

# Medi-Cal Program Guide Letter (MPG) # 745

February 6, 2012

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<b>Subject</b>	<b>DEEMED ELIGIBILITY (DE) FOR INFANTS</b>
<b>Effective</b>	Upon receipt
<b>Reference</b>	ACWDL 11-33
<b>Purpose</b>	The purpose of this letter is to modify and clarify DE for infants policy instructions for staff.
<b>Background</b>	An infant born to a woman eligible for and receiving Medi-Cal (zero SOC or has 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.
<b>Highlighted Changes</b>	<p>The Department of Health Care Services (DHCS) has provided eligibility clarification for the following DE sections:</p> <ul style="list-style-type: none"><li>• Eligibility Requirements</li><li>• Residency</li><li>• Retroactive Medi-Cal Eligibility</li><li>• CalWORKs Cases</li><li>• Zero Share-of-Cost vs. Share-of-Cost</li><li>• Deemed Infants Approaching One Year of Age</li><li>• Reporting Requirements</li><li>• Rescinding DE for Infant Due to Loss of Contact</li></ul>
<b>Required Action</b>	Workers shall ensure that the changes outlined in this letter and the procedures detailed in <a href="#">Article 5, Section 15</a> are applied to DE determinations.
<b>Automation Impact</b>	No impact
<b>Forms Impact</b>	No impact

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**ACCESS  
Impact**

No impact

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**Imaging  
Impact**

No impact

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**CalWORKs  
Program  
Impact**

Verification will be required prior to authorizing aid for a newborn when the parent(s) has already been determined to be CalWORKs eligible and the newborn is a mandatorily included person. Workers shall obtain the required CalWORKs cash aid verification for the newborn (e.g. birth certificate and CW 8A) prior to authorization. (Refer to [CWPG 40-100.E - Application Process](#))

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**CalFresh  
Program  
Impact**

No impact

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**QC/QA  
Impact**

Quality Assurance will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

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**Summary of  
Changes**

The table below shows the changes made in the MPG cites.

<b>Section</b>	<b>Summary of Changes</b>
<a href="#">Article 5, Section 15</a>	<ul style="list-style-type: none"><li>• Infomapped the Article</li><li>• Clarified DE for infants instructions</li><li>• Added Appendix G</li><li>• Added Appendix H</li><li>• Added Appendix I</li><li>• Added Appendix J</li></ul>

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**Manager  
Approval**



Sylvia Melena, Assistant Deputy Director  
Self Sufficiency Programs  
Strategic Planning and Operational Support Division

## Article 5 Section 15 – Miscellaneous Continued Eligibility Programs

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## 05.15.01 Continued Eligibility (CE) Program for Pregnant Women

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### A. Overview

The Federal Omnibus Budget Reconciliation Act (OBRA) of 1990 requires states to provide CE for pregnant women. The County implementation date for the CE program was September 1, 1991, with retroactive eligibility to January 1, 1991.

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MEPM  
5H

Under CE, pregnant women who have applied and been determined eligible for Medi-Cal, will remain eligible for pregnancy related services at the same or a lower SOC or zero SOC throughout their pregnancy and until the end of the 60-day postpartum period regardless of any increases in their family income. This would include pregnant women eligible for:

- Income Disregard or the Asset Waiver Provision who have an increase in income over 200% of the FPL; or
- Medi-Cal as MN or MI who have an increase in income which increases their SOC; or
- PA or other PA and an increase in income causes the cash case to close; or
- Zero SOC cash based Medi-Cal (Aid Codes 38, 39, 54, 59)

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94-07

MPG LTR 583 (10/05)

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### B. Eligibility Requirements

To qualify for CE, a pregnant woman must be "eligible for and receiving" Medi-Cal benefits. For pregnant women who are eligible to Medi-Cal with a SOC (for pregnancy-related services), this means the pregnant beneficiary must have met her SOC at least once during her pregnancy and the SOC must be met, either prior to or in the same month as the income increase, in order for her to qualify for CE.

MPG LTR 583 (10/05)

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### C. Retroactive Eligibility

CE begins "the month of application." There is no CE during the three-month retroactive eligibility. Workers will establish the SOC for each retroactive month in which coverage is requested.

MPG LTR 583 (10/05)

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**D.  
Minor  
Consent  
Women**

A Medi-Cal eligible pregnant minor is eligible for the CE program. If a minor is receiving services for pregnancy under the Minor Consent program, CE may apply whether she has a SOC or zero SOC. This is in contrast to a woman who has a SOC and is required to meet her SOC at least once during her pregnancy, either prior to or in the same month as the income increase, in order for her to qualify for CE.

MPG LTR 555 (05/04)

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**E.  
Order of  
Evaluation**

A case which includes a pregnant woman will be processed in the following sequence:

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

MPG LTR 555 (05/04)

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**F.  
Case  
Processing**

Under CE:

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<b>If a pregnant woman is...</b>	<b>And if...</b>	<b>Then she will ...</b>
eligible under Income Disregard/Asset Waiver Provision	income increases or income decreases but there is still excess property	remain eligible to Income Disregard/Asset Waiver Provision. See <a href="#">Appendix A, Examples 1-4.</a>
eligible under the MN/MI program with a SOC (income over 200% FPL)	income increases	remain eligible at the same SOC under the MN/MI program. See <a href="#">Appendix A, Example 5.</a>
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

eligible for other PA Medi-Cal (Edwards, AC38)	evaluation for Medi-Cal only results in SOC at conclusion of Edwards eligibility	<a href="#">Appendix A, Example 6.</a>
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MPG LTR 555 (05/04)

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**G.  
Treatment of  
Income and  
Property**

Under CE:

- Changes in income or property of the unmarried father will not affect the pregnant woman regardless of whether the unmarried father wants Medi-Cal benefits for himself, his mutual or separate born children. See [Appendix B, Example 1.](#)
- Increases in the husband's income will not affect the pregnant woman's SOC until the end of the 60-day postpartum period. See [Appendix B, Example 2.](#)
- Increases in the pregnant woman's income or property, regardless of her marital status, will not affect her own SOC or eligibility for pregnancy-related services until the end of the 60-day postpartum period. See [Appendix B, Example 3 and 4.](#)

MPG LTR 541 (11/03)

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**H.  
Break In Aid**

If for any reason the pregnant woman is no longer eligible for Medi-Cal, CE no longer exists. If the woman reapplies, she must be re-evaluated for Medi-Cal eligibility. Once a pregnant woman's Medi-Cal eligibility has been reestablished, CE will apply from that point on, and any subsequent increases in income would be disregarded.

MPG LTR 583 (10/05)

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## 05.15.02 Deemed Eligibility (DE) for Infants under Age One

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### 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 was 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)

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### 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.

Under DE, the worker confirms an infant's eligibility for Medi-Cal benefits on the basis of the mother's zero SOC or SOC Medi-Cal eligibility on the date of the infant's birth, with the exception that an infant receives full-scope benefits even if the mother has restricted scope benefits.

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MPG LTR 745 (02/12)

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### C. Residency

California state residency is a federal requirement to receive Medi-Cal; therefore, as long as the infant resides in California, the infant meets the residency requirement to continue DE.

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DE does not continue when an infant moves from the state of birth where the infant initially received DE in another state. When a Medi-Cal deemed eligible infant moves out of California to another state,

the infant's DE terminates. Likewise, when an infant with DE arrives from another state, the worker shall not consider the infant Medi-Cal eligible under DE because the infant's mother was not eligible for and receiving Medi-Cal in California on the date of birth.

### **Deficit Reduction Act of 2005**

Deemed infants are exempt from DRA citizenship requirements. Children born in the United States to a woman who is eligible for and receiving Medi-Cal on the child's date of birth are deemed to have provided satisfactory documentation of citizenship/nationality and identity and must not be required to provide any additional documentation.

### **Changing County of Residence within California**

A change in county residence within the state does not affect an infant's DE. When an inter-county transfer occurs, workers shall review the information contained in the case file from the former county and continue the infant's DE. If there are changes to the family's circumstances that may affect the deemed infant, the new county shall review and make the necessary adjustments. (Refer to [Article 3, Section 2](#) for the Inter-County Transfer process)

MPG LTR 745 (02/12)

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#### **D. Infants Born to Minor Consent Women**

Infants born to Minor Consent women under the 7N aid code will be DE 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)

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#### **E. Order of Evaluation**

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

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

MPG LTR 555 (05/04)

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**F.  
Case  
Processing**

Under DE:

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03-49

<b>If a DE infant under one year of age is...</b>	<b>And if...</b>	<b>Then the DE infant will ...</b>
eligible under Income Disregard/Asset Waiver Provision	income increases or income decreases but there is still excess property	remain eligible to Income Disregard/Asset Waiver Provision. See <a href="#">Appendix A , Examples 1-4</a>
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 <a href="#">Appendix A, Example 5</a>
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 <a href="#">Appendix A, Example 6</a>
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:

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- 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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09-17

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
- sex
- 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) **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)

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**H.  
CalWORKs  
Cases**

Verification will be required prior to authorizing aid for a newborn when the parent(s) has already been determined to be CalWORKs eligible and the newborn is a mandatorily included person. Workers shall obtain the required CalWORKs cash aid verification for the newborn (e.g. birth certificate and CW 8A) prior to authorization. (Refer to [CWPG 40-100.E - Application Process](#))

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Upon notification of the birth, name, and sex of the newborn, workers will take immediate action to authorize Medi-Cal eligibility and issue a card for the newborn effective from the date of birth.

MPG LTR 745 (02/12)

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**I.  
Mother  
Receives  
Medi-Cal  
through  
another  
Program**

When an individual receives Medi-Cal benefits through another program such as SSI/SSP, federal BCCTP, or Medi-Cal Inmate Eligibility Program (MCIEP), workers do not have the mother's case record. When a pregnant woman in one of these programs delivers a baby, the infant has DE for Medi-Cal without a separate application and the deemed infants are eligible for no SOC Medi-Cal.

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The worker may receive notice from the parent, legal guardian, responsible relative or authorized representative, or a notice of the infant's birth through a Newborn Referral form from the hospital. Because the worker does not have direct access or case responsibility for the mother's SSI/SSP, BCCTP, or MCIEP case record, workers shall do the following to establish Medi-Cal eligibility for the deemed infant:

Step	Action
1.	Check MEDS to verify the mother's Medi-Cal eligibility on the infant's date of birth. If the mother was Medi-Cal eligible on the infant's date of birth, the infant has DE and

	the worker shall establish a case with the mother as an ineligible person.
2.	If the worker needs additional information, the worker shall contact the individual requesting Medi-Cal for the infant. The worker shall use the infant's date of birth to establish the application date.

MPG LTR 745 (02/12)

**J.  
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)

**K.  
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 [Appendix B](#) For Examples of Treatment of Income/Property under CE and DE

MPG LTR 541 (11/03)

**L.  
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 DE. The normal application process would apply.

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03-49

MPG LTR 583 (10/05)

**M.  
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.

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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)

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**N.  
Retroactive  
Medi-Cal  
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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Refer to [Appendix G](#) for Examples of Retroactive Eligibility under DE

MPG LTR 745 (02/12)

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**O.  
Zero SOC  
versus SOC**

If the mother has zero SOC Medi-Cal on the date of the infant's birth, the infant has DE with zero SOC, regardless of the mother's scope of benefits. (i.e., restricted or full-scope)

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Refer to [Appendix H](#) for Examples of Zero SOC vs. SOC under DE

MPG LTR 745 (02/12)

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**P.  
Deemed  
Infant  
Approaching  
One Year of  
Age**

A redetermination must be completed when the deemed infant approaches age one year. The worker must utilize the SB 87 process to determine ongoing Medi-Cal for the deemed infant. The redetermination process will depend on the situations outlined in [Appendix I](#).

