

# Medi-Cal Program Guide (MPG) Letter #751

May 25, 2012

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**Subject** 2012 STATEWIDE AVERAGE PRIVATE PAY RATE (APPR) FOR NURSING FACILITY SERVICES, INCOME LIMIT FOR COUPLES IN THE BLIND FEDERAL POVERTY LEVEL PROGRAM (FPLB), AND CHANGES TO THE MINOR CONSENT PROGRAM

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**Effective Date** The APPR for 2012 is effective January 1<sup>st</sup>, the FPLB income limits for couples are effective April 1<sup>st</sup> and the change to minor consent is effective upon receipt.

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**Reference** ACWDLs 12-11, 12-14 and MEDIL 12-03.

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**Purpose** The purpose of this letter is to inform workers of the 2012 APPR, 2012 income limits for the FPLB program and changes to the minor consent program.

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**Background** APPR

The APPR is used to calculate the period of ineligibility for transfers of property by institutionalized individuals for less than fair market value.

#### FPLB Income Limits

The FPLB program uses eligibility standards of the Aged and Disabled Federal Poverty Level Program (A&D FPL) except that linkage is based on blindness. The income limits for the A&D FPL and the FPLB program must be the greater of the May 2009 SSI/SSP payment rate or 100% of FPL plus the standard deduction. The income limits for the A&D FPL program for 2012 are equal to 100% of FPL plus the standard deduction.

#### Minor Consent

Minor consent services for children aged twelve and older are for sexually transmitted disease treatment, drug and alcohol abuse treatment, mental health outpatient care, pregnancy related care, family planning services and sexual assault services.

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**Changes/  
Required  
Actions**

APPR

The 2012 APPR is \$7,092. Workers must manually use the 2012 APPR when calculating a period of ineligibility on a 2012 transfer of property for less than fair market value by an institutionalized individual.

2012 FPLB Income Limits

The 2012 SSI/SSP payment rates for blind couples are higher than the 100% of FPL plus the standard deduction. Therefore, the 2012 FPLB income limits will be different for couples from the A&D FPL income limits for couples this year. The 2012 FPLB program income limits are as follows:

<b>Individual</b>	<b>\$1,161</b>
<b>Couples with One Blind Individual</b>	<b>\$1,666</b>
<b>Couples with Two Blind Individuals</b>	<b>\$1,751</b>

Since there is the potential to have differences between the FPLB program and A&D FPL program income limits in future years, the FPLB income limits have been added to the FPL limits charts in Article 11, Appendix A and will be updated annually in April with the other FPL changes. Workers must use the 2012 FPLB income limits when evaluating couples for the FPLB program effective April 1<sup>st</sup>, 2012.

Minor Consent

Assembly Bill 499 authorized minors who are 12 years of age or older to consent to medical care related to the prevention of a sexually transmitted disease. Prevention of a sexually transmitted disease is now covered by the minor consent program.

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**Automation  
Impact**

The FPLB and APPR calculations are performed manually outside of CalWIN. Services related to the prevention of sexually transmitted disease are now covered under minor consent aid codes 7M and 7P.

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**Forms Impact** None.

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**Imaging  
Impact**

None.

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**ACCESS  
Impact**

None.

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**Quality  
Assurance  
Impact**

Effective with the June 2012 review month, Quality Assurance will cite with the appropriate error any case that does not comply with the requirements of this letter.

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**Summary of  
Change**

<b>Article</b>	<b>Description of Change</b>
Article 11, Appendix A	<ul style="list-style-type: none"><li>• Added 2012 APPR.</li><li>• Added 2012 FPLB income limits.</li></ul>
Article 5, Section 19	Added information regarding the FPLB income limits.
Article 4, Section 4	<ul style="list-style-type: none"><li>• Edited article into info-mapping style.</li><li>• Added prevention of a sexually transmitted disease under minor consent services.</li></ul>

