

Important Information For Parents of Infants Under One Year of Age!



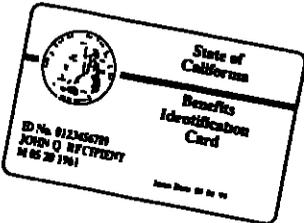
If baby's mother was receiving Medi-Cal benefits at the time of baby's birth, the baby may be eligible for Medi-Cal Infant Enrollment NOW!

How can my baby get Medi-Cal?

1. Complete the CHDP Pre-enrollment Application
2. Mark "yes" to "I want to apply for continuing coverage through Medi-Cal or Healthy Families."
3. Complete the Pre-Enrollment Application section titled "For patients under one year of age."

Child Health & Disability Prevention



Infant Enrollment	Temporary Medi-Cal
<p>If baby is eligible and enrolled in Medi-Cal today, baby can receive health care services paid for by Medi-Cal until baby's first birthday:</p> <ol style="list-style-type: none"> 1. You will get a receipt you can use for health care services until baby's Medi-Cal Benefits Identification card (BIC/Medi-Cal card) comes in the mail.  <ol style="list-style-type: none"> 2. You will NOT need to complete a Medi-Cal/Healthy Families application. 3. The county welfare department will contact you. 	<p>If baby is enrolled in temporary Medi-Cal today, baby can get health care services paid for by Medi-Cal until the end of next month:</p> <ol style="list-style-type: none"> 1. You will get a receipt you can use for health care services until baby's BIC/Medi-Cal card comes in the mail. 2. You may be able to continue baby's Medi-Cal coverage by completing a Medi-Cal/Healthy Families application. An application will be mailed to you. Fill out and mail the application right away. 3. The county welfare department will contact you. 4. For help or questions about the Medi-Cal/Healthy Families application, call 1-800-880-5305. It's FREE!
<p>If your baby is not eligible for Infant Enrollment today, your baby may be eligible for temporary Medi-Cal at no cost to you.</p>	<p>If your baby is not eligible for Medi-Cal or Healthy Families, he/she may continue to get well-baby exams at no cost through the CHDP program.</p>

How can my baby use health care services after today?

Make an appointment by calling a Medi-Cal doctor. If you need help finding a doctor, call your local CHDP program. Take to all appointments:

- The temporary receipt you get today, or
- The BIC/Medi-Cal card you get in the mail

The information you give on the CHDP Pre-Enrollment Application is confidential and will be used to:

- Determine your baby's eligibility for today's CHDP exam
- Determine your baby's eligibility for ongoing health care coverage through Medi-Cal
- Include your baby in the California Department of Health Services confidential record system.

¡Información importante para los padres de bebés menores de un año de edad!



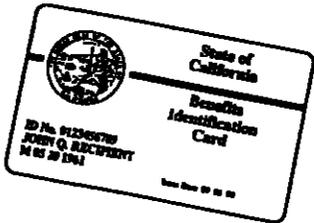
Si la mamá del bebé estaba recibiendo beneficios de Medi-Cal cuando nació el bebé, es posible que el bebé sea elegible AHORA para inscribirse en Medi-Cal para bebés.

¿Cómo puede obtener Medi-Cal mi bebé?

1. Llene la solicitud de inscripción en CHDP.
2. Marque "Sí" donde dice "Deseo solicitar la continuación de cobertura por medio de Medi-Cal o Healthy Families".
3. Llene la sección titulada "Para pacientes menores de un año de edad" en la solicitud de inscripción.

