ENCLOSURE 1

5G -- CONTINUED MEDI-CAL ELIGIBILITY -- FOR ALL PREGNANT WOMEN AND INFANTS UP TO ONE YEAR OF AGE

OVERVIEW

Effective January 1, 1991, Section 4603 of the federal Omnibus Budget Reconciliation Act (OBRA) of 1990 requires states to adopt Section 1902 (e)(6) of Title XIX of the Social Security Act, which provides Continued Eligibility for pregnant women and infants up to age one. Under this program, pregnant women who have applied and been determined eligible for Medi-Cal will remain eligible for pregnancy-related services at the same/lower share of cost (SOC), or zero SOC, throughout their pregnancy and until the end of the 60-day postpartum period regardless of any increases in their family income.

In addition, 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. This means, if the woman continues to meet other non-income eligibility criteria such as property, residency, etc., counties should "pretend" that the pregnancy continues. As long as these conditions are met, eligibility for the infant shall be established automatically, and a separate application form for the infant is not required until he/she attains age one even if the mother is no longer receiving Medi-Cal at the end of the 60-day postpartum period and there are no other children in the household receiving Medi-Cal.

I. *AFFECTED GROUPS*

All Medi-Cal eligible pregnant women and infants up to one year of age will be affected by this new program, including those individuals who are:

1) eligible under the 185 or 200 percent program with no share of cost (SOC) who, due to an increase in income, would otherwise be ineligible for those programs.

2) eligible as Medically Needy (MN) or Medically Indigent (MI) who, due to an increase in income, would have a SOC or a higher SOC.

3) on Public Assistance (PA) or Other-PA who, due to an increase in income, lose PA eligibility and no-SOC or zero SOC cash-based Medi-Cal.

II. *ELIGIBILITY OF INFANTS UP TO ONE YEAR OF AGE:*

An infant born to a pregnant women eligible for and receiving Medi-Cal in the month of delivery is automatically deemed eligible for Medi-Cal. A separate Medi-Cal application is not required for the infant even if the mother loses eligibility or is no longer eligible after the 60-day

postpartum period. Instead, the infant will remain Medi-Cal eligible for a period of one year at zero, or the original, SOC so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal, or would have remained eligible if she were still pregnant.

County Contact

The EW must instruct the pregnant woman to contact the county once the infant is born in order for the county to verify the infant's name, birthdate, that the infant is residing with the mother, and to issue the infant his/her own card. As a reminder, the mother's card (whether for restricted or full-scope services) can be used to bill for medical services furnished to the newborn only during the month of delivery and the month following. Therefore, to ensure the infant's Continued Eligibility, if the mother does not report the infant's birth before the end of the expected birth month, the EW must contact the mother by the end of the following month. This will establish the infant's ongoing eligibility under his/her own card by the end of the second month. To facilitate this contact, a tickler system utilizing the pregnant woman's expected due date should be developed by the counties, if not already in place. The EW must document at least two attempted contacts with the woman before discontinuing the case.

III. ESTABLISHING MFBUS UNDER CONTINUED ELIGIBILITY

To put Continued Eligibility into perspective, the EW should consider it as an assurance to provide Medi-Cal, without raising the SOC, to a pregnant woman or infant under one year old. In other words, the county will process a case which includes a pregnant woman or infant under one year old in the following sequence: (1) regular Medi-Cal procedures, (2) Sneede, if applicable, (3) the 185/200 percent programs, (4) Continued Eligibility, and (5) Hunt, if applicable. The enclosed Continued Eligibility decision chart (Enclosure 4) will help the EW determine eligibility when there is an increase in family income. It should be noted that Continued Eligibility affects only increases in family income for the pregnant woman's pregnancy related services and for the infant under one year old. ***Increases in family income will continue to affect other family members and the pregnant woman's non-pregnancy related services. Decreases in family income will continue to be evaluated for everyone in the MFBU.***

A. Under Continued Eligibility, a pregnant woman who is:

(1) eligible under a Medi-Cal-Only program (e.g., the MN/MI program) at zero share of cost and increased family income does not exceed MNIL, will be unaffected by Continued Eligibility.

(2) eligible under the 185/200 percent programs will remain under the same percent program throughout her pregnancy until the end of the 60-day postpartum period despite any increases in family income. (Note: If income drops from the 200% to the 185% program, the county will aid her under the 185% program.)

(3) eligible under a Medi-Cal-Only program with a SOC (income over 200% of federal poverty level) and an increase in family income increases the SOC, the county may need to establish two MFBUs (see subsection C below).

(4) discontinued from a cash grant and cash-based Medi-Cal (PA) due to an increase in family income, will be evaluated first under the various Medi-Cal-Only programs to see whether she can receive full or pregnancy-related benefits without a SOC. If a share of cost exists and she is otherwise eligible, then she will be aided under the 185 percent program at zero SOC for her pregnancy related services.