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MPG LTR 745 (02/12)

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**Q.  
Reporting  
Requirements**

Because all children under age 21 are exempt from the Midyear Status Report (MSR) reporting requirement, a deemed infant is not required to submit an MSR. However, the infant's parent or responsible caretaker must report any change in circumstance to the county within ten days. (Refer to [Article 4 Section 14 – Status Reporting](#))

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MPG LTR 745 (02/12)

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**R.  
Rescinding  
DE for Infant  
Due to Loss  
of Contact**

Eligibility shall be discontinued when the county department, after reasonable attempts to contact the applicant or beneficiary, determines that there is loss of contact.”

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11-33

When the county terminates a family with a deemed infant for loss of contact and later the family reestablishes contact, the county shall reinstate DE to the infant for any months discontinued due to loss of contact, unless the family lost California residency.

Refer to [Appendix J, for Examples of Rescissions Due to Loss of Contact for DE](#)

MPG LTR 745 (02/12)

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## 05.15.03 Newborn Referral Procedures

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### 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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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)

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### 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 1507 1367 1873"> <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"> <li>consider it as notification of the birth of unborn;</li> <li>add the newborn to case. If necessary information is missing, follow SB 87 rules for obtaining information;</li> <li>although not required, send a reminder to the parent to apply for a Social Security card for the newborn</li> </ul> </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"> <li>consider it as notification of the birth of unborn;</li> <li>add the newborn to case. If necessary information is missing, follow SB 87 rules for obtaining information;</li> <li>although not required, send a reminder to the parent to apply for a Social Security card for the newborn</li> </ul>
If...	Then ACCESS will...				
an active case exists or mother received Medi-Cal in the month of birth	<ul style="list-style-type: none"> <li>consider it as notification of the birth of unborn;</li> <li>add the newborn to case. If necessary information is missing, follow SB 87 rules for obtaining information;</li> <li>although not required, send a reminder to the parent to apply for a Social Security card for the newborn</li> </ul>				

		<p>before the child reaches the age of one.</p> <ul style="list-style-type: none"> <li>retain copy of form in case file.</li> </ul> <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.	
	<b>If the information is...</b>	<b>Then...</b>
	correct	<ul style="list-style-type: none"> <li>ask mother if she has completed an application;</li> <li>begin the Mail-In Medi-Cal application process if mother has not submitted an application</li> </ul>
	incorrect	obtain the correct information and repeat Step 2.

## 05.15.04 DE Infants Enrollment through CHDP Gateway

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05-02

### A. General

An infant will be automatically enrolled through the Child Health and Disability Prevention (CHDP) Gateway Program as deemed eligible if the infant was living with the mother in the birth month and the mother was eligible to Medi-Cal under a federal aid code, either zero SOC Medi-Cal or SOC Medi-Cal and the SOC was met. When a DE infant is enrolled through the CHDP Gateway:

- The infant receives immediate full-scope Medi-Cal that will continue until the infant is added to the mother's case; and
- The parent is not required to complete a Medi-Cal/Healthy Families application for the infant to be evaluated for ongoing Medi-Cal.

MPG LTR 574 (6/05)

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### B. Aid Codes

Temporary Medi-Cal benefits under CHDP Gateway DE are issued using the following aid codes:

- 8U - Full scope, zero SOC
- 8V - Full scope, SOC (will not reflect as certified on MEDS, even if mother has met the SOC, until the infant's record is linked to the mother's).

Note: Infants identified in MEDS as currently enrolled in accelerated enrollment (8E) may be granted DE through the CHDP Gateway. The 8U eligibility will overlay 8E eligibility.

MPG LTR 574 (6/05)

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### C. MEDS Alerts & Reports

A daily MEDS alert is generated when a DE infant is enrolled through CHDP Gateway. The mother's Client Index Number (CIN) will be included in the alert.

If after 60 days, the DE infants are not activated on the mother's case, they will appear on the Exception Eligible report.

When the infant is 11 months old and he/she has not been activated on the mother's case, a renewal MEDS alert will be generated.

**Note:** Worker number "DEEM" will print on the alert or EE report if the mother's MEDS record does not include a worker number.

MPG LTR 574 (06/05)

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**D.  
Managed  
Care**

Managed care enrollment of the DE infant is required when the mother is enrolled in managed care. Worker must expedite the ongoing Medi-Cal evaluation and conversion so that the DE infant may be automatically enrolled in the mother's managed care plan as quickly as possible. DE infants will remain in fee-for-service until the ongoing Medi-Cal evaluation is completed.

MPG LTR 574 (06/05)

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**E.  
Worker  
Required  
Actions**

Upon receipt of daily MEDS alert, the worker will:

- identify mother's case and determine if the infant has met the DE criteria up to the current month;
- add infant to the mother's case if case is active;
- reopen mother's case if closed and activate infant;
- report eligibility to MEDS beginning with the birth month.

The 8U/8V aid code will discontinue at the end of the month in which the approval action is taken. Therefore, when reporting the deemed infant's ongoing eligibility to MEDS, the worker must match the infant's 8U/8V MEDS record to properly discontinue the 8U/8V aid code.

Note:

- DE cannot be retroactively denied.
- Worker must activate infant and then discontinue with timely notice of action.
- Refer to [Appendix D](#) for answers to frequently asked questions regarding CHDP Gateway DE.

MPG LTR 574 (06/05)

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## 5.15.05 Continuous Eligibility for Children (CEC) Program

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### A. Overview

Federal law authorizes states to implement CEC based on the enactment of AB 2900. Effective January 1, 2001, California Department of Health Care Services (DHCS) established CEC for children up to the month of their 19<sup>th</sup> birthday.

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The CEC period begins with eligibility to zero SOC Medi-Cal program and ends in the month the redetermination or the month the child turns 19, whichever comes first. Under CEC, adverse changes in income, resources, or family composition, which move a child from a zero SOC category to a SOC category or from zero SOC eligibility to ineligibility, are to be disregarded during the CEC period.

ACWDL  
02-14

Note: CEC does not eliminate the beneficiary's 10-day reporting responsibility.

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### B. Eligibility Requirements

To be eligible for CEC, the child(ren) must be:

- under 19 years through the month of their 19<sup>th</sup> birthday;
- not receiving State-only Minor Consent Services; and
- eligible to zero SOC Medi-Cal prior to an adverse change in income, resources, or family composition resulting in SOC Medi-Cal or termination of benefits.

Children who are receiving zero SOC Medi-Cal and move out of their parent's home, but whose whereabouts are known, should be evaluated for potential CEC benefits. This includes situation where the CEC child's whereabouts become known after the family's case is closed. In that situation, the child's remaining CEC period would resume.

#### Note:

- CEC cannot be based on zero SOC eligibility in another continuing eligibility program such as Transitional Medi-Cal (TMC), Aid Code 38, or the Bridging Program.
- Children eligible to any other zero SOC program will receive Medi-Cal through that program and not through CEC.
- Deemed Eligibility and CEC have different provisions. They may run concurrently in one or more months as long as each set of requirements are met.

Refer to [Appendix E](#) For CEC - Questions and Answers

MPG LTR 541 (11/03)

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**C.  
Aid Codes**

CEC eligible children who are U.S. citizens, U.S. nationals or immigrants with Satisfactory Immigration Status (SIS) will receive full-scope benefits. CEC eligible children without SIS or children who do not meet the DRA citizenship/identity verification requirements will receive restricted/limited-scope benefits. The CEC aid codes are:

- 7J – Full Scope CEC Eligible Child
- 7K – Restricted Scope CEC Eligible Child

MPG LTR 631 (05/08)

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**D.  
MFBU  
Composition**

Children protected from adverse changes by CEC will be placed in their own MFBU. If more than one child is eligible to CEC, they may remain together in one FBU. If other family members remain eligible to SOC Medi-Cal, the children eligible to CEC will be included as ineligible members of the family's MFBU.

Note: Children who meet the definition of a deprived child and who are receiving zero SOC Medi-Cal through a CEC FBU, will link their parents to the 1931(b) Program.

MPG LTR 497 (08/02)

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**E.  
ICTs**

Children involved in an ICT are entitled to receive CEC benefits through the end of the CEC guaranteed period. The sending County is responsible for providing sufficient information to the receiving County when a CEC child is involved. Below are actions required of the Sending County and Receiving County:

<b>Role</b>	<b>Required Worker Action</b>
Sending County	<ul style="list-style-type: none"><li>• Document the CEC guaranteed period of any children included on the ICT documentation;</li><li>• Provide the name and phone number of last worker of record;</li><li>• Will cooperate with receiving worker to provide information requested from the case file</li></ul>
Receiving County	<ul style="list-style-type: none"><li>• Evaluate the incoming ICT for CEC eligible children;</li><li>• Ensure that CEC eligible children continue to</li></ul>

	receive zero SOC Medi-Cal through the end of the CEC guaranteed period; <ul style="list-style-type: none"><li>• Obtain information from the previous worker if necessary.</li></ul>
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## 05.15.06 CEC Period of Eligibility

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### A. CEC Period

The CEC period runs from the first month of initial ongoing eligibility or the first month of the new redetermination period and ends with the annual redetermination (See [Section C](#) below, which addresses the impact of 3-month retroactive eligibility on the CEC period).

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During these CEC periods, the child **may** or **may not** be CEC eligible.

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### B. CEC Guaranteed Period

A child must be eligible to zero SOC Medi-Cal to be eligible for CEC. Non-cooperation with the eligibility process resulting in an incomplete eligibility determination for the child will prevent the child from eligibility to CEC. This includes situation where a parent fails to provide a Social Security number within sixty days when the child has been granted Medi-Cal benefits pending its receipt.

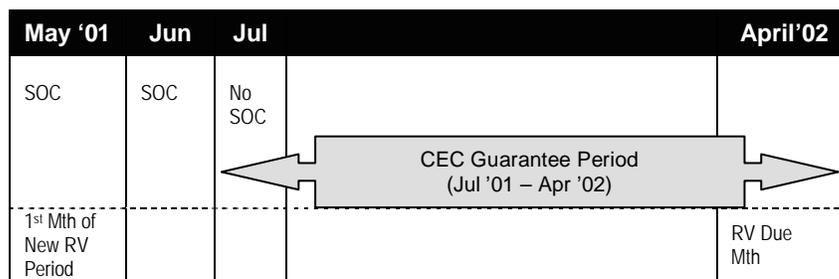
The CEC guaranteed period begins with the first month of zero SOC Medi-Cal and ends with the annual redetermination unless the guaranteed period is based on a retroactive month. The first month of zero SOC Medi-Cal does NOT have to be at initial eligibility or at redetermination.

During the CEC guarantee period, any adverse changes other than (death, incarceration, whereabouts unknown, loss of California residency, or clients request), which move a child from zero SOC to SOC Medi-Cal or from zero SOC to ineligibility will be disregarded for the children. The CEC eligible children will continue to receive zero SOC Medi-Cal under CEC, until the next annual redetermination.

#### Example:

- Annual Redetermination is conducted in April 2001, results in SOC beginning May 2001. Next annual redetermination is April 2002.
- Income decrease in July 2001, which makes the family eligible to 1931(b)
- CEC guarantee period is established from July 2001 through April 2002.
- Any adverse changes in income, resources, or family composition that occur between July '01 through April '02, will be disregarded for the children and the children will continue to receive zero SOC Medi-Cal under CEC until the end of CEC

guaranteed period (04/30/02).