Child Health & Disability Prevention



Inscripción de bebés	Medi-Cal temporal
<p>Si el bebé es elegible y se inscribe hoy mismo en Medi-Cal, puede recibir servicios médicos pagados por Medi-Cal hasta que cumpla un año de edad:</p> <ol style="list-style-type: none"> 1. Le darán un recibo que podrá usar para obtener servicios médicos hasta que reciba la Tarjeta de identificación de beneficios Medi-Cal (BIC/Medi-Cal) de su bebé por correo.  <ol style="list-style-type: none"> -2. NO necesita llenar una solicitud de Medi-Cal/Healthy Families. 3. El departamento de bienestar social del condado se pondrá en contacto con usted. 	<p>Si su bebé se inscribe hoy mismo en Medi-Cal temporal, su bebé puede obtener servicios médicos pagados por Medi-Cal hasta el final del próximo mes:</p> <ol style="list-style-type: none"> 1. Usted recibirá un recibo que podrá usar para obtener servicios médicos hasta que reciba la Tarjeta de identificación de beneficios Medi-Cal (tarjeta BIC/Medi-Cal) de su bebé por correo. 2. Es posible que pueda continuar la cobertura Medi-Cal de su bebé, llenando una solicitud de Medi-Cal/Healthy Families. Se le enviará una solicitud por correo. Llene la solicitud y envíela por correo lo antes posible. 3. El departamento de bienestar social del condado se pondrá en contacto con usted. 4. Si necesita ayuda o tiene preguntas sobre la solicitud de Medi-Cal/Healthy Families, llame al 1-800-880-5305. ¡Es GRATIS!
<p>Si su bebé no es elegible para la inscripción de bebés hoy, es posible que sea elegible para recibir Medi-Cal temporal sin costo para usted.</p>	<p>Si su bebé no es elegible para recibir Medi-Cal o Healthy Families, puede seguir obteniendo exámenes del bebé sano sin costo por medio del programa CHDP.</p>

¿Cómo puede mi bebé recibir servicios médicos después de hoy?

Llame a un médico de Medi-Cal y haga una cita. Si necesita ayuda para encontrar a un médico, llame a su programa local de CHDP. Lleve a todas las citas:

- El recibo temporal que le dieron hoy, o
- La tarjeta BIC/Medi-Cal que recibirá por correo.

La información que usted pone en la Solicitud de Inscripción en CHDP es confidencial y se usará para:

- Determinar si su bebé es elegible para el examen CHDP de hoy.
- Determinar si su bebé es elegible para obtener cobertura médica continua por medio de Medi-Cal.
- Incluir a su bebé en el sistema de datos confidenciales del Departamento de Servicios de Salud de California.

ANSWERS TO COUNTY QUESTIONS:

1. When a deemed eligible infant in aid code 8U (CHDP Gateway Deemed Infant No Share-of-Cost {SOC}) has ongoing eligibility determined and there is an SOC, is there continuous eligibility for children (CEC)?

Response: It depends on the case situation. Four possible scenarios are described below. Please refer to All County Welfare Directors Letter (ACWDL) No. 03-49 that provides the details of the information in these scenarios.

CEC only applies when an infant is in a no-cost Medi-Cal program (i.e., is in either a Medi-Cal program that has no SOC or is in a Medi-Cal program with a zero SOC). Before the county can consider whether CEC is appropriate for an infant who was deemed eligible through the Gateway, the county must put the infant into the appropriate Medi-Cal program starting with the birth month and up to the current month. The following are the four possible scenarios.

- a. The county determines that the infant was eligible for a no-cost Medi-Cal program since birth and that the requirements of deemed eligibility continue to be met (i.e., the infant continues to reside with his/her mother in California).

The CEC provision is concurrent with deemed eligibility beginning in the birth month so no SOC can be imposed until the infant reaches age one.

- b. The county determines that the infant was eligible for a no-cost Medi-Cal program since birth and that the requirements of deemed eligibility no longer are met. For example, although the infant still lives in California, he/she no longer resides with his/her mother.

Although deemed eligibility no longer is applicable, the infant is eligible for CEC that began in the birth month. Therefore, no SOC can be imposed until the infant reaches age one.

- c. The county determines that the infant was in an SOC Medi-Cal program in the months prior to the month of the Gateway application and determines that the family income of the infant was correctly reported on the CHDP pre-enrollment document as being at or under 200 percent of the Federal Poverty Level (FPL). The county then enrolls the infant in a no-cost Medi-Cal program beginning in the Gateway application month.

Although deemed eligibility no longer is applicable, the infant is eligible for CEC effective the month that the infant became eligible for the 200 percent FPL program. Therefore, no SOC can be imposed until the infant reaches age one.