(5) eligible for Other PA Medi-Cal (but where an increase in family income causes ineligibility to this Medi-Cal program), will be evaluated first under the various Medi-Cal-Only programs to see whether she can receive full or pregnancy-related benefits without a share of cost. If a share of cost exists and she is otherwise eligible, then she will be aided under the 185 percent program at zero SOC for her pregnancy-related services.

Example #1: A pregnant woman is eligible for the additional Transitional Medi-Cal program (months 6-12 of TMC). As a result of increased earned family income in excess of 185% of the federal poverty level, there is ineligibility to additional TMC. She will first be evaluated under the various Medi-Cal-Only programs, and if a share of cost results, the EW will aid her in the 185 percent program at zero SOC for her pregnancy-related services.

Example #2: A pregnant woman is discontinued from AFDC. She is eligible for zero share of cost benefits under Edwards (aid code 38). At the conclusion of Edwards eligibility, she will be evaluated under the various Medi-Cal-Only programs. If a SOC results, she will be aided under the 185 percent program at zero SOC for her pregnancy related services.

B. Under Continued Eligibility, an infant up to one year old who is:

(1) eligible under a Medi-Cal-Only program at zero share of cost and increased family income does not exceed MNIL, will be unaffected by Continued Eligibility.

(2) eligible under the 185/200 percent program will continue to remain in the same percent program aid code despite any increases in family income until the end of the month of attainment of age one, or until the infant no longer lives with the mother, or until the mother is no longer otherwise eligible (even if she were pregnant). If the infant is no longer eligible under Continued Eligibility, the county will reevaluate the infant's eligibility under the 185/200 percent program (if under age one) or under the various other Medi-Cal-Only programs (if over age one) and consider changes in family income (increases or decreases).

(3) eligible under a Medi-Cal-Only program with a SOC (income over 200% of federal poverty level) and an increase in family income increases the SOC, the county may need to establish two MFBUs (see subsection C below).

(4) discontinued from a cash grant and cash-based Medi-Cal (PA) due to an increase in family income, will be evaluated first under the various Medi-Cal-Only programs to see if the infant can receive Medi-Cal without a share of cost. If a share of cost exists and the infant is otherwise eligible, aid him/her under the 185 percent program at zero SOC.

(5) eligible for Other PA Medi-Cal (but where an increase in family income causes ineligibility to this Medi-Cal program), will be evaluated first under the various Medi-Cal-Only programs to see if the infant can receive Medi-Cal without a share of cost. If a SOC exists and the infant is otherwise eligible, then he/she will be aided under the 185 percent program at zero SOC. (Apply the same examples in subsection A above for the infant, except that the infant will receive the same level of services under the 185 percent program as he/she would receive under the Medi-Cal-Only program.)

C. When to Establish Two MFBUs

When family income in the prior month is over 200% of the federal poverty level and income increases in the next month, the county may need to establish two MFBUs ***except when*** ***there is an MFBU or mini budget unit (MBU) in which the only eligibles are the pregnant woman and/or infant under one year.***

If there are other eligibles in the MFBU or (MBU) who are not entitled to Continued Eligibility, the county will establish the two MFBUs as follows:

- ***The first MFBU*** will include: (1) the pregnant woman as an ineligible person, (2) her unborn, (3) the infant(s) under one year old as an ineligible person(s), and (4) the other MFBU members as eligibles (if applicable). The entire MFBU's full income will be considered in determining the MFBU's share of cost; the entire MFBU's full medical expenses may be used to meet this MFBU's share of cost. **Any changes in family income will be used to determine changes in this MFBU's share of cost.**

- ***The second MFBU*** will include: (1) the pregnant woman as an eligible person, (2) her unborn, (3) the infant(s) under one year as an eligible person(s), and (4) the other MFBU members as ineligible persons. Again, the entire MFBU's full income will be considered in determining the MFBU's share of cost; the entire MFBU's full medical expenses may be used to meet this MFBU's share of cost. ***If there is an increase in family income, the county will ignore it. If there is a decrease in family income, the county will reduce the SOC accordingly.***

D. Property Changes

As we have not yet opted to waive assets for pregnant women, increases in property may affect the pregnant woman's eligibility unless the increase occurs during the 60-day postpartum period for women under aid code 76 or the 185/200 percent aid code. If the pregnant woman is ineligible due to excess property, her infant is also ineligible due to excess property.

E. *Examples*

Example #1: The MFBU includes a pregnant woman, her unemployed husband, their mutual unborn, and an infant under one year old. They receive Medi-Cal under aid code 37. The MFBU had a $700 share of cost in 11/91 (the pregnant woman and the infant did not qualify for the 185/200 percent program due to excess income). In 12/91, the pregnant woman receives state disability insurance (SDI) and timely reports the income increase to the county.