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**C. Retroactive Medi-Cal and CEC**

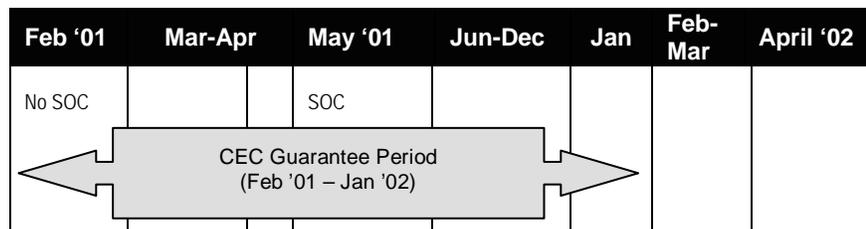
A child's eligibility to zero SOC Medi-Cal in a retroactive month will trigger a CEC guarantee period. Since an eligibility determination is completed for each retroactive month, CEC can begin in each zero SOC retro month. Consideration for retroactive eligibility must be requested for child(ren) by the applicant or listed on the MC 210 indicating medical expenses during the retroactive period.

The CEC guarantee period, which is based on zero SOC eligibility in a retro month (child was determined SOC eligible in the application month), begins with the first zero SOC retro month and ends twelve months later, before the annual redetermination.

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Example:

- Application Month: 05/01
- Request for Retroactive Medi-Cal for 02/01
- Eligible to zero SOC in 02/01 and SOC in 05/01.
- CEC guarantee period is established from 02/01 and ends 01/31/2002.
- Any adverse changes in income, resources, or family composition that occur between February 2001 through January 2002 will be disregarded for the children.
- The children will continue to receive zero SOC Medi-Cal under CEC until the end of CEC guaranteed period (01/31/02)



Retro Month 1			App. Month				RV Due Month
------------------	--	--	------------	--	--	--	-----------------

Note: Information in the case file will be used to determine whether or not the child has a SOC between the end of the CEC guaranteed period and the annual redetermination.

MPG LTR 624 (02/08)

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**D.  
Late  
Retroactive  
Medi-Cal and  
CEC**

A request for retroactive coverage can be made within one year of the month for which retroactive coverage is requested. A late retroactive request and a late CEC eligibility determination changes the eligibility previously determined in the months between the retroactive zero SOC month and the month in which the request for retroactive coverage was made. If a child is determined eligible for CEC based on a late retroactive request, CEC is applicable for all months in the CEC guaranteed period. See MPG 15-2 for instructions on how to adjust SOC retroactively.

For example: A family applies for Medi-Cal in April 2001 and has a SOC from April through September. In late September, the family requests retroactive Medi-Cal for March 2001 and the child is determined eligible to zero SOC Medi-Cal in the retro month. The guarantee CEC period begins March 2001 and ends February 2002.

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At the end of the CEC guarantee period, the worker will:

- determine whether the child has a SOC;
- grant Bridging if child is determined eligible to SOC Medi-Cal.

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**C.  
Adverse  
Change  
Results in  
Eligibility to  
Different  
zero SOC  
Program**

When an adverse change in eligibility is reported during a CEC period that causes the child to be eligible to different zero SOC Medi-Cal Program, the worker should make the change.

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Example: A child and his family are eligible to 1931(b) as of the application date of 03/01/01. The household reports an increased income in 08/01, which causes the family to be ineligible to 1931(b), but eligible to Transitional Medi-Cal (TMC). It is appropriate for the child to be moved to TMC with the other family members rather than being aided within a CEC aid code.

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**D.  
Deemed  
Eligibility  
and CEC**

If an infant, born to a Medi-Cal eligible mother, is DE for full-scope, zero SOC Medi-Cal for one year based on DE regulations, DE takes precedence over CEC.

MPG LTR 497 (08/02)

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**E.  
Transitional  
Medi-Cal and  
CEC**

Eligibility to another continuous eligibility program, such as TMC, will not trigger a CEC period. The guaranteed CEC period can only begin with a positive eligibility determination to zero SOC Medi-Cal. A determination of ineligibility for Section 1931(b) and eligibility for TMC is not a positive determination. CEC may follow a continuous eligibility program if it is based on eligibility to prior zero SOC Medi-Cal.

The following procedures apply regarding CEC and TMC.

- Eligibility to Section 1931(b) begins the CEC guaranteed period, which continues until the next annual redetermination.
- Children eligible to TMC after the discontinuance of 1931(b) will be aided through TMC, not CEC.
- Children who are discontinued from TMC after the end of the CEC guaranteed period are not eligible to CEC.
- Children who are discontinued from TMC at the end of initial or additional six month of TMC are not eligible to CEC. (The CEC

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guaranteed period would have ended.)

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## 05.15.08 Cash-Based Medi-Cal Eligibles and CEC

### A. Discontinued CalWORKs Children

Children discontinued from CalWORKs (CW) will be evaluated for CEC as follows:

If CW discontinued for ...	Then...
no renewal	the CEC guarantee period is over and child is not eligible to CEC evaluation.
other reasons and ongoing Medi-Cal determination results in SOC Medi-Cal	the child(ren) will continue to receive zero SOC Medi-Cal under CEC until the annual CW renewal date. The parents will receive SOC Medi-Cal.
other reasons and ongoing Medi-Cal results in zero SOC Medi-Cal	the child(ren), along with the parents will be placed in the appropriate zero SOC aid codes.

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### B. Discontinued FC Children

Foster Care (FC) discontinued children will be evaluated for CEC as follows:

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If FC discontinued children is determined eligible for ...	Then...
Former Foster Care for Children (FFCC) Program	place them in FFCC 4M aid code.
any other zero SOC aid code	place them in that aid code.
SOC Medi-Cal	grant them CEC. CEC will end with the month in which the next annual redetermination would be due.  For example, if the last FC redetermination was in 12/2008, then the CEC guarantee period for child will end 12/09.

Documentation required to be in the CEC case are as follows:

If the case was	Then include copies of
FC cash-based	SAWS1, FC2, and SOC158A
FC Medi-Cal only	SAWS1, MC 13, MC 250

The FC worker must also narrate the last known address and phone number of the child and new placement information, if known, for the

continuing Medi-Cal case.

When CEC ends, the worker shall apply the SB87 process to determine the child's eligibility under all Medi-Cal programs.

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**C.  
Discontinued  
SSI Children**

For children discontinued from SSI, the guaranteed CEC period begins with the last determination of SSI eligibility and ends twelve (12) months later. Workers can find the last determination of SSI eligibility by checking the SSI RV-COMP date on the MEDS INQM screen or the "Date of Last Redetermination" on IEVS. If there is no redetermination date reported by SSI on these screens, the worker must:

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Step	Action							
1	Contact SSA and request the last redetermination date.							
2	<table border="1"> <thead> <tr> <th data-bbox="561 852 971 888">If SSA...</th> <th data-bbox="971 852 1380 888">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="561 888 971 968">responds</td> <td data-bbox="971 888 1380 968">narrate and proceed to Step 3.</td> </tr> <tr> <td data-bbox="561 968 971 1297">does not respond within 30 days of initial contact</td> <td data-bbox="971 968 1380 1297">assume SSI discontinuance date is the date SSI annual redetermination and, therefore, CEC period has ended. Proceed to Step 3. Child will not be granted CEC if the evaluation (Step 3) results in SOC.</td> </tr> </tbody> </table>		If SSA...	Then...	responds	narrate and proceed to Step 3.	does not respond within 30 days of initial contact	assume SSI discontinuance date is the date SSI annual redetermination and, therefore, CEC period has ended. Proceed to Step 3. Child will not be granted CEC if the evaluation (Step 3) results in SOC.
If SSA...	Then...							
responds	narrate and proceed to Step 3.							
does not respond within 30 days of initial contact	assume SSI discontinuance date is the date SSI annual redetermination and, therefore, CEC period has ended. Proceed to Step 3. Child will not be granted CEC if the evaluation (Step 3) results in SOC.							
3	<p>Complete SB87 process and evaluate for eligibility to any other zero SOC program, including the Aged &amp; Disabled FPL Program.</p> <table border="1"> <thead> <tr> <th data-bbox="561 1465 971 1535">If evaluation results in eligibility to ...</th> <th data-bbox="971 1465 1380 1535">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="561 1535 971 1650">other No-SOC Medi-Cal</td> <td data-bbox="971 1535 1380 1650">child will be placed in the appropriate Zero-SOC aid code</td> </tr> <tr> <td data-bbox="561 1650 971 1856">SOC Medi-Cal</td> <td data-bbox="971 1650 1380 1856"> <ul style="list-style-type: none"> <li>evaluate for CEC and grant CEC if CEC period has not ended;</li> <li>if CEC period has ended, the worker will send a notice to inform</li> </ul> </td> </tr> </tbody> </table>		If evaluation results in eligibility to ...	Then...	other No-SOC Medi-Cal	child will be placed in the appropriate Zero-SOC aid code	SOC Medi-Cal	<ul style="list-style-type: none"> <li>evaluate for CEC and grant CEC if CEC period has not ended;</li> <li>if CEC period has ended, the worker will send a notice to inform</li> </ul>
If evaluation results in eligibility to ...	Then...							
other No-SOC Medi-Cal	child will be placed in the appropriate Zero-SOC aid code							
SOC Medi-Cal	<ul style="list-style-type: none"> <li>evaluate for CEC and grant CEC if CEC period has not ended;</li> <li>if CEC period has ended, the worker will send a notice to inform</li> </ul>							

		<p>the beneficiary the date used to determine the CE guarantee period. The notice must also state that the family has the opportunity to provide the correct date to the worker. If the family can establish that the child had an SSI RV resulting in eligibility within 12 months of the SB 87 determination, the worker must reevaluate whether the child was eligible to CEC and take appropriate.</p>
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MPG LTR 624 (02/08)

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## 05.15.09 Required Actions During and At the End of CEC Period

**A.  
Required  
Actions  
During CEC  
Period**

Actions must be taken when the following changes to the CEC eligible child are reported:

<b>If the change...</b>	<b>Then...</b>
results in eligibility to other zero SOC Medi-Cal	terminate CEC and place child(ren) in the appropriate No-SOC aid code.
is any one of the following: <ul style="list-style-type: none"> <li>• Death;</li> <li>• Incarceration;</li> <li>• Whereabouts unknown;</li> <li>• Loss of California residency</li> <li>• Client's request</li> </ul>	terminate CEC.

**A.  
Required  
Actions  
Following  
CEC Period**

For children not yet 19 years of age, the CEC period will end at annual redetermination. When the CEC period ends at annual redetermination, appropriate action must be taken according to the results of the annual redetermination.

<b>If child...</b>	<b>And if child is...</b>	<b>Then child will receive...</b>
is eligible to one of the zero SOC Medi-Cal Programs		zero SOC Medi-Cal in the appropriate program
is eligible to SOC	potentially eligible to HF	one month of Bridging Program prior to SOC Medi-Cal.
is ineligible to Medi-Cal	potentially eligible to HF	one month of Bridging Program prior to discontinuance
is eligible to SOC or ineligible to Medi-Cal	not potentially eligible to HF	SOC or have his/her benefits discontinued if ineligible to Medi-Cal.

Note:

- Normal Bridging Program rules and Bridging Performance Standards shall apply. The family's income must be below

250% FPL. Undocumented children are not eligible to the Bridging Program.

- Ensure adequate and timely notice.

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## 5.15.10 Former Foster Care Children (FFCC)

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### A. Background

The federal Foster Care Independence Act of 1999, enacted in December 1999, authorizes the State to provide continuing Medi-Cal eligibility for all children who are in foster care under the responsibility of the State on their 18<sup>th</sup> birthday. The eligibility continues until they reach 21 years of age. The law permits waiving any income or asset tests for this population. Anyone eligible for the extended Medi-Cal eligibility under this program is entitled to full-scope benefits, including Early and Periodic Screening, Diagnosis and Treatment Services. This program is effective October 1, 2000.