- d. The county determines that the infant was in an SOC Medi-Cal program in the months prior to the month of the Gateway application and determines that the family income of the infant was incorrectly reported on the CHDP pre-enrollment document as being at or under 200 percent of the FPL. Family income actually exceeds 200 percent of the FPL. The county reports the infant in an SOC aid code for all months since the birth month.

CEC is not applicable since the infant was not eligible for a no-cost or zero SOC Medi-Cal program in any months since birth.

2. Please provide instructions in the ACWDL regarding documentation requirements when the mother is on Supplemental Security Income (SSI).

Response: Refer to ACWDL No. 03-49 (page 3) that addresses the SSI mother and deemed eligible infants.

3. Deemed Eligibility criteria: Why must the mother be eligible in a federal aid code for the infant to be deemed eligible? (The infant is a U.S. citizen). Shouldn't deemed eligibility apply to infants born to mothers active on Medi-Cal in ANY aid code (3V, 48, 5F, etc.)? What about Minor Consent? The specific aid codes need to be listed in the ACWDL.

Response: Deemed eligibility for infants is a federal provision that requires such an infant be born to a woman eligible for and receiving medical assistance under the State Plan. State-only services are not in the State Plan, nor has State legislation established a corresponding state-only deemed eligibility provision. Please note federal financial participation is available for emergency services, including labor and delivery. This includes aid codes 3V, 5F, 48, and 58. Therefore, a woman who was covered by Medi-Cal for the infant's delivery in one of these aid codes has met the federal requirements of being "eligible for and receiving medical assistance under the State Plan." See page 2, paragraph 4 of the Deemed Eligibility section of ACWDL No. 03-49.

Aid Code 7N, the Minor Consent aid code that is limited to pregnancy and family planning is a federal aid code. Minor Consent aid codes 7M, 7P, and 7R are State-Only.

4. SOC - Why is the deemed eligible infant's Medi-Cal Eligibility Data System (MEDS) record set up with an uncertified SOC in the month of birth if the mother's SOC (which applies to the whole family) is certified? Wouldn't the provider already bill Medi-Cal under the mother's card for the month of birth if her SOC was certified? MEDS should automatically certify SOC for a deemed eligible child in the birth month if the mother's SOC is certified. It is extra work for counties to certify the infant's SOC.

Response: The deemed eligibility component of the CHDP Gateway enrollment process was not designed to override or replace the county responsibility for interpreting the infant's eligibility. Also, MEDS has no way of knowing what person number to assign to the infant within the county case. However, MEDS is designed to automatically certify the infant's SOC when the county adds the infant to the mother's case. In the meantime, the provider still has the option of billing for services under the mother's Benefits Identification Card for the month of birth and the following month.

5. Will MEDS allow eligibility reported retroactively from the county to overlay the deemed eligibility aid code/county identification (ID) information on the primary segment?

Response: Yes, for aid code 8V that is on the primary MEDS segment. See page 9 for more details.

6. (A) Why not automatically terminate 8U at the end of the month the child turns one year old?

(B) What if the county evaluates infants for Medi-Cal and denies ongoing Medi-Cal for some reason? The deemed eligibility aid code 8U will never terminate on MEDS.

Response to 6(A): The rules of Senate Bill (SB) 87 do not allow an automatic termination or denial. Counties are reminded that SB 87 procedures must be followed before Medi-Cal can be discontinued. See pages 6 and 7.

Response to 6(B): The deemed eligibility aid codes can be discontinued by following the information provided in the sections titled "County Processing Responsibilities" on page 6 and "MEDS Processing" beginning on page 9.

7. We understand that MEDS will discontinue deemed eligibility at the end of the month the action was reported to MEDS. Does the Department of Health Services expect to overlay aid codes 8U and 8V or just make the county-determined aid code effective the future month after deemed eligibility is determined?

Response: The county-determined aid code will either overlay and/or overlap the deemed eligibility aid code. See page 9 for more details.

8. Dual Applications: Clear MEDS instructions are needed here. If a child going through the Gateway is already on accelerated eligibility, Single Point of Entry already posted the application date on MEDS/INQP and county received an application. If 8U eligibility overlays 8E eligibility, is an AP 18 sent to MEDS? Does the date of application change? Will this be a problem?

