructions begin on page 2.

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HOW TO...

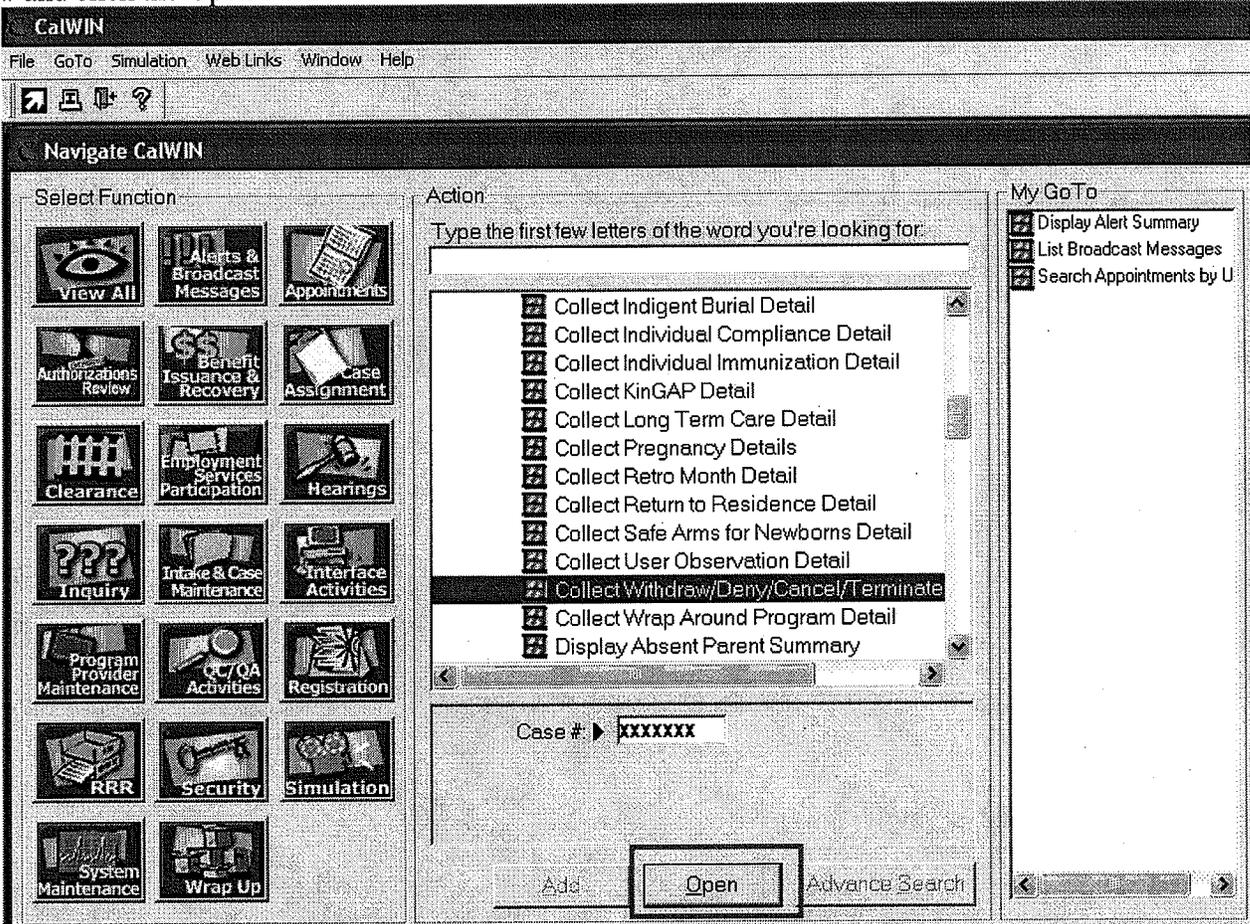
HOW TO #	TITLE	ISSUE DATE
HT426	Manual Termination of the FFCC Medi-Cal Program (4M Aid Code)	8/25/2009

STEP	ACTION
1	<p>From the Navigate CalWIN window click the Intake & Case Maintenance button. Expand the Data Collection action group.</p> <p>The screenshot shows the CalWIN application window. The title bar reads 'CalWIN' and the menu bar includes 'File', 'GoTo', 'Simulation', 'Web Links', 'Window', and 'Help'. Below the menu bar is a toolbar with icons for home, print, and help. The main area is titled 'Navigate CalWIN' and is divided into three sections: 'Select Function', 'Action', and 'My GoTo'. The 'Select Function' section contains a grid of 20 buttons with icons and labels: View All, Alerts & Broadcast Messages, Appointments, Authorizations Review, Benefit Issuance & Recovery, Case Assignment, Clearance, Employment Services Participation, Hearings, Inquiry, Intake & Case Maintenance (highlighted), Interface Activities, Program Provider Maintenance, UC/OA Activities, Registration, RRR, Security, Simulation, System Maintenance, and Wrap Up. The 'Action' section has a search box with the text 'Type the first few letters of the word you're looking for:' and a list of actions under the 'Data Collection' group, all of which are checked with a small square icon. The 'My GoTo' section on the right has a list of three items, all checked: 'Display Alert Summary', 'List Broadcast Messages', and 'Search Appointments by U...'. At the bottom of the 'Action' list are buttons for 'Add', 'Open', and 'Advance Search'.</p>

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STEP	ACTION
2	<p>Scroll down to select the Collect Withdraw/Deny/Cancel/Terminate Program window. Enter the Case # and click the Open button.</p>  <p>The screenshot shows the CalWIN application window. On the left is a 'Navigate CalWIN' menu with various function icons. The main area is titled 'Action' and contains a search box with the text 'Type the first few letters of the word you're looking for:'. Below the search box is a list of search results, with 'Collect Withdraw/Deny/Cancel/Terminate' highlighted. At the bottom, there is a 'Case #' field containing 'XXXXXX' and an 'Open' button highlighted with a red box.</p>

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STEP	ACTION
3	<p>In the Collect Withdraw/Deny/Cancel/Terminate Program Detail window select Medi-Cal from the Program Applied list.</p>