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### B. Eligibility Requirements

This program continues Medi-Cal eligibility for individuals who were in foster care under the responsibility of the State on their 18<sup>th</sup> birthday and it will continue until their 21<sup>st</sup> birthday regardless of any change in circumstances except residency. There is no income or resource test for this program, regardless of the individual's living situation or with whom they reside.

To be eligible for this program, persons must:

- Be a California resident; AND
- Been in aid codes 40, 42, 45, 4C and 5K on their 18<sup>th</sup> birthday; or
- Foster care on their 18<sup>th</sup> birthday and are still under 21, but have been discontinued from foster care because of their age.

Refer to [Appendix F](#) for FFCC Questions and Answers

MPG LTR 555 (05/04)

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### C. Not Eligible to FFCC

The following people are **not** eligible for this program:

- Children who were in foster care at 100% county expense such as those in aid codes 82 and 83.
- Undocumented alien children (there are no restricted benefits available under this program).
- Incarcerated children.
- Children in residential treatment facilities.
- Minors emancipated and/or discontinued from foster care prior to their 18<sup>th</sup> birthday.

**D.  
Aid Code**

The aid code and aid type for this program is 4M. This is a full-scope aid code with zero SOC. This group may voluntarily enroll in a Medi-Cal/Healthy San Diego Managed Care Plan.

**E.  
MFBU  
Composition**

Persons in the FFCC aid code are in an MFBU by themselves. The FFCC person's case must be in his/her name. They are treated as other Public Assistance persons in the MFBU of family members that they live with.

Examples:

- If a FFCC person returns to live with parents who are already Medi-Cal eligible, the parents will continue in their existing aid code and case name and the FFCC person will continue in the new 4M aid code with a case in his/her name.
- If the FFCC person has a child, the child will be determined Medi-Cal eligible based upon program eligibility rules applicable to the child.
- If other family members apply for CalWORKs, the FFCC person will not be affected since the other family members and their eligibility will be determined based on existing program rules. The FFCC person remains in aid code 4M in a budget unit of one, as long as he/she continues to meet the criteria and wishes to maintain Medi-Cal coverage.

**F.  
Order of  
Evaluation**

The FFCC Program is first in the order of evaluation. It is a voluntary program. FFCC persons may choose not to participate in the FFCC Program and/or be included on the MFBU of other family members, if eligible to that program. They may want to do this to reduce the SOC of a family member. In this case, they must meet the requirements, including providing all information and verifications, of that program. **It is always the (potential) FFCC person's choice to participate in the FFCC Program or not.** Another family member cannot make this decision.

## 05.15.11 FFCC Case Processing Procedures

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**A.  
Active  
Foster Care  
Case**

Foster Care (FC) children must be converted to the FFCC Program on their 18<sup>th</sup> birthday or after, if they are still receiving FC benefits on their 18<sup>th</sup> birthday. FC children may still receive FC benefits after their 18<sup>th</sup> 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 21<sup>st</sup> 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)

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**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)

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**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 dependant (receiving FC, CalWORKs, or no funding). 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 18<sup>th</sup> 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 18<sup>th</sup> 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:

<b>Step</b>	<b>Action</b>								
1	Mail the MC 250A at annual redetermination								
2	<table border="1"> <thead> <tr> <th><b>If the FFCC beneficiary</b></th> <th><b>Then...</b></th> </tr> </thead> <tbody> <tr> <td>submits an incomplete MC 250A</td> <td> <ul style="list-style-type: none"> <li>clarify information over phone and narrate;</li> <li>process annual redetermination</li> </ul> </td> </tr> <tr> <td>submits a complete MC 250A</td> <td>process annual redetermination.</td> </tr> <tr> <td>does not submit a MC 250A</td> <td>proceed to Step 3</td> </tr> </tbody> </table>	<b>If the FFCC beneficiary</b>	<b>Then...</b>	submits an incomplete MC 250A	<ul style="list-style-type: none"> <li>clarify information over phone and narrate;</li> <li>process annual redetermination</li> </ul>	submits a complete MC 250A	process annual redetermination.	does not submit a MC 250A	proceed to Step 3
<b>If the FFCC beneficiary</b>	<b>Then...</b>								
submits an incomplete MC 250A	<ul style="list-style-type: none"> <li>clarify information over phone and narrate;</li> <li>process annual redetermination</li> </ul>								
submits a complete MC 250A	process annual redetermination.								
does not submit a 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><b>If contact was...</b></th> <th><b>Then...</b></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>	<b>If contact was...</b>	<b>Then...</b>	successful	process request and complete annual redetermination.	not successful	proceed to Step 4		
<b>If contact was...</b>	<b>Then...</b>								
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)

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**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)

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**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 21<sup>st</sup> 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 A. CE and DE Case Examples

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**Example 1:  
Non-Sneede** In 11/03, a non-Sneede MFBU includes a pregnant woman, her unemployed husband, their mutual unborn, and their 7-month-old infant. The pregnant woman and infant receive benefits under the Income Disregard program. Their MFBUs are as follows:

<b>MFBU #1 (SOC AFDC-MN)</b>	<b>MFBU #2 (Income Disregard)</b>
Pregnant woman (full scope)	Pregnant woman (restricted)
Unborn	Unborn
Husband	Infant under 1 (as an eligible)
<Infant under 1 as an ineligible>	

In 12/03, the husband's income goes up to 250% FPL.

Under CE/DE, the worker will not consider the amount of the increase in MFBU #2; the increased income will be considered in MFBU #1. The MFBU compositions and aid codes will remain the same. There is no change in the use of medical expenses to meet the SOC in MFBU #1.

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**Example 2:  
Sneede** In 10/03, an unemployed, unmarried pregnant woman, her boyfriend, their mutual 7-year-old child, and their mutual 7-month-old-infant receive full scope Medi-Cal benefits at zero SOC aid code 34. She receives \$600 UIB each month.

She reports in 10/03 that she expects to receive a \$3000 inheritance in 11/03. This is an additional to her \$600 UIB. (No one else has income, assume the MFBU is property-eligible). The worker will determine the SOC under the Medi-Cal Only program first:

<b>Amount</b>	<b>Description</b>
\$3,000	Inheritance
+ 600	UIB
\$3,600	Total nonexempt income
-1,259	MNIL for 5 (pregnant woman, boyfriend, unborn, 2 mutual children)
\$2,341	SOC

Since there is a SOC and the MFBU includes an unmarried couple with mutual children, Sneede procedures apply.

*Sneede Procedures*

\$3000 (\$3,600 less \$600 Gamma) divided by 3 = 1,000

Pregnant woman's total net, non-exempt income (herself, the mutual infant, the mutual 7 year old) Sneece allocation to herself and her two children.

Mini Budget Unit #1		Mini Budget Unit #2	
Mother	\$1,000 income	Unmarried Father	0 income
Unborn	0 income		<u>-600</u> MNIL
	<u>-750</u> MNIL		0 SOC
	\$ 250 SOC		
Mini Budget Unit #3			
Infant	\$1,000 allocation from mom		
7-yr old	<u>+1,000</u> allocation from mom		
	\$2,000 total net non-exempt income		
	<u>-550</u> MNIL (2 kids, 2 parents)		
	\$1,450 SOC		

**Since the 7-year-old's MBU has a SOC, the worker will evaluate eligibility under the 100 Percent program:**

Net Non-exempt Family Income	\$3,600
Compare to 100% FPL (2003) for family of 5	<u>-1,795</u>
	\$1,805 excess income

**Since both the infant's and the pregnant woman's minibudget units have a SOC, the worker will evaluate them under the Income Disregard Program:**

Net Non-exempt Family Income	\$3,600
Compare to 200% FPL (2003) for family of 5	<u>-3,590</u>
	\$ 10 excess income

Since neither the infant nor the pregnant woman are eligible for the Income Disregard program and they both had zero SOC in the prior month, they will continue to receive zero SOC under CE/DE despite the increase in family income (for the pregnant woman, this applies only to her pregnancy related services).

Since there are no other eligibles in the pregnant woman's mini budget unit, she will receive zero SOC Medi-Cal under the Income Disregard program for her pregnancy related services. The increased income will still be considered in determining her SOC for non-pregnancy

related services.

However, since the infant's mini budget unit includes an eligible person who is not covered under DE, the worker will show the infant as an ineligible person in the MFBU and in MBU #3, and establish a second MFBU as follows:

**MFBU #2**

- Unmarried Pregnant woman
- Unmarried Father
- Mutual 7-year old child
- Infant – the only eligible person in this MFBU

In this MFBU, the budget will show the same income as in 10/03 (i.e., the pregnant woman's \$600 UIB) and the infant will receive his/her Medi-Cal at zero SOC. The infant's medical expenses may be used to meet the SOC in MBU #3 (in the first MFBU) if the provider does not bill the expenses to Medi-Cal under the zero SOC card in MFBU #2.

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**Example 3:** A six-month old baby is active on the Income Disregard Program-Asset Waiver provision and also eligible to DE. In January 1992, the family received property worth \$80,000. The interest income from this property increases, the family's income to 250% FPL. There is still eligibility to the Asset Waiver Provision because income increases are not counted for DE.

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**Example 4:** A pregnant Medi-Cal beneficiary has a bank account with \$10,000. Her income is 195% FPL in January, 1992. She is eligible to the Income Disregard Program-Asset Waiver provision, she loses her job and now she has no income. She shall remain active to the Income Disregard Program case. Beneficiaries who are eligible to the Asset Waiver Provision and have excess property will remain eligible regardless of any income changes.

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**Example 5:** The MFBU includes a pregnant woman, her unemployed husband, their mutual unborn, and an infant under one year old. They receive Medi-Cal under aid code 37. The MFBU had a \$700 SOC in 11/03 (the pregnant woman and the infant did not qualify for the Income Disregard program due to excess income). In 12/03, the pregnant woman receives SDI and timely reports the income increase.

In December 2003, the worker will establish two MFBUs using the same aid codes in both MFBUs as follows:

<b>MFBU #1 (CE/DE)</b> Pregnant woman (full scope) Unborn Infant under one <husband as an ineligible person> \$700 SOC	<b>MFBU #2 (regular AFDC-MN)</b> <Pregnant woman as an ineligible> Unborn <infant under one as an ineligible> husband Increased SOC to \$1000
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Since all the MFBU members were listed both MFBU, their medical expenses may be used to meet both SOC. The worker will ignore the increase in income for MFBU #1 and compute the SOC based on the prior month's lower income. In MFBU #2, the worker will re-compute the SOC using the increased family income.

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Example 6: A pregnant woman is eligible for the additional TMC program (months 6-12 of TMC). As a result of increased earned family income in excess of 200% FPL, there is ineligibility to additional TMC. She will first be evaluated under the various Medi-Cal Only programs, and if a SOC results, the worker will aid her in the Income Disregard program at zero SOC for her pregnancy-related services.

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

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**Example 1:** A baby boy is born to unmarried parents. Father receives lottery winnings in the month of baby's birth (10/10). 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.

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**Example 2:** A baby girl is born to married parents. Father receives lottery winnings in the month of baby's birth (12/10). 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.

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**Example 3:** A Medi-Cal eligible pregnant woman has income at 150% of the FPL, therefore, she is eligible for the Income Disregard Program with zero 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 a SOC. The DE infant continues to receive zero SOC Medi-Cal, despite any increase in income for failure to complete the annual redetermination.

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**Example 4:**

A single mother receives lottery winnings in the month of her infant's birth. In accordance with the procedures established for CE, the mother's winnings are disregarded as increased income for her pregnancy-related services only and would not affect either her or her baby's SOC or income eligibility to the Income Disregard program. If this income converts to property in the two months during her 60-day postpartum period, both mother and baby remain eligible. If the regular Medi-Cal case is discontinued because the family exceeds the Medi-Cal property limits, eligibility under the Income Disregard Program-Asset Waiver provision will be determined.

