STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY GRAY DAVIS, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-2941

October 30, 2001

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Health Executives
All County Mental Health Directors

Letter No.: 01-58

MEDI-CAL COVERAGE FOR CHILDREN UNDER THE SAFE ARMS FOR NEWBORNS LAW

Ref: Senate Bill 1368 (Chapter 824, Statutes of 2000); Department of Social Services All-County Letter No. 02-01

On January 1, 2001, California became one of a dozen states to enact a new law intended to provide for the health and safety of unwanted newborn children. The "Safe Arms for Newborns" Law (Senate Bill 1368, Chapter 824, Statutes of 2000), authored by Senator Brulte, states that any child surrendered under the Safe Arms for Newborns Law pursuant to Section 1255.7 of Health and Safety Code, shall be determined to be eligible for Medi-Cal under Section 14005.24 of the Welfare and Institutions Code. This law is specific to children under 72-hours old who are voluntarily surrendered to any employee on duty at a public or private hospital emergency room or any other additional location designated by the county board of supervisors. Medi-Cal eligibility will begin on the date physical custody is surrendered and ends on the last date of the month following the month in which the child was voluntarily surrendered.

This law will be repealed on January 1, 2006, unless subsequent legislation extends or repeals that date.

Purpose of this Program

The purpose of this program is to ensure that health facilities that accept these surrendered newborns will be reimbursed for providing a health screening assessment and providing care for these newborns until the child is returned to a responsible relative/caretaker or is established in the foster care system.

Upon accepting a child who is voluntarily surrendered, the bill requires that the person(s) taking physical custody provide a medical screening examination and any necessary medical care to the child, and to provide the person surrendering custody, a specified medical information questionnaire and self-addressed postage paid return

envelope. (See enclosed). The person accepting the surrendered child shall make a good faith effort to provide the person surrendering the child a medical questionnaire. The questionnaire may be declined, voluntarily completed and returned at the time the child is surrendered, or later filled out and mailed in an envelope the facility provides for this purpose. The medical information questionnaire shall not require any identifying information other than the identification code provided on the ankle bracelet placed on the child. The identification code shall be entered on the line provided on the top right corner of the questionnaire prior to handing it to the surrendering person. The purpose of the questionnaire is to assist solely in providing the best health care for the child now and in the future.

A camera-ready copy of the Department of Health Services (Department) developed medical information questionnaire, "Safe Arms Newborns" (MC 356), is enclosed for your use. This form will not be made available in the warehouse at this time, as anticipated use is not expected to be significant. The Department encourages all Health Facilities to use the form provided, as it was developed in partnership with the Department of Social Services Adoptions and Foster Care Divisions and meets the needs of both programs, as well as the mandates of SB 1368.

County Medi-Cal Office Responsibility

The receiving health facility will contact the local Medi-Cal office or the on-site Medi-Cal eligibility person, no later than the next business day, to request and initiate a Medi-Cal application.

The county Medi-Cal office is responsible for completing the application and certifying Medi-Cal eligibility for these children on an immediate need basis. Once eligibility is established, the county shall provide the health facility with the information necessary to obtain reimbursement for care provided. Medi-Cal eligibility shall begin on the date the child is surrendered and will end on the last day of the month following the month of surrender. Eligibility may extend into the third-month, based on the surrender date of the child. If the child is surrendered on the last day of any given month, there may be a need for the third month of coverage. Under no circumstances will coverage under this category extend past the end of the third month. It is expected that by this time the child will have been integrated into the foster care system or will have returned to a responsible relative who will assume responsibility for the child's health care needs.

Application Process

Upon notification by a health facility that a child has been abandoned under the "Safe Arms for Newborn Program," the county eligibility staff will complete a "Request for Public Assistance," (SAWS 1) and "Application and Statement of Facts for Child Not Living with a Parent or Relative and for Whom a Public Agency Is Assuming Some Financial Responsibility," (MC 250 December 1998) for the newborn. Please be aware that information will be very limited: The surrendering person is guaranteed confidentiality under the law, and parent names may not be requested and are not necessary. Although the questionnaire does request some information, the questionnaire may be declined and the facility will have no factual information on the newborn.

Actual names and birth dates will likely be unavailable and the health facility identification information and estimated birth date will be used in establishing the Medi-Cal eligibility record. Health facilities may use names for identification purposes such as "Baby Doe 43" or 'Abandoned Baby 3"; these are acceptable and usable on MEDS. The eligibility for these children is guaranteed and shall be done as a confidential record and will be used only for the period of eligibility under the "Safe Arms for Newborn Law." At the time that the child either enters the foster care system or is placed with a responsible relative or caretaker, continuing eligibility for Medi-Cal, if necessary, will be established under normal program criteria.

For purposes of this program, it is assumed that the newborn is a United States citizen and a Statement of Immigration Status (MC 13) will not be required. Additionally, as the child's parents are not identified and the information cannot be requested, the Support Questionnaire (CA 2.1) and Referral to the DA (CA 371) will not be required.