In December 1991, the county will establish two MFBUs using the same aid codes in both MFBUs as follows:

MFBU #1 (Continued Eligibility)	***MFBU #2 (regular AFDC-MN)***
Pregnant woman	<Pregnant woman as an ineligible>
unborn	unborn
infant under one	<infant under one as an ineligible>
<husband as an ineligible person>	husband
$700 share of cost	***Increased SOC to $1000***

Since all the MFBU members were listed in both MFBUs, their medical expenses may be used to meet both shares of cost. The county will ignore the increase in income for MFBU #1 and compute the SOC based on the prior month's lower income. In MFBU #2, the county will recompute the share of cost using the increased family income.

Example #2: In 10/91, an unemployed, unmarried pregnant woman, her boyfriend, their mutual 7 year old child, and their mutual 7 month old infant receive full scope Medi-Cal benefits at zero share of cost (aid code 34). She receives $600 UIB each month.

She reports to the county in 10/91 that she expects to receive a $3000 inheritance in 11/91. This is in addition to her $600 UIB. (No one else has income; assume the MFBU is property-eligible.) The county will determine the 11/91 share of cost under the Medi-Cal-Only program first:

$3000 inheritance
+ 600 UIB
$3600 total nonexempt income
-1259 MNIL for 5 (pregnant woman, boyfriend, unborn, 2 mutual children)
$2341 SOC

Since there is a share of cost and the MFBU includes an unmarried couple with mutual children, Sneede procedures apply.

***Sneede* Procedures**

$ 3600	Pregnant woman's total net nonexempt income
divided by 3	(herself, the mutual infant, the mutual 7 year old)
- $1200	Sneede allocation to herself and her two children

Mini Budget Unit #1

Mother & Unborn	$1200	income
	0	income
	-750	MNIL
	$ 450	SOC

Mini Budget Unit #2

Unmarried Father	0	nonexempt income
	-600	MNIL
	0	SOC

Mini Budget Unit #3

Infant	$1200	allocation from mom
7-yr old	+1200	allocation from mom
	$2400	total net nonexempt income
	- 550	MNIL (2 kids, 2 parents)
	$1850	SOC

Since the 7-yr. old's MBU has a SOC, the county will evaluate eligibility under the 100 percent program:

Net Nonexempt Family Income:	$3600
Compare to 100% FPL for family of 5:	-1305
	$2295 excess income

Since both the infant's and the pregnant woman's mini budget units have a share of cost, the county will evaluate them under the 185/200% programs:

Net Nonexempt Family Income:	$3600
*Compare to 185% FPL for family of 5:	-2414
	$1186 excess income

Net Nonexempt Family Income:	$3600
*Compare to 200% FPL for family of 5:	-2610
	$ 990 excess income

Since neither the infant nor the pregnant woman are eligible for the percent programs and they both had zero share of cost in the prior month, they will continue to receive zero share of cost under Continued Eligibility despite the increase in family income (for the pregnant woman, this applies only to her pregnancy related services).

*An upcoming All County Welfare Director Letter will describe the change in determining family size for the federal poverty level programs under Sneede.

Since there are no other eligibles in the pregnant woman's mini budget unit, the county will aid her under the 185 percent program at zero share of cost for her pregnancy related services. The increased income will still be considered in determining her share of cost for non-pregnancy related services.

However, since the infant's mini budget unit includes an eligible person who is not covered under Continued Eligibility, the EW will show the infant as an <u>ineligible</u> person in the MFBU and in MBU #3, and establish a second MFBU as follows:

MFBU #2

<Unmarried Pregnant woman>
<Unmarried Father>
<Mutual 7-yr. old child>
Infant - the only eligible person in this MFBU

In this MFBU, the county will show the same income as in 10/91 (i.e., the pregnant woman's $600 UIB) and the infant will receive his/her Medi-Cal at zero share of cost. The infant's medical expenses may be used to meet the share of cost in MBU #3 (in the first MFBU) if the provider does not bill the expense to Medi-Cal under the zero share of cost card in MFBU #2.

Example #3: In 11/91 a non-<u>Sneede</u> MFBU includes a pregnant woman, her unemployed husband, their mutual unborn, and their 7 month old infant. The pregnant woman and infant receive benefits under the 185% program. Their MFBUs are as follows:

MFBU #1 (regular AFDC-MN)	***MFBU #2 (185%)***
pregnant woman (full scope)	pregnant woman (restricted)
unborn	unborn
husband	infant under 1 (as an eligible)
<infant under 1 as an ineligible>	

In 12/91 the husband's income goes up to 250% of the federal poverty level.