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## APPENDIX C. Decision Chart for CE and DE

Prior Month's SOC Determination	Income Increases to	Continued Eligibility (CE) Pregnant Woman	Deemed Eligibility (DE) Infants*
Zero SOC (MN/MI OR PA/OTHER PA)	a) At or below MNIL  b) Over MNL but not over 200%  c) Over 200%	a) Continue M/C at zero SOC  b) Gets zero SOC under Income Disregard for pregnancy related services & increase SOC for full-scope/restricted services  c) Gets zero SOC under Income Disregard for pregnancy related services & increase SOC for full-scope/restricted services	a) Continue M/C at zero SOC  b) Gets zero SOC under Income Disregard for same level of services  c) Gets zero SOC under Income Disregard for same level of services
Income Disregard	a) At or below 200%  b) Over 200%	a) No change on pregnancy related services; Increase SOC for full-scope/restricted services  b) Keep at Income Disregard for pregnancy related services; increase SOC for full scope/restricted services	a) No change in Infant's SOC  b) Keep at Income Disregard for same level of services
Income Disregard-Asset Waiver Provision	a) Over 200%	a) Keep at Asset Waiver for pregnancy related services	a) Keep at Asset Waiver for same level of services
SOC (MN/MI) Income over 200%*	a) Still over 200%	a) If other family members in MFBU or MBU are not entitled to CE, set up 2 MFBU. Set up one MFBU for the eligible pregnant woman and unborn for full-scope/restricted services at same SOC and old 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 women as ineligible.	a) If other family members in MFBU or MBU are not entitled to CE, set up 2 MFBU. 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.

## APPENDIX D. CHDP Gateway Deemed Eligibility for Infants – Questions and Answers

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### CEC

Question: When a deemed eligible infant in aid code 8U has ongoing eligibility determined and there is a SOC, is the infant eligible to the CEC Program?

Answer: CEC is based on the ongoing eligibility determination made by the county, not the DE determination through CHDP Gateway. If the mother had SOC Medi-Cal in the birth month and income was incorrectly reported on the CHDP Gateway application as within 200% of the FPL, the infant would be eligible to SOC Medi-Cal beginning in the birth month. In this case, CEC is not applicable. In all other scenarios where the infant was eligible to zero SOC Medi-Cal beginning with the birth month or any month before the infant turns one, the infant is eligible to CEC.

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### SSI Mom

Question: What documentation is needed to activate the infant if the mom is on Supplemental Security Income (SSI)?

Answer: No documentation is needed. Workers shall verify the mother's SSI eligibility in MEDS and activate the infant under the 200% FPL Program.

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### Deemed Eligibility Criteria

Question: Why must the mother be eligible in a federal aid code for the infant to be deemed? Shouldn't DE apply to infants born to mothers active on Medi-Cal in any aid code (3V, 48, 5F, etc.)?

Answer: Infants born to mothers in 3V, 5F, 48, 58 or 7N aid codes would be eligible to deemed eligibility.

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### SOC

Question: Why is the deemed eligible infant's MEDS record set up with an uncertified SOC in the month of birth if the mother's SOC is certified?

Answer: MEDS is designed to automatically certify the infant's SOC when the worker adds the infant to the mother's case. In the meantime, the provider still has the option of billing for services under the mother's BIC for the month of birth and the following month.

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## MEDS Record

Question 1: Will MEDS allow eligibility reported retroactively from the county to overlay the deemed eligibility aid code on the primary segment in MEDS?

Answer 1: Yes, eligibility reported retroactively from the county will overlay any months with aid code 8V in the primary segment.

Question 2: Why doesn't the 8U aid code automatically terminate at the end of the month the child turns one year old?

Answer 2: The rules of Senate Bill (SB) 87 do not allow an automatic termination or denial. SB 87 procedures must be followed before Medi-Cal benefits of a deemed eligible infant can be discontinued.

Question 3: What if the county determines the infant is ineligible for ongoing Medi-Cal? The DE aid code 8U will never terminate on MEDS.

Answer 3: DE infants must be activated on the county system with a regular Medi-Cal aid code and then discontinued with timely notice if determined ineligible for ongoing benefits. The discontinuance action will terminate the 8U aid code.

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## Dual Applications

Question: If an infant is already on accelerated eligibility (8E), will the infant also be enrolled through CHDP Gateway deemed eligibility? Will the 8E change to 8U? Does this change the application date?

Answer: A deemed eligible infant already enrolled in aid code 8E may also be enrolled through the CHDP Gateway. The 8U aid code will overlay 8E eligibility in the MEDS ACCEL segment. There will be no change to the existing application date in MEDS.

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## Mother's CIN

Question: Why doesn't the State add the mother's CIN to the DE Exception Eligible report? This information would make it easier to identify the mother's county case number.

Answer: The county Exception Eligible report has reached its maximum capacity for displayed data elements. Adding new data elements would require redesigning the report. DHCS will consider this in future revisions of the report. **However, the MEDS daily alerts do include the mother's CIN. Working the alerts timely will eliminate the record from showing up on the Exception Eligible report.**

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## Step-by-Step MEDS Instructions

Question: Can DHCS provide step-by-step MEDS instructions for transactions CHDP Gateway deemed eligible infants?

Answer: DHCS will issue step-by-step MEDS instructions in the future.

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**Whereabouts  
Unknown**

Question: Assume that we have a case in which the DE infant is never added because the whereabouts of the mother is unknown and we are unable to contact her to confirm information on the EE report. We will receive a MEDS alert when the infant turns one, which will require a complete evaluation and impact Intake staff.

Answer: The infant is to be added to the mother's case upon receipt of the daily alert. The mother and infant may be discontinued for whereabouts unknown after SB 87 procedures have been followed. This will eliminate the MEDS alert when the infant turns one.

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## APPENDIX E. CEC - Questions and Answers

	Topic	Question	Response
1.	1931(b)	Does CEC provide linkage to parents for Section 1931(b)?	Yes, for a parent to be linked to Section 1931(b) there must be at least one deprived child eligible for a Medi-Cal program with a zero SOC. CEC continues the zero SOC eligibility for the child.
2.	Aid Codes	What aid code should counties use for CEC?	7J (full scope) or 7K (restricted services).
3.	Asset Waiver	A parent reports a settlement in 1/01 and the case is over property. The child is reviewed for asset waiver and is found eligible. The parent later reports updated income information and the child is over the FPL. Can the child have CEC since asset waiver was approved?	Yes, CEC can begin at any time during the CEC period after the <u>first</u> zero SOC month.
4.	Break in Aid	Family received Medi-Cal in another county, and they requested discontinuance 10/31/01. They re-applied in our county 11/15/01. They would now have a SOC. Since there was no actual break in aid, we considered CEC. MEDS showed the children had received zero SOC in the other county; we obtained the last redetermination date from the other county. Child was placed in CEC. Was this correct?	Yes. Just want to note, however, that voluntarily withdrawing from the Medi-Cal Program ends the CEC Program. If in this situation there were a break in aid (of at least one month), then CEC would not apply.
5.	Break in Aid	Same as above, except that family moved out of state and lost California residence for two months. Do we consider CEC that may have been established on the previous case?	No.
6.	Break in Aid	Same situation as above, except benefits from the other county stopped 8/31/01. Family is re-applying in our county 11/01, and will have SOC. Should we consider CEC?	No - Question as to why the benefits were discontinued - should the child have been placed in CEC prior to the discontinuance? If the child should not have been discontinued with the rest of the family, then he/she would be entitled to the remainder of CEC benefits from the prior CEC period.
7.	CEC Period	Are there any programs, whereby the child is receiving zero SOC Medi-Cal, which do not <u>trigger</u> a CEC period?	Yes. TMC and DE do not trigger the 12-month CEC period. However, if a child loses eligibility for these programs and the CEC period established from the previous case is not up, he/she can receive CEC benefits for the remainder of their CEC period.
8.	CEC Period	How does the CEC period differ from the CEC guaranteed period?	<p>The CEC period is the 12-month period that begins with the later of the initial eligibility determination or first month impacted by the annual redetermination.</p> <p>The CEC guaranteed period is the period of time in which the child is entitled to receive CEC benefits within the 12-month CEC period.</p>

9.	CEC Period	<p>How would the CEC period be determined in the following situation?</p> <p>A family applies for Medi-Cal in January and is determined eligible with zero SOC, on the 1931(b) Program, for example. In May, they go on to the 4-month Continuing Eligibility Program. That continues for June, July, and August. In September, when the case is re-evaluated, the family is determined to have a SOC.</p> <p>Does a CEC guaranteed period begin at that point, based on the fact that they are still within the CEC 12-month period that began in January and the zero SOC eligibility that they had prior to going on the 4-month Continuing Eligibility Program?</p>	<p>The 12-month CEC period begins with the month of application, in this example, say January 2001 and it would end in December 2001. Presuming that you used the term CEC guaranteed period to mean the months following a zero SOC determination (in this example, May 2001) and ending in the last month covered by that annual redetermination (in this example, December, 2001). So, therefore, you are correct - the child is entitled to CEC until December 2001 (the rest of the CEC period).</p>
10.	CEC Period	<p>If the CEC child is still eligible for zero SOC at the annual redetermination, does this start a new CEC period?</p>	<p>Yes. However, if at the annual redetermination the child is eligible for SOC, then a new period does not start until the child is determined eligible for zero SOC.</p>
11.	CEC Period	<p>Scenario: Family applied in 11/00. The only eligible child received zero SOC MC until 7/01 (200% from 11/00 to 12/00 and 133% from 3/01 to 7/01). An income change was reported in 7/01 and the child is over 133%. What triggers a CEC period?</p>	<p>The CEC period is from the month of application to RV (11/00 – 10/01). Therefore, the child would be eligible for CEC from 8/01 – 10/01 (the end of the 12-month period). The child becomes entitled to CEC when assessed a SOC, so instead of getting SOC MC the child would get CEC until the RV is due.</p>
12.	CEC Period	<p>What constitutes the CEC (guaranteed) period?</p>	<p>The CEC guaranteed period is the period of time in which the child receives CEC benefits under 7J or 7K within the 12-month CEC period.</p>
13.	CEC Period	<p>When a child is granted CEC and subsequently becomes eligible to a Percent Program, do we switch him to the Percent Program or leave him on CEC? What about when he becomes eligible to 1931(b)? Do we switch him to 1931(b) or leave him on CEC? What about when he becomes eligible for an aid code 82? Switch or leave on CEC?</p>	<p>Children can switch to other no-cost Medi-Cal programs during the CEC period. Switch the child to the appropriate no-cost aid code.</p>
14.	Confidentiality	<p>We have had cases where a Medi-Cal child has left a home, and we do not know where the child is. We have, through telephone calls, located the child living with relatives, but find that we are put in the position of explaining our phone call to the relative.</p> <p>How can we tell the relative that the child is a Medi-Cal recipient? How much can we tell the relative?</p>	<p>The child is a minor and under the care of the person they are living with. There are no confidentiality issues here.</p>
15.	Confidentiality	<p>When a child moves out of the home - and into the home of another parent/caretaker - based on confidentiality regulations how is the child moved into another case as we are not allowed to contact the other parent or caretaker?</p>	<p>Confidentiality regulations do not apply to the parents or caretaker relatives of a child. The custodian of the child may be contacted.</p>
16.	Deemed Eligibility (DE)	<p>A child is born in December and is added to the existing zero SOC case. In March, the family is determined to have a SOC. Do we put the child in CEC?</p>	<p>No. DE has priority over CEC; the child is eligible for DE for up to one year from the date of birth.</p>
17.	Deemed Eligibility (DE)	<p>Can a period of CEC follow a period of DE if there are months remaining from the last positive determination of eligibility to the next R/V?</p>	<p>Yes</p>
18.	Deemed Eligibility (DE)	<p>Scenario: The pregnant mother is approved effective February 1, 2001, and her child is born in October 2001. In January of 2002, the R/V confirms that the MFBU is still below the 200% FPL. In August 2002,</p>	<p>Yes. In this scenario, DE would end in October. The child would be eligible for CEC until the redetermination month - in this case</p>

