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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

Enclosures

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23A. INTRODUCTION

1. PURPOSE

The Medical Support Enforcement Program provides that as a condition of eligibility for Medi-Cal, applicants, beneficiaries, or caretaker relatives must cooperate in medical support enforcement when there is an absent parent who may be responsible for their dependent child(ren)'s medical care, or in paternity establishment when there is a child born out of wedlock. These referrals for medical support enforcement will be made for all children under age 18 who are recipients of Medi-Cal or for whom Medi-Cal is being sought subject to the referral restrictions in Article 23D.

2. BACKGROUND

Title IV-D of the Social Security Act established the child and spousal support enforcement program. The Federal Deficit Reduction Act of 1989, the Consolidated Omnibus Budget Reconciliation Act of 1985, and the Omnibus Budget Reconciliation Act (OBRA) of 1987 amended sections 1902 and 1912 of the Social Security Act. These legislative changes required that, as a condition of Medi-Cal eligibility, applicants and beneficiaries must cooperate in medical support enforcement and paternity establishment. Assembly Bill 1422 (Chapter 806, Statutes of 1988) added section 14008.6 to the Welfare and Institutions Code to adopt, at the state level, the federal requirements.

Medical Support referrals are made to the Family Support Division/District Attorney (FSD/DA). Under California Civil Code, Section 4726, the court must consider that either the absent parent, custodial parent, or both parents provide medical insurance coverage to the child(ren) when medical insurance is available at no or reasonable cost. Section 4726 also requires the court and FSD/DA to secure health insurance through court and administrative orders in all child and medical support actions. Section 4726.1 permits the court to order the employer of the absent parent or other person providing health insurance to the caretaker parent to enroll the supported child in the available health insurance plan. Welfare & Institutions (W&I) Code, Section 11490, requires that medical insurance information be collected by the county FSD/DA offices and then forwarded to Department of Health Services (DHS).

The FSD/DA is responsible for enforcing medical support, in addition to obtaining information regarding the availability of health insurance when such information is not reported by the county welfare department. Health insurance coverage is required if it is available at no or reasonable cost to the parent(s). Federal regulations define "reasonable cost" health insurance as group or employer related health insurance, regardless of the service delivery mechanism. This includes health maintenance organizations (HMOs) and preferred provider organizations (PPOs).

On August 22, 1996, H.R. 3734, "The Personal Responsibility and Work Opportunity Reconciliation Act of 1996" was signed into law. This legislation was a comprehensive bipartisan welfare reform plan which contains comprehensive child support enforcement measures. All child support orders shall include a provision for the health care coverage of the child; and the definition of "child support" now includes health care as well as monetary support. The law establishes a Federal Case Registry, a National Directory of New Hires to track delinquent parents across state lines, streamlines the voluntary paternity establishment process, and provides for uniform rules and procedures for interstate cases.

Other changes impact the audit process, reporting procedures, review and adjustment, penalties for delinquencies, collection of support from Federal employees including members of the armed forces, voiding of fraudulent transfers, work requirements, liens, reporting to credit bureaus, license suspension, denial of passports for non-payment of support, international support enforcement, data

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suspension, denial of passports for non-payment of support, international support enforcement, data matches with financial institutions, medical support orders in all cases, and automated systems changes and funding.

Technical amendments to PRWORA were contained in the Balanced Budget Act (BBA) of 1997. The program requirements of PRWORA and BBA are set forth in State Assembly Bill Nos. 573 (Ch. 270, Stats. 1997) and 1542 (Ch. 270, Stats. 1997). This legislation provides for a \$50 disregard of the first \$50 of any amount of child support collected in a month; cooperation determination language requires that the FSD/DA shall have staff available at any county welfare office to determine cooperation and good cause; written and oral information about the Voluntary Declaration of Paternity shall be given to each applicant/beneficiary who has a child born out of wedlock.

Assembly Bill No. 1832 (Ch. 1062, Stats. 1996) was signed by the Governor on September 28, 1996. This bill provides that health coverage be provided for in child support orders for any child, that voluntary acknowledgments of paternity declaration forms will be mandatorily provided to parents at birth of a child in every hospital and they shall be made available at clinics, courts, county welfare offices and at FSD/DA offices. As of January 1, 1997, the father's name on the birth certificate may be included only if both parents sign a Voluntary Paternity Declaration.

3. IMPLEMENTATION

The medical support enforcement regulations for DHS's Medi-Cal program were implemented by county welfare departments on July 1, 1993.

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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.

Cooperation includes the following:

- Providing the name of the alleged parent or obligor and other information about that person if known to the applicant or recipient, such as address, Social Security number, telephone number, place of employment or school, and the names and addresses of relatives or associates.
- Appearing at interviews, hearings, and legal proceedings provided the applicant or recipient is provided with reasonable advance notice of the interview, hearing, or legal proceeding and does not have good cause not to appear.
- If paternity is at issue, submitting to genetic tests, including genetic testing of the child, if necessary.
- Providing any additional information known to or reasonably obtainable by the applicant or recipient necessary to establish paternity or to establish, modify, or enforce a child support order.
- A recipient or applicant shall not be required to sign a voluntary declaration as a condition of cooperation.

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, claim good cause (Section 23E), close the case, or become an ineligible member of the Medi-Cal Family Budget Unit (MFBU), but the child(ren) is not denied, discontinued from Medi-Cal for noncooperation of applicant/caretaker relative. If applicant/ caretaker relative chooses not to cooperate, refer the child to the District Attorney (DA) for medical support enforcement with whatever information was provided. Section 14008.7 was added to the Welfare and Institutions Code to set out the specific guidelines for noncooperation.

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EXAMPLE: Mother with child from present husband and one from another man applies for Medi-Cal for family. She cannot exclude child with absent parent from MFBU to avoid cooperation with medical support enforcement. Federal law provides that, as a condition of eligibility, a custodial parent must be required to assign support rights for each and every eligible child for whom the parent has authority to make such an assignment. She must cooperate as long as she is applying for Medi-Cal and is legally responsible for the child with an absent parent. If she does not cooperate, she is to be denied Medi-Cal, discontinued, or made an ineligible member of MFBU. Two children and husband may be granted Medi-Cal, if eligible.

2. VERIFICATION OF DOCUMENTS

The county welfare department is responsible for determining the identity of all applicants for Medi-Cal. For purposes of medical support referrals for health coverage or paternity establishment, the county may be guided by Sections 50167 and 50169(a) of the California Code of Regulations or Article 4W of the Medi-Cal Eligibility Procedures Manual.