Response: Deemed Eligibility will overlay 8E eligibility in the MEDS 'ACCEL' eligibility segment only. This is not the case in the MEDS Application segment. CHDP Gateway applications do not update the MEDS application segment (e.g. INQP screen) when an ongoing application exists on MEDS; therefore, the application date will not change. Counties should follow normal procedures for processing the deemed infant and other family members who may exist on the application and report the determination to MEDS.

Note: The MEDS logic for assigning the CHDP pre-enrollment aid codes 8W and 8X considers existing accelerated enrollment (8E) as active Medi-Cal which would deny the recipient for pre-enrollment through the CHDP Gateway. Nor will a CHDP denial overlay the MEDS application segment when an ongoing application exists on MEDS.

9. Page 9, CHDP Business Objects Reports: What about making the MEDS alerts available on Business Objects so counties can download and sort by alert number and/or worker number to better track our own performance? These alerts will also be subject to the language in the trailer bill requiring counties to work alerts within ten days (10-day notice).

Response: Availability of MEDS worker alerts on the Business Objects Report is beyond the scope of the CHDP Gateway Deemed Eligibility project. This issue is being addressed as a separate project.

10. Linking to the mother's Client Index Number (CIN) requires manual file clearances, which are labor intensive, and requires training and staff resources, which larger counties may not have. If the State would add the mother's County ID to the Deemed Eligibility/Exception Eligible report, it would identify the county case number, avoid manual clearances and minimize the workload impact.

Note: Case Data Systems county staff are not familiar with CINs.

Response: The county EE report has reached its maximum capacity for displayed data elements. Adding new data elements will require the report to be redesigned, which is beyond the scope of the CHDP Gateway Deemed Eligibility project. DHS will take this suggestion under advisement as a potential future project.

11. Adding step-by-step MEDS instructions on reporting determinations/terminating the 8U/8V records, dual applications, duplicate records, etc. in the ACWDL would really help.

Response: Another ACWDL will be issued providing these instructions.

12. Assume the only person active in the case is a pregnant woman and the newborn is never added because we were unable to contact her to confirm the Exceptions Eligible report data. Furthermore, since the baby is receiving CHDP Gateway, the mother might not complete her annual redetermination and we will close the case. This means another determination will be necessary on a CLOSED case when the baby turns one. This will impact our Intake operations if they have to do an eligibility determination, shut down the record and send a Notice of Action (NOA) when the child turns one.

Response: DHS assumes this question is referring to a CHDP deemed eligible infant rather than a CHDP pre-enrollment infant whose coverage will cease after two months unless an application is submitted. Please refer to ACWDL No. 03-49, page 5 that provides that if the mother's and infant's whereabouts become unknown, the county may discontinue the infant and mother with a NOA after following SB 87 procedures. If SB 87 procedures are followed in conjunction with the instructions outlined in the "County Processing Responsibilities" section of this ACWDL No. 05-XX, the county will not have to take any action when the infant turns age one.

POST IMPLEMENTATION ISSUES:

Overall, the implementation of the Deemed Eligibility component of the Child Health and Disability Prevention (CHDP) Gateway enrollment process was a success; however, there were a few computer glitches introduced into the process that affected the way the deemed infants were reported to the counties. This document contains a brief description of each problem, the resolution, and any required county action.

1. DAILY ALERTS PROBLEM

Description: The mother's Client Index Number (CIN) was inadvertently omitted from the daily worker alerts and these worker alerts were not always routed to the county. Without the mother's CIN it is difficult for the county to link the deemed infant to the mother's case.

Resolution: On June 23, 2004, the worker alert process was modified to include the mother's CIN on the daily worker alerts and to consistently route the alerts to the county responsible for the infant's eligibility. However, the daily worker alerts for infants deemed prior to June 23, 2004, could not be recreated. On August 11, 2004, the Department of Health Services issued a special one-time report, with processing instructions, to each county to identify the deemed infants assigned to their county prior to June 23, 2004. This report also contained the mother's CIN. The infant's current county of responsibility was used to determine which county report the infant would appear on.

