

STATE: CALIFORNIA

CITATION

CONDITION OR REQUIREMENT

Third Party Liability

- (1) The methods the California Medicaid agency uses for meeting the requirement of prompt notice to the child support enforcement (CSE) agency for referral whenever medical assistance is furnished to families who may be in need of CSE services are through regulation and manual procedure instruction to the county welfare departments. Prompt notice would be no later than two working days after a determination of medical assistance eligibility has been made.

Title 22, California Code of Regulations (CCR), Section 50157(j) states what forms must be forwarded within two days to the Family Support Division/District Attorney.

Our Medi-Cal Eligibility Manual (MEM), Article 23, at Section 23F, Referral Process, instructs the counties that, "All new applicants for Medi-Cal in the appropriate aid codes will be referred within two days of the Medi-Cal eligibility determination for medical support enforcement services."

- (2) The methods the California Medicaid agency used for meeting the requirement to describe the criteria and procedures by which the Medicaid agency implemented referral of Medicaid cases to the CSE agency are:
- (a) By implementation of the medical support regulations (Title 22, Sections 50060.6, 50771.5, 50101, 50157, 50175, 50185, 50227, 50351, and 50379) which were effective April 16, 1993.
 - (b) Medi-Cal Eligibility Manual (MEM)--Article 23 contains the procedures for Medicaid case referrals to the CSE agencies. The program was initially implemented on July 1, 1993 with Article 4R of MEM, which is now Article 23 of MEM.

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Partial Procedures are as follows:

23B. **CONDITION OF ELIGIBILITY**

1. **MEDI-CAL ONLY**

The county must inform an applicant for or beneficiary of Medi-Cal only that, as a condition of eligibility, the applicant or beneficiary must:

- o Assign to the State the applicant's or beneficiary's rights to any medical support and payments;
- o Cooperate in obtaining medical support and payments;
- o Cooperate in establishing paternity for a child born out of wedlock for whom aid is requested;
- o Cooperate in identifying and locating the absent parent; and
- o Provide information about possible entitlement to medical support and payments available through any third party.

If the applicant or beneficiary is found ineligible for Medi-Cal because of the above, this will not affect the child(ren)'s Medi-Cal eligibility. The applicant can withdraw the application, close the case, or become an ineligible member of the Medi-Cal Family Budget Unit (MFBU).

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23C. PATERNITY ESTABLISHMENT

1. **PURPOSE**

As a condition of Medi-Cal eligibility, an applicant/recipient must cooperate in paternity establishment when there is a child born out of wedlock for whom Medi-Cal is being sought. A referral is made to establish the existence of a father and child relationship and the duty of support. When two unmarried adults seek Medi-Cal for themselves and their children but do not cooperate with medical support, then the county must make a medical support referral for the children. A referral should be made whenever a child is born out of wedlock. (Title 22, CCR, Section 50101(b).)

23D. PETITION TO THE COURT

The county must notify each applicant or beneficiary placed in the following aid codes that the California Child Support Enforcement (IV-D) Agencies must, by law, petition to the court to include health insurance coverage in support orders when a child receives Medi-Cal. Referral in aid codes cited below will be for children under 18 with an absent parent or when a child is born out of wedlock. ~~HOWEVER, NO UNDOCUMENTED PERSONS, NO PREGNANT WOMEN, AND NO ONE APPLYING FOR MINOR CONSENT SERVICES WILL BE REFERRED.~~ Also, referrals for infants will be made after the 60-day postpartum period. (For explanation of absent parent situations, please refer to MEM Article 1-B.)

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In situations where the applicant is filing for retroactive Medi-Cal only, no referral will be made. In situations where the absent parent is already providing health insurance, no referral is necessary.

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MEDI-CAL AID CODES (See Pages 4a to 4h) PSD

The following aid codes are the ones for which the Medi-Cal Eligibility Worker must refer the children with an absent parent.

7A	34	51	72	83
24	37	64	79	
27	47	67	82	

AFDC AID CODES (See Pages 4a to 4h) PSD

The following aid codes are the ones for which child support referrals, including medical support, should have already been made by the AFDC or Foster Care Intake Worker for AFDC or foster care cases.