As stated in Article 4W, the documents listed below should be used as a reference guide when interviewing Medi-Cal applicants and beneficiaries if the individual is without a California Drivers License or identification (ID) issued from the Department of Motor Vehicles:

1. I.D. that has a picture of the person is preferred
2. U.S. Citizenship or Alien Status Documents (passport)
3. School identification card
4. Birth Certificate
5. A Social Security card or document containing a Social Security number
6. Voter's Registration Card
7. Marriage record
8. Divorce Decree
9. Work Badge, Building Pass
10. Draft Card, Military I.D.
11. Adoption Record
12. Court Order for Name Change
13. Clinic, Doctor-Hospital-Admission Record
14. Church Membership or Baptism-Confirmation Record
15. Vaccination Record
16. Insurance Policy
17. Utility Bills
18. Two pieces of mail received at the applicant's-beneficiary's address
19. Any other documents providing identifying data such as physical description, photographs

NOTE: Not listed above, but which may be needed to prove that though there is an absent parent situation, no referral is necessary, are a death certificate of a deceased parent or a document which proves the absent parent is institutionalized.

3. AFDC/EDWARDS

A recipient of Aid to Families with Dependent Children (AFDC) who is discontinued from AFDC for refusal to cooperate in child support will receive Edwards Medi-Cal. In these cases, the AFDC applicant was referred to the FSD/DA for child support and medical support enforcement as a

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condition of eligibility for the AFDC program. The situation here is whether there is authority to automatically discontinue the caretaker parent from Medi-Cal at the same time the AFDC program discontinues cash aid for noncooperation if the caretaker parent refuses to cooperate in providing or obtaining paternity, child support, medical support, and/or third party liability information. The answer is **NO**, counties cannot **automatically** terminate Medi-Cal benefits for individuals whose AFDC assistance has ended. Counties must determine whether those individuals are eligible for Medi-Cal under other nonautomatic Medi-Cal categories. However, a **concurrent** determination of Medi-Cal eligibility meets the requirements of **Edwards** as long as the county fully documents that it is a **separate** determination and not part of the AFDC denial of benefits.

In other **Edwards** cases, upon review of the 210E, if the case is an absent parent situation or there is a child born out of wedlock, the county will **mail** the applicant/caretaker parent the medical support enforcement information. The caretaker parent may then agree to cooperate and sign the documents or can claim good cause for noncooperation. If the caretaker parent refuses to cooperate, follow procedures for noncooperation and refer the child(ren) for medical support enforcement.

Even though the AFDC eligibility worker (EW) is responsible for sending the case package of child support forms, the EW is responsible for ensuring that the medical support portions of these forms are filled out correctly for Medi-Cal. If needed, the counties can use the revised forms available in the DHS warehouse.

If a case has been redetermined as a Medi-Cal Only case from Aid Code 38, ask the beneficiary if there has been any change in health coverage (copy of final 6110 form may be in file to refer to). If no change, send 371 to DA with note that case is now Medi-Cal Only and there is no change in health coverage.

In child support enforcement actions, the DA may enforce the absent parent to pay child support payments which are in arrears; that is, the absent parent may also be liable for payments which were not paid or were skipped before the custodial parent applied for AFDC and Medi-Cal. In medical support, we start with the time of enforcement of coverage. We do not seek reimbursement for medical expenses up to the point of court-ordered medical support enforcement.

4. DEPARTMENT OF SOCIAL SERVICES (DSS) CHILD SUPPORT PROCEDURES

DSS child support procedures are to be found in the following:

- o DSS Manual of Policy and Procedures (MPP) Sections 12-100 through 12-908 and 43-200 through 43-205;
- o DSS Family Support Division (FSD) Letter No. 94-03, February 10, 1994 Title IV-D Child and Spousal Support Program Procedure Manual.

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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. (**NOTE: Remember, no pregnant woman shall be referred until 60 days postpartum.**)

In the case of a child born out of wedlock, an individual is not legally the father unless paternity has been established in a court of law. Paternity establishment is necessary for any child born out of wedlock even if there is an intact family because each parent is assigning his/her rights and the rights of the children for whom they are legally responsible in order to establish linkage for AFDC or Medi-Cal.

Even when a marriage takes place subsequent to the child's conception or birth, it is necessary to establish the paternity of the child. Both federal and state law define out of wedlock as ". . . the biological parents of the child were not married to each other at the time of the child's conception."

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).)

2. PATERNITY ESTABLISHMENT BY DISTRICT ATTORNEY

When a medical support referral is made for paternity establishment, the FSD/DA will obtain the identity of the absent father from the applicant/recipient. State law requires the FSD/DA to investigate the question of paternity and take all necessary steps to obtain a paternity determination; however, no questions on paternity will be asked when paternity is not an issue. But when a Medi-Cal case has been referred for the purpose of paternity establishment, this is all that will be done. When paternity has been established, the case will be closed.

The FSD/DA is not required to establish paternity in any case involving forcible rape, incest, or legal proceedings for adoption if such action is not in the child's best interests. (Title 22, California Code of Regulations, Section 50771.5; Welfare and Institutions Code [W&I Code], Article 7.)

Undocumented children in Aid Code 58 - restricted services are not to be referred for paternity establishment unless the father is a citizen. If the child is a citizen of an Omnibus Budget Reconciliation Act parent applying for the child and the child is receiving full-scope benefits, then a medical support and/or paternity establishment referral should be made.

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3. TIME FRAMES

Within 90 days of locating the absent father, the FSD/DA will file for paternity or complete service of process to establish paternity or document unsuccessful attempts to serve process. Paternity must be established or the absent parent excluded as a result of genetic tests and/or legal process within one year or the later of successful service of process or the child reaching six months of age. The FSD/DA will file a Motion for Temporary Support whenever the alleged father refuses to stipulate to paternity. A motion will be filed for blood tests at the request of any party in a contested paternity case as appropriate. If the alleged father is excluded by blood tests, the FSD/DA will review the case to determine whether the mother should be deemed as non-cooperative for failure to provide the name of the natural father of the minor child or a case should be opened against a different individual. If another alleged father is identified, the FSD/DA has 90 days after locating this person to file for paternity or complete service of process to determine paternity. The time frames for establishing paternity for subsequent alleged fathers is the same as for the original alleged absent father. (W&I Code, Art. 7)

4. PATERNITY OPPORTUNITY PROGRAM

In January of 1995, this program was implemented statewide at all licensed hospitals and clinics with birthing facilities. This program gives new, unmarried parents the opportunity to voluntarily acknowledge paternity (fatherhood) in the hospital by signing a Declaration of Paternity shortly after the birth of the child. This Declaration may be filed with the court to establish paternity. This Declaration will help the child have the same rights that he or she would have if the parents were married:

- o The child can have the father's legal name;
- o The child can be added to the father's health insurance plan;
- o The child will receive father's Social Security or veteran's benefits if the father dies or is disabled; and,
- o The child has the right to inherit from the father.

