

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941



September 6, 1996

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 169

TO: All Holders of the Medi-Cal Eligibility Procedures Manual

Enclosed are revisions to Article 23, Medical Support Enforcement Program, of the Medi-Cal Eligibility Procedures Manual.

Procedure RevisionDescription

Article 23

Revision of the Procedures for the Medical Support Enforcement Program to add two Aid Codes - 3A and 3C to referral list, and to delete two Aid Codes - 82 and 83.

Filing Instructions:Remove PagesInsert Pages

Article 23 Table of Contents
Pages TC-1 and TC-2

Article 23 Table of Contents
Pages TC-1 and TC-2

Article 23
Pages 23D-1 through 23D-5

Article 23
Pages 23D-1 through 23D-5

If you have any questions concerning a specific revision, please contact Ms. Elena Lara of my staff at (916) 657-0712.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- ARTICLE 23 -- MEDICAL SUPPORT ENFORCEMENT PROGRAM
- 23A -- INTRODUCTION
1. PURPOSE
 2. BACKGROUND
 3. IMPLEMENTATION
- 23B -- CONDITIONS OF ELIGIBILITY
1. MEDI-CAL ONLY
 2. AFDC/Edwards
 3. DSS PROCEDURES
- 23C -- PATERNITY ESTABLISHMENT
1. PURPOSE
 2. PATERNITY ESTABLISHMENT BY DISTRICT ATTORNEY
 3. TIME FRAMES
 4. POP
- 23D -- PETITION TO THE COURT
1. PREGNANT WOMEN
 2. OBRA REFERRALS
 3. CONTINUING ELIGIBILITY
 4. FOSTER CARE CHILDREN
 5. ADULT CHILDREN
 6. TRANSITIONAL MEDI-CAL
 7. DECEASED ABSENT PARENT
 8. CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM
- 23E -- GOOD CAUSE FOR NONCOOPERATION
1. NONCOOPERATION
 2. NOTICES OF ACTION
- 23F -- REFERRAL PROCESS
1. FORMS REFERRAL
 2. FORMS REFERRAL CHART

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- 23G -- HEALTH INSURANCE ASSIGNMENTS, COST SHARING AND MEDI-CAL COPAYMENTS
1. HEALTH INSURANCE COST-SHARING
 2. LIABILITY FOR INSURANCE COST SHARING
- 23H -- NOTICES OF ACTION
1. NOTICES OF ACTION AND SPEED LETTERS
 2. NA Back 7
- 23I -- OTHER HEALTH COVERAGE OBTAINED THROUGH MEDICAL SUPPORT ENFORCEMENT
1. FSD/DA REPORTING HEALTH INSURANCE COVERAGE
 - a. REPORTING
 - b. PROCEDURES
 - c. MONITORING, VERIFYING AND ENFORCING
 - d. NOTIFYING CUSTODIAL PARENTS
 - e. TRANSMITTAL LETTER
 2. COUNTY WELFARE DEPARTMENT ACTION
 3. LAPSES IN HEALTH COVERAGE
 - a. NOTIFICATION
 - b. ENFORCEMENT
 4. UTILIZATION OF HEALTH COVERAGE
 - a. PAY-AND-CHASE
 - b. COST AVOIDANCE
 5. DISTRICT ATTORNEY HEALTH INSURANCE INCENTIVE
 - a. Policy
 - b. Reporting Process

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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 CHILDREN UNLESS THE ABSENT PARENT IS A CITIZEN, NO PREGNANT WOMEN, AND NO CHILD IN A MINOR CONSENT CASE WILL BE REFERRED.** Also, referrals for infants will be made after the 60-day postpartum period. In a minor consent case, the child must be in a regular aid code before referral can be made. (For explanation of absent parent situations, please refer to MEM Article 1-B.)

In situations where the applicant is filing for retroactive Medi-Cal only, no referral will be made. When the absent parent is incarcerated or institutionalized, no referral will be made, but obtain necessary verification and refer upon absent parent's release.

In situations where the absent parent is already providing health insurance, no referral is necessary, but all forms must be completed on other health coverage and kept in the file, and a copy of the DHS 6155 sent to DHS. Even though the child is covered by medical insurance, the child can be eligible if all Medi-Cal eligibility requirements are met, and the mother will have linkage based on the child. If the mother does not apply for the child or the child is ineligible for any reason, then the mother becomes ineligible for Medi-Cal because the child cannot be used to link the mother.

In on-going medical support cases, at redetermination or at any time, 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 in the case which involve a change in status such as discontinuance of eligibility, change in family composition, loss of health coverage, change in income, etcetera. If there are no changes in the case at redetermination, no report to the FSD/DA is necessary.

MEDI-CAL AID CODES

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

3A	20	34	51	67
3C	24	37	60	72
7A	27	47	64	

AFDC AID CODES

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.