30	33	40	45
32	35	42	

1. PREGNANT WOMEN

Medical support referrals will **NOT** be made on the absent/unmarried parent of an unborn child until the end of the 60-day postpartum period. If the absent/unmarried parent of the unborn has other eligible children in the MFBU, a medical support referral for these children will **NOT** be made until the end of the 60-day postpartum period of the pregnant caretaker parent. If a pregnant caretaker parent has other eligible children in the MFBU with a different absent parent than for the unborn, a medical support referral will **NOT** be made on the children of the absent or unmarried parent(s) until the end of the 60-day postpartum period of the pregnant caretaker parent.

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22	NO MEDI-CAL ISSUED		Aid to the Blind-Special Circumstances (BLIND-SC--Optional)--Special circumstances payments to blind adult recipients of SSI/SSP and SSP only.	
23	FULL	Y/N	Aid to the Blind-LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.	
24	FULL	NO	Aid to the Blind Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.	
26	FULL	NO	Aid to the Blind-Pickle Eligibles (FFP). Covers persons who meet the federal criteria for blindness and are covered by the provisions of <u>Lynch v. Rank</u> . (See aid code 16 for definition of Pickle eligibles).	
27	FULL	YES	Aid to the Blind-Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.	
28	FULL	NO	Aid to Blind-IHSS (FFP). Covers persons who meet the federal definition of blindness and are eligible for IHSS. (See aid code 18 for definition of eligibility for IHSS).	
3A	FULL	NO	California Alternative Assistance Program - Aid to Families with Dependent Children. Family Group (CAAP-AFDC (FG)) (FFP). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal.	
3C	FULL	NO	California Alternative Assistance Program - Aid to Families with Dependent Children. Unemployed Parent Group (CAAP-AFDC (U)) (FFP). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal.	
3P	FULL	NO	AFDC Unemployed Parent (FFP) cash--Aid to Families in which a child is deprived because of the unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements. This population is the same as aid code 35, except that they are exempt from the AFDC grant reductions.	X

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3R	FULL	NO	Aid to Families with Dependent Children (AFDC)-Family Group (FFP) in which the child(ren) is deprived because of the absence, incapacity, or death of either parent. This population is the same as aid code 30 except that they are exempt from the AFDC grant reductions.	X
30	FULL	NO	AFDC-FG (FFP). Provides Aid to Families with Dependent Children in a family group in which the child(ren) is deprived because of the absence, incapacity, or death of either parent.	
32	FULL	NO	AFDC-FG (State-Only) (non-FFP-cash-grant/FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity, or death of either parent, who does <u>not</u> meet all federal requirements, but State rules require the individual(s) be aided.	
33	FULL	NO	AFDC-Unemployed Parent (State Only) (non-FFP cash grant/FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home.	
34	FULL	NO	AFDC MN (FFP). Covers families with deprivation or parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.	
35	FULL	NO	AFDC-U (FFP Cash). Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements.	
36	FULL	NO	Aid to Disabled Widow/ers (FFP). Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAs were disregarded.	
37	FULL		AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only. SOC required of the beneficiaries.	

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38	FULL	NO	Continuing Medi-Cal Eligibility (FFP). <u>Edwards v. Kizer</u> court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from AFDC, until the family's eligibility for Medi-Cal only has been determined and an appropriate Notice of Action sent.
39	FULL	NO	Initial Transitional Medi-Cal (TMC) - Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to increased earnings, or hours of employment, or loss of the \$30 and 1/3 disregard.
4C	FULL	NO	AFDC-FC-Voluntarily Placed (Fed) (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been voluntarily placed in foster care.
4K	FULL	NO	Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.
4O	FULL	NO	AFDC-FC/Non Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
42	FULL	NO	AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care (IV-A) (IV-E).
44	Restricted to pregnancy-related services	NO	Income Disregard Program. Pregnancy (FFP). United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides family planning, pregnancy-related, and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.
45	FULL	NO	Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC
47	FULL	NO	Income Disregard Program (FFP). Infant - United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to one year old and continues beyond one year when inpatient status, which began before first birthday, continues and family income is at of below 200 percent of the federal poverty level.