5. VOLUNTARY DECLARATION OF PATERNITY

State Assembly Bill (AB) 1832 and federal legislation in H.R. 3734 both mandate that a Voluntary Declaration of Paternity program be implemented in county welfare offices by January 1, 1997.

Upon application for Medi-Cal or redetermination, unmarried parents shall be informed of the availability of the Declaration of Paternity when they are informed about the requirements of medical support and their assignment of rights. They are to be given the option of signing the CS 909 in order to establish paternity. A copy of the brochure which explains the voluntary paternity program (PUB 244 (1/97 revision)), the Information Sheet (CS 910), and the Declaration of Paternity (CS 909) shall be given to the applicants at the same time as they are informed about child and medical support enforcement and are given the CS 196 and other support forms.

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Completion of the form is **not mandatory** for Medi-cal eligibility. If the form is not signed, the case will be referred to the Family Support Division/District Attorney (FSD/DA) for paternity establishment. Medi-Cal eligibility should not be denied or delayed if the voluntary declaration is not signed at this time. However, cooperation with and information regarding the children's father must be provided for Medi-Cal eligibility approval. If the parents volunteer, or if the parent applying volunteers, the form may be taken home for signature witnessed by a Notary Public, or both parents may return and sign the form in the presence of a county staff person. If there are any legal questions which are not answered in the brochure or information sheet, then refer the case to the FSD/DA.

If the applicant/beneficiary states that they have signed a Voluntary Declaration of Paternity at a hospital or clinic, ask for a copy of the executed Declaration. If they cannot provide a copy, refer to FSD/DA.

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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 MEPM 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	83
3C	24	37	60	72	
a	27	47	64	82	

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	

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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.

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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 reinstated to the referral list because some medically indigent children will 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.

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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 and Medi-Cal.

9. VOLUNTARY DECLARATION OF PATERNITY

Upon application for Medi-Cal, unmarried parents shall be informed of the availability of the Declaration of Paternity, and given the option of signing the CS 909 in order to establish paternity. A copy of the brochure which explains the voluntary paternity program (PUB 244 (1/97 Revision)), the Information Sheet (CS 910), and the Declaration of Paternity (CS 909) shall be given to the applicants. Completion of the form is **not mandatory** for Medi-Cal eligibility. If the form is not signed, the case will be referred to the Family Support Division/District Attorney (FSD/DA) for paternity establishment. Medi-Cal eligibility **should not be denied or delayed** if the voluntary declaration is not signed at this time. However, cooperation with and information regarding the children's father must be provided for Medi-Cal eligibility approval. If the parents volunteer, or if the parent applying volunteers, the form may be taken home for signature witnessed by a Notary Public, or both parents may return and sign the form in the presence of a county staff person. If there are any legal questions which are not answered in the brochure or information sheet, then refer the case to the FSD/DA.

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Appropriate copies of the completed Declaration along with the CA 2.1Q should be sent to the FSD/DA, who will forward the Declaration to the State Office of Vital Records. If there are any questions regarding legal issues that are not answered by the brochure or information sheet, refer the case to the FSD/DA. You may inform the parents that the signed Declaration may be rescinded by either parent by filing a rescission with the State Office of Vital Records within 60 days of execution or by a judicial proceeding.

MINOR PARENTS: When either parent is a minor, the Declaration of Paternity does not establish paternity until 60 days after both minor parents are emancipated or 60 days after the eighteenth birthday of both minors, whichever occurs first.

REFERRAL TO FSD/DA: If the Declaration of Paternity is signed by both parents, **DO NOT REFER** to the FSD/DA for paternity establishment. The signed Declaration should be sent with other documentation and a note on the CA 371 that the Declaration has been signed and is attached. The Declaration of Paternity will have the same force and effect of law as a judgment rendered by a court.

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.
 - 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

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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.

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23E. GOOD CAUSE FOR NONCOOPERATION

The applicant or beneficiary may claim good cause for noncooperation in establishing paternity, medical support payments, or identifying third party liability if he/she feels there is a risk of emotional or physical harm to himself/herself or a child(ren) if a referral is made for medical support enforcement. The county must determine if the applicant or beneficiary, in fact, has good cause for failure to cooperate with medical support requirements. (No provision exists for a finding of good cause when the applicant or beneficiary refuses to assign to the State his/her rights to medical support, payments, care, and services.) If the county determines that good cause does not exist (Form CA 51), then the applicant or beneficiary should be given an opportunity to withdraw the application, close the case, or be designated as an ineligible member of the Medi-Cal Family Budget Unit (MFBU) (California Code of Regulations, Title 22, Sections 50155 and 50379).

If good cause is claimed, Medi-Cal is granted pending the good cause determination if the applicants are otherwise eligible. Once good cause is established, it continues unless the mother/caretaker parent rescinds the claim for good cause and is able to cooperate with medical support enforcement. Review at redetermination to determine if circumstances have changed. It is not necessary to process another claim for good cause.

The CA 51 Good Cause Claim for Noncooperation form calls for statistical reporting.

1. COOPERATION

The District Attorney's (DA) office shall have staff available in person or by telephone at every county welfare office and shall interview each applicant to obtain information necessary to establish paternity, and establish, modify, or enforce a support order. The DA shall make the determination of noncooperation, and, in making this finding, it shall take into consideration:

- The age of the child for whom support is sought;
- The circumstances surrounding conception of the child;
- The age or mental capacity of the parent or caretaker of the child for whom aid is being sought; and
- The time that has elapsed since the parent or caretaker last had contact with the alleged father or absent parent.

Cooperation is defined as providing:

- The name of the alleged parent or absent parent;
- Address;
- Social Security number;
- Telephone number or numbers;
- Place of employment or school; and
- The names and addresses of relatives or associates.

The caretaker parent has the right to refuse to cooperate in medical support enforcement for himself/herself and for the child(ren). If this occurs, the caretaker parent is denied or discontinued from Medi-Cal, but the child(ren) may be granted Medi-Cal or continues receiving Medi-Cal, if otherwise eligible, and the caretaker parent does not withdraw the child(ren)'s application. The county would refer the child(ren) for medical support services. Assignment of rights is an automatic process of Medi-Cal eligibility. (Welfare and Institutions Code, Section 14008.6.) The caretaker parent can withdraw the application or close the case if he/she does not want a medical support referral on the child(ren).