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**Approval for  
Release**



MK

QMB/SLMB/QI-1 LEVELS – EFF 04/01/2012						
Family Size	QMB 100%	SLMB 120%	QI-1 135%	TMC 185%	QWDI 200%	WD 250%
1	931	1117	1257	1723	1862	2328
2	1261	1513	1703	2333	2522	3153
3	1591	1909	2148	2944	3182	3978
4	1921	2305	2594	3554	3842	4803
5	2251	2701	3039	4165	4502	5628
6	2581	3097	3485	4775	5162	6453
7	2911	3493	3930	5386	5822	7278
8	3241	3889	4376	5996	6482	8103
9	3571	4285	4821	6607	7142	8928
10	3901	4681	5267	7217	7802	9753
Add for Addit'l Members	330	396	446	611	660	825

COMPLETE SSI PAYMENT STANDARDS CAN BE FOUND IN MPG ([ARTICLE 5, SECTION 10 Appendix L](#))

LTC MAINTENANCE NEEDS- EFF 7/89	
MNM Individual	35
SSI Eligible LTC	40
Home Upkeep	
Living Alone	209
Shared	138
Both Spouses LTC	176

A&D FPL DISREGARDS		
EFF DATE	INDIVIDUAL	COUPLE
4/1/09 – 12/31/12	\$230	\$310
1/1/09 – 3/31/09	\$230	\$412
6/1/08 – 12/31/08	\$230	\$391
4/1/08 – 5/31/08	\$230	\$357

COMM SPOUSE INCOME ALLOCATION EFF 1/1/08	
\$2,841	
ACWDL 12-05	
FAMILY MEMBER MAX ALLOCATION EFF 7/1/11	
\$1839	
ACWDL 11-32	
250% WD SSI STANDARD ALLOCATION AND WMB STANDARD 1/01/12	
\$350	
ACWDL 12-01	
SGA SUBSTANTIAL GAINFUL ACTIVITY EFF 1/1/12	SGA FOR A BLIND PERSON EFF 1/1/12
\$1,010	\$1,690
ACWDL 11-43	

CSRA EFF 1/1/12	
YEAR	RATE
2012	113,640
09-11	109,580
2008	104,400
2007	101,640
2006	99,540
2005	92,760
2004	90,660
2003	89,280
2001	87,000
ACWDL 12-05	
APPR EFF 1/1/12	
YEAR	RATE
2012	7092
2011	6840
2010	6311
2009	5698
2008	5496
2007	5101
2006	5031
ACWDL 12-14	

FEDERAL BENEFIT RATE (FBR) – EFF 1/01/11		
Use to Determine Parental Deduction Use for 250% WD		
YEAR	INDIVIDUAL	COUPLE
2012	698	1048
2010/2011	674	1,011
2009	674	1,011
2008	637	956
2007	623	934
2006	603	904
2005	579	869
2004	564	846
2003	552	829
ACWDL 12-01		
MEDICARE PREMIUMS – EFF 1/01/12		
PART A		
\$451	For persons who don't receive no-cost	
\$248	For at least 30 quarters of coverage	
PART B		
\$99.90		
If income is above \$85,000 for one-person or \$170,000 for a couple, the Part B premium may be higher than \$99.90 per month.		

ISM – EFFECTIVE 1/01/09		
IN-KIND SUPPORT AND MAINTENANCE		
	INDIVIDUAL	COUPLE
VTR	232.66	349.33
PMV	252.66	369.33
For scenarios, please see <a href="#">(Article 5, Section 10 Appendix K)</a>		
ACWDL 11-44		

MEDICARE DEDUCTIBLES – EFF 1/01/12	
PART A – INPATIENT CARE	
\$1156	for 0-60 days
\$289	per day for 61-90 days
\$578	Per day for 91-150 days
PART A- SKILLED NURSING FACILITY CARE	
\$144.50	Per day for 21-100 days
There is no deductible for days 1-20	
PART B – ANNUAL DEDUCTIBLE	
\$140	

FPLB INCOME LIMITS – EFF 4/1/12	
Individual	\$1161
Couple w/one blind person	\$1666
Couple w/two blind people	\$1751
ACWDL 12-11	

TB STANDARDS – EFF 1/01/12	
TB Resource \$ Limit = \$2,000 (Exception to \$2,000 limit is when determining a child's eligibility and there are two parents present. Allow the parents a property limit of \$3,000)	
INCOME	
YEAR	INDIVIDUAL
2012	1,481
2011	1,433
2010	1,433
2009	1,433
2008	1,359
2007	1,331
2006	1,291
2005	1,243
2004	1,213
2003	1,189