Under Continued Eligibility, the county will not consider the amount of the increase in MFBU #2; the increased income <u>will</u> be considered in MFBU #1. The MFBU compositions and aid codes will remain the same. There is no change in the use of medical expenses to meet the share of cost in MFBU #1 (i.e., the pregnant woman or infant under 1 may use their medical expenses to help meet the share of cost in MFBU #1, or have the provider bill the expenses to Medi-Cal).

IV. *TREATMENT OF INCOME AND PROPERTY*

A. Unmarried Father

Changes in income or property of the unmarried father will not affect the pregnant woman regardless of whether the unmarried father wants Medi-Cal benefits for himself or his mutual or separate born children. After the infant is born, the infant's eligibility is tied to the mother's eligibility. The unmarried father's income will not affect the infant until the infant attains age one so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal, or would have remained eligible if she were still pregnant. If the newborn's father and/or the other mutual children also want aid and there is a SOC or excess property, Sneede procedures will apply. However, there will be 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.

B. Husband

Increases in the husband's income will not affect the pregnant woman's SOC until the end of the 60-day postpartum period; nor will increases in the husband's income affect the newborn's SOC through the month of attainment of age one, so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal or would have remained eligible if she were still pregnant. However, increases in the husband's property will affect the pregnant woman and the infant under one (except during the 60-day postpartum period under aid code 76 or the 185/200 percent program in which changes are ignored).

C. Pregnant Woman or Mother of Infant Under One Year of Age

Regardless of whether the pregnant woman is married, increases in her income will not affect her own SOC for pregnancy-related services through the 60-day postpartum period; nor will it affect her infant's SOC through the month of attainment of age one, so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal or would have remained eligible if she were still pregnant. Increases in the woman's property, however, will affect both her own and her infant's Medi-Cal eligibility unless the increase in property occurs during the mother's 60-day postpartum period under aid code 76 or the 185/200 percent programs, in which case it would not affect either of them until the end of the 60-day postpartum period.

The following examples discuss how Continued Eligibility procedures affect the treatment of income and property for pregnant women and infants up to one year of age:

Example One: An infant (Johnny) is born to unmarried parents (Joe and Jenny). Joe receives lottery winnings in the month of Johnny's birth (10/91). Joe's winnings are considered income in the month received and

winnings (whether treated as income or property) will not affect Jenny's eligibility. Therefore, baby Johnny remains eligible and Joe's winnings will not affect Johnny's eligibility or SOC until he attains age one as long as he continues to live with Jenny, and Jenny remains eligible for Medi-Cal, or would remain eligible if she were still pregnant.

Example Two: The single mother (Julie) receives lottery winnings in the month of the infant's (Paul) birth. In accordance with the procedures established for Continued Eligibility, Julie's winnings are disregarded as increased income for her pregnancy-related services only and would not affect either her or Paul's SOC or income eligibility to the 185/200 percent programs. If this income converts to property in the two months during her 60-day postpartum period under aid code 76 or the 185/200 percent programs, Julie and Paul remain eligible. However, at the end of the 60-day postpartum period both Julie and Paul may become ineligible if their property exceeds the allowable limits.

Example Three: An infant (Michelle) is born to <u>married</u> parents (Ken and Tracy). Ken receives lottery winnings in the month of Michelle's birth (12/91). In accordance with the Continued Eligibility procedures, Ken's winnings would not affect either Michelle's or Tracy's SOC or income eligibility to the 185/200 percent programs. Even though the winnings, if retained, convert to property in the month following the birth month, the winnings do not affect Tracy's eligibility during the 60-day postpartum period if she is eligible for postpartum services under aid code 76 or under the 185/200 percent program. Therefore, Michelle also remains eligible during this period since Tracy is still eligible. Once the 60-day postpartum period has ended, the winnings, if retained, could cause Tracy to be property ineligible. If this occurs, Michelle also is ineligible.

NOTE: If a pregnant woman is not eligible for postpartum services under aid code 76 or the 185/200 percent programs, her property <u>is</u> countable.

Example Four: A Medi-Cal eligible pregnant woman has income at 150 percent of the federal poverty level (FPL), therefore, she is eligible for the 185 percent program with no SOC for pregnancy-related services and has a SOC for full-scope services. During her pregnancy, she receives an increase in income to 250 percent of the FPL. Prior to the Continued Eligibility program, she would have been discontinued from the 185 percent program and required to pay a SOC for her pregnancy-related services. However, under the new Continued Eligibility program, her income increase is disregarded and she continues on the 185 percent program with a zero SOC for her pregnancy-related services until the end of her 60-day postpartum period and her SOC for full-scope services is increased accordingly. At the end of the 60-day postpartum period, her eligibility for full-scope services would be redetermined, and if eligible, she would continue with the SOC. It should be noted that her newborn would continue to be eligible for Medi-Cal for up to one year without a SOC, because under the federal law <u>if the mother were still pregnant</u>, the income increase would have been disregarded. Therefore, the infant is allowed the same income disregard as long as the infant continues to live with the mother, and she remains eligible or would remain eligible if she were still pregnant.