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4	<p>Change the Effective Begin Date to today's date; click the Terminate radial button; in the Reason drop down list select the Disc Medi-Cal for failure to comply with RRR. Click the Save button.</p> <p>The screenshot shows the following details:</p> <ul style="list-style-type: none"> Case Number: xxxxxx, Name: Doe, Jane Status: Open, Status Date: 08/14/2008, Pending Alerts: 3 Table of Programs Applied: <table border="1"> <thead> <tr> <th>Program Applied</th> <th>Request Date</th> <th>Status</th> <th>Reason</th> <th>Effective Begin Date</th> <th>Effective End Date</th> </tr> </thead> <tbody> <tr> <td>Foster Care</td> <td>08/26/2008</td> <td>Discontinued</td> <td></td> <td>04/16/2009</td> <td>00/00/0000</td> </tr> <tr> <td>Medi-Cal</td> <td>08/13/2008</td> <td>Approved</td> <td>Disc Medi-Cal for failure to comply with RRR</td> <td>08/17/2009</td> <td>00/00/0000</td> </tr> </tbody> </table> Effective Begin Date: 08/17/2009 Effective End Date: 00/00/0000 Status: Terminate (selected) Reason: Disc Medi-Cal for failure to comply with RRR Presumed Aid Code: Disc Medi-Cal for failure to comply with RRR 	Program Applied	Request Date	Status	Reason	Effective Begin Date	Effective End Date	Foster Care	08/26/2008	Discontinued		04/16/2009	00/00/0000	Medi-Cal	08/13/2008	Approved	Disc Medi-Cal for failure to comply with RRR	08/17/2009	00/00/0000
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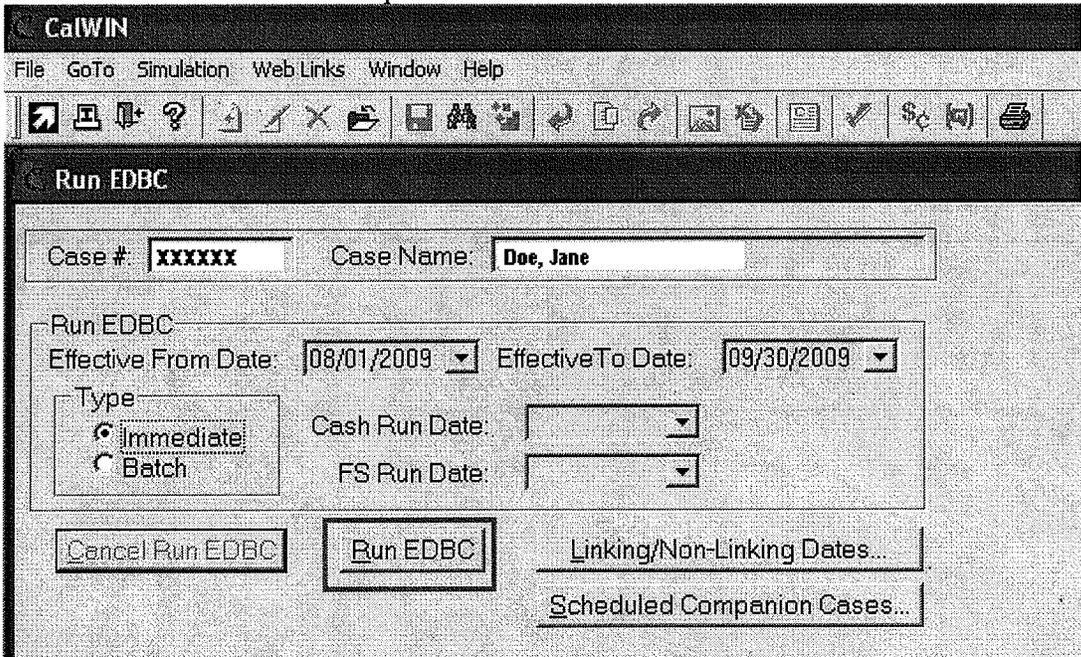
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STEP	ACTION																		
5	<p>Message Code 351: EDBC has been scheduled to run on the case will appear. Click the OK button, then click the Run EDBC button.</p> <p>The screenshot shows the CaWIN application window with the following details:</p> <ul style="list-style-type: none"> Case Information: Number: XXXXXX, Name: Doe, Jane, Status: Open, Status Date: 08/14/2008, Pending Alerts: 3. Programs Table: <table border="1"> <thead> <tr> <th>Program Applied</th> <th>Request Date</th> <th>Status</th> <th>Reason</th> <th>Effective Begin Date</th> <th>Effective End Date</th> </tr> </thead> <tbody> <tr> <td>Foster Care</td> <td>08/26/2008</td> <td>Discontinued</td> <td></td> <td>04/16/2009</td> <td>00/00/0000</td> </tr> <tr> <td>Medi-Cal</td> <td>08/13/2008</td> <td>Approved</td> <td>Disc Medi-Cal for failure t</td> <td>08/17/2009</td> <td>00/00/0000</td> </tr> </tbody> </table> Form Fields: Effective Begin Date: 08/17/2009, Effective End Date: 00/00/0000, Reason: Disc Medi-Cal for ft, Presumed Aid Code: [dropdown]. Status Options: Withdraw, Deny, Cancel, Terminate (selected). Message Box: Message Code: 351, Description: EDBC has been scheduled to run on the case. OK button highlighted. 	Program Applied	Request Date	Status	Reason	Effective Begin Date	Effective End Date	Foster Care	08/26/2008	Discontinued		04/16/2009	00/00/0000	Medi-Cal	08/13/2008	Approved	Disc Medi-Cal for failure t	08/17/2009	00/00/0000
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STEP	ACTION
6	<p>The Run EDBC window will open. Click the Run EDBC button.</p> 

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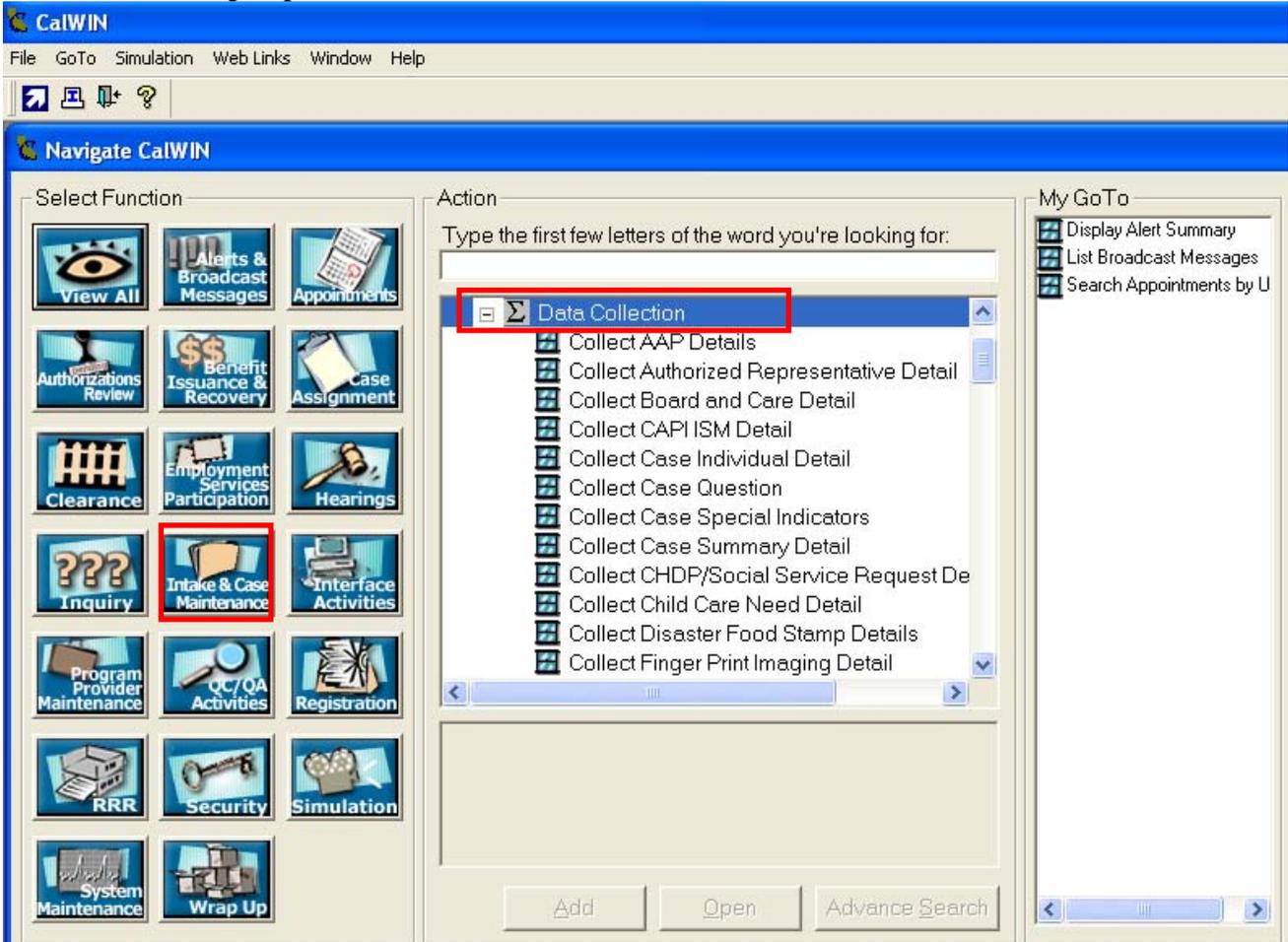
INSTRUCTIONS

Step by step instructions begin on page 2.