PICKLE DISREGARD	
Last SSI/SSP Check Received Between	Effective 1/1/09
1/11 - 12/11	.0347
1/10 - 12/10	.0347
1/09 - 12/09	.0347
1/08 - 12/08	.0877
1/07 - 12/07	.1082
1/06 - 12/06	.1367
1/05 - 12/05	.1707
1/04 - 12/04	.1925
1/03 - 12/03	.2091
1/02 - 12/02	.2200
For Complete Chart see <a href="#">(Article 5, Section 10 Appendix E)</a>	
ACWDL 11-44	

## 5.19.02 Federal Poverty Level Program for the Blind

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### A. Introduction

This program covers blind individuals pursuant to Title XVI who have not yet or cannot meet the Title II criteria for disability based upon blindness. The Federal Poverty Level Program for the Blind (FPLB) exactly replicates the eligibility criteria for the A&D FPL Program, except the linkage is based on blindness and the income limit may be higher for couples. Aid code 2H is effective July 1, 2009.

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12-11

MPG LTR 751 (05/12)

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### B. General

FPLB is available for the following blind individuals whether they previously applied for or received SSI/SSP and were denied or discontinued or applied for Medi-Cal-only:

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- Individuals who have not met or who cannot meet the Title II criteria for disability based blindness;
- Individuals who meet the Title XVI criteria for blindness; or
- Individuals who allege that they have blindness and who are waiting disability evaluations.

The determination of blindness (without regard to disability based blindness) is that a person shall be considered to be blind if there has been a medical determination verified by a doctor that they have either of the following conditions:

- Central visual acuity if no more than 20/200 with corrections; or
- Tunnel vision, which is a limited field of 20 degrees or less.

Any disability determination based upon blindness would only change retroactively, when it would have a positive effective for all family members living in the home. The effective date of the positive retroactive change would go back to the most recent of the onset date of disability for a Medi-Cal recipient or July 1, 2009.

Persons eligible under FLPB must meet the property, citizenship, alien status, residency, institutional status, and cooperation requirements specified in MPG Articles 4, 6, 7 and 9. They must also meet the SOC requirement of [MPG 12.1](#).

MPG LTR 703 (9/10)

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### C. FPLB Master Family Budget Unit

FPLB eligible individual(s) will be in their own MFBU and eligible couples will remain together in one MFBU. FPLB eligible individuals and couples will be ineligible members of the MFBU of other family

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**(MFBU)  
Composition**

members applying for or receiving Medi-Cal benefits. The income of the FPLB individual(s) will be included in the other family members' budget and the maintenance needs level for the family will include the FPLB individual(s).

FPLB individuals may be determined eligible to the QMB Program or the SLMB Program. The QMB/SLMB benefits must be on a separate FBU from the FPLB benefits.

MPG LTR 703 (9/10)

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**D.  
FPLB Income  
Limit**

As stated above, the eligibility criteria for the FPLB program mirrors the A&D FPL program except that linkage is based on blindness and the income limits may be higher for couples. The income limits for the FPLB program must be the greater of the Supplemental Security Income/State Supplementary Payment (SSI/SSP) rates or 100 percent of FPL plus the standard deduction. On years where the SSI/SSP payment rate is higher than the 100 percent of FPL plus the standard deduction, the income limit must be the SSI/SSP payment rate. The income limit for FPLB will be updated annually in [MPG 11, Appendix A](#)

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MPG LTR 751 (05/12)

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## Appendix Q Federal Poverty Level Program for the Blind CalWIN Desk Aid

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CalWIN functionality has not been updated with the ability to evaluate for the 2H aid code under Blindness criteria. The table below shows the steps the worker will take to evaluate for the FPLB program.