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48	Restricted to pregnancy-related services	NO	Income Disregard Program. Pregnant-Undocumented/Nonimmigrant Alien (But Otherwise Eligible). Provides family planning, pregnancy-related, and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.	
49 Phasing Out	Restricted to pregnancy-related services	NO	Income Disregard Program. Pregnancy-Amnesty Alien. Provides planning, pregnancy-related, and postpartum services to any age female with income at or below 200 percent of the federal poverty level.	
5F	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers non-immigrant and undocumented pregnant aliens who do not have proof of permanent resident alien, PRUCOL, or amnesty alien status, but who are otherwise eligible for Medi-Cal.	
5K	FULL	NO	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.	
50	Restricted to CMSP emergency services only	Y/N	CMSP MI-Restricted. Covers persons who have undetermined immigration status.	
51 (Expires 12/31/94)	FULL	Y/N	IRCA Aliens - Full Medi-Cal Benefits. Pre-1982 Amnesty Alien (ABD or under 18).	
52 (Expires 12/31/94)	Restricted to pregnancy and emergency services	Y/N	IRCA Aliens - Restricted Medi-Cal Benefits. Pre -1982 Amnesty Alien (Not ABD; not under 18).	
53	Restricted to LTC services only	Y/N	Medically Indigent - LTC (Non-FFP). Covers persons age 21 or older and under 65 years of age who are residing in a Skilled Nursing or Intermediate Care Facility (SNF or ICF) and meet all other eligibility requirements with or without a SOC. Medi-Cal does not cover Acute Inpatient Hospital Care.	
54	FULL	NO	Four-Month Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the increased collection of child/spousal support payments.	

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55	Restricted to pregnancy and emergency services	NO	Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not Permanently Residing Under Color of Law (PRUCOL). LTC services: State-only funds; Emergency and pregnancy-related services: State and federal funds. Beneficiaries will remain in this aid code even if they leave LTC.
56 (Expires 12/31/94)	FULL	Y/N	IRCA. Amnesty Aliens SAWS/RAWS (ABD or under 18). Covers amnesty SAWS/RAWS who are aged, blind, disabled, or under 18 years old and otherwise eligible.
57 (Expires 12/31/94)	Restricted to pregnancy and emergency services	Y/N	IRCA. Amnesty Aliens SAW/RAW (Not ABD, not under 18). Covers amnesty SAWS/RAWS who are 18 through 64 years old, not blind or disabled, and who are otherwise eligible to Medi-Cal.
58	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers nonimmigrant and undocumented aliens who do not have proof of permanent resident alien, PRUCOL, or amnesty alien status, but who are otherwise eligible to Medi-Cal.
59	FULL	NO	Additional TMC - Additional Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to increased earnings, or hours of employment, or loss of the \$30 and 1/3 disregard.
6A	FULL	NO	Disabled Adult Child(ren) (DAC)/Blindness (FFP)
6C	FULL	NO	Disabled Adult Child(ren)/Disabled (FFP).
60	FULL	NO	SSI/SSP Aid to the Disabled (FFP). A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability.
62	NO MEDI-CAL CARD ISSUED		Aid to the Disabled-Special Circumstances (DISABLED-SC--Optional)-- Special circumstances payments to adult recipients of SSI/SSP and SSP only.
63	FULL	Y/N	Aid to the Disabled-LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.
64	FULL	NO	Aid to the Disabled-Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.

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65	FULL	Y/N	<p>Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled-Medically Needy IHSS (non-FFP). Covers persons who:</p> <p>(a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations;</p> <p>(b) also continue to suffer from the physical or mental impairment that was the basis of the disability determination; and</p> <p>(c) have the costs of IHSS deducted from their monthly income.</p>	
66	FULL	NO	<p>Aid to the Disabled Pickle Eligibles (FFP). Covers persons who meet the federal definition of disability and are covered by the provisions of the Lynch v. Rank lawsuit. No age limit for this aid code.</p>	
67	FULL	YES	<p>Aid to the Disabled-Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled-MN). SOC is required of the beneficiaries.</p>	
68	FULL	NO	<p>Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See aid codes 18 and 65 for definition of eligibility for IHSS.)</p>	
69	Restricted to emergency services	NO	<p>Income Disregard Program. Infant (FFP) - Undocumented/Nonimmigrant Alien (But Otherwise Eligible). Provides emergency services only for infants under one year of age and beyond one year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level.</p>	
7A	FULL	NO	<p>100 Percent Program. Child (FFP) United States Citizen, Lawful Permanent Resident/PRUCOL/IRCA Amnesty Alien (ABD or Under 18). Provides full benefits to otherwise eligible children born after September 30, 1983, ages 6 to 19 and beyond when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level.</p>	

