

**SB 24 Prenatal Gateway Data Elements**  
**Option C: PE + 200% + Full Scope M/C Screen**

Category	Question
PE (Personal Information)	<ol style="list-style-type: none"> <li>1. Name (First, Middle, Last)</li> <li>2. Date of Birth (mo/day/year)</li> <li>3. Social Security number (optional)</li> <li>4. If you have a current or past BIC card number, please enter it here: (optional)</li> <li>5. Home Address (Address, City, State, Zip) <ul style="list-style-type: none"> <li>• If you do not have a permanent address, tell us where you can be reached.</li> </ul> </li> <li>6. Mailing Address (optional, if different)</li> <li>7. Contact Info (Telephone #s for Home, Work, Message)</li> <li>8. Please list all family members living in your household, their relationship to you and their date of birth. (matrix)</li> <li>9. If you or any family member in your household received earned or unearned income, list the total amount, and where you got the money from. (matrix) <ul style="list-style-type: none"> <li>• E-APP AUTO DEDUCTS ANY EXEMPT INCOME (IE: FIRST \$50 OF CHILD SUPPORT RECEIVED, ETC.) AND \$90 FOR EARNED INCOME. IF SELF-EMPLOYED, FLAG FOR COUNTY TO ASK FOR SELF-EMPLOYMENT DEDUCTIONS]</li> </ul> </li> </ol>
Opt-Out for PE Only	<ol style="list-style-type: none"> <li>10. This application also allows you to apply for <b>Medi-Cal</b>. If you DO NOT want continuing Medi-Cal coverage, please check this box. [opt-out] <ul style="list-style-type: none"> <li>• IF BOX IS CHECKED, APPLICANT SIGNS APP &amp; IS DONE.</li> </ul> </li> </ol>
Medi-Cal Questions	<ol style="list-style-type: none"> <li>11. Do you have any other healthcare coverage? (y/n)</li> <li>12. What language do you speak best? (optional)</li> <li>13. What language do you read best? (optional)</li> <li>14. If you have any uncovered medical expenses incurred in the three months prior to this application, please check this box [opt-in for Retroactive Medi-Cal]</li> <li>16. Do you want to apply for Medi-Cal for additional members of your family?</li> <li>17. Do you, your spouse, or any of your children have a physical, mental or emotional disability? (y/n) IF YES, ASK FOLLOWING: <ol style="list-style-type: none"> <li>a. Who has the disability? (field)</li> <li>b. How long is it expected to last? (check box: Under 1 month, 1-12 months, over 12 months)</li> </ol> </li> </ol>
Income Disregards (Only if gross income is over 200%)	<p>Do you or anyone in your family make payments for:</p> <ol style="list-style-type: none"> <li>23. Child support? (y/n), If YES: How much? Payor Name?</li> <li>24. Alimony? (y/n), If YES: How much? Payor Name?</li> <li>25. Child Care or Dependent Care? (y/n), If YES: list each individual's Name, Age and How much?</li> <li>26. Other health insurance premium, including Medicare? IF YES: Monthly Amount paid? Payor Name?</li> </ol>
Opt-out for 200% Only	<ol style="list-style-type: none"> <li>15. Would you like to be considered for Medi-Cal's full range of health benefits, not just pregnancy-related care? (y/n) IF NO, APPLICANT SIGNS &amp; IS DONE.</li> </ol>

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**SB 24 Prenatal Gateway Data Elements  
Option C: PE + 200% + Full Scope M/C Screen (cont.)**

<b>Category</b>	<b>Question</b>
Asset Screening (Only shows up if over 100% FPL)	<p>19. I have read the MC No. XX Prenatal Gateway form on assets. (y/n, SEE PAGE 3.)</p> <p>20. Do you or any family member living in your home own any of the assets listed on the MC No. XX Prenatal Gateway form? (y/n) [IF YES, ASSETS SCREENING ENDS &amp; FLAGS COUNTY FOLLOW-UP, IF NO, CONTINUE TO Q#21]</p> <p>21. How many cars, SUVs, vans, or pick-up trucks does your household own? Do <b>not</b> count any vehicle you live in. (number) [IF N=1 OR 2, ASK a-b (1 car) OR a-d (2 cars), IF N=0, GO TO Q#22. IF N=3, GO TO Q#24]</p> <p style="margin-left: 40px;">a. What is the market value of vehicle 1?</p> <p style="margin-left: 40px;">b. How much do you owe on vehicle 1?</p> <p style="margin-left: 40px;">c. What is the market value of vehicle 2?</p> <p style="margin-left: 40px;">d. How much do you owe on vehicle 2?</p> <p>22. Do you have or other household members have a checking or savings account, a money market, or a certificate of deposit? (y/n) IF YES:</p> <p style="margin-left: 40px;">a. How much in total using lowest balances in each account for the month? (dollar amount)</p> <p style="margin-left: 40px;">b. Is any part of that money from this month's paycheck or other income received this month? (y/n) IF YES: How much? (dollar amount)</p>
AIM Opt-Out	18. If you are found ineligible for Medi-Cal, you may still qualify for continued coverage through the Access for Infants & Mothers (AIM) program. If you DO NOT want to be automatically referred to AIM, please check this box. [opt-out]
Sign Under Penalty Perjury	<p>27. Signature and Date of Applicant or Authorized Rep</p> <p>28. Signature and Date of Witness to mark or interpreter</p>

**Required Questions: 13**

**Optional Questions: 15**

**Total Questions: 28 + 3 Provider Questions**

## Form MC No. XX Prenatal GW

To help you answer questions on the e-app asking whether you have family assets, we are giving you this list. It includes things that Medi-Cal defines as assets.

You may still qualify for full-scope Medi-Cal *even if* you own assets. The value of some assets does not count or can be discounted. The county will give you the benefit of all the “exemptions” and “deductions” you may qualify for.

Assets *never* count for pregnancy-related care or for children 18 or younger, so, even if you don’t qualify for full-scope, you may still be eligible for pregnancy-related Medi-Cal.

1. House, mobile home, building, condominium, time share, ranch, or land that are *not* used as your home
2. Motorized vehicles that are *not* cars, SUVs, vans, or pick-up trucks and that are *not* used as your home.
  - Examples of motorized vehicles **included** here: a motorcycle; a camper or boat that you do *not* live in.
  - Examples of motorized vehicles **NOT included** here: your family car; a camper you live in.
3. Jewelry (*not* including wedding rings, engagement rings, or heirlooms) worth more than \$100.00
4. Stocks or mutual funds, annuities, Individual Retirement Account (IRA), Keogh, or work-related pension fund
5. Court-ordered settlement or judgment for money or property to be paid to you or a family member
6. Trust or other agreement for money or property for you or a family member
7. Pre-nuptial or post-nuptial agreement
8. Oil or mineral rights
9. Promissory note, mortgage, deed of trust that are *not* for property used as your home
10. Life insurance
11. Long-term care insurance
12. Burial trusts, burial contracts or burial insurance
13. Business accounts or property
14. Any other real or personal property, assets, or resources valued at \$500 or more