STEP	ACTION
1	Complete manual budget computation using A&D FPL budget criteria and deductions <a href="#">See MPG 5.19 Appendix B – I</a> , except use FPLB income limits from MPG 11 Appendix A.
2	Input case information into CalWIN as normal according to case situation (without regards to A&D evaluation).
3	Based on a manual determination of the Household Member's correct aid codes, complete a bottom line override for <b>Aid Code</b> , on the <b>Display Individual Eligibility Summary</b> window and/or the <b>Display Secondary Programs</b> in wrap-up for all applicable months since the required aid code for the A&D eligible (Blind) person of 2H is not available in CalWIN. The "Blind" individual should be overridden to aid code 6H.  Refer to the <b>Perform Bottom-Line Overrides CalWIN Online Help</b> for additional information.
4	Rerun EDBC after those overrides have been confirmed to save the corrected Aid Code(s) to the database.
5	Authorize the overridden results
6	Review the NOA's that were produced by CalWIN. Delete any incorrect NOA's. Use shelf stock or manually generate correct NOA's.  Refer to <b>Print A NOA Manually CalWIN Online Help</b> for additional information.
7	The MEDS interface generated as a result of these eligibility overrides may not post correctly to MEDS, so the user should review MEDS in two working days to determine if the appropriate aid code information has been updated in MEDS.  If the correct information is not updated in MEDS upon review after 2 working days, then action should be taken to online the correct information via the HHS 14-28 MEDS Network On-Line Request submitted to the MEDS clerk.

8	Input Special Indicator of "Blind-2H" on the " <b>Display Special Indicator</b> " screen with no end date.
9	Enter a CalWIN case comment (be sure to enter individuals name specifics for aid codes). "Individual ( <b>person's name</b> ) qualifies for the 2H aid code based on A&D manual budget computation. Due to lack of 2H aid code in CalWIN, client ( <b>blind individual's name</b> ) has been overridden to aid code 6H. ( <b>If any other family members please also list their designated aid codes</b> ). Special indicator "Blind-2H" has been entered into CalWIN case file for identification.

MPG LTR 703 (9/10)

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## Article 4, Section 4 – Minor Consent Services

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Confidentiality and Child Abuse Reporting Requirements	<a href="#">4.04.05</a>

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## 4.04.01 Minor Consent

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### A. General

A child may apply for Medi-Cal without parent consent or knowledge in order to receive Minor Consent services. This section identifies the types of services available to the child applicant and describes procedures for the processing of Minor Consent applications.

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MPG LTR 393 (08/97)

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## 4.04.02 Minor Consent Services

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### A. Minor Consent Services

Minor Consent services are categorized by age as shown in the table below:

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Age	Services
Under Age 12	<ul style="list-style-type: none"><li>• Pregnancy and pregnancy related care</li><li>• Family planning services</li><li>• Sexual assault services</li></ul>
Age 12 Years and Older	<ul style="list-style-type: none"><li>• Sexually transmitted diseases treatment and prevention</li><li>• Drug and alcohol abuse treatment/counseling</li><li>• Mental health outpatient care</li><li>• Pregnancy and pregnancy related care</li><li>• Family planning services</li><li>• Sexual assault services</li></ul>

Methadone treatment, psychotropic drugs, convulsive therapy, psychosurgery, and sterilization are excluded from the services which a minor may receive without parental consent.

MPG LTR 751 (05/12)

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### B. Outpatient Mental Health Treatment and Counseling

Minors requesting outpatient mental health treatment and counseling must submit a statement from a mental health professional (for example, licensed marriage, family and child counselor, licensed clinical social worker, licensed psychologist, or psychiatrist) which states that the minor is mature enough to participate intelligently in the mental health treatment or counseling and is one of the following:

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- in danger of causing serious physical or mental harm to self or others without mental health treatment or counseling; or
- an alleged victim of incest or child abuse.

The MC 4026 does not have to be complete each month indicating that the minor is eligible for outpatient mental health services. The Minor Consent case may be approved each month that is covered in the statement provided by the mental health professional indicating the length of the treatment plan. The MC 4026 is only required each time a new statement is from the mental health professional is needed. However, as in all Minor Consent cases, children receiving Minor Consent services are required to report changes that may impact their eligibility to their worker in person each month and a NOA must be issued. The MC 239V should be used on all Minor Consent cases.

Medi-Cal will pay for mental health treatment or counseling services defined as “the provision of mental treatment or counseling on an outpatient basis. This does not include inpatient services under any circumstances.

MPG LTR 393 (08/97)

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**C.  
Other  
Services**

A child applying for Minor Consent services related to pregnancy or family planning, drug or alcohol problems, sexual assault, or sexually transmitted disease must complete form MC 4026 to indicate the need for Minor Consent services. If the Minor Consent applicant refuses to complete MC 4026, the application is to be denied.