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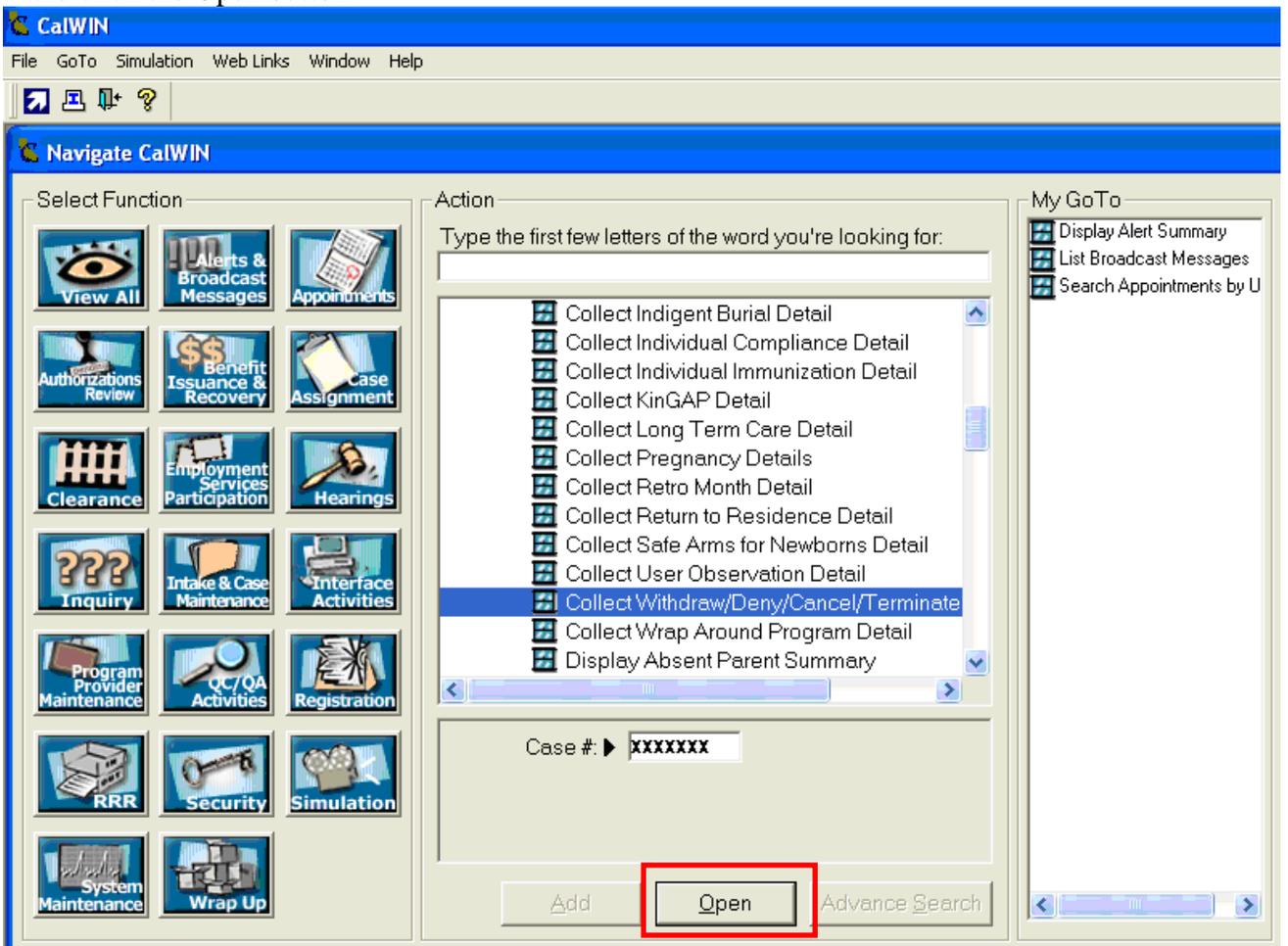
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STEP	ACTION
1	<p>From the Navigate CalWIN window click the Intake & Case Maintenance button. Expand the Data Collection action group.</p> 

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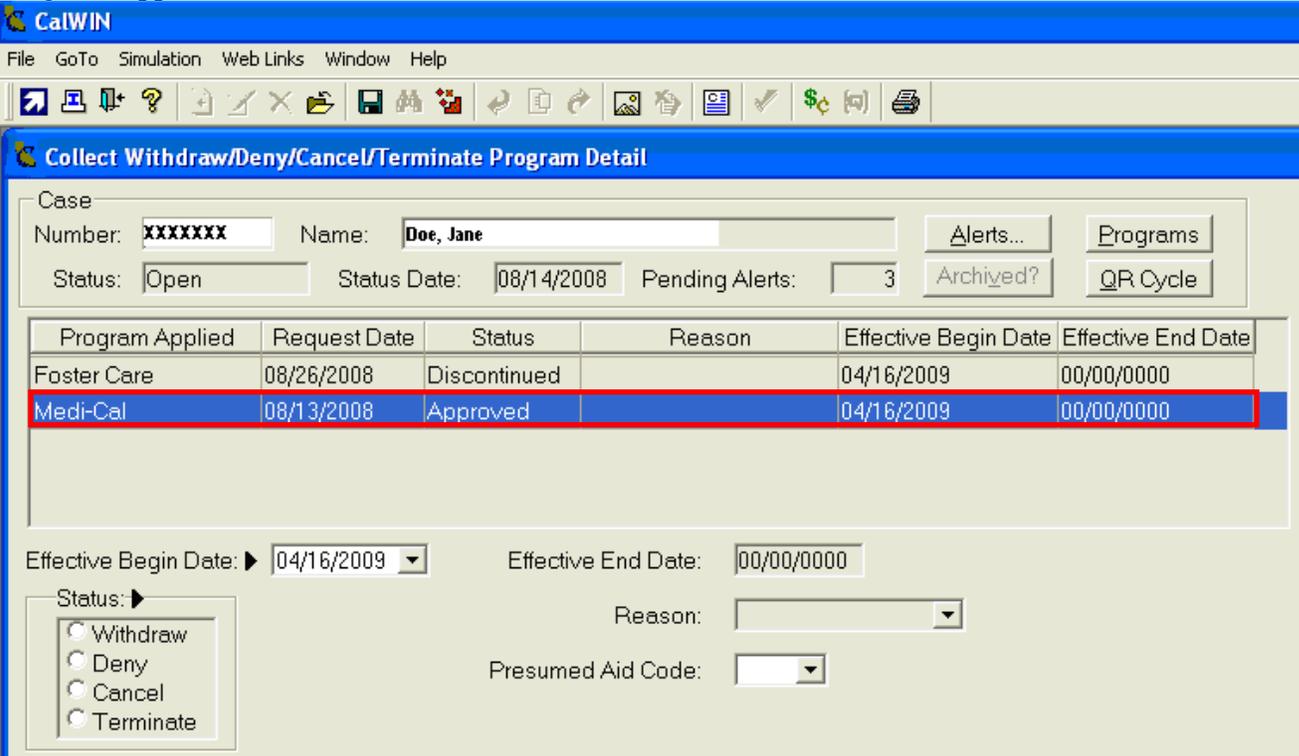
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STEP	ACTION
2	<p>Scroll down to select the Collect Withdraw/Deny/Cancel/Terminate Program window. Enter the Case # and click the Open button.</p>  <p>The screenshot shows the CalWIN application window. The 'Navigate CalWIN' section is active, displaying a grid of function icons on the left and a search results list in the center. The search results list includes various options, with 'Collect Withdraw/Deny/Cancel/Terminate' highlighted. Below the list is a 'Case #' field containing 'XXXXXX' and three buttons: 'Add', 'Open', and 'Advance Search'. The 'Open' button is highlighted with a red rectangular box.</p>

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STEP	ACTION
3	<p>In the Collect Withdraw/Deny/Cancel/Terminate Program Detail window select Medi-Cal from the Program Applied list.</p>  <p>The screenshot displays the 'Collect Withdraw/Deny/Cancel/Terminate Program Detail' window in CalWIN. At the top, the title bar reads 'CalWIN' and the window title is 'Collect Withdraw/Deny/Cancel/Terminate Program Detail'. The main area shows case information: Case Number: 'XXXXXXXX', Name: 'Doe, Jane', Status: 'Open', Status Date: '08/14/2008', and Pending Alerts: '3'. There are buttons for 'Alerts...', 'Programs', 'Archived?', and 'QR Cycle'. Below this is a table with columns: Program Applied, Request Date, Status, Reason, Effective Begin Date, and Effective End Date. The table contains two rows: 'Foster Care' (Request Date: 08/26/2008, Status: Discontinued, Effective Begin Date: 04/16/2009, Effective End Date: 00/00/0000) and 'Medi-Cal' (Request Date: 08/13/2008, Status: Approved, Effective Begin Date: 04/16/2009, Effective End Date: 00/00/0000). The 'Medi-Cal' row is highlighted with a red border. Below the table, there are fields for 'Effective Begin Date' (04/16/2009), 'Effective End Date' (00/00/0000), a 'Status' dropdown menu with radio button options for 'Withdraw', 'Deny', 'Cancel', and 'Terminate', a 'Reason' dropdown menu, and a 'Presumed Aid Code' dropdown menu.</p>