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72	FULL	NO	133 Percent Program. Child-United States Citizen/Permanent Resident Alien/PRUCOL Alien (FFP). Provides full Medi-Cal benefits to children ages one up to six and beyond when inpatient status, which began before sixth birthday, continues, and family income is at or below 133 percent of the federal poverty level.
73	Restricted to Parenteral Hyperalimentation-related expenses	Y/N	Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program (Non-FFP). Covers persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs.
74	Restricted to emergency services	NO	133 Percent Program (OBRA). Child Undocumented/Nonimmigrant Alien (but otherwise eligible) (FFP). Provides emergency services only for children ages one up to six and beyond when inpatient status, which began before sixth birthday, continues, and family income is at or below 133 percent of the federal poverty level.
75 Phasing Out	Restricted to pregnancy-related services	NO	Asset Waiver Program (Pregnant). Provides family planning, pregnancy related, and postpartum services for amnesty aliens under the state-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185% and 200% of the federal poverty level. (State-Only Program).
76	Restricted to 60-Day Postpartum Services	NO	60-Day Postpartum Program (FFP). Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for and received Medi-Cal benefits. They may continue to be eligible for postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs.
79 Phasing Out	FULL	NO	Asset Waiver Program (Infant). Provides full Medi-Cal benefits to infants up to 1 year, and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is between 185% and 200% of the federal poverty level (State-Only Program).
8A	(QDWI) No Medi-Cal Issued		Qualified Disabled Working Individual (QDWI) (FFP) – Provides state paid Medicare Part A premiums for working disabled individuals under age 65. No Medi-Cal card will be issued; the Medicaid care will be used for services.

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8C	(SLMB) No Medi-Cal Issued		Specified Low-Income Medicare Beneficiaries (SLMB) (FFP) – Provides state paid Medicare Part B premiums for certain specified low-income Medicare beneficiaries. No Medi-Cal card will be issued. The Medicare card will be used for Part B services.	
8F	CMSP services only (companion aid code)	Y/N	CMSP Companion Aid Code. Covers persons eligible for certain benefits under the Medi-Cal program and other benefits under CMSP. 8F is used in conjunction with Medi-Cal aid codes 52, 53, and 57 to facilitate the payment of claims for covered benefits. 8F will appear as a special aid code and will entitle the eligible client to full-scope CMSP coverage for those services not covered by Medi-Cal.	
80	Restricted to Medicare expenses	NO	Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A and B premiums and Part A and B coinsurance and deductibles for eligible low-income aged, blind, or disabled individuals.	
81	FULL	Y/N	MI-Adults Aid Paid Pending (Non-FFP). Aid Paid Pending for persons over 21 but under 65 with or without share of cost.	
82	FULL	NO SOC	MI-Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent. Covers persons until age 22 who were in an institution for mental disease before age 21. Persons may be continued in this aid code until age 22 if they have filed for a State hearing.	
83	FULL	YES	MI-Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.	
84	CMSP Services Only (No Medi-Cal)	NO	CMSP MI-A (Non-FFP). Covers medically indigent adults age 21 and over but under 65 years who meet the eligibility requirements of medically indigent.	
85	CMSP Services Only (No Medi-Cal)	YES	CMSP MI-A (Non-FFP). Covers medically indigent adults age 21 and over but under 65 years, who meet the eligibility requirements of medically indigent.	
86	FULL	NO	MI-Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent.	

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When a woman with a child(ren) has applied for Medi-Cal but refuses to cooperate in medical support and does not claim good cause, she becomes ineligible for Medi-Cal and designated as an ineligible member of the MFBU. The woman's child(ren) may be eligible for Medi-Cal if otherwise eligible and she has not withdrawn the application or asked to close the case. If this caretaker parent then becomes pregnant and applies for Medi-Cal, she may be eligible until her 60-day postpartum period ends. A referral for the caretaker parent and the new child can be made at the completion of the 60-day postpartum period.

If a caretaker parent has a child(ren) and has cooperated with medical support requirements, but then becomes pregnant, the medical support referral process should not be interrupted. The pregnancy should be reported to the FSD/DA, but no referral on the new child should be made until the 60-day postpartum period ends. The rule in on-going medical support cases is if there is any change in the case, it should be reported to the FSD/DA via Form CA 371. The FSD/DA should be advised of any changes (e.g., discontinuance from AFDC, new Medi-Cal case).

An unmarried/absent parent may apply for Medi-Cal and medical support services for the caretaker parent at the hospital if the caretaker parent is unable to fill out an application. Under Title 22, CCR, Section 50143, if a person is unable to file an application for Medi-Cal, "(2) a person who knows of the applicant's need to apply" may file the application. An unmarried/absent person would qualify under this definition.