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- o If an applicant/recipient applies for Medi-Cal and does not want to cooperate in medical support, the county must deny/discontinue the applicant/recipient. Medical support is a condition of eligibility;
- o If the applicant/recipient applies for Medi-Cal and agrees to cooperate, but he/she does not cooperate with the FSD/DA, discontinue Medi-Cal; and
- o If the applicant/recipient comes back two months later and agrees to cooperate, do not reinstate applicant/recipient back on Medi-Cal until he/she cooperates with the FSD/DA and brings back a letter of cooperation. Later, if he/she comes in and wants to cooperate and makes an appointment with the DA's office and the appointment is not until the following month, the applicant/recipient will receive retroactive Medi-Cal for the month in which he/she first made the appointment if it is documented by the DA in the letter of cooperation.

2. GOOD CAUSE

Good Cause shall be determined by the county welfare department. Suspension of child support services will occur as long as good cause exists, and Medi-Cal will not be discontinued or denied until the Good Cause determination has been made. If the applicant/beneficiary did not cooperate without good cause, Medi-Cal will be discontinued or denied to the custodial parent, but not the children unless the application is withdrawn.

GOOD CAUSE DETERMINATION REQUIREMENTS - Good Cause may be determined if the following conditions exist:

- Efforts to establish paternity or establish, modify or enforce a support obligation would increase risk of physical, sexual, or emotional harm to the child for whom support is being sought.
- Efforts to establish paternity or establish, modify, or enforce a support obligation would increase the risk of abuse to the parent or caretaker with whom the child is living.
- The child for whom support is sought was conceived as a result of incest or rape. A conviction for incest or rape is not necessary for this paragraph to apply.
- Legal proceedings for the adoption of the child are pending.
- The applicant/beneficiary is being assisted to resolve the issue of whether to keep or relinquish a child for adoption.
- The applicant/beneficiary is cooperating in good faith but is not able to identify or assist in locating the alleged father or absent parent.
- Any other reason that would make efforts to establish paternity or establish, modify, or enforce a support obligation contrary to the best interests of the child.

EVIDENCE TO SUPPORT GOOD CAUSE CLAIM

- Police, governmental agency, or court records, documentation from a domestic violence program, or a legal, clerical, medical, mental health, or other professional from whom the applicant or recipient has sought assistance in dealing with abuse, physical evidence of abuse, or any other evidence that supports the claim of good cause.

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- Statements under penalty of perjury from individuals, including the applicant/beneficiary with knowledge of the circumstances surrounding the good cause claim.
- Birth certificates or medical, mental health, rape crisis, domestic violence program, or law enforcement records that indicate that the child was conceived as the result of incest or rape.
- Court documents or other records that indicate legal proceedings for adoption are pending.
- A written statement from a public or licensed private adoption agency that the applicant/beneficiary is being assisted by the agency to resolve the issue of whether to keep the child or relinquish the child for adoption.

3. **NOTICES OF ACTION**

Good cause in medical support is the process by which someone can make a claim that he/she has good cause for not cooperating in medical support enforcement. The claim is documented by filing a CA 51. The Notices of Action (NOA) for good cause are to be used to inform the caretaker parent whether his/her claim has been approved or denied. An applicant may claim good cause if he/she feels that there is a risk of emotional or physical harm to himself/herself or a child(ren) if a referral is made for medical support enforcement. The county will request documentation from the caretaker parent to support the claim of good cause. This information will be sent to the FSD/DA with the CA 51, and the FSD/DA will investigate further and make a recommendation on the claim. The claim is then returned to the county for a final recommendation of approval or denial of good cause. The applicant is informed of this decision through the NOAs for Good Cause.

(For Notices of Action for Approval or Denial of Good Cause Claims, see Section 23H.)

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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.

1. 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) (7/96) and MC 210 (11/96)** - 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.

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- o **Child Support Questionnaire (CA 2.1 Q Support Questionnaire (8/96))** - 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.
- o **Child Support Enforcement Program Notice (CS 196 (5/95))** - 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.
- o **Establishing Paternity for You and Your Child (PUB 244 (1/97 Revision))** - An eight-panel brochure that explains what paternity is and how a mother, father, and child will benefit from having paternity established. The brochure can be used in conjunction with the Declaration of Paternity or may be used to provide general information about the program without the Declaration of Paternity.
- o **How a Declaration Can Help You and Your New Baby (CS 910 1/97)** - A one-page informational sheet for unmarried parents that provides a brief summary of the paternity declaration process. Parents should be given this form along with the Declaration of Paternity. This is a two-sided form with the English version on one side and the Spanish version on the reverse.
- o **Declaration of Paternity (CS 909 1/97)** - A four-part carbonized (NCR) form that when completed, witnessed and officially filed is an acknowledgment of paternity. This form has a blue informational coversheet which contains the heading, **IMPORTANT NOTICE TO UNMARRIED PARENTS**, and an explanation of the purpose of the form. The second page contains instructions for completing and distributing the form. The original and third copy of the Declaration are sent to the local FSD/DA. Copies 1 and 2 are given to the parents. A photocopy may be made for the case file.