MPG LTR 393 (08/97)

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**D.  
Verifications**

Minor Consent applicants are not required to provide any identification or their SSN for eligibility. In addition, the Minor Consent applicant is exempt from the requirement to verify pregnancy. If the minor is employed, they must provide pay stubs. Bank account statements are required if they own a bank account and have access to the information.

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The Minor Consent applicant is not required to verify the need for Minor Consent services except for mental health services as indicated in [B](#), above. The applicant’s signature on form MC 4026 will be accepted as verification of the need for all other Minor Consent services.

The MC 4026 is a two-part NCR form. The worker is to give the top copy to the applicant and image the second copy to the case file.

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MPG LTR 393 (08/97)

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### 4.04.03 Application Process

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**A.  
Who May  
Apply**

Persons under 21 years of age who are defined as adults under [MPG Article 1, Section 1](#), are not eligible for Minor Consent services and should be processed for full scope Medi-Cal.

Although Minor Consent services are confidential, the parents' knowledge of their child's circumstances in no way affects eligibility for Minor Consent services, and no contact shall be directed to the parent(s) or guardian(s). A minor must apply for Minor Consent services; their parent(s) cannot apply on their behalf. However, one parent may accompany a minor to apply for Minor Consent services when there is a need or desire to maintain confidentiality with the other parent. The confidentiality requirement is not waived in this situation.

MPG LTR 393 (08/97)

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**B.  
Application  
Process**

Applicants for Minor Consent are required to go through the normal pre-application and intake procedures for the initial month's eligibility determination. An MC 13 must be completed for non-citizens. The statement of citizenship/national status and place of birth on the statement of facts is sufficient for citizens/nationals. Application procedures for subsequent months are outlined in [G.2](#), below.

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NOTE: At the initial intake, and when an annual redetermination would be required, a new statement of facts must be completed and a new MC 219 provided. If a break occurs in the monthly reapplication for Minor Consent services, a new statement of facts must be completed and a new MC 219 provided.

MPG LTR 526 (12/03)

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**C.  
Application  
Will Be  
Processed**

The application for Minor Consent services will be processed when the child applicant is one of the following:

- currently included in an MFBU which has a share of cost;
- part of a family not currently receiving Medi-Cal;
- excluded from an existing MFBU; or
- an ineligible member of an existing MFBU.

MPG LTR 526 (12/03)

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**D.  
Application**

The application for Minor Consent services will not be processed in the following situations:

**Will Not Be Processed**

<b>If ...</b>	<b>Then the ...</b>
the applicant is under 12 years of age and applying for services related to drug and alcohol abuse treatment/counseling, a sexually transmitted disease, or for mental health outpatient care,	worker will deny the application.
the Minor Consent applicant is currently eligible for Medi-Cal in a public assistance case or an MFBU which has no share of cost,	applicant will be referred to the worker who has the active case for the issuance of an immediate need card. In this situation, no entry is to be made in Case Comments.
a minor is covered under a Managed Care plan,	minor must be referred back to the plan for treatment. There is no need to open a Minor Consent case in this situation unless the minor is requesting drug/alcohol abuse or mental health treatment, or the minor's Managed Care identification card is in the parent's possession and the health plan refuses to provide services without viewing such identification.

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DHCS  
Clarification  
8/7/97

MPG LTR 526 (12/03)

**E. Applicant Not Living with Parents**

A minor must be considered to be living in the home with his/her parents to be eligible for Minor Consent services.

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<b>If ...</b>	<b>Then ...</b>
the minor is away temporarily (for example, school/college),	they are considered living in the home.
the minor is living temporarily with another relative or friend,	they are considered living in their parents' home if their parent(s) are legally and financial responsible for the minor (for example, the minor is claimed as a dependent for income tax purposes).
a public agency has legal responsibility for a minor	he/she is not eligible for Minor Consent services.
the minor is a Seriously	they are considered living in the

Emotionally Disturbed (SED) child,	home in regard to determining Medi-Cal eligibility. A SED child may apply for Minor Consent services. However, Minor Consent Medi-Cal will not cover mental health treatment or counseling that is required by the child's Individual Educational Plan (IEP), whether the SED child is in 24 hour care or a day treatment program.
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MPG LTR 552 (4/04)

**F. Minor Consent and Immigration Status**

Minor Consent is considered a restricted service. Therefore, the immigration status of a minor will not affect eligibility for Minor Consent Services.