3G	30	33	40	45
3H	32	35	42	

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

1. PREGNANT WOMEN

Medical support referrals will **NOT** be made on an unborn child until the end of the 60-day postpartum period of the mother. If the mother 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.

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.

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 for either medical support enforcement or paternity establishment unless there is a reasonable belief the absent parent is a citizen.

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 unless there is a reasonable belief the absent parent is a citizen. 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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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 903 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. Crown 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.

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.

5. ADULT CHILDREN

"Adult children" are children in Medi-Cal between the ages of 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. The parents do not claim the children as dependents in order to receive a tax credit or deduction for state or federal income tax purposes. These children are not eligible for Aid to Families with Dependent Children (AFDC) or cash-based AFDC-Medically Needy Only Medi-Cal because they are not dependent children. However, under 42 Code of Federal Regulations (CFR) 435.222, the State of California may provide Medi-Cal benefits to individuals under age 21 who would be eligible for AFDC but do not qualify as dependent children. These "adult children" **WILL NOT BE REFERRED** for Medical Support Enforcement. Aid Codes 82 and 83 will be removed from the referral list because medically indigent children will not be referred.

If the applicant is an unmarried minor parent (14-18 years of age with a child), who does not want to cooperate with medical support and if she is living on her own and is considered an "adult child", do not deny or discontinue her for noncooperation, but do refer her child for medical support enforcement.

If the applicant is an unmarried minor parent (14-18 years of age with a child) and she is living with a parent or caretaker relative, do not deny or discontinue her for noncooperation, but refer the child. If the parent or caretaker relative is using the linkage with minor and minor's child for Medi-Cal benefits, then she must cooperate with medical support enforcement or be discontinued or denied Medi-Cal benefits.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

If a mother is under 21 but over 18, she must cooperate because an individual 18 years of age or older is considered an adult under the Family Code.

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.

Disabled children who have been placed in an institution through a guardianship are not to be referred for medical support enforcement.

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.

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.

8. CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM

This program allows individuals who qualify for Aid to Families with Dependent Children, Family Group (CAAP-AFDC [FG]) or Aid to Families with Dependent Children, Unemployed Parent Group (CAAP-AFDC[U]) to decline the federal cash grant and instead receive child care assistance.

EXAMPLES:

1. Woman with three children declares father is deceased and provides birth certificate for children, death certificate for father, and marriage certificate.
 - a. Marriage occurred after birth of children and father's name is not on birth certificates. **Question:** Do we do paternity referral? **Response:** Yes. Children born out of wedlock.
 - b. Marriage occurred after birth of children and father's name is on birth certificates. **Question:** Do we do paternity referral? **Response:** Yes. Mother may declare he is rightful father and that is why he is on birth certificates, but birth certificate alone does not establish paternity.
 - c. Marriage occurred before birth of all children and father's name is not on birth certificates. **Question:** Do we do paternity referral? **Response:** No. Children were not born out of wedlock. Presumption is deceased person is father.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- d. Marriage occurred before birth of children and father's name is on birth certificate. **Question:** Do we refer since we have a death certificate? Must the FSD/DA validate the death for us? **Response:** No referral when there is no absent parent. He is not absent; he's deceased.
- e. Same as Number d, but woman claims that at least one of the children has a father other than the man named on the death certificate. **Question:** Would a referral be sent on this new man even though we have a death certificate on the father? **Response:** Refer if there is no name on birth certificate, but use your best judgment since children were not born out of wedlock.
2. Woman with one child applies and is granted benefits. Prior to completing the approval action, she calls the EW and advises that she has moved to County A. EW completes the disposition and processes for an intercounty transfer (ICT) to County A. **Question:** Case should be referred for medical support if she had stayed in County B, but since she is in County A physically, are we required to send the medical support referral to County B FSD/DA as part of the regulations even knowing that they will be closing because of the change in county address? **Response:** In this case, make sure County A is aware of need for medical support referral in County A in the ICT documents. Since case will be in County A, County A must make the referral.
3. Woman with two children applies and is granted benefits for one month only. Case requires cooperation with medical support. **Question:** At point that benefits are approved and cooperation with medical support referral is okay, do we send the medical support referral to the FSD/DA knowing that the case is closed and that they will do nothing with it. Seems to be a workload that is unnecessary. **Response:** If woman requests child and medical support, then refer. If a woman requests medical support enforcement and is willing to request child support enforcement services also, she may be referred to FSD/DA. If woman wants medical support enforcement services only, she can only receive this service if she is continuing on Medi-Cal. However, since there is no retro enforcement, do not refer unless she specifically wants medical support and child support enforcement services.
4. Woman with two children is working and has health insurance available through her employer. **Question:** Will the FSD/DA pursue medical support from the mother/custodial parent (CP)? **Response:** No. federal regulations require the FSD/DA to pursue medical support from the absent parent/noncustodial parent, not the CP. Although the court has discretion to order the CP to provide health coverage for the dependent children, the FSD/DA is not required to enforce it.