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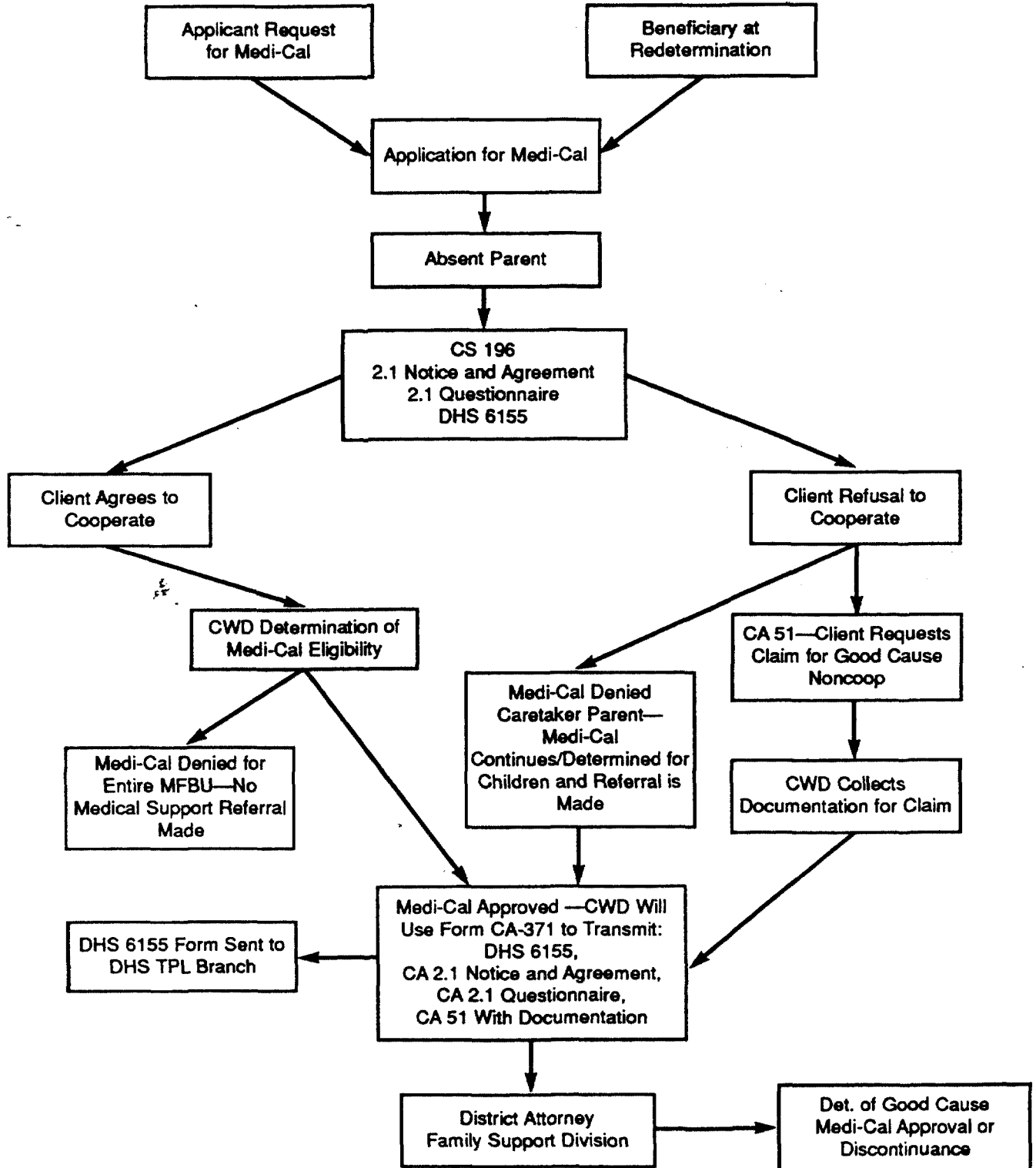
NOTE: The county must ask the applicant or beneficiary to state whether he or she wants child support, medical support, or both, and must indicate services requested on the CA 2.1 Questionnaire and on the CA 371. The CA 371 will be used by the county and FSD to communicate subsequent changes or additional 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).**

NOTE: Voluntary Paternity Establishment: Send signed Declaration with other documents and note on the CA 371 that it is attached and has been signed, and no referral will be made.

(The above forms are available in the DHS warehouse, except the for the Voluntary Paternity Declaration forms, which are available through the DSS warehouse. Copies of the forms are shown in Section 23J.)

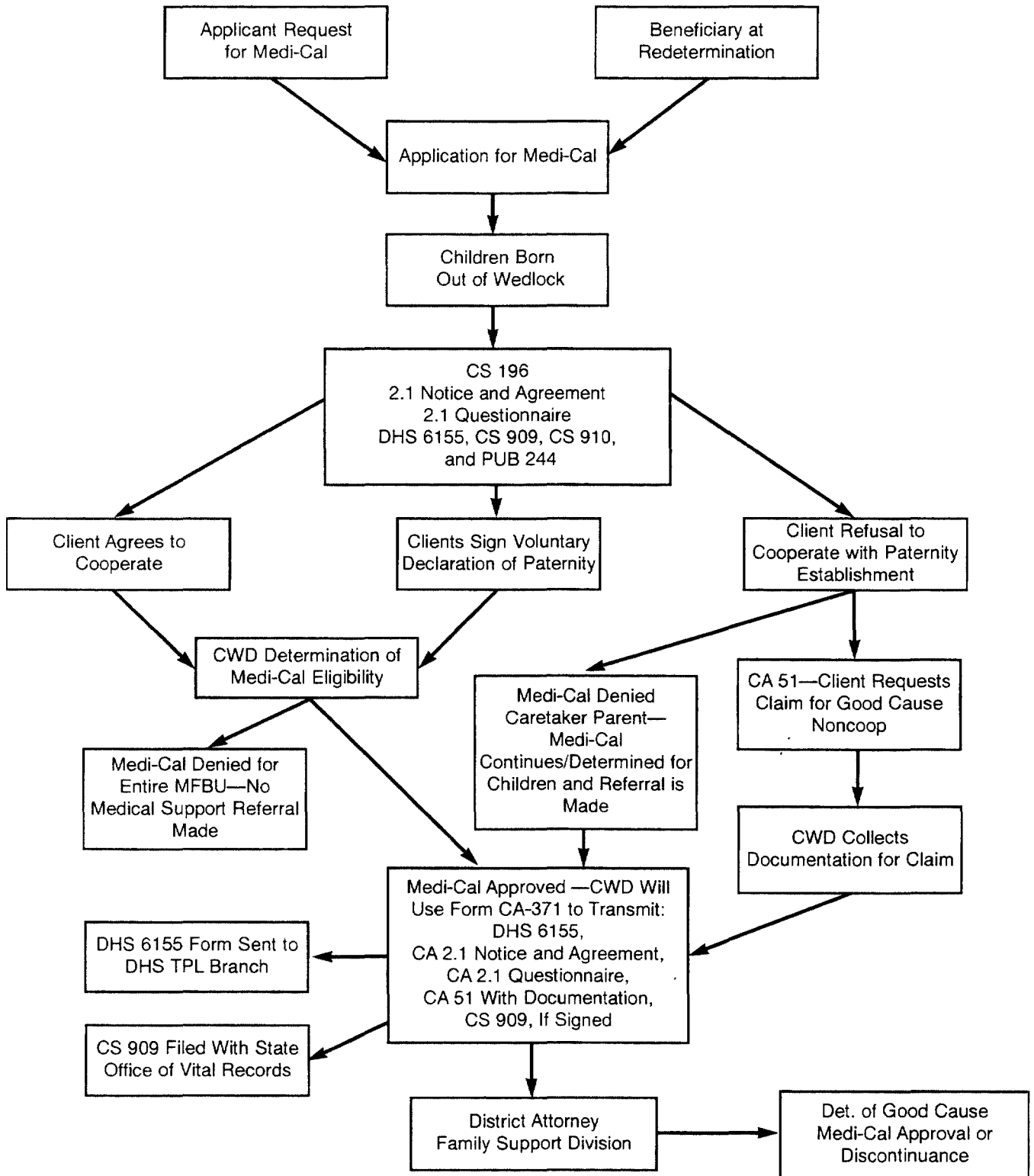
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2.A. FORMS REFERRAL CHART—ABSENT PARENT



MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

2.B. FORMS REFERRAL CHART—PATERNITY ESTABLISHMENT



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10. PUB 244(1/97) - "ESTABLISHING PATERNITY FOR YOU AND YOUR CHILD"



Establishing Paternity for You and Your Child



What is paternity?