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4	<p>Change the Effective Begin Date to today's date; click the Terminate radial button; in the Reason drop down list select the Disc Medi-Cal for failure to comply with RRR. Click the Save button.</p> <p>The screenshot displays the CalWIN interface for program management. Key elements include:</p> <ul style="list-style-type: none"> Case Information: Case Number: XXXXXX, Name: Doe, Jane, Status: Open, Status Date: 08/14/2008, Pending Alerts: 3. Programs Table: <table border="1"> <thead> <tr> <th>Program Applied</th> <th>Request Date</th> <th>Status</th> <th>Reason</th> <th>Effective Begin Date</th> <th>Effective End Date</th> </tr> </thead> <tbody> <tr> <td>Foster Care</td> <td>08/26/2008</td> <td>Discontinued</td> <td></td> <td>04/16/2009</td> <td>00/00/0000</td> </tr> <tr> <td>Medi-Cal</td> <td>08/13/2008</td> <td>Approved</td> <td>Disc Medi-Cal for failure to</td> <td>08/17/2009</td> <td>00/00/0000</td> </tr> </tbody> </table> Form Fields: <ul style="list-style-type: none"> Effective Begin Date: 08/17/2009 Effective End Date: 00/00/0000 Status: <input checked="" type="radio"/> Terminate Reason: Disc Medi-Cal for failure to comply with RRR Presumed Aid Code: Disc Medi-Cal for failure to comply with RRR 	Program Applied	Request Date	Status	Reason	Effective Begin Date	Effective End Date	Foster Care	08/26/2008	Discontinued		04/16/2009	00/00/0000	Medi-Cal	08/13/2008	Approved	Disc Medi-Cal for failure to	08/17/2009	00/00/0000
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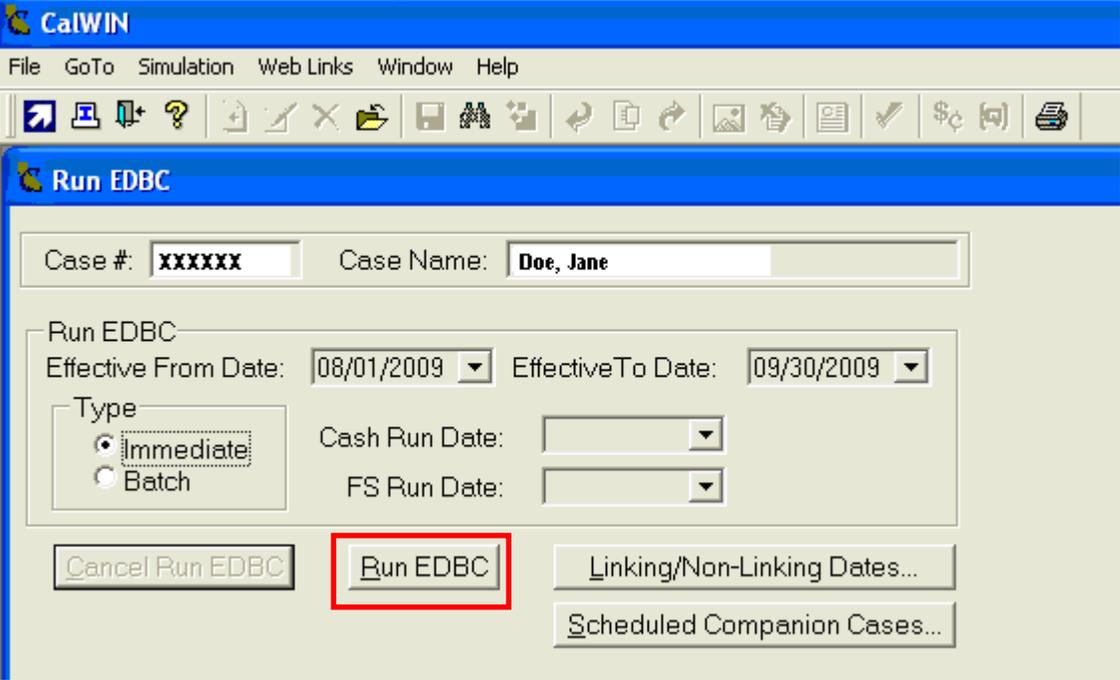
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5	<p>Message Code 351: EDBC has been scheduled to run on the case will appear. Click the OK button, then click the Run EDBC button.</p> <p>The screenshot shows the CalWIN interface. At the top, there is a menu bar with 'File', 'GoTo', 'Simulation', 'Web Links', 'Window', and 'Help'. Below the menu bar is a toolbar with various icons, including a red box around the 'Run EDBC' button. The main window title is 'Collect Withdraw/Deny/Cancel/Terminate Program Detail'. It displays case information: Case Number: xxxxxx, Name: Doe, Jane, Status: Open, Status Date: 08/14/2008, Pending Alerts: 3. Below this is a table of program details:</p> <table border="1"> <thead> <tr> <th>Program Applied</th> <th>Request Date</th> <th>Status</th> <th>Reason</th> <th>Effective Begin Date</th> <th>Effective End Date</th> </tr> </thead> <tbody> <tr> <td>Foster Care</td> <td>08/26/2008</td> <td>Discontinued</td> <td></td> <td>04/16/2009</td> <td>00/00/0000</td> </tr> <tr> <td>Medi-Cal</td> <td>08/13/2008</td> <td>Approved</td> <td>Disc Medi-Cal for failure t</td> <td>08/17/2009</td> <td>00/00/0000</td> </tr> </tbody> </table> <p>Below the table, there are fields for 'Effective Begin Date' (08/17/2009) and 'Effective End Date' (00/00/0000). A 'Status' dropdown menu is set to 'Terminate'. A 'Reason' dropdown menu is set to 'Disc Medi-Cal for failure t'. A 'Presumed Aid Code' dropdown menu is empty. A message dialog box is overlaid on the screen, showing 'Message Code : 351' and 'Description : EDBC has been scheduled to run on the case.' with an 'OK' button highlighted by a red box.</p>	Program Applied	Request Date	Status	Reason	Effective Begin Date	Effective End Date	Foster Care	08/26/2008	Discontinued		04/16/2009	00/00/0000	Medi-Cal	08/13/2008	Approved	Disc Medi-Cal for failure t	08/17/2009	00/00/0000
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STEP	ACTION
6	<p>The Run EDBC window will open. Click the Run EDBC button.</p> 

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STEP	ACTION
7	<p>The Capture Discrepancy Information window will open. Set the Medi-Cal Evaluate Benefit Discrepancy switch to N. Save and close the Capture Discrepancy Information window.</p>

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STEP	ACTION
8	<p>The Display Eligibility Summary window will show that Medi-Cal is failing for the future month. If you click the Reason button the Display Reasons window will open. You will see the reason of 'Failure to complete RRR process. Click the Wrap Up button.</p>

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STEP	ACTION
9	<p>In the Initiate Wrap Up window, select the All radial button and click the Start Queue button. Review all windows in the Wrap Up queue for accuracy.</p>

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STEP	ACTION
10	<p>Select the Pending months in the Authorize Eligibility Program Benefit window and click the Authorize button. Message Code 155: Authorization was successful will appear. Click the OK button.</p>

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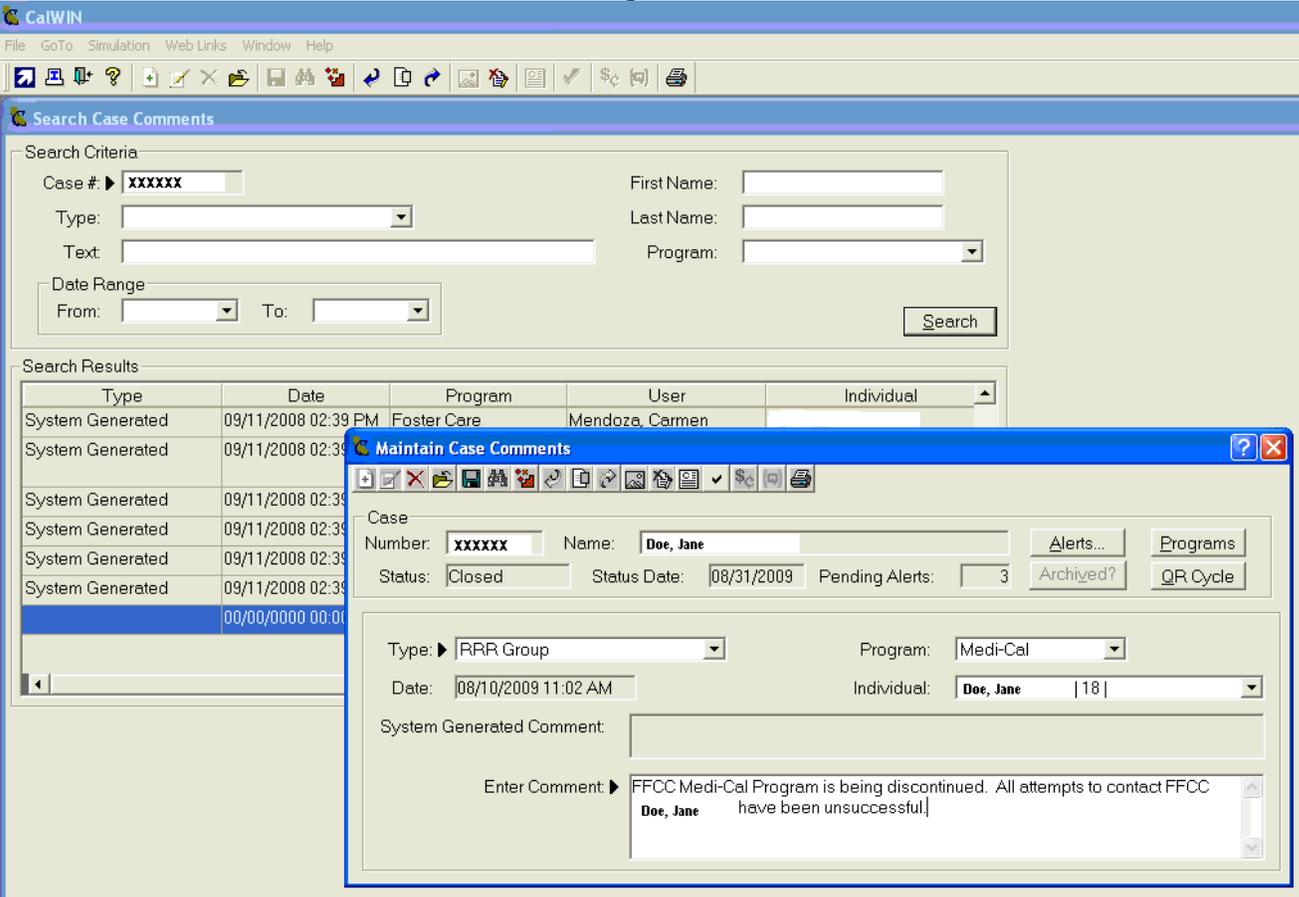
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STEP	ACTION
11	<p>Go forward in the Queue</p>