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2. **OBRA REFERRALS**

If the caretaker parent or mother is undocumented and her children are also undocumented, no medical support referral will be made. If the caretaker parent/mother is undocumented and the children are citizens or IRCA's (Immigration Reform and Control Act), a medical support referral will be made. No undocumented children will be referred.

If the caretaker parent has both OBRA children and citizen children and requests that both be referred for medical support enforcement, the county will only make a referral on the citizen children. Medical support enforcement referrals will not be made on the OBRA children. There are no referrals on OBRA children because they receive restricted benefits and the absent parent may not be a citizen or in the United States.

3. **CONTINUING ELIGIBILITY**

Under this program, infants born to Medi-Cal eligible women are automatically "deemed eligible" for one year, provided they continue to live with their mother and the mother remains eligible for Medi-Cal, or would remain eligible if she were still pregnant. There is no parental allocation from the father to the infant during the period of Continued Eligibility; only the mother's income, before any increases, will be allocated to the infant. However, for purposes of medical support enforcement, the father/absent parent still has a legal responsibility for the health and welfare of his children and, at the end of the 60-day postpartum period, a medical support referral must be made.

4. **FOSTER CARE CHILDREN**

Medical support enforcement referrals will not be done by the county Medi-Cal Eligibility Worker on foster care children. The AFDC or Foster Care Intake Workers will make child support referrals, including medical support for all foster care children. Foster care children are automatically eligible for Medi-Cal after utilizing whatever other health coverage is available. ~~This is clarified in Section 993 of the Welfare & Institutions Code, Liability for Costs of Support. This section prohibits any imposition of medical costs upon the natural parent(s) until the county has first exhausted any eligibility the child may have under private insurance coverage, standard or medically indigent Medi-Cal coverage, and the Robert W. Grown California Children's Services Act. If there are any costs over and above 100 percent of the average Medi-Cal payment that are not covered under any of the coverages listed, the county may choose to impose those costs.~~

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~~The Medi-Cal program automatically grants a Medi-Cal card to children in foster care, and providers are instructed to bill the Medi-Cal program first. Medi-Cal will pay the provider of service. Then Medi-Cal will seek repayment from the other health coverage.~~

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5. ADULT CHILDREN

Adult children under Medi-Cal are persons 14 to 18 years of age who are not living in the home of a parent or caretaker relative and who do not have a parent, caretaker relative or legal guardian handling any of their financial affairs (Title 22, CCR, Sec. 50014). Also, the parents do not claim the child as a dependent in order to receive a tax credit or deduction for state or federal income tax purposes. Adult children would not be referred for medical support enforcement.

Disabled Adult Children under the Pickle program are at least 18 years of age or older. They will not be referred for medical support enforcement. Referrals are for those under 18.

6. TRANSITIONAL MEDI-CAL

No transitional Medi-Cal cases are to be referred. This includes children in aid codes 39, 54, and 59. These families were initially on AFDC and lost their cash grant due to increased earnings, increased hours of employment, or increased allocation of child/spousal support payments. Transitional Medi-Cal is provided to these families as an aid in helping them become self-sufficient. If they apply for Medi-Cal Only at the end of their transition period, they should be treated as a new case and a referral should be made.

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7. **DECEASED ABSENT PARENT**

No medical support enforcement referral will be initiated for deceased absent parents. However, sufficient substantiation of the fact that the absent parent is deceased is required.

23F. REFERRAL PROCESS

DHS has adopted the Department of Social Services' (DSS') child support procedures, including the forms and referral process, for the Medi-Cal program. The county welfare department shall refer Medi-Cal Only absent parent cases to the Family Support Division/District Attorney (FSD/DA) for applicable support enforcement services. The county welfare department will also make referrals for paternity establishment services to the FSD/DA when there is a child born out of wedlock. These services will be provided without application or application fee.

All new applicants for Medi-Cal in the appropriate aid codes will be referred **within two days** of the Medi-Cal eligibility determination for medical support enforcement services. No referral is to be made until a Medi-Cal determination is approved. Existing cases will be referred at the time of redetermination. These redeterminations will be face-to-face for proper notification and forms completion by the beneficiary. The county welfare department will inform Aid to Families with Dependent Children (AFDC) recipients of changes related to medical support enforcement. Whenever the county becomes aware that an on-going case is an absent parent situation or there is a child born out of wedlock, a medical support referral should be made. Do not wait for redetermination if there is a change in the case.