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The worker may not request verification of any child's immigration status if the child claims to have legal resident status but does not have easy access to such verification.

A Systematic Alien Verification for Entitlements (SAVE) check shall not be submitted for Minor Consent services.

MPG LTR 552 (4/04)

**G. Period of Eligibility**

The period of eligibility for Minor Consent services begins on the first day of the month of application and continues through each successive month in which the applicant completes MC 4026 (except for outpatient mental health cases) indicating a need for Minor Consent services. In addition to completing MC 4026 each month, the Minor Consent applicant must also continue to meet all other eligibility requirements for Medi-Cal. The worker will use MC 4026 to determine if the Minor Consent applicant continues to meet Medi-Cal eligibility requirements.

**1. Initial Certification**

When the worker determines that the applicant is eligible for Minor Consent services, he/she will approve the application for one month only and will give the applicant manual NOA MC 239V in the office. The worker will indicate on the NOA that the application is approved for one month only as the application is for Minor Consent services. The worker will enter MEM sections 40147.1 and 50703(d) as the regulations supporting the action. The worker will issue a limited

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service card in the office as specified in [MPG Article 14, Section 2](#).

## **2. Ongoing Certification**

When the worker determines that the child applicant will need Minor Consent services in the month(s) following the month of initial approval, the applicant must be told to contact either the same intake worker who processed the initial application or a worker designated by the FRC to process ongoing Minor Consent cases. The intake worker will encourage the applicant to make the contact as early as possible in the following month to request ongoing Minor Consent services. If the applicant contacts the appropriate worker to request ongoing Minor Consent services at any time during the month of granting or the month following discontinuance, the applicant will be given an appointment with that worker for a face-to-face interview to complete for MC 4026. If the worker determines that the applicant is still eligible for Minor Consent services, MEDS will be updated to reflect eligibility.

MPG LTR 401 (12/97)

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### **H. Minor Consent Medi-Cal Card**

Minor Consent beneficiaries receive a paper ID card that is good for one year from the date of issuance. Workers are not to issue a new card when the minor reapplies for Minor Consent services unless it has been 12 months since the last date of issuance, or if the card is lost.

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Eligibility for Minor Consent services must be verified through the POS network. When verifying eligibility, providers will get a limited services message that identifies for which service(s) the minor is eligible.

MPG LTR 552 (4/04)

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### **I. Other Health Coverage**

Workers shall not report other health coverage (OHC) information for children who are applying for Minor Consent services when the minor is included in his/her parent's MFBU and the child's parent(s) have OHC. The OHC code must be removed from the minor's paper card. If the minor has his/her own OHC through his/her employer or other source, put the OHC code on the minor's paper card.

If an immediate need card is being issued to the minor based on the parent's Medi-Cal case and the minor has an OHC code on MEDS, the worker will submit a 14-28 HSA requesting the MEDS Operator to use an EW15 transaction which will immediately remove the OHC code for that individual. This will avoid any situation in which the Health Insurance System (HIS) will reassert the OHC prior to the minor receiving the limited service they are seeking. The worker will have to

submit another 14-28 HHSA to have the OHC code reentered prior to the next month's eligibility on MEDS, assuming there is no further need for a limited service.

MPG LTR 401 (12/97)

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**J.  
Retention of  
the Minor  
Consent Case**

Discontinued Minor Consent cases that have been identified as probable ongoing Minor Consent cases will be retained by the intake worker, held in a central file, or forwarded to the designated Minor Consent worker in accordance with FRC policy. The closed case will be held until the end of the month following the month of discontinuance. The case will then be transferred to the Closed Bank if the child did not request ongoing Minor Consent services during that month. The child will be required to reapply through the normal application process if he/she requests Minor Consent services at any time after the end of the month following the month of discontinuance.