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STEP	ACTION
12	<p>You MUST enter a Case Comment in the Search for Case Comments window. Once your Case Comment has been entered move forward in the queue.</p>  <p>The screenshot shows the CalWIN application interface. The main window is titled 'Search Case Comments' and contains search criteria fields for Case # (filled with 'xxxxxx'), Type, Text, Date Range (From and To), First Name, Last Name, and Program. Below the search criteria is a 'Search Results' table with columns: Type, Date, Program, User, and Individual. The table lists several 'System Generated' entries. A 'Maintain Case Comments' dialog box is overlaid on the search results. It displays case details: Case Number (xxxxxx), Name (Doe, Jane), Status (Closed), Status Date (08/31/2009), Pending Alerts (3), and Archived? (checkbox). The dialog also shows fields for Type (RRR Group), Program (Medi-Cal), Date (08/10/2009 11:02 AM), and Individual (Doe, Jane 18). A 'System Generated Comment' field is present, and an 'Enter Comment' field contains the text: 'FFCC Medi-Cal Program is being discontinued. All attempts to contact FFCC Doe, Jane have been unsuccessful.'</p>

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STEP	ACTION
12	<p>The Search/View for Client Correspondence in Print Queue window will appear next. Click the Search button.</p>

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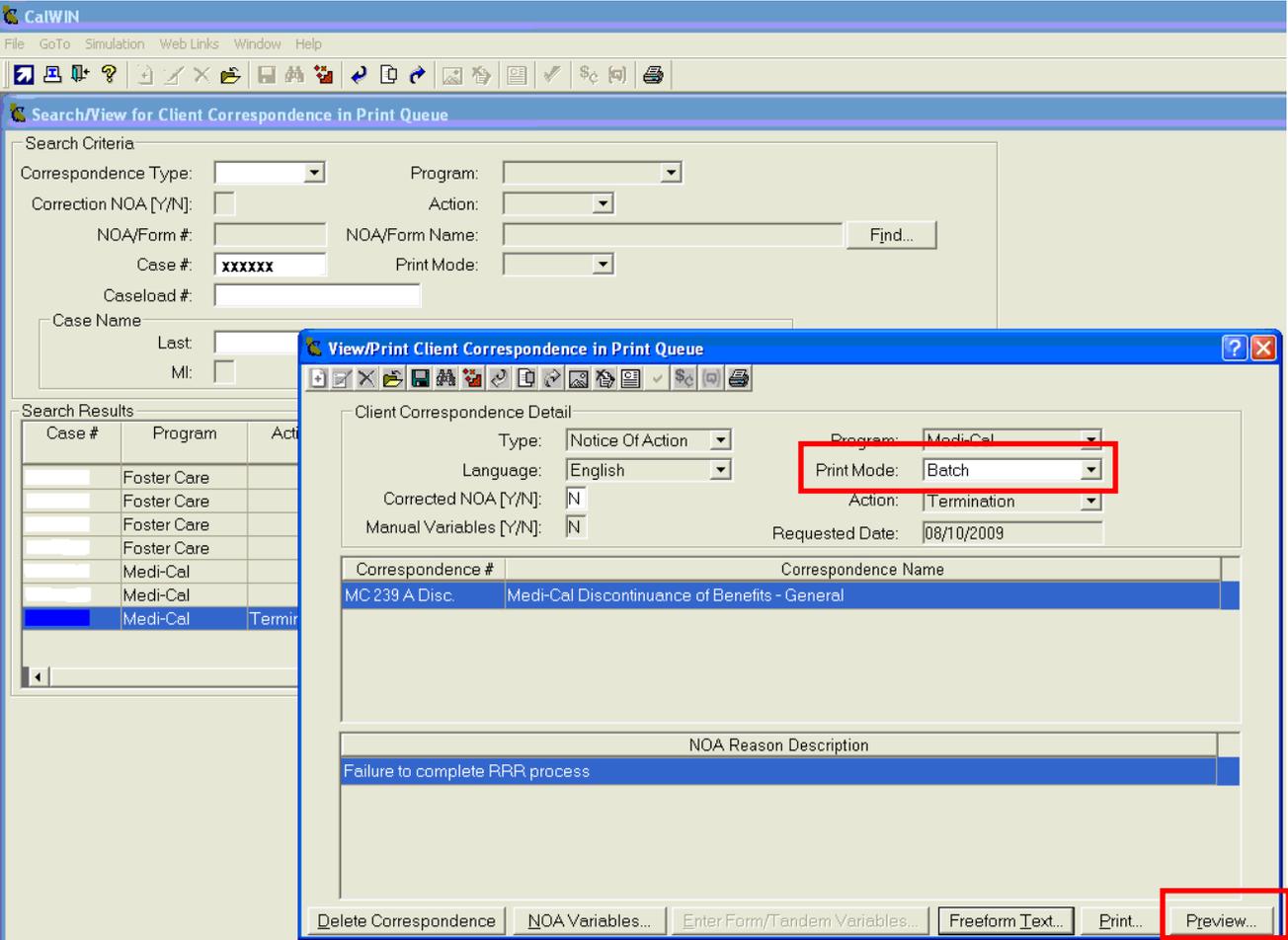
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HT426	Manual Termination of the FFCC Medi-Cal Program (4M Aid Code)	8/25/2009

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13	<p>Review the Client Correspondences in the print queue. Select the Medi-Cal Termination for failure to complete RRR correspondence. Click the Details button.</p> <p>The screenshot shows the following search results table:</p> <table border="1"> <thead> <tr> <th>Case #</th> <th>Program</th> <th>Action</th> <th>Reason Description</th> <th>Requested Date</th> <th>Process Date</th> <th>Manual Variables [Y/N]</th> </tr> </thead> <tbody> <tr> <td></td> <td>Foster Care</td> <td></td> <td>One or more children has been</td> <td>1/21/2009</td> <td>1/21/2009</td> <td>Y</td> </tr> <tr> <td></td> <td>Foster Care</td> <td></td> <td>One or more children has been</td> <td>1/21/2009</td> <td>1/21/2009</td> <td>Y</td> </tr> <tr> <td></td> <td>Foster Care</td> <td></td> <td>One or more individual's eligibi</td> <td>2/1/2009</td> <td>2/1/2009</td> <td>Y</td> </tr> <tr> <td></td> <td>Foster Care</td> <td></td> <td>One or more individual's eligibi</td> <td>2/1/2009</td> <td>2/1/2009</td> <td>Y</td> </tr> <tr> <td></td> <td>Medi-Cal</td> <td></td> <td>RRR letter for Mail-in-RRRs tric</td> <td>5/20/2009</td> <td>5/20/2009</td> <td>Y</td> </tr> <tr> <td></td> <td>Medi-Cal</td> <td></td> <td>Client requests to discontinue th</td> <td>8/10/2009</td> <td>8/10/2009</td> <td>N</td> </tr> <tr style="border: 2px solid red;"> <td></td> <td>Medi-Cal</td> <td>Termination</td> <td>Failure to complete RRR proced</td> <td>8/10/2009</td> <td>8/10/2009</td> <td>N</td> </tr> </tbody> </table>	Case #	Program	Action	Reason Description	Requested Date	Process Date	Manual Variables [Y/N]		Foster Care		One or more children has been	1/21/2009	1/21/2009	Y		Foster Care		One or more children has been	1/21/2009	1/21/2009	Y		Foster Care		One or more individual's eligibi	2/1/2009	2/1/2009	Y		Foster Care		One or more individual's eligibi	2/1/2009	2/1/2009	Y		Medi-Cal		RRR letter for Mail-in-RRRs tric	5/20/2009	5/20/2009	Y		Medi-Cal		Client requests to discontinue th	8/10/2009	8/10/2009	N		Medi-Cal	Termination	Failure to complete RRR proced	8/10/2009	8/10/2009	N
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**San Diego County HHS
CalWIN**

HOW TO...