		the MFBU reports an increase that moves the child to DE. In October 2002 (when DE ends), it is determined that the MFBU income is too high for the 133% FPL Program. There are still three months remaining from the last positive determination of eligibility (01/02) until the next R/V (01/03). Is CEC appropriate for the months of November 2002 through January 2003?	1/03. In 9/02 the child would have been assessed a SOC. At the redetermination in 1/02, child was entitled to zero SOC Medi-Cal that began the CEC period and therefore the child could only receive CEC from 11/02 - 1/03.
19.	Failure to Comply	<p>Can CEC end when the child becomes ineligible for Medi-Cal for non-cooperation reasons (other than those related to income and resources)?</p> <ul style="list-style-type: none"> <li>• Failure to provide a social security number</li> <li>• Failure to apply for potentially available income</li> <li>• Failure to provide other health coverage information</li> <li>• Failure to cooperate with IEVS etc....</li> <li>• Not returning verification (other than that related to income or resources)</li> <li>• Failing to provide residency information</li> </ul>	<p>Yes, Non-cooperation would only occur during an eligibility determination. In order to receive CEC, a child must already be determined eligible to zero SOC Medi-Cal. If an individual did not cooperate with the eligibility determination for the child for one of these reasons, they would not have completed the eligibility determination process and the child would not be eligible for CEC.</p> <p>The CEC period could therefore end earlier than the annual redetermination date.</p>
20.	Failure to Comply	Is CEC intended to protect children only from financial ineligibility? Or does it also cover other reasons for discontinuance, like failure to comply with the annual redetermination?	CEC means that the child is guaranteed eligibility regardless of changes in income and resources. Other things could affect eligibility (whereabouts unknown, client's request, no SSN, loss of residency or failure to provide information not related to income or property). There is no requirement to do a redetermination prior to the annual redetermination date. Therefore, once the year is up, normal redetermination rules apply and the child could be cut off if the family did not comply with the redetermination process.
21.	Family Support	<p>When a CEC child remains in a case - where they no longer live: active DA/Family Support stated that they cannot pursue support - because the responsible caretaker is no longer responsible to provide support information or cooperate as the child is no longer with him/her.</p> <p>What do we do about MED Support requirements when a child leaves the home? The child may no longer be in the control of the original caretaker relative. He/she may have returned to another parent, but we may not know it. Or moves in with a caretaker other than a parent. This is causing problems with DA Family Support, whose cases are driven by who the absent parent is and who is the custodial parent.</p>	<p>Regardless of whom the child is living with, as long as the child remains a resident of California, he/she will continue to be eligible for benefits.</p> <p>Changes in custody should be reported to the Department of Child Support Services (DCSS). Follow the procedures as outlined in <a href="#">MPG Article 4, Section 18- Medical Support Enforcement Program</a>. In certain circumstances, the child may now be considered an Adult Child and, therefore, a referral to DCSS would no longer be required.</p>
22.	Foster Care	Child is receiving foster care for several years. RVs are every six months. RV was completed 12/00. Next RV is 6/01. Child is returned home March 16, 2001. Parents apply for MC March 21, 2001 and they have a SOC. Is this child eligible for CEC until 6/01 or until 2/02?	The child would be eligible for one year from the last Foster Care redetermination date. In this case 12/01.

23.	Foster Care	Does CEC apply to children under 19 who are discontinued from Foster Care?	Yes. Whenever a child under 19 loses Foster Care eligibility and does not qualify under the Extended Medi-Cal Eligibility for Former Foster Care Child (FFCC), CEC is applicable. The county must transition the foster care youth to the CEC Program after being terminated from foster care without requiring a new application (follow the ex parte process as outlined in MC SN 01-12). The child is entitled to CEC until the next annual redetermination, which shall be 12 months from the last Foster Care redetermination.
24.	Foster Care	Does CEC apply if a child leaves Foster Care and their whereabouts are unknown?	No. If a child's whereabouts are unknown, the county should keep or place the child into aid code 38 (formerly Edwards) and follow the SB 87 process to determine whether there is a loss of contact. If there were a loss of contact, CEC would not apply.  However, if the child's whereabouts become known, then CEC would apply.
25.	Foster Care	If the parents of any of these children do not apply, can the social worker complete an application on the child's behalf in order to receive CEC?	Yes, if the parents want Medi-Cal to continue for the child. If the parents request that the child's Medi-Cal discontinue, then CEC would not apply.
26.	Foster Care	Scenario: Child has received Foster Care for 13 months. RVs are every six months for Foster Care. The RV was completed in February. The child returns to the natural parents' home. Do the parents have to apply for Medi-Cal in order for the child to be CEC qualified? If not, how do we process this case? New case number? How do we secure the application if it has to be a new case number?	No. However, the parents have the option of whether or not they want Medi-Cal for their child. If the parents want Medi-Cal to continue: Set up a new case for the Foster Care child, using the CEC aid code and following the SB 87 ex parte process to gather information. A new application is not required. Since the RV was completed in February, the 12-month period would end in January.
27.	Intercounty Transfers	How should the counties handle inter-county transfers of cases when children are in a 12-month CEC period?	If the case contains only a CEC child, no other information can affect the child's eligibility in the receiving county except for situations listed in <a href="#">MPG Article 5, Section 15 Miscellaneous Continued Eligibility Programs</a> for CEC. The former county must ensure the CEC child's no SOC continues during the ICT period and not discontinue the child's no SOC benefits until the receiving county has placed the child in CEC or another zero SOC Medi-Cal aid code in the new county. The CEC child should continue to receive zero SOC Medi-Cal in the new county for the remainder of the CEC period.
28.	MFBU	According to Medi-Cal regulations regarding the MFBU - when a child moves out of the home - he/she is no longer continued on aid - he/she is discontinued. Should CEC continue for this individual?	Yes - CEC should continue without regard to changes in circumstances; therefore, the child should continue to be eligible even if the child moves out of the home. Unless there has been a request for withdrawal or whereabouts are unknown.
29.	MFBU	Are CEC children considered ineligibles on other cases?	No. The child should remain as an eligible member of the MFBU.
30.	MFBU	Would it be appropriate to ask that when a child moves out of the home - if the parent/caretaker wishes Medi-Cal to continue for that child?	Yes, the worker may ask the caretaker relative if they wish Medi-Cal to continue for the child.
31.	Minor Consent Services	Are State-Only Minor Consent Services eligible for CEC?	No.

32.	Minors	Are "independent minors" (living on their own, away from parents and under age 19) entitled to CEC protection?	Yes.
33.	Minors	<p>If a CEC guaranteed period were established on a parent's case and the minor moves out and establishes his/her own case, would CEC apply?</p> <p>For example: Family applied in 11/00. The only eligible child received zero SOC MC until 7/01. Mom reported child moved out of the home in 7/01. The child who moved out would be discontinued from the family's case 7/31 and would continue receiving CEC in his or her own case effective 8/01 until the end of the period 10/01. CEC period on family's case 11/00 - 10/01.</p>	Yes.
34.	Redetermination	<p>A 4/01 RV was not processed (overdue). In 6/01, the family called to state that the mother returned to the home. A new Statement of Facts was completed, the mother was added to the case, and the child was determined to have a SOC.</p> <p>Is this child entitled to CEC, as the RV date was past due and if done timely would have had zero SOC, until the mother was added to the case?</p>	<p>Yes. The CEC period for the child was 4/01 – 3/02 regardless of when the RV was done.</p> <p>As the RV was not completed timely, the worker is responsible for reviewing the information in the RV month, and for each month until the RV was actually completed to determine if CEC is applicable. The CEC period and the RV period should be aligned regardless of when the RV was actually completed.</p> <p>The worker must review each month of eligibility for the months from the time the RV should have been done to when it was actually done.</p> <p>For example: RV due in 4/01, completed in 7/01. Child would have been eligible to zero SOC Medi-Cal until 6/01 when there was an increase in family income. This is because had the family's RV been completed timely, then the child would have had the CEC period from 4/01-3/02. The addition of a person in 6/01 resulted in a SOC, and therefore made the child entitled to CEC until 3/02. The new information and SOC would not affect the child until the CEC period ends 3/02.</p>
35.	Redetermination	<p>A family applies in January 2001 and is approved. A 12-month CEC period runs from January 2001 through December 2001. The annual redetermination is completed early in October 2001. The original CEC period still runs through December 2001, but a new 12-month CEC period begins in November 2001 and runs through the following October (2002). Therefore, the two CEC periods overlap during the months of November and December 2001. Is that correct?</p>	<p>No. The CEC period for the child is 1/01 – 12/01 regardless of when the RV was done.</p> <p>In your example, the CEC period would end in 12/01. A new CEC period would not begin until the child was assessed zero SOC. The periods do not overlap.</p> <p>In this scenario, the new annual redetermination date would be 10/02.</p>
36.	Redetermination	<p>Based on the last annual redetermination conducted in January 2001, a family is in the Medically Needy program with a SOC as of February (RV month). The family became eligible for Section 1931(b) in June 2001. In September 2001, the family reports an income increase and moves back to MN SOC for October 2001. At this point, is the child eligible for CEC?</p>	<p>Yes. The child will receive CEC for the remaining months of October through January.</p>
37.	Redetermination	<p>Does the redetermination for CEC only mean the annual redetermination, or does any budget/property change that affects the case during the year count as</p>	<p>It means only annual redetermination; the 12-month CEC period is not reset, even if there is a reevaluation. To illustrate - an application</p>

		a redetermination?	was filed 4/01 - the CEC period would begin 4/01 and end 3/02. The next CEC period would be from 4/02 - 3/03 and so on.
38.	Redetermination	How do we handle families, when parents are discontinued and the children go on CEC, then months later before the redetermination is due, the parents call and request to be put back on. Is it permissible to pull up the redetermination earlier?	No. When the parents request to be added back to the case, get updated information. The RV date does not change, for example:  Mom, Dad, and a child are on MC with a zero SOC and the RV is due 11/01. Mom and Dad report a change and they are discontinued from Medi-Cal in 4/01; the child is placed in CEC. In 8/01, Mom and Dad request to be added back into the case. When adding the parents back into the case, a SOC is assessed the child remains in CEC for the remainder of the period.
39.	Redetermination	Is it correct to assume that if a SOC increase is determined at the annual redetermination that CEC does not apply?	Yes. CEC does not apply.
40.	Redetermination	What is the definition of redetermination for CEC?	The definition of redetermination is found in <a href="#">MPG Article 4, Section 1 - Annual Redetermination</a>
41.	Residency	If a family moves out of CA, will the whole family lose Medi-Cal including the CEC eligible child?	Yes.
42.	Residency	Residency becomes an issue - especially when the child moves out and the whereabouts are unknown - or when the parent/caretaker reports that the child moves out and then does not provide information of where the child is.	If the child's whereabouts are unknown, the county may send a notice discontinuing benefits, but if the individual's whereabouts become known, eligibility must be reinstated for that child.
43.	Retroactive Medi-Cal	Does a CEC period begin in the month of application if CEC requirements are met in that month?	CEC begins in the month of application unless the individual was determined eligible for Medi-Cal in one of the three preceding retroactive months. If the individual was determined eligible in one of the three retroactive months, then CEC begins on the first day of the month that the individual was determined eligible.