MPG LTR 393 (08/97)

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**K.  
Confidentiality**

Minor Consent applicants have the right to apply for and receive Minor Consent services without the consent or knowledge of their parent(s). Therefore, it is important that the minor's involvement with HHSA be kept confidential.

**SSN**

Workers will not enter a SSN in CalWIN in order to protect the identity of the Minor Consent applicant. When no SSN is entered in CalWIN, MEDS will automatically assign a pseudo number.

**Address**

Workers will enter the FRC address in CalWIN. This will further protect the identity of the child and ensure that no automated NOAs are mailed to the child's residence.

MPG LTR 393 (08/97)

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## 4.04.04 Minor Consent Aid Codes

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**A.  
Minor  
Consent Aid  
Codes**

Minor Consent applicants must specify on the MC 4026 the type of coverage they are seeking. Workers will use the following aid codes for Minor Consent cases with granting actions:

<b>Aid Code</b>	<b>Description</b>
7M	<p><b>Restricted to minors who are at least 12 years of age,</b> limited to sexually transmitted disease treatment and prevention, drug and alcohol abuse, family planning, and sexual assault services. This aid code is not to be used for any mental health service.</p> <p>This aid code is used for cases with or without a SOC.</p>

7N	<p>Restricted to pregnant minors, limited to pregnancy services, pregnancy-related and family planning services. This aid code does not have any age restriction.</p> <p>When a minor requests services related to pregnancy services, the unborn is included in the MFBU as an aided child. The maintenance need for two is used. Once the child is born, Deemed Eligibility rules apply (see <a href="#">MPG Article 5, Section 15</a>). A new case will be opened for the minor's child.</p> <p>Pregnant minors are also eligible for the Income Disregard program if their income is at or below 200% of the federal poverty level (FPL). However, workers will not use aid code 44 for Minor Consent beneficiaries whose income is above the regular maintenance need level but under 200% FPL. Any minor who requests pregnancy, pregnancy-related and family planning services must be assigned aid code 7N.</p> <p>This aid code has no SOC. There is no aid code for Minor Consent pregnancy services with a SOC. The reason is that the Department of Health Care Services (DHCS) did not anticipate any pregnant minor under this program would have countable income in excess of 200% FPL, based on DHCS' records and a MEDS analysis.</p>
7P	<p><b>Restricted to minors who are at least 12 years of age</b>, limited to sexually transmitted disease treatment and prevention, drug and alcohol abuse, family planning, sexual assault services, and/or outpatient mental health treatment and counseling.</p> <p>This aid code is used for cases with or without a SOC.</p>
7R	<p><b>Restricted to minors under age 12</b> and limited to family planning and sexual assault services. This aid code cannot be used for mental health services, services for drug and alcohol abuse, or sexually transmitted diseases.</p> <p>This aid code is used for cases with or without a SOC.</p>

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**B.  
Multiple Minor  
Consent  
MFBU/Aid  
Codes**

Any time a minor requests Minor Consent pregnancy services and services outside the scope of those provided under aid code 7N, two MFBU with two aid codes will be established. In this situation, the 7N MFBU for pregnancy services will have no SOC, the other MFBU with a different aid code for non-pregnancy services may or may not have a SOC depending on the applicant's countable income.

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## 4.04.05 Confidentiality and Child Abuse Reporting Requirements

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### A. Confidentiality and Reporting Requirements

State law and regulations on Minor Consent services prevent HHSa from contacting the parents of a child applying for Minor Consent services only. The Child Abuse Reporting Law requires HHSa to report suspected child abuse to Child Welfare Services (CWS), law enforcement agencies, and agencies responsible for investigation of cases involving dependent children. Workers will make reports as required by Penal Code Section 11166. However, such reports must not disclose the fact that the child has applied for Medi-Cal. When making a report, workers may be required to include in their reports only the minimum, specifically enumerated elements:

- name of person making the report
- name of the child
- present location of the child
- nature and extent of the injury
- the fact that led the reporting person to suspect child abuse (for example, “child stated she is pregnant and under the age of 14 years”).

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### B. HIPAA Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices must be provided to all individuals who are approved for Minor Consent services. This notice must be included with the initial approval NOA. The worker must then narrate in Case Comments that this notice was provided. For all other beneficiaries, DHCS is able to send the notice through their automated system.

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