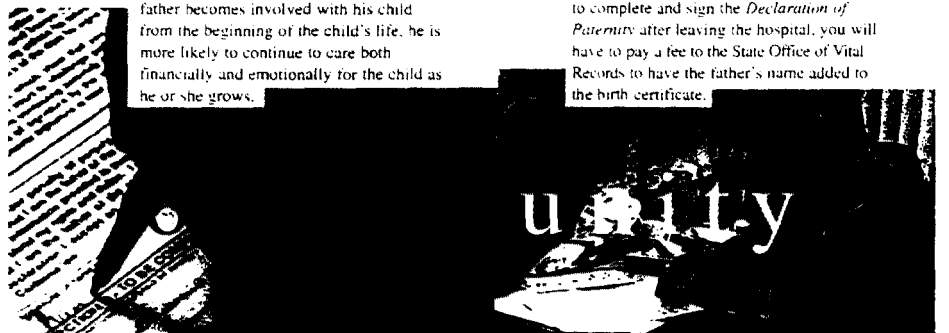
Paternity means fatherhood. Establishing paternity is the legal process of determining the biological father of a child. When parents are married, paternity is usually established automatically. If parents are unmarried, paternity establishment is NOT automatic and the process should be started by both parents as soon as possible for the benefit of the child. Without the establishment of paternity, the father does not have the legal rights or legal responsibilities of a parent. Establishing paternity is necessary before custody, visitation and child support can be ordered by the court. Establishing paternity allows an unmarried father to have his name placed on the birth certificate. Paternity can be established either by signing a *Declaration of Paternity* form or by going to court. If a father becomes involved with his child from the beginning of the child's life, he is more likely to continue to care both financially and emotionally for the child as he or she grows.

What is a Declaration of Paternity?

The *Declaration of Paternity* is a legal form that, when signed by both parents, says the man is the legal father. Signing the form will legally establish the man as the child's father without having to go to court. Signing the form allows an unmarried father's name to be placed on his child's birth certificate. Signing a *Declaration of Paternity* is voluntary.

Where can I obtain a Declaration of Paternity?

You can obtain a *Declaration of Paternity* form at the hospital or clinic right after your child is born. Signing the form in the hospital is a quick, easy and free way to have the father's name added to his child's birth certificate. Your local registrar of births and deaths' office, county family support or welfare office can also provide you with a *Declaration of Paternity* form. If you choose to complete and sign the *Declaration of Paternity* after leaving the hospital, you will have to pay a fee to the State Office of Vital Records to have the father's name added to the birth certificate.



50765, 50050, 50101, 50185, 50351

SECTION NO.: 50771.5, 50157, 50175, 50227, 50379 MANUAL LETTER NO.:

DATE:

23J-16

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rights and privileges

How can a Declaration of Paternity help you?

When the parents of a child are not married at the beginning of the pregnancy or at the birth of the child, the father is NOT considered a legal parent with rights or responsibilities for the child. To help gain legal rights as the child's father, he can sign the *Declaration of Paternity* form. Sixty days after the form is signed, it will legally establish a parent-child relationship between the child and father, without going to court.

How the child benefits...

By establishing paternity, a child gets the legal rights and privileges of a child born within a marriage. Those rights and privileges may include:

- support from both parents
- legal documentation of who his or her parents are
- access to family medical records
- medical and life insurance coverage from either parent, if available
- inheritance protection
- social security and veteran's benefits, if available
- the emotional benefits of knowing who both parents are

How the father benefits...

Establishing paternity can help the father experience the companionship and emotional rewards that come with spending time with his child. He can enjoy the benefits of paternity which may include:

- legal establishment of parental rights and responsibilities
- having his name added to the child's birth certificate
- the opportunity to give the child his name if both parents choose
- the ability to add the child to his health insurance plan
- the assurance that social security or veteran's benefits are paid to the child in the event of his death or disability, if eligible
- protecting his child's right to inherit from him
- the right to seek custody or visitation, in a court action, and to be consulted about the adoption of the child

How the mother benefits...

Establishing paternity can help a mother by sharing the financial burden and emotional pressure that many single parents experience. Cooperative parenting can provide strong emotional support for the mother, father and child. The mother can also enjoy the benefits of paternity which may include:

- improving financial security for the family
- information about family medical history
- help in sharing the parental responsibilities
- access to medical insurance coverage for the child, if available

emotional support



Can I rescind or cancel the Declaration of Paternity after I sign it?

Either parent may cancel the *Declaration of Paternity* by completing a *Rescission of Paternity* form. This form must be filed with the State Office of Vital Records within 60 days of the date the paternity declaration was signed. This form is available at the local District Attorney's Family Support Office or the local registrar of births and deaths' office.

Where do I go if I have more questions?

For more information about the *Declaration of Paternity*, establishing parentage or child support, please contact your local District Attorney's Family Support Office or legal services organization.

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11. CS 910 (1/97) - 'HOW A DECLARATION CAN HELP YOU AND YOUR NEW BABY'



How a *Declaration of Paternity* Can Help You and Your New Baby

What is a Declaration of Paternity?

The *Declaration of Paternity* is a legal document that, when signed by both parents, says the man is the natural father of the child. Signing the *Declaration of Paternity* is voluntary.

How can a Declaration of Paternity help us?

When the parents of a child are not married at the beginning of the pregnancy or at the birth of the child, the father may NOT be considered a legal parent with rights or responsibilities for the child. You can sign the *Declaration of Paternity* to help the father gain legal rights as the child's father. When signed by both parents, the form will legally establish a parent-child relationship between the father and child.

Why should we sign the declaration?

To show your child that you are proud to be his or her parents!
To legally establish the man as the child's father.
To allow the father's name to be added to your child's birth certificate.
To allow your child to be added to the father's health insurance plan.
To make sure that the father's social security or veteran's benefits are paid to your child, if eligible, in case the father dies or is disabled.
To protect your child's right to inherit from his or her father.