44.	Retroactive Medi-Cal	<p>Scenario: A single mother with a 5 year-old child applies for Medi-Cal in January and is only eligible for Medically Needy SOC (income is too high for either Section 1931(b) or the 133 Percent FPL Program). In April, the mother realizes the child had a medical service in December and applies for retroactive coverage for December. The county determines that the mother's income in December is under 133 percent of the FPL and the child is put in that Percent Program which is one of the programs covered by CEC.</p> <p>a) Does CEC begin for the child in December?</p> <p>b) If yes, does it run for one year and end before the annual redetermination is due?</p> <p>c) If yes, assume there is a similarly situated child (child 2) who has a SOC in the month of application, but does not have a medical expense in a retroactive month. Isn't there an inequity between the child who is eligible for CEC based on retroactive eligibility and this child 2 who also has a SOC in the month of application, but who didn't have a medical expense in a retroactive month and is precluded from CEC beginning in a retroactive month?</p>	<p>a) Yes</p> <p>b) Yes, it runs one year from the December determination and would end in November.</p> <p>c) Maybe an inequity, but according to the State, this scenario would not violate comparability because all children who meet the criteria for retroactive eligibility would receive comparable treatment.</p>
45.	Retroactive Medi-Cal	<p>Since the client has up to a year to apply for retroactive Medi-Cal, are we required to go back and adjust all prior months of eligibility when the client did not request retroactive Medi-Cal at the time of application?</p> <p>Assume that a single mother with a 5 year-old child applies for Medi-Cal in January and is only eligible for Medically Needy SOC (income is too high for either Section 1931(b) or the 133 Percent FPL Program). In August, the mother realizes the child had a medical service in December and applies for retroactive coverage for December. The county determines that the mother's income in December is under 133 percent of the FPL and the child is put in that Percent program, so the CEC period would begin in December and end in November.</p> <p>At this point, since the client has had a SOC since January - do we have to go back and give the child CEC from January through November?</p>	<p>Yes. The county would have to make the child continuously eligible from December and would have to follow normal procedures to adjust the SOC to zero. In addition, the worker would have to follow the procedures outlined in <a href="#">MPG Article 12, Section 1 - Determinations</a> for processing cases when a SOC has been reduced retroactively.</p>
46.	SSI Children	<p>Are SSI children entitled to CEC?</p>	<p>Yes.</p>

47.	TMC	How does CEC impact TMC and when does it start?	<p>CEC does not impact TMC. CEC can only follow TMC if the 12-month CEC period is not up and TMC is no longer applicable. If the 12-month CEC period is up, then the CEC is not applicable.</p> <p>For example, the family's annual redetermination is due 2/02. Family reports increased income 5/01. They receive the 1<sup>st</sup> 6 months of TMC (aid code 39). They turn in the TMC status report and are over the 185% income limit. They would not be entitled to the 2<sup>nd</sup> 6 months of TMC. At this point, since the annual redetermination has not been conducted, then the child could get CEC for the remainder of the 12-month CEC period (12/01 - 2/02).</p>
48.	TMC	Scenario: A family is just ending their first year of TMC and an annual redetermination is conducted in the 12 <sup>th</sup> month of TMC. The prior annual redetermination occurred before TMC began. The parents are eligible for a 2 <sup>nd</sup> year of TMC. Would the children be eligible for CEC?	No. When a child is discontinued from TMC, CEC does not apply based on zero SOC coverage under TMC.
49.	TMC	What happens when TMC ends at the end of the 1 <sup>st</sup> year?	<p>Once the child has gone through the first year of federal TMC under aid codes 39 and 59, he/she must be evaluated for some regular Medi-Cal program.</p> <p>CEC follows TMC depending on whether or not the CEC period is up (RV is due). Otherwise the beneficiary would just go to another zero SOC aid code or possibly bridging if applicable.</p>
50.	Whereabouts Unknown	Are we obligated to try to find these children if nobody reports their whereabouts? On the other hand, do we just follow ex parte whereabouts procedures?	The county is not obligated to find the child. It is the caretaker relative's responsibility to report a change in the child's residency. However, the county must reinstate the child if his/her whereabouts become known.
51.	Whereabouts Unknown	Do we continue the children's CEC benefits if the whereabouts of the household/child is unknown?	No. However, follow SB 87 process for loss of contact.
52.	Withdrawals	Beneficiary requests discontinuance of Medi-Cal, do we continue CEC for the child?	No.

## APPENDIX F. FFCC QUESTIONS AND ANSWERS

CATEGORY	QUESTION	RESPONSE
IMPLEMENTATION	1. When did this program become effective?	1. The program became effective October 1, 2000.
ELIGIBILITY	<p>1. Are all former foster care children eligible for this program?</p> <p>2. In regard to implementation; if a child was on FC at the time of his/her 18<sup>th</sup> birthday last year, is that child eligible effective 10/2000?</p> <p>3. Are probation foster care cases eligible?</p> <p>4. Are children who were SSI recipients while in foster care placement eligible for this program?</p> <p>5. If the 18-year-old former foster care child returns to live with his/her natural parent(s), is he/she still eligible for this program?</p> <p>6. If "in receipt of Foster Care" means receipt of any Foster Care service, verification of foster care child welfare services is much more sensitive. Will these cases require a consent form to release information?</p>	<p>1. No. All former foster care children who were in aid codes 40, 42, 45, 4C and 5K on their 18<sup>th</sup> birthday will be automatically eligible for this program. These aid codes do not include undocumented children, who should be in aid code 58, and may be reevaluated under that aid code for continued eligibility when they reach the age of 18.</p> <p>2. Yes, the child is eligible, but the eligibility may not begin before 10/01/2000, which is the effective date of the program. Eligibility may be retroactive up to 3 months only but no earlier than 10/01/2000.</p> <p>3. Yes, even foster care children on probation are eligible.</p> <p>4. Yes. These children may be placed in aid code 4M if they are no longer eligible for SSI benefits. If, however, they are receiving disability-based SSI benefits, they will remain in the appropriate SSI aid code.</p> <p>5. Yes. In this case, the child will be considered to be in his/her own MFBU.</p> <p>6. These cases should be treated the same as any other Medi-Cal case with regard to confidentiality and sensitive information.</p>
ELIGIBILITY continued	7. If the FFCC has a child, would the infant be deemed eligible for Medi-Cal under the FFCC family budget unit?	7. An infant born to a FFCC will be considered to be in its own "family unit" and regular Medi-Cal rules will apply.

	<p>8. If a child was receiving foster care benefits on his/her 18<sup>th</sup> birthday in another state, is the child eligible to participate in this program if he/she enters California anytime after his/her 18<sup>th</sup> birthday?</p> <p>9. Does every state offer this program to this population of youth?</p> <p>10. Are foster care recipients that are incarcerated or in a mental institution eligible?</p> <p>11. Are undocumented foster care children eligible for this program?</p> <p>12. Are emancipated minors eligible for FFCC?</p> <p>13. Will a FC recipient who turned 19 in April 2000 be eligible for FFCC?</p> <p>14. What happens if the youth becomes eligible for CalWORKs? How can the youth be tracked to ensure that he/she returns to this new program if/when CalWORKs eligibility stops?</p>	<p>8. If the child is able to prove that he/she was receiving foster care benefits on his/her 18<sup>th</sup> birthday, then that child will be eligible for Medi-Cal under aid code 4M.</p> <p>9. This is a federal option. It is not clear, however, if all states will be participating.</p> <p>10. Recipients who are incarcerated and or are residing in a mental institution may NOT receive Medi-Cal services during the time they reside in the institution. Benefits will be available when they leave the institution.</p> <p>11. No, undocumented former foster children are not eligible for this program.</p> <p>12. No. Only children that are foster care recipients on their 18<sup>th</sup> birthday will be eligible for this program. Emancipated minors will have to apply for MN.</p> <p>13. Yes, but not before 10/01/2000.</p> <p>14. The youth has the option to choose CalWORKs over the FFCC program. If the youth is terminated from CalWORKs, he/she can return to the FFCC program. <u>Edwards</u> workers must clear the automated systems to determine if an 18-21 year old terminating from CalWORKs has received FFCC benefits in the past.</p>
<p>APPLICATION &amp; REDETERMINATION</p>	<p>1. Are these cases considered foster care cases or as Medi-Cal?</p> <p>2. What will the new aid codes be used for?</p>	<p>1. Once transferred from the foster care system, the case will become a Medi-Cal case.</p> <p>2. The new aid code will be used for State tracking of the number of FFCC eligible recipients.</p>

<p>APPLICATION &amp; REDETERMINATION continued</p>	<p>3. Will they be required to complete an annual redetermination?</p> <p>4. How will other health coverage be treated?</p> <p>5. What specific type of written verification will be needed in the MC record to establish that a child was receiving FC?</p> <p>6. Are there specific rules regarding FFCC cases that are unique to this program?</p> <p>7. Will this aid code be mandatory?</p> <p>8. Many FC children have large trust accounts. Those accounts often become available on the child's 18<sup>th</sup> birthday. How will they be treated?</p> <p>9. Will there be a new SAWS case for the MC program at the time of FC discontinuance?</p> <p>10. Will the cases that have been found via outreach be able to be set up with three-month retro eligibility (going back only to 10/01/2000) as with other types of M/C cases?</p>	<p>3. Yes, as required by federal regulation; however, it may consist of a status/ address update and verification of desire to continue eligibility.</p> <p>4. The same procedures apply to this program as with any other M/C program. At conversion or application, the worker must send a DHS 6155 to the FFCC person. However, do not discontinue the case if he/she does not return the form.</p> <p>5. A screen print of either the MEDS or CalWIN record or a completed 14-74 HHSA.</p> <p>6. While there is no income or asset test, once eligibility is established, "applicable policies and procedures" will apply. The instructions for this case type will be the same as any other M/C case.</p> <p>7. Aid Code 4M is the designated aid code for FFCC cases.</p> <p>8. There are no tests for assets, income or resources. This will not be a consideration.</p> <p>9. No.</p> <p>10. Yes, if a case is located and eligibility is established, it may be entered retroactive up to three months, but not prior to the 10/1/2000 program start-up date.</p>
<p>SYSTEM</p>	<p>1. Is it possible for the state to automatically rollover the Foster Care youth as they turn 18 to state-controlled Medi-Cal and keep them active until they turn 21?</p> <p>2. It would be possible and plausible to have the foster care worker move the</p>	<p>1. An automatic rollover or system change may be possible; however, there are certain criteria that must be met. They do not qualify for 4M until they are no longer FC, which could be when they turn 19 because they were still in school. For now the county must control conversion to 4M.</p> <p>2. This is a possibility that we are looking into for the future. (We want the client to have some personal</p>

	child into the new aid code when he/she is terminated from foster care to expedite the transfer. Can this be programmed in the automated systems?	contact with the county staff so they don't drop off MC.)
MANAGED CARE	1. Managed Care – Since these youth are very mobile, will managed care be optional and NOT mandatory?	1. Managed care is voluntary.
OUTREACH	<p>1. How will the foster parents be informed of this new program?</p> <p>2. How will 18-21 year old former FC youth that were on FC on their 18<sup>th</sup> birthday be located if they have moved and are no longer in the system?</p> <p>3. Will there be a new NOA giving information on reporting and usage of the BIC card?</p>	<p>1. DHCS will be conducting outreach to make sure all the appropriate people are educated about the program. HHS ILS staff will also be conducting outreach.</p> <p>2. DHCS is working with CDSS on the outreach process to locate these youths.</p> <p>3. A specific granting NOA was not available at implementation. DHCS will develop the NOA</p>
KIN-GAP, TMC, 1931B	<p>1. How will children in the Kin-GAP program be affected by this change?</p> <p>2. Will the children who are moved out of Foster Care and into Kin-GAP be negatively affected? Will this new program serve as a disincentive to move the children out of Foster Care and into Kin-GAP?</p> <p>3. If a FC child is living with a family that is receiving TMC at the time the child turns 18, will FFCC eligibility be affected?</p>	<p>1. Kin-GAP children have had their dependency order dismissed and are no longer considered foster care youth. They are not eligible for this program. They will have to be evaluated for the MI, Healthy Families or any other applicable program.</p> <p>2. They may have health care through the other family plans; each case would be different circumstance. It would be up to the FFC to determine this.</p> <p>3. No, the FC recipient will be placed in 4M with no SOC with no limit on assets, resources or income. The FFCC will not be considered part of any other MFBU.</p>

## APPENDIX G. Examples of Retroactive Eligibility under DE

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**Example 1:** Mother applies for Medi-Cal on July 6, 2010, for herself and her infant. (The infant's date of birth was June 16, 2010). The mother indicates on her application that she has unpaid medical bills for May and June and requests Medi-Cal for May and June. The county approves Medi-Cal for July 2010 and ongoing. In determining her retroactive Medi-Cal eligibility, the county determined that she was not eligible in May but eligible for June. Because the infant's month of birth is in the retro month of June and the mother was Medi-Cal eligible in June, the infant has DE beginning in June.