Example Five: Under Continued Eligibility, if a pregnant woman whose family income is over 200 percent of the FPL (SOC of $700 per month) has an increase in her income to 300 percent of the FPL, the increase would be disregarded; however, she would still be required to meet her original $700 SOC. The county will establish a separate budget unit consisting of the pregnant woman and her unborn with the original $700 SOC and the same aid codes. The $700 SOC will apply for both the woman's pregnancy-related and full-scope services. The county will adjust the SOC for the original MFBU as the income increases. Then, after the 60-day postpartum period, if the woman is still eligible for full-scope services, she will return to her original MFBU with the increased SOC. However, the infant would continue to be eligible for Medi-Cal for up to one year with the original $700 SOC and would remain in the separate budget unit, as long as he/she continues to live with the mother and she remains eligible or would remain eligible if she were still pregnant.

Example Six: A woman, whose family income is at 200 percent of the FPL is linked to Medi-Cal solely due to pregnancy and receives zero SOC for her pregnancy-related services under this program. After her 60-day postpartum period, she is discontinued, but her infant stays on the 200 percent program as an MI child with zero SOC. At six months of age, the infant's family income increases to above 200 percent of the FPL. However, the infant's SOC remains at zero because, if the mother were still pregnant, the income increase would have been disregarded. When the infant becomes one year old, his/her eligibility would now be determined under another FPL program or the AFDC-MN/MI program.

Example Seven: A woman notifies the county that since January 1991, she was pregnant and also had an infant up to one year of age. They had an increase in their family income in July 1991 which resulted in an increase in their SOC. The county will adjust their SOC to the original level prior to the income increase, or to a zero SOC. The county should follow Section 50653.3 of the Medi-Cal Eligibility Manual to decrease a beneficiary's SOC.

Example Eight: An infant born to a woman eligible for and receiving Medi-Cal receives an inheritance. In accordance with the procedures established for Continued Eligibility, the infant's increase in income would be disregarded in the month the income was received. However, if this inheritance converts to property, the infant may be ineligible due to excess property.

Example Nine: When a pregnant AFDC cash recipient is discontinued because she had an increase in family income (not due to increased earnings or increased hours of employment), she will get a no-SOC full-scope card (aid code 38 - Edwards) until the county determines that she is eligible for a zero share of cost card for pregnancy-related services under the 185 percent program and a SOC full-scope card.

Example Ten: In the case of a pregnant AFDC recipient who is discontinued due to an increase in earnings (this may happen most often to migrant farmers), she will be eligible for zero-SOC Transitional Medical (TMC) benefits for [illegible] and possibly twelve months from the date of

discontinuance. If she is discontinued from TMC after the initial six-month TMC program because, for example, she failed to complete the four-month TMC report, the county is required to redetermine her Medi-Cal only eligibility. Since it is possible that the woman may still be pregnant or in her postpartum period, the county must ensure that she continues to receive a zero-SOC card through her pregnancy and postpartum period. In this situation, the county should employ the same Continued Eligibility procedures as they would in the previous Edwards example. If she goes through the entire twelve months of TMC, that will probably carry her through her postpartum period and this will ensure that she continues to receive zero SOC pregnancy-related services.

Example Eleven: In the case of a pregnant woman or an infant up to one year of age who is eligible for four-month continuing eligibility (aid code 54) due to an increase in child/spousal support, the county should apply the same procedures as they would in the Edwards or TMC examples stated previously.

V. CASE COUNTS

The Continued Eligibility program activity will be reported to the Department as caseload activity in accordance with the existing instructions in the Medi-Cal Eligibility Manual for completion of the MC 237 Caseload Movement and Activity Report (Medical Assistance Only).

As currently allowed under the 185 and 200 percent programs, in addition to the usual manner in which counties report regular MN/MI caseload activity to the Department, counties may also claim additional caseload activity for pregnant women under the 185 and 200 percent programs.

For those pregnant women who are MN/MI with no SOC, who after an increase in income the county would treat as though they were eligible under the 185 percent program, counties should claim additional activity for the zero SOC unit established for the pregnant woman for her pregnancy-related services. The county will not claim additional caseload activity for the full-scope MFBU with the increased SOC since the original MFBU was already reported on the MC 237. The county should report the original full-scope budget unit as a continuing case only.

In the situation where a MN/MI pregnant woman has a SOC, and her income increases, therefore, the county sets up a separate budget unit for the pregnant woman and the unborn with the original SOC, the county may claim additional caseload activity for this separate budget unit. However, as with MN/MI woman with no SOC, the county will not report the original MFBU with the increased SOC as an intake since the original MFBU was already reported on the MC 237. The county should report the original full-scope budget unit as a continuing case only.