The case file will be established to provide a paper trail and should contain the following:

- SAWS1
- MC 250
- Abandoned Baby Health Questionnaire (if provided).

Aid Code

The Department is in the process of establishing a special aid code for these cases. When the aid code becomes operational, eligibility for this program will be posted to MEDS under Abandoned Baby Aid Code "2A." Until MEDS is ready to accept this aid code, these children should be aided as medically needy using Aid Code "34" and flagged for conversion to Aid Code "2A" when it becomes operational.

The counties are requested to manually track the number of cases certified under "Safe Arms for Newborns" until MEDS is operational. This will enable the Department to meet the legislative reporting requirements of the law. It is anticipated that Aid Code "2A" will be operational no later than January 1, 2002. Counties will be notified via normal MEDS cycle change letters as to the operational date of the aid code.

If you have any questions, please contact Ms. Kim McCord, of my staff, at (916) 657-3723, or E-mail kmccord@dhs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Shar Shroepfer, Chief
Medi-Cal Eligibility Branch

Enclosure

ID number: _____

"SAFE ARMS FOR NEWBORNS"
Medical Questionnaire

NOTICE: THE BABY YOU HAVE BROUGHT IN TODAY MAY HAVE SERIOUS MEDICAL NEEDS IN THE FUTURE THAT WE DON'T KNOW ABOUT TODAY. SOME ILLNESSES, INCLUDING CANCER, ARE BEST TREATED WHEN WE KNOW ABOUT FAMILY MEDICAL HISTORIES. IN ADDITION, SOMETIMES RELATIVES ARE NEEDED FOR LIFE-SAVING TREATMENTS. TO MAKE SURE THIS BABY WILL HAVE A HEALTHY FUTURE, YOUR ASSISTANCE IN COMPLETING THIS QUESTIONNAIRE FULLY IS ESSENTIAL.

ALL INFORMATION WILL BE CONFIDENTIAL AND WILL BE USED ONLY TO HELP CARE FOR THE BABY.

THANK YOU

1. Has the baby been named? ☐ Yes ☐ No
   If yes, what is the baby's name? _____
2. What was the date, time, and place of the baby's birth?
   Date: _____ Time: _____ Place: _____
3. How much did the baby weigh at birth? _____
4. Has the baby been breast-fed? ☐ Yes ☐ No
   If yes, how long? _____ When was the baby last fed? _____
5. Has the baby been fed baby formula? ☐ Yes ☐ No
   If yes, what is the name of the formula? _____
6. How long was the labor with this baby? _____
7. Did the birth mother see a doctor during this pregnancy? ☐ Yes ☐ No
   If yes, when did she first see the doctor? _____
   How many times during the pregnancy was the birth mother seen by a doctor? _____
8. Did a pediatrician examine the baby at birth? ☐ Yes ☐ No
9. Has a doctor seen the baby since its birth? ☐ Yes ☐ No
   If yes, when? _____
10. Did the birth mother smoke cigarettes during this pregnancy? ☐ Yes ☐ No
    If yes, how often? _____
11. Did the birth mother drink alcohol during this pregnancy? ☐ Yes ☐ No
    If yes, how often? _____
12. Did the birth mother take any over-the-counter or prescription medication during this pregnancy? ☐ Yes ☐ No
    If yes, what medications? _____ How often? _____
13. Did the birth mother use any illegal or "street" drugs during this pregnancy? ☐ Yes ☐ No
    If yes, what? _____ How often? _____
14. Has the birth mother been pregnant before? ☐ Yes ☐ No
    If yes, how many times? _____
    Were there complications with any of the pregnancies or births? ☐ Yes ☐ No
    Please explain: _____
15. What race/ethnicity are the baby's parents? Mother: _____ Father: _____
    Does the baby have Native American ancestry? ☐ Yes ☐ No
    If yes, what is the name of the tribe? _____

ID number: _____

Please tell us if the birth mother, birth father, or any of their relatives had or now have any of the medical conditions listed below.

TYPE OF ILLNESS	RELATIONSHIP TO THE CHILD (Mother, Father, Grandparent, Aunt, Uncle)	AGE ILLNESS BEGAN
☐ HIV or AIDS		
☐ Sexually transmitted disease What kind? _____		
☐ Cancer What kind? _____		
☐ Epilepsy		
☐ Mental Illness What kind? _____		
☐ High blood pressure		
☐ Heart disease		
☐ Diabetes		
☐ Cystic fibrosis		
☐ Kidney problems What kind: _____		
☐ Hearing, vision, or speech problems What kind? _____		
☐ Asthma		
☐ Tuberculosis		
☐ Sickle cell disease		
☐ Learning delays/special education What kind? _____		
☐ Allergies What kind? _____		
☐ Other What? _____		

Please provide any additional information that might help us provide the baby with the best health care now or in the future. (You may use an additional page.)