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**Example 2:** Mother moves to California in July and applies for Medi-Cal on July 6, 2010, for herself and her infant. (The infant's date of birth was June 16, 2010). The mother requests Medi-Cal for retro months of May and June on her application. The county approves Medi-Cal for July 2010 and ongoing. In determining the mother's retroactive Medi-Cal eligibility, the county determined that the mother was not eligible in May or June because she did not meet the California residency requirement. Because the infant's birth month is in the retro month of June and the mother was not Medi-Cal eligible in June, the infant does not have DE.

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**Example 3:** The mother applies for Medi-Cal on July 1, 2011, for herself and her infant. The infant's date of birth was May 28, 2011. The county approves Medi-Cal for July with a SOC. The mother and infant have a SOC. In August, the mother requests Medi-Cal for April, May, and June. The county evaluates and finds the mother eligible for Medi-Cal with zero SOC in each of the three retro months. The retro determination changes the infant from SOC to "deemed" eligible with zero SOC beginning May 2011.

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**Example 4:** A mother applies for Medi-Cal on October 1, 2010, for herself and her infant. The infant's date of birth was June 16, 2010. The county approves Medi-Cal effective October 1, 2010, and ongoing. Several months later, the mother receives medical bills for July 2010. The mother requests retroactive Medi-Cal for July through September 2010 to cover the unpaid medical bills. The county determines the mother is not eligible for July but eligible for August and September. Because the infant's month of birth is June (which is not in one of the three retro months), the county could not approve DE for the infant, as the mother did not receive Medi-Cal in June.

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## APPENDIX H. Examples of Zero SOC vs. SOC under DE

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### Example 1: **Mother eligible for zero SOC Medi-Cal with restricted benefits**

Mother is eligible only for zero SOC pregnancy-related Medi-Cal with restricted benefits in the month of July 2010 and gives birth to an infant on July 17, 2010. Because the mother was Medi-Cal eligible on July 17, the infant has DE with zero SOC until the end of the month in which the infant reaches age one.

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### Example 2: **Mother eligible for zero SOC Medi-Cal**

Mother with zero SOC Medi-Cal in the month of May 2010 gives birth to an infant on May 31, 2010. In July, the mother becomes ineligible for Medi-Cal and the worker terminates her Medi-Cal. Because the mother had zero SOC Medi-Cal on the day of the infant's birth, the infant continues with zero SOC Medi-Cal under DE until the end of the month in which the infant reaches age one.

If the mother only has eligibility for Medi-Cal with a SOC in the birth month and meets her SOC in the birth month, the infant has DE with the same SOC as the mother. In accordance with federal guidelines, an individual with a SOC is ineligible for Medi-Cal until the individual pays or obligates to pay his/her SOC. Therefore, unless the mother paid or obligated to pay her SOC in the birth month, the mother is not Medi-Cal eligible in that month and the **infant would not have DE for Medi-Cal**. The worker shall verify the SOC obligation in MEDS prior to approving DE for an infant.

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### Example 3: **Mother's SOC unmet in the birth month**

A pregnant woman has employer covered medical insurance. Her medical insurance has a high co-payment and does not cover some medical expenses for labor and delivery so she applies for Medi-Cal. The worker determines she is only eligible to Medi-Cal with a \$700 SOC. She delivers her infant and pays her employer insurance copayment of \$550. She does not meet or obligate to meet the remaining \$150 of her \$700 SOC in the birth month. Because she still has \$150 of her unmet SOC, the mother does not receive Medi-Cal on the date of the infant's birth. **Therefore, the infant is not entitled to DE. IMPORTANT:** A mother currently eligible for restricted benefits under the Income Disregard Program and full-scope Medi-Cal with a SOC does not have to meet the SOC for her infant to have DE. Enrollment in the Income Disregard Program entitles the infant to DE as long as the infant is otherwise eligible for deeming.

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**Example 4: Mother's SOC met in the birth month**

In February 2010, a pregnant woman applies for Medi-Cal and the worker finds her eligible for Medi-Cal with a \$350 SOC beginning February 2010. The woman delivers in July and meets her \$350 SOC for the birth month of July. Because the mother met or obligated to meet her \$350 SOC in the birth month, she is "certified" as meeting her SOC and therefore Medi-Cal eligible. The infant has the same SOC as the mother and **has DE** until the end of the month in which the infant reaches age one.

There will be circumstances during a deemed infant's DE period that the mother's SOC is reduced. When the mother has a lower SOC, the infant will also have a lower SOC.

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**Example 5: Mother's SOC reduced**

A pregnant woman has eligibility for SOC Medi-Cal beginning February 2010 and ending January 2011. The woman delivers her baby in July and meets her SOC in that month. Her infant **has DE** with the same SOC amount as the mother until the end of the month in which the infant reaches age one. In August the mother's company furloughs its employees and the mother has a cut in pay. The mother's income goes down and she now has a lower SOC. The worker shall also lower the infant's SOC. If the mother's income continues to go down prior to the infant reaching age one, the infant's SOC will also continue to go down. If the mother's SOC decreases to zero, the infant will have zero SOC until the end of the month in which the infant reaches age one, even if the mother's income increases again and she goes from zero SOC to SOC prior to the infant reaching age one because CE protects the DE infant.

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**Example 6: Mother Met Her SOC in the infant's birth month; and there is a change in the MFBU**

A pregnant woman and her 18-year old child have Medi-Cal eligibility with a SOC beginning February 2010 and ending January 2011. The pregnant woman delivers in July and meets her SOC in that month. The infant **has DE with a SOC** until the end of the month in which the infant reaches age one. However, the 18-year old member of the MFBU moves out of the household the following month. The MFBU and the maintenance need level decrease but the income of the MFBU does not change. This change results in a higher SOC. The infant's SOC also increased because *the CE program only disregards increases in income, not the change in MFBU composition or MNL.*

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## APPENDIX I. Deemed Infant Approaching One Year of Age

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### **Example 1: Deemed infant is in an open case with other MFBU members getting Medi-Cal.**

When the worker has a “deemed” infant in an open case with other MFBU members receiving Medi-Cal, the worker shall include the infant as an eligible member of the MFBU. Once the infant reaches age one, the infant takes on the current eligibility of the MFBU and redetermination (RV) date of that case. If the worker determined that the family has SOC Medi-Cal, the worker shall review the infant’s eligibility under the federal poverty level prior to establishing a SOC for the infant. If the infant has a SOC and the family income is below the Healthy Families Program (HFP) guidelines, the worker shall follow the Bridging process and refer the infant to the HFP.

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### **Example 2: Deemed infant is the only eligible individual in the Medi-Cal case**

Only eligible in the Medi-Cal case when mother receives Medi-Cal through SSI/SSP, BCCTP, or other Medi-Cal based program such as MCIEP

If the worker established the deemed infant as the only eligible individual in the Medi-Cal case when the mother has SSI/SSP, BCCTP, MCIEP, or there are no other MFBU members receiving Medi-Cal, when the infant approaches age one, the worker must determine ongoing Medi-Cal eligibility for the infant. There will be circumstances where there is no income or other information in the case for the infant other than the infant has DE. The worker must follow the SB 87 process to obtain necessary information to continue the child’s Medi-Cal. If all three steps of the SB 87 process are unsuccessful, and the worker cannot complete the redetermination, the worker shall discontinue the infant for failure to cooperate. However, if the worker does have income information but is unable to obtain property information, the worker could redetermine the child’s eligibility under the asset waiver program.

Only eligible in a case when other members terminated

When the worker terminates all MFBU members from Medi-Cal for reasons such as failure to provide information or noncooperation, etc., DE protects the infant from termination. In addition, the infant remains the only eligible person in the existing case until the end of the month in which he/she turns one year of age as long as he/she resides in California. Before the infant reaches age one, the worker must follow the SB 87 process to obtain necessary information to continue the infant’s Medi-Cal.

Example: The only person remaining as eligible in a Medi-Cal case is the DE child (parents failed to comply with the October 2010 RV). January 4, 2011, the child is one year old. In December 2010, the worker initiates the SB 87 process to establish ongoing eligibility for the soon to be one year old. If all three steps of the SB 87 process are unsuccessful, and the worker cannot obtain current income information, the worker shall discontinue the infant for failure to cooperate. However, if the worker does have enough income information but is unable to obtain property information, the worker shall redetermine the child's eligibility under the asset waiver program.

#### Discontinued family reapplies during SB 87 process

If during the SB 87 process for the deemed infant, or at any time prior to the end of the infant's DE period, any discontinued family members wish to reapply for Medi-Cal, the worker shall request a new application to obtain pertinent information to determine the family's eligibility. However, the worker shall not delay the infant's eligibility determination if information is available for the infant to continue Medi-Cal under another program. Instead, the worker shall grant the infant's eligibility without regard to the pending application of the other family member(s). When the worker determines the family's new eligibility, the worker adds the infant in the family's case as an eligible MFBU member with the same RV date of the family.

## APPENDIX J. Examples of Rescissions Due to Loss of Contact for DE

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**Example 1:** In December 2010, a Medi-Cal eligible family with a deemed infant vacated their residence and there was no contact with the county. In January 2011, the parents' MSR was due and the county received mail returned from the United States Postal Service, which showed there was no forwarding address. The county, after completing the SB 87 process and was not able to contact the family, terminated the case for loss of contact. On April 27, 2011, the family moved to reside in Arizona because of a job opportunity. The family established residency in Arizona in May but returned to reside in California in August 2011 because the business closed. The family contacts the county to reinstate their Medi-Cal benefits in August.

In this example, the county followed the appropriate SB 87 process and terminated the case for loss of contact. The family resided in California until April 27, 2010. Because the family retained California residency from December through April, the infant retains DE for those months. The county should reinstate DE to the infant for the months of December through April. When the family moved out of California, the deemed infant lost DE.

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**Example 2:** The county has the Medi-Cal case with a mother and her two-month old deemed eligible infant. The mother takes off leaving her two-month old deemed infant with a relative. Because the relatives did not know the mother received Medi-Cal, they did not contact the county. The mother's worker sends information to the mother that requires a response. The mail returns to the county without a forwarding address and the worker, after completing the SB 87 process, terminates the case for loss of contact.

After four months, the relative contacts the county to request Medi-Cal for the infant. The worker finds that the infant received Medi-Cal as a deemed eligible infant under the mother's closed Medi-Cal case. The worker shall reinstate DE to the infant under the old case for the months where there was loss of contact and continues the infant in that case until the end of the month in which the infant reaches age one.

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