VI. *SOCIAL SECURITY NUMBER*

(A) **An infant born to a woman who is eligible for and receiving Medi-Cal in the month of delivery**, regardless of which program she is eligible for, will be eligible for Medi-Cal even if the mother has not obtained a Social Security Number (SSN) for the infant. If the mother is an existing Medi-Cal beneficiary and contacts the eligibility worker (EW) to report the birth of the newborn (who is a U.S. citizen), the EW should inform the mother that a SSN will be required for the infant by the age of one year. In the meantime, a pseudo SSN will be assigned to this newborn. If the mother provides the infant's SSN prior to one year of age, the infant's real SSN should be recorded and used.

(B) **When the infant with a pseudo SSN is eleven months of age**, a worker alert will be generated on the MEDS system. At this time, the county must contact the mother regarding the infant's SSN. The county will inform the mother to obtain a SSN because the infant's SSN is required by the age of one year. The county should use its standard procedure for obtaining this information and document the case to reflect the efforts made to obtain the infant's SSN. If the mother fails without good cause to produce the SSN for the infant after the age of one year, the standard discontinuance procedures must be followed. Remember, this infant (who was born to a woman eligible for and receiving Medi-Cal at the time of birth) cannot be discontinued from Medi-Cal for not presenting a SSN until the age of one year.

(C) **Infants born to a woman not receiving Medi-Cal** are required to meet the full requirements of eligibility and are required to supply a SSN at the time of application.

VII. *IMPLEMENTATION AND BENEFICIARY NOTIFICATION*

Counties must implement this program no later than September 1, 1991. However, since this program became effective January 1, 1991, eligibility may be established retroactive to that date. A beneficiary stuffer will be sent with the October 1991 Medi-Cal cards to all current Medi-Cal beneficiaries. A mailer will be sent in October 1991 to all discontinued SOC cases that were on Medi-Cal at any time during the period January 1, 1991 through renewal in August 1991. A draft copy of the language (Spanish and English) for the stuffer and the mailer is enclosed (Enclosure 2). This language states that any pregnant woman or infant up to one year of age who had an increase in family income since January 1, 1991, should contact their EW. If there was an increase in family income during the retroactive period which resulted in the initiation of or increase in the SOC for a pregnant woman or infant up to one year of age, counties should follow Section 50653.5 of the Medi-Cal Eligibility Manual which provides instructions on decreasing a beneficiary's SOC. The process for repayment of SOC for retroactive Continued Eligibility is identical to the process for the 185, 200 and 133 percent programs. Counties should refer to directions issued in All County Welfare Directors' Letters 90-106, 91-06 and 91-50.

VIII. NOTICES OF ACTION AND AID CODES

We are in the process of determining whether existing Notices of Action (NOAs) can be used for notifying the pregnant women and infants who are affected by the Continued Eligibility program. In addition, we are in the process of determining what additional aid codes, if any, will be required for the beneficiaries affected by this program. Once these determinations have been made, counties will be apprised of the appropriate NOAs and procedures to use for notifying beneficiaries as a result of the Continued Eligibility program and of the appropriate aid codes.

IX. QUARTERLY STATUS REPORTS

Medi-Cal Family Budget Units (MFBUs) consisting solely of pregnant women and/or infants under age one are not required to adhere to the quarterly status reporting requirement. These beneficiaries, however, are still required to timely report changes (including the birth of a child) to the counties within ten days. If a county has (or develops) the system capability, it may suppress distribution of the Quarterly Status Report to these beneficiaries. If counties cannot suppress the distribution, counties should not discontinue these beneficiaries if they do not return the Quarterly Status Report, nor should any reported increases in income be counted if Continued Eligibility is applicable. However, if the pregnant woman or infant up to one year of age is in an MFBU which includes other family members, they are still required to submit a quarterly status report since the other MFBU members are not exempt from this requirement.

NEW MEDI-CAL PROGRAM FOR PREGNANT WOMEN AND INFANTS UP TO ONE YEAR OF AGE (CONTINUED ELIGIBILITY)

BEGINNING JANUARY 1, 1991, A NEW MEDI-CAL LAW NOW GIVES PREGNANT WOMEN AND INFANTS UP TO AGE ONE CONTINUED MEDI-CAL COVERAGE EVEN IF THERE IS AN INCREASE IN FAMILY INCOME. UNDER THIS PROGRAM, ONCE A PREGNANT WOMAN OR INFANT UP TO ONE YEAR OF AGE IS ELIGIBLE TO RECEIVE MEDI-CAL BENEFITS, INCREASES IN THE FAMILY'S INCOME ARE NOT COUNTED.