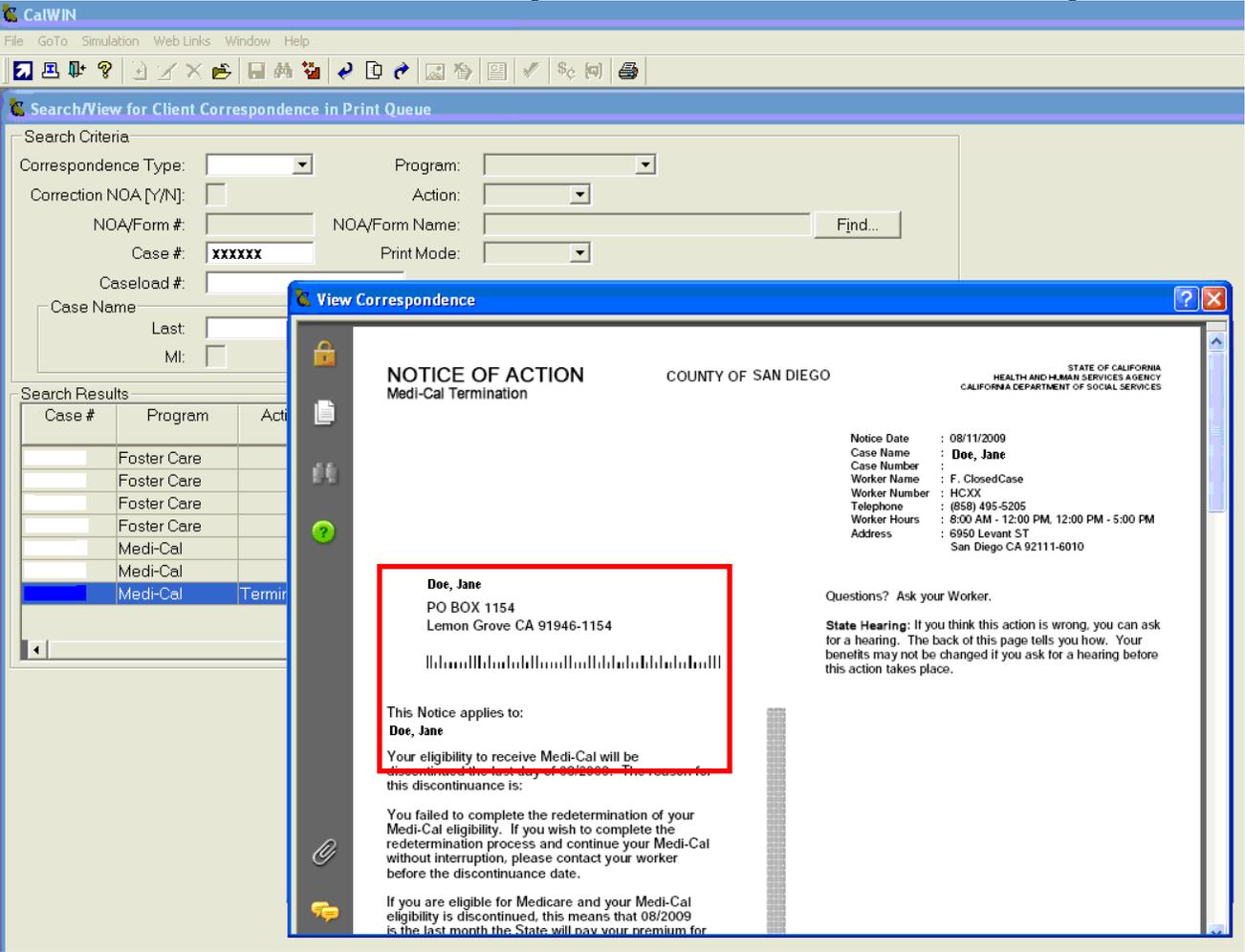
HOW TO #	TITLE	ISSUE DATE
HT426	Manual Termination of the FFCC Medi-Cal Program (4M Aid Code)	8/25/2009

STEP	ACTION
14	<p>Review the Client Correspondence Details to verify that the Print Mode is Batch. Click the Preview button.</p>  <p>The screenshot shows the CalWIN application window with the 'Search/View for Client Correspondence in Print Queue' dialog box open. The 'View/Print Client Correspondence in Print Queue' sub-dialog is also open, displaying details for a 'Notice Of Action' correspondence. The 'Print Mode' dropdown menu is set to 'Batch' and is highlighted with a red box. The 'Preview...' button at the bottom right of the sub-dialog is also highlighted with a red box. The 'NOA Reason Description' field shows 'Failure to complete RRR process'.</p>

**San Diego County HHS
CalWIN**

HOW TO...

HOW TO #	TITLE	ISSUE DATE
HT426	Manual Termination of the FFCC Medi-Cal Program (4M Aid Code)	8/25/2009

STEP	ACTION
15	<p>Review the Medi-Cal Termination notice to verify that the notice is going out to the client and that the discontinuance month is correct. Close the preview windows and move forward in the queue.</p>  <p>The screenshot shows the CalWIN interface. A 'View Correspondence' window is open, displaying a 'NOTICE OF ACTION' for 'Doe, Jane'. The notice is from the County of San Diego, Health and Human Services Agency. It states that her Medi-Cal eligibility is discontinued as of 08/2009 because she failed to complete the redetermination process. Her address is listed as PO BOX 1154, Lemon Grove CA 91946-1154. The notice also provides contact information for her worker and instructions on how to appeal the action.</p>

04.02.16 Adding Newborns

A. General

Whether or not the infant is DE, the Medi-Cal SOF is never required to add an infant to a Medi-Cal case. Below are the procedures for adding a DE and a non-DE infant.

ACWDL
03-49

MPG LTR 541 (5/04)

B. Procedures for DE Infants

No forms of any kind are required to activate a DE infant on Medi-Cal during his/her first year. An application is not needed until the DE infant turns one. The infant is DE for one year from the date of birth as long as the mother of the newborn received Medi-Cal (zero SOC or where she has met her SOC) at the time of birth and the infant maintains California residency.

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Determination for DE may occur at any time during an infant's first year. Once an infant is determined DE, Medi-Cal must be granted within ten calendar days of receiving notification. The 10 calendar days deadline may be extended only if there is not an active case and additional information is needed. In this situation, the DE infant must be added within 45 days. Refer to MPG 5-15 for detailed information on DE.

MPG LTR 686 (9/09)

C. Procedures for Non-DE Infants

Infants who are not DE must have an application for a SSN and a statement of citizenship/alien status completed in order to add them to the case.

MPG LTR 541 (5/04)

05.15.02 Deemed Eligibility (DE) for Infants under Age One

A. Overview

The Federal Omnibus Budget Reconciliation Act (OBRA) of 1990 requires states to provide DE for infants up to age one. The County implementation date for the DE program is September 1, 1991, with retroactive eligibility to January 1, 1991.

An infant born to a pregnant woman eligible for and receiving Medi-Cal (zero SOC or met her SOC) in the month of delivery is automatically deemed eligible for Medi-Cal for the first year of life. A separate Medi-Cal application is NOT required to add a DE infant to the Medi-Cal case. The mother is not required to obtain a Social Security number and a statement of citizenship for the DE infant until the DE infant turns one. DE shall also apply to infants whose mothers received restricted/limited scope Medi-Cal or Minor Consent Medi-Cal in the month of birth.