Número de identificación: _____

"BRAZOS QUE PROTEGEN A LOS RECIÉN NACIDOS"
Cuestionario para Medi-Cal

NOTIFICACIÓN: EL BEBÉ QUE HA TRAIDO HOY CON USTED PUEDA QUE TENGA SERIOS PROBLEMAS MÉDICOS EN EL FUTURO CUALES NO PODEMOS IDENTIFICAR HOY. ALGUNAS ENFERMEDADES, INCLUYENDO EL CANCER, PUEDEN SER TRATADAS MEJOR CUANDO CONOCEMOS MÁS ACERCA DE SU HISTORIA MÉDICA FAMILIAR. ADICIONALMENTE, ALGUNAS VECES SE NECESITAN LOS PARIENTES PARA TRATAMIENTOS QUE SALVAN LA VIDA. PARA ASEGURAR QUE ESTE BEBÉ TENGA UN FUTURO SALUDABLE, SU ASISTENCIA PARA LLENAR POR COMPLETO ESTE CUESTIONARIO ES INDESPENSABLE.

TODA INFORMACIÓN SERÁ CONFIDENCIAL Y SERÁ USADA SÓLO PARA AYUDAR AL BEBÉ.

GRACIAS

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1. ¿Se ha nombrado el bebé? ☐ Sí ☐ No
   ¿Si ya tiene nombre, cómo se llama? _____
2. ¿Cuál fué la fecha, la hora y el lugar del nacimiento del bebé?
   Fecha: _____ Hora: _____ Lugar: _____
3. ¿Cuanto pesó el bebé al nacer? _____
4. ¿Se la ha dado pecho al bebé? ☐ Sí ☐ No
   ¿Si le dió, por cuánto tiempo? _____ ¿Cuándo fué la ultima vez? _____
5. ¿Se le ha dado leche de polvo? ☐ Sí ☐ No
   ¿Si se la ha dado, cómo se llama la leche? _____
6. Cuántas horas tardó el parto con este bebé? _____
7. ¿Recibió la madre natural cuidado médico durante su embarazo? ☐ Sí ☐ No
   ¿Si fué, cúando fué la primera visita? _____
   ¿Cuántas veces durante el embarazo fué con el doctor para exámenes médicos? _____
8. ¿Fué examinado por un pediatra cuando nació el bebé? ☐ Sí ☐ No
9. ¿Desde que nació el bebé, lo ha examinado un doctor? ☐ Sí ☐ No
   ¿Si lo ha hecho, cuándo? _____
10. ¿Fumó cigarros la madre durante su embarazo? ☐ Sí ☐ No
    ¿Si lo hizo, por cuánto tiempo? _____
11. ¿Tomó la madre bebidas alcohólicas durante su embarazo? ☐ Sí ☐ No
    ¿Si lo hizo, cuántas veces? _____
12. ¿Tomó la madre medicinas durante su embarazo (sin o con receta del doctor)? ☐ Sí ☐ No
    ¿Si lo hizo, cuáles medicinas? _____ ¿Cuántas veces? _____
13. ¿Usó la madre drogas ilegales durante su embarazo? ☐ Sí ☐ No
    ¿Si lo hizo, cuáles uso? _____ ¿Cuántas veces? _____
14. ¿Ha estado la madre embrazada anteriormente? ☐ Sí ☐ No
    ¿Si ha estado, cuantas veces? _____
    ¿Tuvo algunas complicaciones con alguno de los embarazos? ☐ Sí ☐ No
    Por favor explique: _____
15. ¿Cuál raza/etnicidad son los padres del bebé? Madre: _____ Padre: _____
    ¿Tiene el bebé ancestría de Nativo-Americano? ☐ Sí ☐ No
    ¿Si tiene, cuál es el nombre de la tribu? _____

Número de identificación:_____

Por favor indíque si los padres naturales (madre o padre), o alguno de sus parientes tienen o han tenido cualquiera de las condiciones médicas apuntadas abajo.

TIPO DE ENFERMEDAD	RELACIÓN AL NIÑO(A)	EDAD QUE EMPEZÓ LA ENFERMEDAD
☐ HIV o SIDA		
☐ Enfermedades transmitidas sexualmente ¿Qué clase?_____		
☐ Cáncer ¿Qué clase?_____		
☐ Epilepsia		
☐ Enfermedad mental ¿Qué clase?_____		
☐ Alta presión		
☐ Enfermedad del corazón		
☐ Diabetes		
☐ Fibrosis cística		
☐ Problemas de los riñones ¿Qué clase?_____		
☐ Problemas de los ojos, de los oídos, o de hablar ¿Qué clase?_____		
☐ Asma		
☐ Tuberculosis		
☐ Enfermedad de células segaderas		
☐ Problemas con retraso en aprendizaje o instrucción especial ¿Qué clase?_____		
☐ Alergias ¿Qué clase?_____		
☐ Otras enfermedades ¿Qué es?_____		

Por favor provea cualquier información adicional que nos pueda ayudar a darle al bebé el mejor tratamiento de salud ahora y en el futuro. (Usted puede escribir al otro lado de esta página.)