IF YOU WERE RECEIVING MEDI-CAL ANY TIME AFTER JANUARY 1, 1991 AND WERE PREGNANT OR HAD AN INFANT UNDER ONE YEAR OF AGE, INCREASES IN YOUR FAMILY'S INCOME SHOULD NOT HAVE BEEN COUNTED BY YOUR ELIGIBILITY WORKER. IF YOUR INCOME INCREASE MADE YOU HAVE A SHARE OF COST OR MADE YOUR SHARE OF COST GO UP, PLEASE CALL YOUR WORKER. YOU MAY HAVE PAID TOO MUCH.

REMINDER: IF YOU ARE PREGNANT, SEE YOUR DOCTOR EARLY. EARLY AND REGULAR CARE DURING YOUR PREGNANCY WILL HELP ENSURE A HEALTHY START FOR YOUR BABY.

NEW MEDI-CAL PROGRAM FOR PREGNANT WOMEN AND INFANTS UP TO ONE YEAR OF AGE (CONTINUED ELIGIBILITY)

BEGINNING JANUARY 1, 1991, A NEW MEDI-CAL LAW NOW GIVES PREGNANT WOMEN AND INFANTS UP TO AGE ONE CONTINUED MEDI-CAL COVERAGE EVEN IF THERE IS AN INCREASE IN FAMILY INCOME. UNDER THIS PROGRAM, ONCE A PREGNANT WOMAN OR INFANT UP TO ONE YEAR OF AGE IS ELIGIBLE TO RECEIVE MEDI-CAL BENEFITS, INCREASES IN THE FAMILY'S INCOME ARE NOT COUNTED.

IF YOU WERE RECEIVING MEDI-CAL ANY TIME AFTER JANUARY 1, 1991 AND WERE PREGNANT OR HAD AN INFANT UNDER ONE YEAR OF AGE, INCREASES IN YOUR FAMILY'S INCOME SHOULD NOT HAVE BEEN COUNTED BY YOUR ELIGIBILITY WORKER. IF YOUR INCOME INCREASE MADE YOU HAVE A SHARE OF COST OR MADE YOUR SHARE OF COST GO UP, PLEASE CALL YOUR WORKER. YOU MAY HAVE PAID TOO MUCH.

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PROGRAMA NUEVO DE MEDI-CAL PARA MUJERES EMBARAZADAS Y NIÑOS DE BRAZOS DE HASTA UN AÑO DE EDAD (ELEGIBILIDAD CONTINUA)

A partir del 1 de enero de 1991, una ley nueva de Medi-Cal les da ahora a las mujeres embarazadas y a los niños de brazos de hasta un año de edad, cobertura continua de Medi-Cal, aun cuando haya un aumento en los ingresos de la familia. Bajo este programa, una vez que una mujer embarazada o un niño de brazos de hasta un año de edad sea elegible para recibir beneficios de Medi-Cal, no se contarán los aumentos en los ingresos de la familia.

Si en cualquier momento después del 1 de enero de 1991, usted estaba recibiendo Medi-Cal, y estaba embarazada, o tenía un niño menor de un año de edad, su trabajador(a) de elegibilidad no debería haber contado los aumentos en los ingresos de su familia. Si el aumento en los ingresos de su familia produjo como resultado el que usted tuviera una parte del costo, o resultó en que su parte del costo aumentara, por favor llame a su trabajador. Es posible que haya pagado de más.

Recordatorio: si está embarazada, vea a su doctor a tiempo. El cuidado temprano y regular durante su embarazo ayudará a asegurar un comienzo sano para su bebé.

PROGRAMA NUEVO DE MEDI-CAL PARA MUJERES EMBARAZADAS Y NIÑOS DE BRAZOS DE HASTA UN AÑO DE EDAD (ELEGIBILIDAD CONTINUA)

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Recordatorio: si está embarazada, vea a su doctor a tiempo. El cuidado temprano y regular durante su embarazo ayudará a asegurar un comienzo sano para su bebé.

PROGRAMA NUEVO DE MEDI-CAL PARA MUJERES EMBARAZADAS Y NIÑOS DE BRAZOS DE HASTA UN AÑO DE EDAD (ELEGIBILIDAD CONTINUA)

A partir del 1 de enero de 1991, una ley nueva de Medi-Cal les da ahora a las mujeres embarazadas y a los niños de brazos de hasta un año de edad, cobertura continua de Medi-Cal, aun cuando haya un aumento en los ingresos de la familia. Bajo este programa, una vez que una mujer embarazada o un niño de brazos de hasta un año de edad sea elegible para recibir beneficios de Medi-Cal, no se contarán los aumentos en los ingresos de la familia.

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Recordatorio: si está embarazada, vea a su doctor a tiempo. El cuidado temprano y regular durante su embarazo ayudará a asegurar un comienzo sano para su bebé.

ADD A NEW SECTION 50262.3

Section 50262.3 Continued Eligibility

1) A pregnant woman who has applied for, and been determined eligible for Medi-Cal shall continue to remain eligible for pregnancy-related services throughout her pregnancy and through the end of the month which includes the 60th day following the end of the pregnancy, regardless of any increases in her family's income.