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MPG LTR 583 (10/05)

B. Eligibility Requirements

An infant born to a pregnant woman eligible for and receiving Medi-Cal (zero SOC or met her SOC) in the month of delivery is automatically DE for Medi-Cal for the first year of life, without further consideration of the infant's living or custody arrangements or mother's eligibility status . The DE program no longer requires that the DE infant continues to live with his/her mother or that the mother remains eligible for Medi-Cal or would remain eligible if she was still pregnant.

ACWDL
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The infant is to be aided in the same aid category as the mother, with the following exceptions:

- The infant is eligible to full-scope coverage even if the mother received restricted benefits.
- Infants of SSI mothers must be approved for the Income Disregard Program unless other family members want Medi-Cal and there would not be a delay in approving the benefits for the infant.
- Infants who do not have deprivation, but are born to mothers receiving Section 1931(b) are to be evaluated for the MI Program. If the infant would have a SOC, or is property ineligible, then the worker must evaluate under the Income Disregard/Asset Waiver Program.

Note: An infant under one year old whose mother was not eligible for and receiving Medi-Cal in the month of delivery, is not eligible for the DE Program unless the mother received retroactive Medi-Cal for the month of delivery.

MPG LTR 686 (09/09)

C. Retroactive Eligibility

An infant is determined to be DE as of the birth month if the mother is determined to be eligible to zero SOC or with a SOC that was met, including retroactive period. DE Medi-Cal would be granted for the infant back to the birth month.

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MPG LTR 583 (10/05)

D. Infants Born to Minor Consent Women

Infants born to Minor Consent women under the 7N aid code will be deemed eligible for Medi-Cal. The mother is not required to obtain a Social Security number and a statement of citizenship for the infant (and a Medi-Cal application is not required). The infant is exempt from income increases under DE for the first year of his/her life.

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MPG LTR 555 (05/04)

E. Order of Evaluation

A case which includes an infant under one year of age will be processed in the following sequence:

1. 1931(b)
2. MN/MI Medi-Cal procedures;
3. Sneed (if applicable);
4. Income Disregard/Asset Waiver Provision;
5. Deemed Eligibility for infants; and
6. Hunt v. Kizer (if applicable)

ACWDL
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MPG LTR 555 (05/04)

F. Case Processing

Under DE:

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If a DE infant under one year of age is...	And if...	Then the DE infant will ...
eligible under Income Disregard/Asset Waiver Provision	income increases or income	remain eligible to Income Disregard/Asset Waiver Provision. See Example

	decreases but there is still excess property	A1–A4.
eligible under the MN/MI program with a SOC (income over 200% of the FPL)	income increases	remain eligible at the same SOC under the MN/MI program. See Example A5.
discontinued from cash-based Medi-Cal due to increased family income	evaluation for Medi-Cal only results in SOC	receive zero SOC under the Income Disregard program. See Example A6.
eligible for other PA Medi-Cal (Edwards, AC38)	evaluation for Medi-Cal only results in SOC at conclusion of Edwards eligibility	

MPG LTR 555 (05/04)

**G.
Activating
DE Infant’s
Medi-Cal
Benefits**

Under DE, a separate Medi-Cal application is NOT required to add the infant to the Medi-Cal case even if the following events occur:

- mother loses eligibility or is no longer eligible after the 60-day postpartum period; or
- infant no longer resides with or in custody of the mother.

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The worker must obtain sufficient information to determine DE without a new application. This includes situations where the worker is notified later about the birth and the case has closed for any reason, including failure to complete the annual redetermination.

Sufficient information shall include:

- infant’s name;
- gender;
- date of birth;

DE is determined and is to be approved as long as the infant meets the requirements and the information received regarding the infant’s birth can be connected with the mother’s record. No further documentation or verification is required to activate the DE infant.

The infant will remain Medi-Cal eligible for a period of one year from the date of birth at zero SOC or the original SOC (if the mother had a SOC)

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despite any income or resource increases, failure to complete the annual redetermination, or changes in the infant's living or custody arrangement, so long as the infant continues to reside in California.

MPG LTR 686 (09/09)

**H.
Three
Generation
Households**

For situations in which a minor mother is residing with her parent(s) and has a DE infant, the infant cannot be added to the senior parent's case. In this situation (i.e. most recent MC 210, verification of minor mother's income and property, etc.), a new case in the minor mother's name must be opened. A new application is not required to activate the DE infant.

NOTE: There is no deeming from the minor mother's parents to their grandchild.

MPG LTR 555 (05/04)

**I.
Treatment of
Income and
Property**

Under DE, increases in income or property for the following individuals will not affect the DE infant until the infant turns one so long as the infant continues to live in California:

- Father of the infant, regardless of marital status
- Husband of the pregnant woman
- Pregnant woman, regardless of marital status

Refer to [Example B1-B4](#).

MPG LTR 541 (11/03)

**J.
Break in Aid**

DE ends only if the infant moves out of California. If the infant stops living in California, terminate benefits. If the mother reapplies, the infant would not be eligible to Deemed Eligibility. The normal application process would apply.

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MPG LTR 583 (10/05)

**K.
Social
Security
Number**

A social security number is not required for an infant up to one year old who was born to a woman who was eligible for and receiving Medi-Cal in the month of delivery until the age of one year.

When the infant is eleven months old, a worker alert will be generated on MEDS. At this time, the worker must inform the mother to obtain a Social Security number because the infant's SSN is required by the age of one year. If the mother fails to produce the SSN for the infant

after the age of one year, the standard discontinuance procedures must be followed.

Infants born to a woman not receiving Medi-Cal are required to meet the full requirements of eligibility and are required to supply a SSN at the time of application.

MPG LTR 583 (10/05)

**L.
Infants One
Year of Age**

Once a DE infant reaches the age of one, DE is terminated. In order to add the one year old child to the ongoing case, worker will follow the procedures of "Adding Newborns" listed in Article 4, Section 2.

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MPG LTR 583 (10/05)

05.15.03 Newborn Referral Procedures

A. Newborn Referral Form

The Newborn Referral form (MC 330) is used to expedite reporting of births of newborns and to promote the timely issuance of the newborns' Medi-Cal cards. Medi-Cal providers who serve Medi-Cal eligible women can complete this form. This includes but is not limited to clinics, hospitals, urgent care centers, WIC centers, independent nurse-midwives, outreach workers, and others acting on the mother's behalf.

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ACWDL
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When a newborn is delivered, the provider shall, with the written consent of the newborn's parent or guardian, complete and send the Newborn Referral form to ACCESS to be cleared and sent to the current worker. Written consent is satisfied with the signature of the parent, relative, or guardian in Section C of the MC 330. While providers are responsible for obtaining the signature, MC 330s that are received lacking signature are to be accepted and processed as specified [below](#). If the parent or guardian prefers, he/she may send the form directly to ACCESS. This form may also be faxed to the County.

NOTE: The Newborn Referral form is not a required form and is not considered a substitute for the SAWS1 or an application for a new Medi-Cal case.

MPG LTR 555 (5/04)

B. ACCESS Required Actions

When ACCESS receives the Newborn Referral form, it will:

Step	Action				
1	Check the form for a SSN or Medi-Cal ID				
2	Clear the number on MEDS and CalWIN for an active Medi-Cal case and to determine if mother received Medi-Cal in the month of birth. <table border="1" data-bbox="548 1549 1367 1887"> <thead> <tr> <th>If...</th> <th>Then ACCESS will...</th> </tr> </thead> <tbody> <tr> <td>an active case exists or mother received Medi-Cal in the month of birth</td> <td> <ul style="list-style-type: none"> Consider it as notification of the birth of unborn; Add the newborn to case. If necessary information is missing, follow SB 87 rules for obtaining information; Although not required, send a reminder to the parent to apply for a Social Security card for the newborn before the child reaches the age of one. </td> </tr> </tbody> </table>	If...	Then ACCESS will...	an active case exists or mother received Medi-Cal in the month of birth	<ul style="list-style-type: none"> Consider it as notification of the birth of unborn; Add the newborn to case. If necessary information is missing, follow SB 87 rules for obtaining information; Although not required, send a reminder to the parent to apply for a Social Security card for the newborn before the child reaches the age of one.
If...	Then ACCESS will...				
an active case exists or mother received Medi-Cal in the month of birth	<ul style="list-style-type: none"> Consider it as notification of the birth of unborn; Add the newborn to case. If necessary information is missing, follow SB 87 rules for obtaining information; Although not required, send a reminder to the parent to apply for a Social Security card for the newborn before the child reaches the age of one. 				