County Action: Follow instructions provided with the special report.

2. WRONG COUNTY CODE ASSIGNMENT

Description: When the Deemed Eligibility component of the CHDP Gateway enrollment process was implemented, deemed infants were assigned to the infant's current county of residence as indicated on the CHDP enrollment application. When details of this county assignment process were shared with counties at the June County Medical Advisory Group meeting, counties requested that the infant be assigned to the county responsible for the mother's eligibility in the infant's birth month. Since the county needs to add the deemed infant to the mother's case beginning in the birth month, the alerts need to go to that county. This would only be a problem if the infant moved to a different county after their birth. Counties also requested that the DISTRICT and WORKER associated with the mother's case be included on alerts and reports associated with these infants.

Resolution: On July 1, 2004, the Department modified the Deemed Eligibility component of the CHDP Gateway enrollment process to assign the deemed infants

to the county responsible for the mother's eligibility in the infant's birth month, which may or may not be the mother's current responsible county. This modification also included a change to assign the infant to the eligibility worker (EW) and district on the mother's Medi-Cal Eligibility Data System (MEDS) record when mother's current responsible county is the same as the birth county. If the worker and district are not present on the mother's MEDS record or her responsible county has changed since the month of birth, MEDS will set the District to ZZZ and the EW Code to DEEM on the infant's MEDS record to group the deemed infant alerts that cannot be routed directly to the appropriate worker. The "In Care of" line on the infant's record is populated with the mother's last name and first name as submitted on the infant's CHDP pre-enrollment application.

The responsible county for the infants deemed prior to July 1, 2004, will not be changed on MEDS. These infants will continue to be the responsibility of the county where the infant resided at the time of enrollment unless a subsequent county action changes the infant to a different county. The EW and District codes will not be changed either. This decision is based upon the Department's observation that most of the cases in which the mother moved after the infant's birth were corrected by a subsequent county action to either transfer the infant to the mother's current county of responsibility or transfer the mother's case to the new county.

County Action: If the county assigned to the infant is not the mother's current county of responsibility, the county assigned to the infant shall contact the Inter County Transfer Liaison of the mother's current county and transfer the information to that county. The mother's current county of responsibility will then add the infant to the mother's case. If that mother's case is now closed, the county will have to open the mother's case to establish the appropriate Medi-Cal program for the infant. If there is not enough information, the county will follow current procedures for establishing eligibility.

The same procedures apply when the county that is assigned to the infant's case also has the mother's case and her case has closed after the infant's birth month. The county must open the case to establish the appropriate Medi-Cal program for the infant. Also, counties must designate staff to process the deemed infants that cannot be routed to a specific eligibility worker.

3. **INCORRECT TOTAL MONTHS ON EXCEPTION ELIGIBLES (EE) REPORT**

Description: The EE Reports reported the number of months of exception eligibility based on the birth month rather than on the CHDP pre-enrollment application month. Consequently, it appeared that the deemed infants were assigned to the county prior to implementation of the Deemed Eligibility component of the CHDP Gateway enrollment process.

Resolution: On June 16, 2004, a modification was made to determine the total number of months using the date of application. On the July 2004 Month Of Eligibility (MOE) EE Report the total months were reported correctly for all infants except those deemed through the CHDP Gateway prior to June 16, 2004. A production fix was installed so that the date of application will be used to calculate the total number of months for these infants on all subsequent EE Reports. This correction will be reflected on the August 2004 MOE EE Report.

County Action: None. The next EE Report will contain the correct total number of months for all deemed infants.

4. **ADDING THE 'FIX' TO MEDS TO CATCH DEEMED ELIGIBLE INFANTS RESULTS IN ADDITIONAL WORK FOR THE COUNTIES.**

Response: The purpose of the deemed eligibility enhancement is to ensure that infants receive the Medi-Cal coverage they are entitled to have for early periodic and preventative health care. The additional workload is not the result of the MEDS fix. Please note that this CHDP Gateway enhancement does not apply to infants who have already been added to their mothers' cases.