2) Infants born to women who are eligible for and receiving Medi-Cal are automatically deemed eligible for one year, as long as the following conditions apply:

a) the infant continues to live with his/her mother; and

b) the mother remains eligible for Medi-Cal, or would have remained eligible if she were still pregnant.

Individuals described in (1) or (2) above must continue to meet all other eligibility criteria.

ADD A NEW SECTION 50071.3

50071.3 Pregnant Woman

(a) For the purpose of determining Medi-Cal eligibility, a pregnant woman means a woman of any age, whose pregnancy has been medically verified in accordance with Section 50167 (a)(8).

(b) The woman described in paragraph (a) shall continue to be defined as a pregnant woman throughout her pregnancy and through the end of the month which includes the 60th day following the end of the pregnancy.

Amend Section 50653.5 Changes Which Increase the Share of Cost.

(a) Except as specified in Section 50262.3. iIn situations where a change in income or other circumstances, which results in an increase in the share of cost, is reported by the beneficiary in a timely manner, as specified in Section 50185, the county department shall make necessary changes effective:

(1) Immediately, if the increase is due to the voluntary inclusion of a family member who has income. The share of cost to be met shall be either of the following:

(A) The total increased share of cost shall be met by all members of the MFBU providing Medi-Cal cards have not been issued to the MFBU for the share-of-cost month and form MC 177S has not been submitted to the Department in accordance with Section 50658(c).

(B) The difference between the increased share of cost and the former share of cost shall be met by the newly included family member(s) when Medi-Cal cards have been issued to the MFBU for the share-of-cost month or form MC 177S has been submitted to the Department in accordance with Section 50658(c).

(2) In accordance with the following, in all other instances:

(A) The first of the month following the month in which the change was reported, if a 10-day notice can be given.

(B) The first of the second month following the month in which the change was reported, if the change cannot be made in accordance with (A).

(b) In situations where a change in income or other circumstances, which results in an increase in the share of cost determination, is not reported in a timely manner, as specified in Section 50185, the county department shall:

(1) Make the changes to the ongoing share of cost in accordance with (a).

(2) Determine what the share of cost should have been for the months in which the increase occurred.

(3) Report a potential overpayment in accordance with Section 50781, if the beneficiary:

(A) Received a Medi-Cal card and should have had a share of cost.

(B) Met a share of cost which was less than the corrected share of cost.

Note: Authority cited: Sections 10725, 14005.9 (c) and 14124.5, Welfare and Institutions Code. Reference: Section 14005.9, Welfare and Institutions

PREGNANT WOMAN AND INFANT UNDER ONE YEAR OLD

CONTINUED ELIGIBILITY DECISION CHART

Prior Month's SOC Determination	*Income Increases to*	*Continued Eligibility Pregnant Woman*	*Continued Eligibility Infants*
0 SOC (MN/MI OR PA/OTHER PA)	a) MNIL	a) Continue M/C at 0 SOC	a) Continue M/C at 0 SOC
	b) over MNIL but not over 185%	b) gets 0 SOC under 185% for preg related svcs & increase SOC for non-preg svcs	b) gets 0 SOC under 185% for same level svcs
	c) 186% through 200%	c) gets 0 SOC under 185% for preg. related svcs & increase SOC for non-preg svcs	c) gets 0 SOC under 185% for same level svcs
	d) over 200%	d) gets 0 SOC under 185% for preg. related svcs & increase SOC for non-preg svcs	d) gets 0 SOC under 185% for same level svcs
185 Percent	a) at or below 185%	a) no change	a) no change
	b) 186% through 200%	b) Keep at 185% for preg. related svcs & increase SOC for non-preg svcs	b) Keep at 185% for same level svcs
	c) over 200%	c) Keep at 185% for preg related svcs & increase SOC for non-preg svcs	c) Keep at 185% for same level svcs
200 Percent	a) at or below 200%	a) no action needed	a) no action needed
	b) over 200%	b) Keep at 200% aid code for preg related svcs & increase SOC for non-preg svcs	b) Keep at 200% aid code for same level svcs
SOC (MN/MI) Income over 200%	a) still over 200%	a) Set up 2 MFBUs if other eligibles in MFBU or MBU are not entitled to C.E. When 2 MFBUs are needed, set up one MFBU with old SOC for preg related svcs & increase SOC for non-preg svcs in the 2nd MFBU.	a) Set up 2 MFBUs if other eligibles in MFBU or MBU are not entitled to C.E. If 2 MFBUs are needed, set up one MFBU with old SOC & show infant as an eligible. In 2nd MFBU, increase SOC for other MFBU members & show infant as ineligible.

NOTE: Decreases in family income are still considered for everyone in the MFBU.

ENCLOSURE 4