		<ul style="list-style-type: none"> • Retain copy of form in case file. <p>The newborn should be added to the case as quickly as possible and no later than 10 days after the notification of the birth was received by the county and no later 45 days after the notification of the birth was received by the county for a closed case.</p>						
	No active case on MEDS	Proceed to Step 3.						
3	Contact the mother to verify the correct information on the form.							
	<table border="1"> <thead> <tr> <th data-bbox="542 646 889 680">If the information is...</th> <th data-bbox="889 646 1328 680">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="542 680 889 886">Correct</td> <td data-bbox="889 680 1328 886"> <ul style="list-style-type: none"> • Ask mother if she has completed an application; • Begin the Mail-In Medi-Cal application process if mother has not submitted an application </td> </tr> <tr> <td data-bbox="542 886 889 953">Incorrect</td> <td data-bbox="889 886 1328 953">Obtain the correct information and repeat Step 2.</td> </tr> </tbody> </table>		If the information is...	Then...	Correct	<ul style="list-style-type: none"> • Ask mother if she has completed an application; • Begin the Mail-In Medi-Cal application process if mother has not submitted an application 	Incorrect	Obtain the correct information and repeat Step 2.
If the information is...	Then...							
Correct	<ul style="list-style-type: none"> • Ask mother if she has completed an application; • Begin the Mail-In Medi-Cal application process if mother has not submitted an application 							
Incorrect	Obtain the correct information and repeat Step 2.							

05.15.11 FFCC Case Processing Procedures

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01-60

A. Active Foster Care Case

Foster Care (FC) children must be converted to the FFCC Program on their 18th birthday or after, if they are still receiving FC benefits on their 18th birthday. FC children may still receive FC benefits after their 18th birthday, if they are enrolled in high school or in a qualifying vocational program.

FC workers will send AL 997 to FC children approaching age 18 at the time they request school verification. The letter will inform potential FFCC persons that they will be entitled to Medi-Cal until they reach their 21st birthday, if they remain in FC until age 18. AL 997 is automatically mailed with the school verification AL 850 and with NOA 041 (age/school requirement not met).

MPG LTR 555 (05/04)

B. Discontinued Foster Care Case

When a FC case closes, a FC worker will ensure that the discontinued FC child is evaluated for FFCC program. The FC worker to complete a 14-74 HHSa, which contains basic case information for the FFCC case and forward the FFCC case to the appropriate worker. Form 14-74 HHSa is included in MPG Appendix 5-15-D. Neither a statement of facts nor an Edwards packet are required to convert to FFCC.

MPG LTR 555 (05/04)

C. Application

When a person 18 to 21 years old applies for Medi-Cal, the worker must determine if the applicant was a former foster care recipient or if he/she previously received FFCC benefits. If so, the person must be evaluated first for potential FFCC benefits and activated, if eligible. FFCC benefits may be issued retroactively back to the child's 18th birthday or the month after foster care benefits terminated, whichever is later, but not prior to October 1, 2000, the date of implementation of the FFCC Program.

Form MC 250A, Application and Statement of Facts for an Individual Who is Over 18 and Under 21 and Who Was in Foster Care Placement on His or Her 18th Birthday, will be given to the potential FFCC applicant for completion. (See MPG Appendix 5-15-E.) If the MC 250A, or any other acceptable statement of facts, is not returned, workers will use the ex parte process, attempt two phone contacts and send adequate notices prior to denying the application for failure to provide. These requests must be narrated in the case file. No other

forms/verifications from the applicant are required to grant FFCC benefits. Confirm receipt of qualifying foster care or previous receipt of FFCC benefits and include either a screen print or a previously issued 14-74 HHS in the case file and narrate.

Transfer all granted FFCC cases and their companion cases to the appropriate FRC based on zip code, where they will be assigned to a specialized caseload.

MPG LTR 555 (05/04)

**D.
Re-
Determination**

An annual redetermination must be completed for FFCC. The only requirement for FFCC beneficiaries at annual redetermination is that they must indicate that they still want Medi-Cal. The request for continuing Medi-Cal may be obtained by contacting the FFCC beneficiary by phone or mailing the MC 250A form.

Therefore, the following procedures must be used for FFCC cases at annual redetermination:

Step	Action								
1	Mail the MC 250A at annual redetermination								
2	<table border="1"> <thead> <tr> <th>If the FFCC beneficiary</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Submits an incomplete MC 250A</td> <td>Clarify information over phone and narrate. Process annual redetermination.</td> </tr> <tr> <td>Submits a complete MC 250A</td> <td>Process annual redetermination.</td> </tr> <tr> <td>Does Not submit an MC 250A</td> <td>Proceed to Step 3</td> </tr> </tbody> </table>	If the FFCC beneficiary	Then...	Submits an incomplete MC 250A	Clarify information over phone and narrate. Process annual redetermination.	Submits a complete MC 250A	Process annual redetermination.	Does Not submit an MC 250A	Proceed to Step 3
If the FFCC beneficiary	Then...								
Submits an incomplete MC 250A	Clarify information over phone and narrate. Process annual redetermination.								
Submits a complete MC 250A	Process annual redetermination.								
Does Not submit an MC 250A	Proceed to Step 3								
3	<p>Complete ex parte process and attempt to contact the beneficiary by phone</p> <table border="1"> <thead> <tr> <th>If contact was...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Successful</td> <td>Process request and complete annual redetermination.</td> </tr> <tr> <td>Not successful</td> <td>Proceed to Step 4</td> </tr> </tbody> </table>	If contact was...	Then...	Successful	Process request and complete annual redetermination.	Not successful	Proceed to Step 4		
If contact was...	Then...								
Successful	Process request and complete annual redetermination.								
Not successful	Proceed to Step 4								
4	Take action to discontinue the beneficiary for failure to complete an annual redetermination. Attempt a second phone contact when sending adequate notices.								

When the MC 250A is returned incomplete, workers will clarify information over the phone and narrate.

MPG LTR 686 (09/09)

**E.
Discontinuing
a FFCC
Beneficiary**

A FFCC person may not be discontinued for failure to provide verifications. The only reasons to discontinue FFCC benefits are:

- the child becomes 21 years old;
- death;
- beneficiary request;
- loss of California residence; or
- failure to return the redetermination form.

Loss of residence must be **confirmed** either by returned mail **with the out-of-state address**, by notification from the FFCC person, CDHS Investigations or other evidence **confirming** an out-of-state address.

If a person, who chooses to be in another program, but is eligible for FFCC benefits, is discontinued from the other program, the FFCC benefits must be reinstated.

ICT rules apply to FFCC cases. See MPG Article 3 Section 2 for ICT procedures. However, since the verification rules are different for FFCC, the forms included in the ICT packet will be limited to the pertinent information in the case file.

MPG LTR 479 (01/02)

**F.
Outreach**

Independent Living Skills (ILS) social workers/staff will perform outreach to FFCC prior to discontinuance of Foster Care in order to make them aware that they are entitled to Medi-Cal benefits until they reach their 21st birthday and inform them of their responsibility to report a change of address to their worker and complete the annual redetermination.

MPG LTR 479 (01/02)

APPENDIX B. Examples of Treatment of Income/Property under CE and DE

B1. A baby boy is born to unmarried parents. Father receives lottery winnings in the month of baby's birth (10/03). Father's winnings are considered income in the month received and property if the winnings are retained into the following month. Father's winnings (whether treated as income or property) will not affect unmarried mother's eligibility. Therefore, baby remains eligible. Father's winnings will not affect baby's eligibility or SOC until he attains age one.

B2. A baby girl is born to married parents. Father receives lottery winnings in the month of baby's birth (12/03). In accordance with the DE procedures, father's winnings would not affect either mother's or baby's SOC or income eligibility to the Income Disregard/Asset Waiver programs. Even though the winnings, if retained, convert to property in the month following the birth month, the winnings do not affect the mother's eligibility. Therefore, baby also remains eligible through the first birthday since the mother was eligible in the month of birth.

B3. A Medi-Cal eligible pregnant woman has income at 150% of the FPL, therefore, she is eligible for the Income Disregard Program with no SOC for pregnancy-related services and has a SOC for full-scope services.

During her pregnancy, she receives an increase in income to 250% FPL. Prior to CE, she would have been discontinued from the Income Disregard program and required to pay a SOC for her pregnancy-related services. However, under the new CE program her income increase is disregarded and she continues on the Income Disregard program with a zero SOC for her pregnancy-related services until the end of 60-day postpartum period and her SOC for full-scope services is increased accordingly. At the end of 60-day postpartum period, her eligibility for full-scope services would be re-determined, and if eligible, she would continue with the SOC.

It should be noted that her newborn would continue to be eligible for Medi-Cal for up to one year without as SOC. The DE infant continues to receive zero SOC Medi-Cal, despite any increase in income for failure to complete the annual redetermination.