What does it mean when we sign the declaration?

After both parents sign the declaration and it is filed with the State Office of Vital Records, it legally establishes a parent-child relationship between the father and the child. Once paternity is established, the father will have the legal rights and financial responsibilities of a parent under California law. Signing this form will give the father parental rights to seek custody or visitation, in a court action, and to be consulted about the adoption of the child.

Can we rescind or cancel the declaration after we sign it?

Either parent may cancel or rescind the *Declaration of Paternity* by completing a form and filing it with the State Office of Vital Records within 60 days from the date the declaration was signed. Rescission forms are available at local District Attorney's Family Support Offices or the local registrar of births and deaths' office.

How do we fill out the declaration?

Sections A and B should be filled out by the parents of the child. The witness will fill out section C. See the instructions on the declaration for more details.

What do we do if we have more questions?

For more information about the *Declaration of Paternity*, establishing parentage or child support, please contact the local District Attorney's Family Support Office or legal services organization.



CS 910 (1/97)

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Cómo una "**Declaración de paternidad**" puede ayudarles a ustedes y a su nuevo bebé

¿Qué es una "Declaración de paternidad"?

La "*Declaración de paternidad*" es un documento legal que, cuando está firmado por ambos padres, declara que el hombre es el padre biológico del niño. El firmar la "*Declaración de paternidad*" es voluntario.

¿Cómo puede ayudarnos una "Declaración de paternidad"?

Cuando los padres del niño no están casados al principio del embarazo o cuando nace el niño, es posible que el padre NO se considere el padre legal, con derechos y responsabilidades en relación al niño. Ustedes pueden firmar la "*Declaración de paternidad*" para ayudar al padre a obtener los derechos legales como padre del niño. Cuando la declaración está firmada por ambos padres, establece legalmente el parentesco padre-hijo entre el padre y el hijo.

¿Por qué debemos firmar una declaración?

¿Para mostrarle a su hijo que ustedes están orgullosos de ser sus padres!
Para establecer legalmente que ese hombre es el padre del niño.
Para permitir que el nombre del padre se incluya en el acta de nacimiento de su hijo.
Para permitir que se incluya a su hijo en el plan del seguro de salud del padre.
Para asegurarse de que, si reúne los requisitos, se le paguen a su hijo los beneficios del seguro social o los beneficios para veteranos en caso de que el padre muera o quede incapacitado.
Para proteger el derecho que tiene su hijo a heredar del padre.

¿Qué significa el firmar la declaración?

Después de que ambos padres firmen la "*Declaración de paternidad*" y la presenten en la Oficina Estatal del Registro Civil (*State Office of Vital Records*), quedará legalmente establecido el parentesco padre-hijo entre el padre y el hijo. Una vez que quede establecida la paternidad, el padre tendrá los derechos legales y responsabilidades económicas de un padre, en conformidad con las leyes de California. El firmar esta declaración le dará al padre los derechos típicos de los padres, como el derecho a, por medio de una acción de la corte, tratar de obtener la patria potestad (custodia) del niño o visitas y a que se le consulte en relación a la adopción del niño.

¿Podemos cancelar o anular la declaración después de haber firmado?

Cualquiera de los padres puede anular o cancelar la "*Declaración de paternidad*" completando un formulario y presentándolo en la Oficina Estatal del Registro Civil (*State Office of Vital Records*) antes de que pasen 60 días desde la fecha en que se firmó la declaración. El "Formulario para la anulación de la declaración de paternidad" se puede obtener en la División local de Mantenimiento y Apoyo para Familias de la Oficina del Fiscal del Distrito (*District Attorney's Family Support Division*) o en la oficina local de registro de nacimientos y muertes.

¿Cómo completamos la declaración?

Los padres del niño deben completar las secciones A y B. El testigo debe completar la sección C. Para obtener más detalles, vea las instrucciones de la declaración.

¿Qué podemos hacer si tenemos más preguntas?

Para obtener más información acerca de la "*Declaración de paternidad*", el establecimiento de la paternidad o el mantenimiento de hijos, por favor comuníquese con la División local de Mantenimiento y Apoyo para Familias de la Oficina del Fiscal del Distrito (*District Attorney's Family Support Division*) o con una organización local de servicios legales.



CS 910 (ENG/SP) (1/97)

50765, 50050, 50101, 50185, 50351

SECTION NO.: 50771.5, 50157, 50175, 50227, 50379 MANUAL LETTER NO.:

DATE:

23J-19

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

12. CS 909 (1/97) - DECLARATION OF PATERNITY

WHAT IS THE PURPOSE OF A DECLARATION OF PATERNITY?

A declaration of paternity form is used to legally establish the paternity (the father) of a child when the mother and father are not married to each other. It should be signed only by the biological parents of a child who were never married to each other. Signing this form is voluntary.

HOW WILL YOU AND YOUR CHILD BENEFIT IF YOU SIGN THIS FORM?

This form when signed by both parents will:

- Legally establish a parent-child relationship between the father and the child. Your child has the right to know his or her mother and father and to benefit from a relationship with both parents.
- Allow the father's name to be added to the birth certificate. Your child will benefit by having both of your names appear on his or her birth certificate. If the form is signed after the child's birth certificate is prepared, there will be a fee to amend the birth certificate to add the father's name.
- Legally establish the man as the child's father without going to court. This will give the father parental rights such as the right to seek child custody and visitation in a court action and to be consulted about the adoption of the child.
- Make it easier for your child to learn the medical histories of both parents, to benefit from the father's health care coverage, and to receive Social Security or Veterans' dependent or survivor's benefits, if eligible.

WHAT DOES IT MEAN IF YOU SIGN A DECLARATION OF PATERNITY?

- A signed declaration of paternity that states that the man is the father will have the same effect as a court order establishing paternity for the child. If your child does not live with you and a court action is filed, you may be ordered by the court to pay child support. A court action must be filed to deal with the issues of custody, visitation or child support.
- You have the right to a trial in court to decide the issue of paternity; to notice of any hearing on the issue of paternity; to have the opportunity to present your case to the court, including the right to present and cross examine witnesses; to have an attorney represent you; or to have an attorney appointed to represent you if you cannot afford one in an action filed by the District Attorney. By signing this declaration, you are, by your choice, giving up all of these rights.
- If either of you later change your mind about signing the form you must complete a form to rescind or cancel the declaration of paternity and file it with the State Office of Vital Records within 60 days from the date you sign this form. You can get a rescission form from your local Family Support Division, or local office of vital statistics.
- This form may be challenged in court only in the first two years after the child's birth by using blood and genetic tests that prove the man is not the biological father. It also may be overturned if the father or mother is able to prove that he signed the form because of fraud, duress, or material mistake of fact.
- If either or both of you are under the age of eighteen, a declaration of paternity will not establish paternity until sixty days after both of you are age eighteen or are emancipated. If you wish to legally establish paternity before both of you become adults, you should consult an attorney.
- This is a legal document that will establish paternity sixty days from the date of signature. **You do not have to complete or sign this form.** If any part of this form does not make sense to you, talk to your local Family Support Division or a lawyer before signing the form.