Please notify the applicant or beneficiary if he or she receives direct payment for medical support for services which were paid for by Medi-Cal. Payments made in this situation should be forwarded to DHS. If payments are not forwarded to DHS, the Department's Third Party Liability Branch will pursue reimbursement from him or her. (Further information can be found in Section 23M.)

Each applicant for Medi-Cal with an absent parent or a child born out of wedlock will be advised of child support services available through the FSD/DA. If a Medi-Cal applicant indicates all child support services are wanted, the case should be handled in the same manner as a non-aid case, except that medical support is assigned to the State. All current child support collected on behalf of Medi-Cal only families must be paid to the family in accordance with the State's non-AFDC policy.

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FORMS REFERRAL

For application and referral of Medi-Cal cases to the IV-D agencies, the county shall use the following forms:

- o **MC 219 (Cover Sheet) (11/93) and MC 210 (8/93)**--Applicant is advised of rights regarding medical support enforcement referrals and third party liability. A copy is given to applicant; the original is placed in file. If the applicant refuses to sign and cooperate, then a notice of action denying Medi-Cal is sent to applicant.
- o **Health Insurance Questionnaire (DHS 6155, 10/90)**--Applicant fills out form if there is other health coverage available through the absent parent. County sends a copy both to DHS Third Party Liability Branch and to the FSD/DA.
- o **Child/Spousal and Medical Support Notice and Agreement (CA 2.1 Notice and Agreement (12/89))**--Applicant reviews and signs the agreement. If this form is not signed and good cause is claimed, a CA 51 (Child Support--Good Cause Claim for Noncooperation) must be completed and sent to the FSD/DA with evidence of good cause. If form is signed, then medical support process begins and all documents are sent to FSD/DA via CA 371.
- o **Child Support Questionnaire (CA 2.1 Q Support Questionnaire (3/93))**--Applicant fills out form, and original is sent to the FSD/DA within two days. The FSD/DA may set up interview with applicant if form is not complete.
- o **Child Support--Good Cause Claim for Noncooperation (CA 51 (3/93))**--If applicant claims good cause for failure to cooperate with medical support enforcement requirements, applicant must fill out the form and send the original with evidence of good cause to the FSD/DA. The FSD/DA will return it to the county with a recommendation. The county will make a final decision and, if good cause is denied, the county will give the applicant an opportunity to withdraw the application, close the case, or be designated as an ineligible member of the MFBU. The county will send a copy of the CA 51 to the FSD/DA with the final determination.

Page Not
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CITATION	CONDITION OR REQUIREMENT
o	Child Support Enforcement Program Notice (CS 196 (12/93))--A copy shall be given to all applicants who claim Medi-Cal for children with absent parent. This is an information notice which explains child and medical support enforcement program, services available, and rights of applicant.
o	Referral to District Attorney (CA 371 (3/93))--This is a cover sheet to transmit absent parent information to FSD/DA (one form for each absent parent). The county sends a CA 371 to the FSD/DA with originals of CA 2.1 Questionnaire, CA 51 when good cause is claimed (with evidence), and DHS 6155. This form is used to convey any information regarding the status of the case back and forth between the county and the FSD/DA.
o	Medical Insurance Form (DHS 6110 10/91)--Applicant fills out this form if there is other health coverage available through the absent parent. The FSD/DA sends the form to DHS Third Party Liability Branch. DHS will then send a copy to county welfare department.
o	Attestation Statement (CS 870)--The FSD/DA will use the CS 870 to give the applicant an opportunity to attest (swear), under penalty of perjury, that he or she has provided all available information regarding the absent parent. A determination of noncooperation cannot be made without giving the applicant the opportunity to complete this form.

~~**NOTE:** The county must ask the applicant or beneficiary to state whether he or she wants child support, medical support, or both, and must indicate services requested on the CA 2.1 Questionnaire and on the CA 371. The CA 371 will be used by the county and FSD to communicate subsequent changes or additional information on the case. **THE COUNTY MUST EMPHASIZE TO THE APPLICANT OR BENEFICIARY THAT, FOR RECEIPT OF MEDI-CAL ONLY, CHILD SUPPORT SERVICES ARE AVAILABLE BUT NOT MANDATORY, AND THAT REFUSAL OF CHILD SUPPORT SERVICES WILL NOT AFFECT MEDI-CAL ELIGIBILITY (CS 196 AND CA 2.1).**~~

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