OSP 96 00707

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

DISTRIBUTION: ORIGINAL - Vital Records
COPY 1 & 2 - Parents
COPY 3 - Family Support

DECLARATION OF PATERNITY

SECTION A

Child	NAME OF CHILD - FIRST	MIDDLE	LAST
	DATE OF BIRTH	SEX	FOR STATE USE ONLY
Place of Birth	HOSPITAL NAME		COUNTY
	Father	NAME OF FATHER - FIRST	MIDDLE
SOCIAL SECURITY NO.		DATE OF BIRTH	PLACE OF BIRTH (STATE OR COUNTRY)
CURRENT ADDRESS (NUMBER, STREET, CITY, ZIP)			
Mother	NAME OF MOTHER - FIRST	MIDDLE	LAST
	SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH (STATE OR COUNTRY)
	CURRENT ADDRESS (NUMBER, STREET, CITY, ZIP)		
	MAIDEN NAME		

SECTION B - READ OTHER SIDE BEFORE SIGNING

I declare under the penalty of perjury under the laws of the State of California that I am the natural father of the child named on this declaration and that the information provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I understand that by signing this form I am waiving those rights and consenting to the establishment of paternity. I am assuming all the rights and responsibilities of the natural father of this child. I wish to be named as the father on the child's birth certificate.

I declare under the penalty of perjury under the State of California that I am the natural mother of the child named on this declaration and that the information provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I certify that the man signing this form is the only possible father of this child. I know that by signing this form I am establishing the man named as father as the natural father of this child with all the rights and responsibilities of a natural father under the laws of California. I consent to the establishment of paternity by signing this form.

SIGNATURE OF FATHER	DATE SIGNED	SIGNATURE OF MOTHER	DATE SIGNED
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SECTION C - TO BE COMPLETED BY WITNESS AT THE HOSPITAL, AGENCY OR CLINIC (PLEASE PRINT)

DECLARATION WITNESSED BY (SIGNATURE AND PRINTED NAME)	DATE
NAME OF AGENCY (HOSPITAL, CLINIC OR OTHER)	
ADDRESS (ADDRESS, CITY AND ZIP CODE)	

SECTION D - TO BE COMPLETED BY NOTARY PUBLIC IF NOT WITNESSED ABOVE

State of California
County of _____
On _____ before me, _____, personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

WITNESS by hand and official seal.

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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

PATERNITY OPPORTUNITY PROGRAM PATERNITY DECLARATION - INSTRUCTIONS FOR COMPLETION (THIS FORM IS TO BE COMPLETED BY UNMARRIED PARENTS ONLY)

GENERAL INFORMATION

The attached declaration form is to be used by unmarried parents to declare the father of the child. Paternity means legal fatherhood. Completing and signing this form is voluntary. **THIS IS A LEGAL DOCUMENT. PLEASE CAREFULLY READ THE REVERSE SIDE OF THE FORM BEFORE YOU SIGN IT.** There is important information about what it means to you and your child when you sign this form. In order for the Declaration of Paternity to be valid, both parents must complete and sign this form. The form must be signed in the presence of a witness from the hospital or agency accepting the form. If not signed at a hospital, prenatal clinic or public agency, you must sign the form in the presence of a notary public. If you are an unmarried father and you wish to have your name entered on the child's birth certificate, you must sign this form. Otherwise, you must go to court to establish legal paternity and pay a fee to amend the child's birth certificate to add your name. Please see the information for filing the form for more details.

PLEASE USE BLACK INK WHEN FILLING OUT THE ATTACHED FORM. PRINT ALL INFORMATION, EXCEPT FOR YOUR SIGNATURE. PLEASE PRESS FIRMLY AND PRINT CLEARLY WHEN FILLING OUT THE FORM.

SECTION A

This section is used to identify the mother, father, child and the birth place of the child. You do not have to write down your social security number. The number helps find parents so child support, and other benefits your child may need, may be collected. If you write down your social security number, it will be on any copies made of this form. All other lines in **Section A** must be completed.

SECTION B

In this section, both parents declare that they are the mother and father of the child named on this form. The signature and date signed must be completed by both parents for this form to be legal. **PLEASE READ THE REVERSE SIDE OF THE FORM BEFORE YOU SIGN IT.**

SECTION C

This section is to be completed by the person who is a witness to the parents' signatures on the form. The witness must be an official representative of the hospital or agency accepting the form.

SECTION D

This section is to be completed **ONLY** when the form is witnessed by a notary public. If parents do not complete the form at a hospital, prenatal clinic or public agency, they can only sign it before a notary public. This section is to be completed and stamped by a notary public.

FILING THIS FORM

When completed at a hospital, the hospital will send the original of this form to the local county registrar, along with the birth record. If your baby is not born in a hospital, this form must be submitted to your local registrar with the birth certificate in order to have the father's name included on the birth record at the time you register the birth. In either case, the local registrar will file the form with the State Department of Health Services, Office of Vital Records, 304 S Street, Sacramento, CA 95814.

If you did not complete this form at the hospital (or when you registered your child's birth), and you want to add the father's name to the birth certificate, you must contact the State Department of Health Services, Office of Vital Records, 304 S Street, Sacramento, CA 95814. They will provide you with the additional forms you need to complete. You will be charged a fee to have your child's birth certificate changed to include the father's name.

If you did not complete this form at the hospital (or when you registered you child's birth), and you do not want to update the birth certificate with the father's name, you may still file this form with the State Department of Health Services, Office of Vital Records, 304 S Street, Sacramento, CA 95814.

Both parents will be given a copy of this form. This form is an important legal record. Parents should keep their copy in a safe place.

RESCINDING THIS FORM

To rescind or cancel this form, either or both parents must complete and sign a *Rescission Form for the Declaration of Paternity*. This form must be filed with the State Office of Vital Records within sixty days of the date the paternity declaration was signed. To obtain a form to rescind or cancel this form, contact the Family Support Division of your local district attorney's office or your local registrar of births and deaths

CS 909 (1/97) COVERSHEET

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